UWHCA Board of Directors

July 27, 2023, 1:30-4:30 PM

University Hospital, Conference Room H6/490-A or via WebEx:
https://uwhealth.webex.com/uwhealth/j.php?MTID=m66cd07dd956c6f82488c09b5a9daf0ab
Meeting Number: 2622 136 3170 // 072723
Join by phone +1-415-655-0003 US TOLL Access code: 2622 136 3170

**ADVANCE MEETING MATERIALS ARE POSTED FOR REFERENCE. OCCASIONALLY, THE POSTED MATERIALS DO NOT REFLECT CHANGES MADE SHORTLY BEFORE OR DURING BOARD MEETINGS. THE FULL BOARD MINUTES ARE THE OFFICIAL RECORD OF FINAL BOARD ACTION**
UWHCA Board of Directors - July 27, 2023 - Public Meeting Notice

Agenda

1:30 PM

I. Call to Order and Chair Announcements
Mr. Paul Seidenstricker

UW Health Diversity, Equity and Inclusion Impact Report

FYI Attachment - UW Health Diversity, Equity and Inclusion Impact Report
(Reference material only)

UWHCA Board Member Announcement

1:32 PM

II. Recognition of Service - Mr. Christopher Patton
Mr. Paul Seidenstricker

Resolution - In Recognition of the Service of Mr. Christopher Patton

1:37 PM

III. Consent Agenda
Mr. Paul Seidenstricker

Meeting Minutes - Open Session

Medical Staff Membership and Clinical Privileges

Attachment - Medical Staff and Clinical Privileges - July 2023

UWHC Medical Staff Bylaws Amendments

Executive Summary - UWHC Med Staff Bylaws Amendments - 2023

Attachment - UWHC Medical Staff Bylaws (REDLINE)

Attachment - UWHC Med Staff Bylaws (CLEAN)

Resolution - Approval of Amendments to UWHC Med Staff Bylaws and Rules and Regulations

Isthmus Project, Inc. Investment Guidelines Amendment

Executive Summary - Amendment to Isthmus Project, Inc. Investment Guidelines

Attachment - Isthmus Project, Inc. Investment Guidelines (REDLINE)

1:40 PM

IV. Closed Session

Motion to enter into 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: review and approval of closed session minutes, strategic partnership matters including a SwedishAmerican Health System Corporate report, review of year-to-date unaudited preliminary financials, review and discussion of facility expansion plans and other infrastructure projects including consideration of a land purchase and an intent to reimburse project expenditures from subsequent bond financing, and UW Health CEO perspective on organization-wide system strategy; and pursuant to Wisconsin Statutes sections 19.85(1)(e) and 146.38, for the review of the Patient Safety and Quality Committee report including the US News and World Report Rankings and a UW Health improvement initiative; pursuant to Wisconsin Statutes sections 19.85(1)(c), 19.85(1)(e), and 19.36(10) for the review of the UW Health CEO performance; and pursuant to Wisconsin Statutes section 19.85(1)(g), to confer with legal counsel regarding these and other matters.

4:28 PM *

V. Return To Open Session
*Estimated time to return to Open Session

4:29 PM

VI. ACTION: Facility Expansion Plans and Other Infrastructure Projects, Land Purchase, and Intention to Reimburse Project Expenditures from Subsequent Bond Financing

Approval
Mr. Paul Seidenstricker
Motion to approve the resolutions to move forward with facility expansion plans and other infrastructure projects, a land purchase, and an intent to reimburse project expenditures from subsequent bond financing as discussed in closed session.

4:30 PM

VII. Adjourn
EXECUTIVE SUMMARY

DATE: July 27, 2023

RE: UW Health Diversity, Equity and Inclusion Impact Report

UWHCA Board of Directors,

UW Health has reached the mid-point since the implementation of its three-year Diversity, Equity and Inclusion (DEI) Program Strategic Plan. UW Health DEI is delighted to share its first UW Health DEI Impact Report. Attached for review please find a copy of the report.

If you have any questions, please contact Ms. Shiva Bidar-Sielaff at sbidar-sielaff@uwhealth.org.

Thank you for your continued support of this important work.

Attachment
Diversity, Equity and Inclusion

Update on strategic plan implementation

Our vision:

To be a leader in actively dismantling racism in ourselves, in our system and in our community.
At UW Health, our patients are at the center of everything we do. And to be truly patient centered, we must deliver remarkable health care that is equitable and inclusive.

In January 2022, we embarked on a three-year diversity, equity and inclusion strategic plan to guide our work to dismantle racism in ourselves, our system and our community. Throughout our organization, this work is underway to create an inclusive culture and diversify our workforce. UW Health employees are learning about their role in creating a diverse, equitable and inclusive health system and we’ve made strides in our work to apply an equity lens when looking at our policies and practices.

Everyone at UW Health plays an important part in this work and we’re excited about the ways we are collaborating not only across our organization but also throughout our community. Improving the health of our patients requires addressing the social and systemic health disparities in our community. Our population health, community relations and diversity, equity and inclusion teams are working with care teams and services throughout UW Health to develop innovative solutions to address these health inequities and support organizations across our community.

Leveraging our collective expertise to drive greater impact is one of many ways UW Health employees are working to ensure equitable and inclusive care for our patients. We’re proud of the work we’ve done.

Immediate next steps include creating a process for regular check-ins with our employees who identify as Black, Indigenous, people of color, lesbian, gay, bisexual, transgender, questioning, intersex, asexual and two spirits to support their well-being. A core UW Health value of embracing diversity, equity and inclusion with behavioral expectations for accountability and positive approaches to people and workplace situations will be embedded into how we select, develop and evaluate employees. And we will continue to lift up and invest in our community partners to eliminate health disparities.

We look forward to sharing our progress along the way.

Alan Kaplan, MD
He/Him/His
Chief Executive Officer
UW Health

Shiva Bidar-Sielaff
She/Her/Ella
Vice President/Chief Diversity Officer
UW Health

Based in Madison, Wisconsin, UW Health cares for more than 720,000 patients each year with more than 1,800 employed physicians and 22,000 employees at seven hospitals and more than 80 clinic locations. This report highlights initiatives based in Wisconsin, citing numbers from calendar year 2022. Work to incorporate UW Health in northern Illinois is in progress.
We are expanding diversity, equity and inclusion learning and professional development by

- Integrating longitudinal learning and professional development plans in departments
- Creating additional learning tools and modules
- Facilitating opportunities for providers and staff participation in anti-racism training offered by community partners

LEADER training for 100 nursing leaders

Nearly 100 UW Health nursing leaders, including chief nursing officers from all four hospitals, participated in a half-day or daylong learning session titled “DEI Tools Supporting Through Lived Experiences.”

Some of the most powerful learning came through facilitated, small group discussions based on the real-life experiences of UW Health employees. The nurses were also coached on how to respond when an employee experiences a racial microaggression by using the LEADER Perspective: Listen and validate, Express empathy and Acknowledge harm, ask the employee what they need, Do recognize the cumulative impact, Ensure an anti-racist and inclusive workplace and Reach out to the DEI and Performance Management teams.

“As nurses, we’re trained on a lot of things. It’s easy for us to talk to people about changes in health care, the newest vaccine or a new workflow, but it’s not so easy to talk about DEI. Now, managers can say, ‘I sat in that learning session, I know who to go to. I don’t need to react to this or solve this problem instantly. I can loop in other people and make sure that we do this right instead of just doing this fast.’”

Lea Veltum, RN
(she/her/hers)
Director of Ambulatory Operations, Primary Care
UW Health
Microlearnings incorporated into Department of Surgery curriculum training

The Department of Surgery at the UW School of Medicine and Public Health incorporated DEI microlearnings into regular debriefing sessions to help surgeons understand their implicit biases. The microlearnings were created by the Diversity, Equity and Inclusion Department to cover basic concepts that set the tone for discussion and progress to more advanced topics such as intersectionality, implicit bias and microaggressions. Through regular discussions, surgeons could understand the negative impact on patient outcomes, and prepare themselves to address subtle instances of discrimination, bias and harassment.

More than 90% of participants felt the sessions helped them think more deeply about DEI topics. Critical with all DEI work, the group continues to reflect on ways they can improve their microlearning discussions so that all voices are heard and the most marginalized colleagues are supported.

The leadership team that initiated the DEI microlearnings is grateful to have support from their colleagues from the integrated UW Health and UW School of Medicine and Public Health Diversity Equity and Inclusion Department. “A lot of companies and other groups without expertise have had the best intentions but have gone very wrong. It’s a tribute to the leadership of our DEI team. None of us are particular experts in this,” said Elise Lawson, MD, UW Health colorectal surgeon and associate professor in the Department of Surgery.

“The frequency of reviewing these topics and facilitating conversations have brought different things we’ve talked about to the forefront. Not only in my interaction with patients but with colleagues as well. It’s not that I treat people differently—but that it’s top of mind in a good kind of way.”

John Scarborough, MD (he/him/his) Surgeon, UW Health Associate Professor, Department of Surgery, UW School of Medicine and Public Health
Impact through a health equity lens

An equity lens review is part of a suite of tools developed by the UW Health Diversity, Equity and Inclusion Department to guide leaders in identifying potential biases in their processes or programs. The equity lens review uses evaluation and reflection to identify, and if necessary, to mitigate unintended consequences of bias in decision-making and communication.

Health equity lens changes some financial counseling practices

UW Health financial counselors work with patients who have trouble paying their medical bills to work out a payment plan or help them apply for financial assistance. Revenue cycle leaders conducted a health equity lens review of the financial assistance policy and financial counseling practices at UW Health. While the policy itself didn’t change, a few of the practices around it did, removing unintentional barriers for patients and improving the objectivity of the approval process.

The review process revealed that the complexity of the application process posed challenges for patients who didn’t have access to technology or the needed documentation, and who may be uncomfortable sharing highly sensitive information with strangers. Some patients with overwhelming medical bills didn’t meet the income requirement for financial assistance, while some UW Health care team members didn’t know help is available as they lacked awareness about the financial assistance policy.

“"It’s really important to see each patient as the individual they are. The purpose is to alleviate stress related to their self-pay balance or potential balance, not add to it.”

Ellen Gill (she/her/hers)
Supervisor, Financial Counseling
UW Health
Reviewing processes for living donor evaluation

Family, friends and altruistic strangers step up to be living donors for patients who need a liver or kidney transplant. A clinical team evaluates all applicants to confirm their organ compatibility with those on the waiting list. While UW Health has one of the most well-respected transplant centers in the country, the pool of potential donors stepping forward was not diverse. And while the problem isn’t unique to UW Health, the Living Donor Program asked whether they were doing their part to ensure equitable access to all potential donors.

They evaluated their living donor process with a critical eye. Historically, the review team felt living donor applicants should drive the process and didn’t reach out to potential donors for fear of pressuring them. But they realized that not every potential donor is comfortable reaching out to the medical team. And they may not know medical interpreters are available for phone conversations with the evaluation team.

While there has not been enough time to see a marked difference in the number of people of color applying to be a living donor, the team has seen significant change in their daily practice.

Now the team uses more critical thinking and flexibility to create equity in their evaluation of potential donors. Discussions within the donor selection committee changed from a standardized approach to evaluating each potential donor as an individual and encouraging everyone on the team to ask thoughtful, critical questions.

While a smaller core team engaged in and implemented the equity lens review, the team noticed that all staff have been impacted by this work, changing the way they interact, speak and ask questions to use a more equitable approach to all their work.

James received a new kidney as part of a living kidney donation and transplant chain—the 12,000th kidney transplanted at our Transplant Center.

Read James’ story.
Delivering equitable and inclusive care

Robust language services key to health equity

UW Health employs nine full-time nationally certified medical interpreters, contracts with approximately 65 interpreters and engages video and phone interpreter services to ensure the best possible health care experience for patients. Medical interpreters who are UW Health staff attend appointments with patients, assist patients admitted to the hospital and are also available over the phone for patients who have follow-up questions about their care or need help scheduling appointments.

Rodolfo Osuna Leon sees his interpreter role as a way to help patients receive the care and comfort they need. “I’ve always liked helping people and that’s what this is.”

“We’re helping patients connect with their doctors and nurses and understand what they need to do to be well.”

Rodolfo Osuna Leon
(he/him/his)
Medical Interpreter
UW Health

“Our interpreters are absolute heroes. They work tirelessly to make sure our patients can connect with the remarkable providers here at UW Health and receive the care they need to thrive in our community.”

Shiva Bidar-Sielaff
(she/her/ella)
Vice President/Chief Diversity Officer
UW Health

IN CALENDAR YEAR 2022...

300+
INTERPRETATION ENCOUNTERS EVERY DAY

1
AMERICAN SIGN LANGUAGE INTERPRETER

8
SPANISH/ENGLISH-SPEAKING INTERPRETERS

65
CONTRACT INTERPRETERS OF VARIOUS LANGUAGES
Employee Resource Groups support well-being

UW Health established Employee Resource Groups (ERGs) in January 2020 to support employee well-being and a sense of belonging. ERGs focus on the experience and perspectives of people of a particular race, ethnic or cultural background, gender, gender identity, religion, age cohort, sexual orientation, history of disabilities, military services or similar other parameters. In addition to supporting employees through ERGs, Human Resources and the DEI team developed processes to ensure wraparound support for BIPOC and/or LGBTQ+ providers and staff to share their experiences at work. We accomplish this by providing support, resources and tools to help employees navigate shared concerns.

“Your workplace is your second home, and having support there is really important. The AAPI ERG has given me the chance to be proud of where I came from in a community that supports and understands me. We share things that are work related, but also what our kids are doing. I think it’s of huge importance that UW Health is behind the ERGs—they want you to join and feel the support.”

Archana Huxley
(she/her/hers)
Career Pathways Coordinator
Asian/Asian American/Pacific Islander ERG member
UW Health
Initiatives achieved to support LGBTQIA2S+ employees

- Created processes for employees who have changed their pronouns and name to update their personal information on Human Resources records
- Provide pronoun pins for any employees who request them to support recognition of their preferred identity
- Offer guidance plans for employees going through gender affirmation, including communications, disclosure memos and an equity toolkit to guide the employee’s leader through the transition
- Intentionally source and display art produced by and supporting the LGBTQIA2S+ community as part of UW Health’s permanent art collection

Health Equity Index leader designation

For the eighth year, UW Health was designated a “LGBTQ+ Healthcare Equality Leader” in the Human Rights Campaign Foundation’s Healthcare Equality Index (HEI). The HEI is a national benchmarking survey of health care facilities on policies and practices dedicated to the equitable treatment and inclusion of their LGBTQ+ patients, visitors and employees.

The Progress Pride flag flies every day at UW Health. It is a symbol of our commitment to becoming a diverse, equitable and inclusive organization through education, open discussions and looking at how we deliver care to ALL patients. We fly the flag to support, uplift and celebrate the LGBTQIA2S+ community, our colleagues and our patients.

“It’s really nice to be able to come together in the QUILTBAG Employee Resource Group in a space that is safe, where you can just be yourself and be authentic. Everybody there has been through similar experiences ... that’s been really empowering and really healing for people in a lot of ways.”

k8 Walton, RN, BSN  
(they/them)  
QUILTBAG ERG member  
UW Health
Investing in our community to dismantle racism

UW Health adopted a partner-centered philosophy of giving that employs equity and anti-racism principles, including nonbureaucratic decision-making, transparent communication and shifting power to those with lived experience. It removes unnecessary barriers to funding and centers voices of color while allowing UW Health to remain highly engaged with the work, outcomes and challenges of community partners.

UW Health prioritizes partnering with organizations led by people of color that address our organization’s community health improvement and diversity, equity and inclusion priorities. We focus on building authentic relationships to gain firsthand knowledge of the work and needs in the community.

- Contributions are unrestricted—organizations spend funds as they need
- Our goal is to be accessible and responsive—we do not have an application form
- Rather than require formal reports, we meet regularly with organizations and use reports they produce for themselves and others.

2022 Community giving by the numbers

$5M BUDGET

72% OF THE BUDGET DONATED TO ORGANIZATIONS LED BY PEOPLE OF COLOR

245 NONPROFIT ORGANIZATIONS FUNDED

Follow us:
uwhealth.org/social

Featured key community partners on social media

435,132 views

533 shares

Dismantling racism in our community

Strategic plan goal: Support organizations led by people of color whose work addresses community health improvement
Investing in our community to dismantle racism...

Investing to eliminate systemic barriers

YWCA Madison is widely recognized as a community leader for its work to eliminate racism and empower women. The organization takes a holistic approach to helping people by addressing the root causes of poverty such as homelessness, unemployment/underemployment and racism.

As the largest provider of affordable housing to women in Dane County, the YWCA’s 12-story building on Madison’s Capitol Square is home to 450 women and children while another 400 are served through other housing programs. The YWCA partners with more than 250 individuals each year to improve their financial situations through job training and safe transportation. In addition, 2,000 individuals participate in school and community restorative justice programming, reducing the likelihood youth will face negative life-changing consequences. The organization also provides race and gender equity training to 1,800 individuals from the community each year.

In 2017, Vanessa McDowell became the first Black, woman CEO in YWCA Madison’s 108-year history. That same year, the YWCA opened its Empowerment Center on the south side of Madison and purchased the building in 2022 to prevent gentrification and preserve diverse real estate ownership in the area.

“I can’t tell you how much it meant to my staff and me that you heard our challenges and trusted us to have the best solutions to combat these challenges. Your unrestricted gift is your trust in my ability to lead, be nimble and have vision. It means so much to me.”

Vanessa McDowell (she/her/hers)
CEO, YWCA of Madison

UW Health supports the YWCA’s work to address racial equity and social determinants of health by providing $100,000 in unrestricted funding each year.
Impact through capital gifts—investing in a new home for Centro Hispano to meet the needs of a growing Latinx community

Centro Hispano serves more than 2,500 families and 7,000 individuals each year. It is the largest nonprofit in Dane County that supports the Latinx community—the largest and fastest-growing demographic group in Madison, Dane County and Wisconsin.

Centro offers a variety of programs for youth, family and community. UW Health collaborates with Centro on workforce and career development through the Caminos Certified Nursing Assistant (CNA) training program. Caminos-trained CNAs have become valuable members of our patient care team and we often look to Centro to help us meet the health care needs of the community.

While Centro has doubled its programs to meet the needs of the growing community, lack of physical space means long waitlists. Centro broke ground on a new building, which will allow the organization to serve 1,000 more community members per year and double the youth enrolled in programming.

In addition to an annual unrestricted donation, UW Health contributed $300,000 toward Centro Hispano’s capital campaign to help provide a safe, strong and sustainable home for the Latinx community in the Madison area.
The foundation impacts thousands of Black women across Wisconsin by helping them transform their health and lives through programs and initiatives that promote physical, mental, spiritual and financial well-being.

Programs focus on community health improvement, emergency aid and investment in Black women’s entrepreneurship. Further, UW Health partners with the foundation through the Dane County Health Council Saving Our Babies Initiative to improve the health of Black birthing people and babies.

Impact through transformational gifts—investing in one woman’s vision to benefit thousands

Lisa Peyton-Caire created Black Women’s Wellness Day after the untimely and unexpected death of her mother from congestive heart failure in 2006. At the same time, she knew Black women deserve more than a single day, and in 2012, established the Foundation for Black Women’s Wellness.

In the beginning, volunteers ran the foundation, including Lisa, who was a working mom juggling the work of the foundation and full-time work as a financial executive. A transformational gift of $100,000 from UW Health and local health care partners allowed Lisa to become the first paid CEO and focus her energy on leading the organization full time, which led to enormous growth. The foundation opened the Black Women’s Wellness Center in January 2021 and today operates with a staff of 15.

For five years, UW Health has given the Black Women’s Wellness Center an annual unrestricted gift of $100,000 to expand its programs to thousands of women.
Dismantling racism in our community

Strategic plan goal: Advocate responsively and intentionally around social determinants of health

Addressing health disparities

Supporting Black mothers and babies through ConnectRx Wisconsin

ConnectRx is a communitywide care coordination approach launched in 2022 that connects Black pregnant patients to community resources during pregnancy and for up to a year after birth, with an ultimate goal to improve birth outcomes.

The UW Health Population Health Department implemented ConnectRx Wisconsin in partnership with the Dane County Health Council and the Black Maternal and Child Health Alliance. ConnectRx works to reduce disparities in birthweight and infant mortality and support reproductive justice—one of four health priorities based on the most recent Dane County Community Health Needs Assessment.

In the program’s first year, UW Health hired seven community health workers (CHWs) who support eligible pregnant patients to provide culturally responsive care and assist with navigating community resources for help with food, housing and stress. CHWs advocate for patients with landlords, community-based organizations and medical providers. They procure and deliver food, diapers and other essential items to patients. The team also writes letters of support and refers patients to additional resources as needed.

At the federal level, UW Health engaged in advocacy specific to the following:

- Supported the Improve Social Determinants of Health Act of 2021
- Supported the Pursue Equity in Mental Health Act
- Supported the Leverage Integrated Networks in Communities (LINC) to address Social Needs Act of 2021
- Submitted a letter to the U.S. Food and Drug Administration urging changes to the review and approval processes for pulse oximeters to address racial bias
- Signed a coalition letter to Senator Tammy Baldwin and Congresswoman Gwen Moore regarding banning the sale of flavored tobacco, which disproportionately impacts communities of color and the LGBTQIA2+ community

In Wisconsin, UW Health engaged in advocacy specific to the following:

- Establishing suicide prevention grants
- Limiting the sale of tobacco products to individuals under 21

  - Extending Medicaid coverage to patients postpartum for 12 months
  - Permitting Medicaid reimbursement for physical therapy provided in a group setting
  - Opposing limits placed on transgender athletes in K–12 and college-level sports

Key 2022 accomplishments include:

2,876 PREGNANT PATIENTS SCREENED
313 BLACK PATIENTS SCREENED
194 PATIENTS ENROLLED
75 HEALTHY BABIES BORN TO ENROLLED PATIENTS
Resolution
In Recognition of the Service of
Mr. Christopher Patton
RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

In Recognition of the Service of Mr. Christopher Patton

July 27, 2023

WHEREAS, Mr. Christopher Patton (“Mr. Patton”) has served with distinction, dedication and unwavering loyalty as a Department of Administration (“DOA”) Secretary-appointed Board Director on the Board of Directors of the University of Wisconsin Hospitals and Clinics Authority (“UWHCA”) since January 24, 2019, and through August 31, 2023, and;

WHEREAS, during his tenure, Mr. Patton was a strong supporter of the strategic vision of UWHCA, as it strengthened and cemented its regional presence, both through organic growth as well as through a variety of strategic affiliations and ventures, enabling it to succeed in the ever-changing health care marketplace; and

WHEREAS, Mr. Patton is an honored and trusted friend of UWHCA and has served UWHCA in true fulfillment of its mission, vision, and values; and

NOW THEREFORE BE IT RESOLVED that the Board of Directors and the management of the UWHCA extend their heartfelt gratitude to Mr. Patton for his leadership, exemplary work, and loyal support of the UWHCA.
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 28, 2023
Medical Board: July 13, 2023

Michael Peterson, MD
Chair of Medical Board & President of Medical Staff

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

**New Applications—Medical Staff**

**Jose P. Anaya, 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.

**Matthew F. Blum, MD, Active Staff**

Department of Medicine/Nephrology

- Nephrology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with illnesses, injuries, and disorders of the kidneys. These privileges include care of patients via telemedicine. These privileges include, but are not limited to, placement of temporary vascular access for hemodialysis; central venous catheter insertion for access; management of acute and chronic hemodialysis; management of peritoneal dialysis; continuous renal replacement therapy; initiation and supervision of continuous ultrafiltration/dialysis; supervision of advanced practice providers; and supervision of residents, fellows, and others in training.
  - Percutaneous needle biopsy of the kidney

**Ulas Cikla, MD, Active Staff**

Department of Neurological Surgery/Fellow (Cerebrovascular/Skull Base)

- No Independent Clinical Privileges

**Katherine M. Connelly, 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

**Keely C. Dinse, DO, Active Staff**
Department of Pathology and Lab. Medicine/Fellow (Breast and Gyn Surgical Pathology)

- 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.
- Fine needle aspiration

Alexandra A. Erdmann, MD, Active Staff

Department of Pediatrics/Cardiology

- Pediatric Cardiology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and treat fetuses, infants, children and adolescents with cardiac disease or possible cardiac disease. These privileges include, but are not limited to, electrocardiography performance and interpretation; echocardiography; exercise testing; cardioversion/defibrillation; central venous/pulmonary artery catheterization; temporary transvenous pacemaker placement; pacemaker interrogation and programming; balloon atrial septostomy; pericardiocentesis; provision of immediate and longitudinal care for adults with congenital heart disease and adult patients with pediatric acquired heart disease and arrhythmias; and supervision of residents, fellows and others in training.
- Percutaneous balloon angioplasty/valvuloplasty
- Coil occlusion/PDA or thoracic vascular anomalies
- Intravascular stent placement
- Endomyocardial biopsy
- ASD/PFO closure

Kathleen R. Fink, MD, Active Staff

Department of Radiology/Neuroradiology

- 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.
- Neuroradiology (Diagnostic): Including but not limited to Myelography and diagnostic fluoroscopy-guided spinal puncture; percutaneous diagnostic angiography (without intervention) of the extracranial carotid arteries.Casey E.

Freymiller, MD, Active Staff

Department of Pediatrics/General

- 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.

Nathan T. Gorman, DO, Affiliate Staff

Department of Family Medicine and Community Health

Second department: 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.

Adriane F. Haragan, MD, Active Staff

Department of Obstetrics and Gynecology/Maternal Fetal Medicine

- Obstetrics Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult and treat pregnant patients. These privileges include, but are not limited to, ultrasound; fetal monitoring; amniocentesis; and performing 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.
- Emergency Obstetrics Core Privileges: Privileges to evaluate including performance of H&P, diagnose, manage, and surgically treat pregnant and post-partum patients admitted to UWHC. This does not permit admission for the
primary purpose of obstetrical services, except when such admission is required by law in emergencies. These privileges include, but are not limited to, vaginal delivery; outlet forceps delivery; cesarean section; electronic fetal monitoring; D&C and/or uterine exploration and exploratory laparotomy for post-partum hemorrhage and supervision of residents, fellows and others in training.

Caroline G. Hensley, 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.
- Joint Aspiration/Injection

Clara B. Hitchcock, DO, 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.

Jonathan T. Ketzler, MD, Active Staff
Department of Medicine/Allergy, Pulmonary & Critical Care
- 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, central line and 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 advanced practice providers; and supervision of residents, fellows, and others in training.
- Upper Gastrointestinal and Enteric: Endoscopic injection of botulinum toxin for achalasia
- Upper Gastrointestinal and Enteric: Percutaneous endoscopic gastrostomy (PEG) or jejunostomy (JEG) placement
- Adult Moderate Sedation at all UWHCA location

Christopher R. Lindholm, MD, Active Staff
Department of Medicine/Gastroenterology & Hepatology
- Gastroenterology and Hepatology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with diseases of the alimentary tract and associated organs. These privileges also include care of patients via telemedicine. 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 transcatheter 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.
- Upper Gastrointestinal and Enteric: Endoscopic injection of botulinum toxin for achalasia
- Upper Gastrointestinal and Enteric: Percutaneous endoscopic gastrostomy (PEG) or jejunostomy (JEG) placement
- Adult Moderate Sedation at all UWHCA location

Nandakumar Menon, MD, Active Staff
Department of Radiology/Nuclear Medicine
- Nuclear Medicine Core Privileges: Consultation, performance, and interpretation of all routine and non-routine nuclear medicine procedures to make diagnostic evaluations, by both in vivo and in vitro techniques, of the anatomic and/or physiologic conditions of the body. These privileges include supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.
- Consultation and provision of therapy with unsealed radioactive sources or radiopharmaceuticals.

Nnenna Nwankwo, PsyD, Clinical Psychology
Department of Psychiatry
- Individual psychotherapy: adult

Luis A. Pagan-Carlo, MD, Active Staff
Department of Medicine/Cardiovascular Medicine
- Cardiovascular Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with medical illnesses with focus on cardiac issues and problems. These issues include care of patients via telemedicine. These privileges include, but are not limited to, cardioversion; insertion and management of central venous and pulmonary artery catheters; use of thrombolytic agents; pericardiocentesis; Holter scan interpretation; treadmill testing; temporary transvenous pacemaker placement; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in
training.

- Cardiac Imaging: Transthoracic echocardiography
- Cardiac Imaging: Stress echocardiography
- Cardiac Imaging: Nuclear Cardiology

Christopher S. Purtell, MD, Active Staff
Department of Medicine/Cardiovascular Medicine

- Cardiovascular Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with medical illnesses with focus on cardiac issues and problems. These issues include care of patients via telemedicine. These privileges include, but are not limited to, cardioversion; insertion and management of central venous and pulmonary artery catheters; use of thrombolytic agents; pericardiocentesis; Holter scan interpretation; treadmill testing; temporary transvenous pacemaker placement; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Electrophysiology Procedures: Electrophysiology studies
- Electrophysiology Procedures: Permanent pacemaker selection and implementation
- Fluoroscopy
- Adult Moderate Sedation at all UWHCA locations

Shiri G. Raphaely, MD, Active Staff
Department of Psychiatry/Child

- Adult Psychiatry Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult and treat patients, above the age of 15, who suffer from mental, behavioral, or emotional disorders including admit to inpatient psychiatric unit. These privileges also include care of patients via telemedicine. These privileges include supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.
- Child Psychiatry Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult and treat children and adolescents who suffer from mental, behavioral, or emotional disorders. These privileges also include care of patients via telemedicine. These privileges include supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.
- Electroconvulsive therapy

Thomas M. Russell, MD, Active Staff
Department of Neurological Surgery/Fellow (Neuroendovascular)

- Neurological Surgery Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and surgically treat patients presenting with illnesses, injuries, and disorders of the neurological system, including the supporting structures and vascular supply. These privileges include, but are not limited to, craniotomy and craniectomy; reconstructive cranioplasty; laminectomy; spinal fusion; chemonucleolysis; percutaneous discectomy; transspinal hypophysectomy; CSF shunting procedures; radiofrequency chemical rhizotomy/chordotomy; intracarotid injection; peripheral nerve surgery; intra-extracranial anastomosis; carotid endarterectomy; myelomeningocele repair; neurostimulation and recording; 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.
- 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.
- Use of surgical laser
- Adult Moderate Sedation at all UWHCA locations
- Fluoroscopy

Angelie Azuncion M. Santos, MD, Active Staff
Department of Medicine/Fellow (Interventional Nephrology)

- Nephrology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with illnesses, injuries, and disorders of the kidneys. These privileges include care of patients via telemedicine. These privileges include, but are not limited to, placement of temporary vascular access for hemodialysis; central venous catheter insertion for access; management of acute and chronic hemodialysis; management of peritoneal dialysis; continuous renal replacement therapy; initiation and supervision of continuous ultrafiltration/dialysis; supervision of advanced practice providers; and supervision of residents, fellows, and others in training.
- Percutaneous needle biopsy of the kidney
- Adult Moderate Sedation ONLY within University Hospital or UW Health East Madison Hospital
- Fluoroscopy

Kelly M. Schmidt, MD, Active Staff
Department of Medicine/Cardiovascular Medicine

- Cardiovascular Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose,
consult, and treat adult patients presenting with medical illnesses with focus on cardiac issues and problems. These issues include care of patients via telemedicine. These privileges include, but are not limited to, cardioversion; insertion and management of central venous and pulmonary artery catheters; use of thrombolytic agents; pericardiocentesis; Holter scan interpretation; treadmill testing; temporary transvenous pacemaker placement; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- **Peripheral Vascular Interventions**: Diagnostic percutaneous peripheral vascular interventions including renal, femoral and brachiocephalic.
- **Peripheral Vascular Interventions**: Therapeutic percutaneous peripheral vascular interventions including renal, femoral and brachiocephalic.
- **Peripheral Vascular Interventions**: Diagnostic percutaneous peripheral vascular interventions of the extracranial carotid
- **Percutaneous interventions (primary operator)**: atherectomy, angioplasty and stent placement
- **Percutaneous interventions**: Intra-aortic balloon pump placement
- **Diagnostic Cardiac Catheterization**: Coronary Angiography
- **Diagnostic Cardiac Catheterization**: Endomyocardial biopsy
- **Percutaneous VAD implant and management**
- **Fluoroscopy**
- **Adult Moderate Sedation at all UWHCA locations - includes UH, East Madison Hospital, DHC, and UWHC Clinics**

Andrew J. Schultz, PsyD, Clinical Psychology
**Department of Psychiatry (Pediatric Psychology)**
- Psychological testing: children (under 12)
- Psychological testing: adolescents
- Individual psychotherapy: children (play)
- Individual psychotherapy: adolescents
- Behavior modification
- Family therapy
- Group therapy
- Psychoeducational counseling
- Psychoeducational testing
- Psychological consultation

Anudeepa Sharma, MBBS, Active Staff
**Department of Pediatrics/Neonatology**
- Neonatology-Perinatology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide care for infants who have severe or life-threatening medical conditions requiring specialized knowledge or skills. These privileges include, but are not limited to, counseling, including antenatal maternal consults. Administration of sedative agents and other medications including narcotics and vasoactive drugs to neonates. Request and perform diagnostic tests. Transport supervision and management. Umbilical artery and vein catheterization, peripheral and cut-down arterial and venous line placement, central arterial and venous line placement, arterial and venous phlebotomy, bone marrow aspiration, exchange and partial exchange transfusion, intraosseous line placement, chest tube placement, abdominal paracentesis, thoracentesis, suprapubic bladder aspiration, , circumcision, oral or nasogastric tube placement, endotracheal intubation, laryngeal mask airway placement, pericardiocentesis, lumbar puncture, skin punch and muscle biopsy, cardioversion/defibrillation, I & D of abscess. Emergency cricothyrotomy. Wound and burn care including sutures, closed-fracture management. Management of modalities that provide PEEP (CPAP, high flow nasal cannula), non-invasive ventilation, mechanical ventilation, high frequency ventilation, T-piece. Inhaled medications (including surfactant administration, HeliOx and Nitric Oxide). Neonatal resuscitation. Hypothermia (including head and/or total body cooling), management of ECMO. Performance and interpretation of electrocardiogram (ECG), amplitude integrated electroencephalogram (aEEG), functional echocardiography, non-diagnostic bedside ultrasonography, and polysomnography utilizing 8 or less channels (including home monitor downloads); and supervision of NNPs, NICU and Newborn Hospitalists, residents, fellows, and others in training.

Anwer Sheikh, MD, Active Staff
**Department of Radiology/Nuclear Medicine**
- Nuclear Medicine Core Privileges: Consultation, performance, and interpretation of all routine and non-routine nuclear medicine procedures to make diagnostic evaluations, by both in vivo and in vitro techniques, of the anatomic and/or physiologic conditions of the body. These privileges include supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.
- Consultation and provision of therapy with unsealed radioactive sources or radiopharmaceuticals.

Craig A. Tork, MD, Active Staff
**Department of Radiology/Neuroradiology**
- 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, arthrograms 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.

Sarah E. Train, MD, Active Staff

Department of Medicine/Allergy, Pulmonary & Critical Care

- 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 also include care of patients via telemedicine. These privileges include, but are not limited to, central line and Swan Ganz catheter insertion and management; endotracheal intubation; management of mechanical ventilation; management of noninvasive ventilation; flexible bronchoscopy; direct laryngoscopy; chest tube placement; supervision of advanced practice providers; 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, 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 advanced practice providers; and supervision of residents, fellows, and others in training.

Karina L. Viloria Rodriguez, MD, Active Staff

Department of Family Medicine and Community Health/Fellow (Integrative Health)

- 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.

Anna M. Walsh, MD, Active Staff

Department of Ophthalmology/Fellow (Cornea)

- 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 supervision of residents, fellows and others in training. These privileges also include care of patients via telemedicine.

- Ophthalmology Surgical Core Privileges: Privileges to perform basic surgical procedures considered a result of a residency training program including removal of radioactive plaque, corneal micropuncture and debridement, astigmatic keratotomy, cataract surgery with or without IOL placement, glaucoma filtration surgery with or without antimetabolite, combined cataract and filtering surgery, strabismus surgery on horizontal muscles, enucleation, cryotherapy, primary repair of entropion, ectropion, eyelid injury, tarsorrhaphy, blepharoplasty, lacrimal intubation and irrigation; 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. These privileges include supervision of residents, fellows, and other persons in training.

  - Use of surgical laser - Argon for glaucoma.
  - Use of surgical laser - Argon and Diode for panretinal laser.
  - Use of surgical laser - Diode for glaucoma.
  - Use of surgical laser - YAG capsulotomy, iridotomy, cyclophotocoagulation.
  - Use of surgical laser - Keratorefractive surgery

Joan Q. Wang, MD, Active Staff
Department of Anesthesiology/General

- 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.

Annika P. Weinhammer, 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.
  - Tumescent Liposuction
  - Hair Transplantation and replacement surgery
  - Mohs Micrographic Surgery

Additional Privileges—Medical Staff

Jade A. Anderson, MD

Department of Radiology – Completing fellowship 6/30/23

- Musculoskeletal Imaging and Intervention: Including but not limited to Imaged guided, extracranial injection, biopsy, ablation, drainage or aspiration.

Samantha N. Cordum, MD

Department of Pediatrics/Neonatology

- Pediatrics/NICU Hospitalist Core Priv

Nicholas C. Laucis, MD

Department of Radiology – Completing fellowship 6/30/23

- Musculoskeletal Imaging and Intervention: Including but not limited to Imaged guided, extracranial injection, biopsy, ablation, drainage or aspiration.

New Applications—Advanced Practice Providers

Bethany M. Hassen, NP, Advance Practice Nurse

Department of Neurology

- 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.
  - 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 Neurology Core Privileges: Privileges to manage and treat patients with neurology disorders and related issues.
  - Prescriptive Authority

Tracy L. Huffstatler, NP, Advance Practice Nurse

Department of Medicine/Nephrology

- 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 Nephrology Core Privileges: Privileges to manage and treat patients with chronic kidney disease, organ transplant candidates undergoing desensitization for transplantation, and adult kidney transplants recipients.
  - Prescriptive Authority

Nicole L. Schneider, NP, Advance Practice Nurse

Department of Medicine/Endocrinology

- 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 Endocrinology Core Privileges: Privileges to manage and treat patients with documented or possible endocrine or metabolic disorders.

- Prescriptive Authority

Mary E. Toner, NP, Advance Practice Nurse

Department of Surgery/Minimally Invasive

- 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.

- 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 Surgery Core Privileges: Privileges to manage and treat patients in need of surgical care and related issues.

- Prescriptive Authority

Lan K. Tran, CRNA, Advance Practice Nurse

Department of Anesthesiology

- Certifed Registered Nurse Anesthetist Core Privileges: preanesthesia evaluation and preparation, administration of general and regional anesthesia and all levels of sedation techniques, and postanesthesia care for children, adolescent, and adult patients under the direct supervision of physician members of the medical staff. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent condition consistent with medical staff policy regarding emergency and consultative call services. May also order respiratory therapy.

Denita K. Ward, NP, Advance Practice Nurse

Department of Medicine/Human Resources - Employee Health

- 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 Employee Health Core Privileges: Privileges to manage and treat hospital employee applicants, hospital employees and select non-employed paid employees.

**Additional Privileges--Advanced Practice Providers**

Briana M. Beyer, PA

Department of Surgery/Vascular

- PA Podiatry Core Privileges

Eryn E. Bresser, PA

Department of Surgery/Vascular

- PA Podiatry Core Privileges

Cecily C. Cassel, PA

Department of Surgery/Vascular

- PA Podiatry Core Privileges

Lauren M. Dallman, NP (Acute Care Nurse Practitioner)

Department of Surgery/Vascular

- NP Podiatry Core Privileges

Stacey J. Helf, NP (Adult Gerontology Primary Care NP)

Department of Medicine/Hematology, Oncology, and Palliative Care

- Adult Moderate Sedation

Svitlana V. Hryhorova, PA

Department of Surgery/Vascular

- PA Podiatry Core Privileges

Lauren D. Jerzak, NP (Family Nurse Practitioner)

Department of Medicine/General Internal Medicine

- Shave Biopsy

Brittany R. Johnson, PA

Department of Surgery/Acute Care and Regional General

- Paring of calluses and toenail care
Erica L. Julson, NP (Family Nurse Practitioner)
Department of Surgery/Vascular
  • NP Podiatry Core Privileges
Heather N. Leiber, PA
Department of Surgery/Vascular
  • PA Podiatry Core Privileges
Dawna L. McMillan, NP (Adult Gerontology Acute Care NP)
Department of Surgery/Vascular
  • NP Podiatry Core Privileges
Chloe C. Smith, PA
Department of Surgery/Vascular
  • PA Podiatry Core Privileges
Corey L. Smith, NP (Adult Gerontology Acute Care NP)
Department of Medicine/Allergy, Pulmonary & Critical Care
  • NP Critical Care Core and Arterial Line Insertion
Molly J. Szotkowski, NP (Acute Care Nurse Practitioner)
Department of Surgery/Vascular
  • NP Podiatry Core Privileges
Erik A. Woodhouse, NP (Adult Gerontology Acute Care NP)
Department of Surgery/Vascular
  • NP Podiatry Core Privileges

Status Changes/Transfer with privilege changes

Elizabeth E. Rushing, PA, Physician Assistant
Department of Neurology
  • 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. These privileges also include care of patients via telemedicine.
  • PA Neurology Core Privileges: Privileges to manage and treat adolescent and adult patients with neurology disorders and related issues.
  • Prescriptive Authority
Shawna K. Wheeler, PA, Physician Assistant
Department of Ortho Rehab/Orthopedic Surgery
  • 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. These privileges also include care of patients via telemedicine.
  • PA Orthopedic Surgery Core Privileges: Privileges to manage and treat pediatric, adolescents and adults with orthopedic injuries, diseases and other related issues.
  • Prescriptive Authority

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>Dennie, Trevor W., MD</td>
<td>Medicine/Hem, Onc, and Palliative Care</td>
<td>Active</td>
</tr>
<tr>
<td>Liberman, Joshua D., MD</td>
<td>Medicine/Cardiovascular Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Longfellow, Ryan J., MD</td>
<td>Anesthesiology/General</td>
<td>Active</td>
</tr>
<tr>
<td>Mc Dermott, Sarah E., DO</td>
<td>Pediatrics/Hematology/Oncology</td>
<td>Active</td>
</tr>
<tr>
<td>Patel, Naren, DPM</td>
<td>Surgery/Vascular</td>
<td>Active</td>
</tr>
<tr>
<td>Shenai, Neeta, MD</td>
<td>Psychiatry</td>
<td>Active</td>
</tr>
<tr>
<td>Tudahl, Gabriel L., PA</td>
<td>Medicine/Cardiovascular Medicine</td>
<td>PA</td>
</tr>
</tbody>
</table>
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>Status</th>
<th>Addl Priv</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pankratz, Gerald T., MD</td>
<td>Medicine/Geriatrics</td>
<td>Active Staff</td>
<td>DXA Interpretation</td>
</tr>
<tr>
<td>Smith, Chloe C., PA</td>
<td>Surgery/Vascular</td>
<td>PA</td>
<td>Sharp Debridement of a Wound</td>
</tr>
</tbody>
</table>
Proposed Medical Staff Bylaws Amendments—2023

Recommendations and Approvals:
- Approved by the Bylaws Committee: June 1, 2023
- Approved by the Medical Board: June 8, 2023
- Approved by the Medical Staff: June 29, 2023
- Submitted to the UWHCA Board of Directors: July 5, 2023
- Approved by UWHCA Board of Directors: July 27, 2023 (anticipated)

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 g</td>
<td>Moved the reference to compliance with the hospital’s requirements and policies regarding training, safety and infection control, and compliance from the reappointment section to the section addressing qualifications for medical staff membership</td>
<td>Compliance with such trainings is more accurately included in the qualification section.</td>
</tr>
<tr>
<td>Article VII (Procedure for Appointment and Reappointment), Section 4 (Reappointment Process),</td>
<td>This reference has been moved to Article III, Section 1, Subsection g, per above.</td>
<td>This reference has been moved to Article III, Section 1, Subsection g, per above.</td>
</tr>
<tr>
<td>Article IX (Collegial Intervention and Corrective Action), Section 4 (Automatic Action), Subsection a (Medical Record Completion).</td>
<td>Medical Record Completion. A temporary suspension of all clinical privileges shall be imposed automatically if an individual has failed to complete assigned medical records within thirty (30) days from the date of service. Reinstatement of privileges will occur automatically when completion of the delinquent medical records is verified. 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</td>
<td>Updated language to clarify that all privileges will be automatically suspended if an individual has failed to complete assigned medical records within 30 days from the date of service, consistent with process improvement work throughout the organization.</td>
</tr>
<tr>
<td>Section</td>
<td>Amendment</td>
<td>Explanation/Comment</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td>Updated language to allow a temporary lapse in board certification so long as the practitioner provides evidence that board certification is anticipated to be obtained, and is obtained, within the time period specified in the bylaws.</td>
</tr>
<tr>
<td>Article IX (Collegial Intervention and Corrective Action), Section 4 (Automatic Action), Subsection j (Board Certification or Board Eligibility).</td>
<td>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 except that a lapse in board certification shall not result in automatic suspension of privileges if the practitioner provides evidence to Medical Staff Administration that board certification is anticipated to be reinstated within one (1) year of the lapse (e.g., proof of scheduled Board examination), and such reinstatement does occur no later than either twelve months after the expiration of board certification or, if a board certification examination has been taken within the twelve month period after lapse but the practitioner is still awaiting results, upon release of the result. Privileges shall be automatically reinstated upon verification of compliance with the requirements outlined in Article III, Section 1(h) relating to board certification, board eligibility, or equivalent training and experience.</td>
<td></td>
</tr>
<tr>
<td>Article XIII (Officers and At-Large Members), Section 6 (Duties), Subsection a</td>
<td>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.</td>
<td>Deleted as not required to be included in the bylaws.</td>
</tr>
<tr>
<td>Throughout Article IX</td>
<td>We are proposing changing the language and process around medical staff corrective action investigations. Under this proposal, most details of the investigation process will be in policy, rather than in the Bylaws. Additionally, we would no longer utilize a standing “Investigation</td>
<td></td>
</tr>
<tr>
<td>Section</td>
<td>Amendment</td>
<td>Explanation/Comment</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Article IX, Section 2 (Corrective Action Procedure), Subsection i (formerly j)</td>
<td>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. At the discretion of the Medical Board, the action may be presented to the, and the Board of Directors shall be notified of the action at its next scheduled meeting, and the Board of Directors may elect to modify that action.</td>
<td>This change makes it no longer mandatory for the Medical Board to present all non-materi ally adverse recommendations (e.g. reprimands or warnings) to the UWHCA Board. It would still be optional.</td>
</tr>
<tr>
<td>Exhibit 1 (Fair Hearing and Appellate Review Plan), Section 2.4.1</td>
<td>When a proper request for a hearing is received, the President of the Medical Staff, or designee, shall promptly arrange and schedule a hearing. Such hearing shall commence no earlier than thirty (30) calendar days nor later than ninety (90) calendar days after the practitioner's receipt of the notice of time and place for the hearing, unless an earlier hearing date has been agreed to by the parties or a later hearing is deemed necessary by the President of the Medical Staff.</td>
<td>This change is to prevent future hearings from being delayed for scheduling reasons.</td>
</tr>
<tr>
<td>Exhibit 1 (Fair Hearing and Appellate Review Plan), Section 2.4.2</td>
<td>Unless extended by the President of the Medical Staff, no hearing shall last longer than sixteen (16) hours. Such timeframe may be spread out among separate consecutive or non-consecutive days, at the discretion of the President of the Medical Staff. It shall be the responsibility of the Hearing Officer to ensure that all relevant evidence is presented within this timeframe. Options for ensuring the expediency of a hearing include, without limitation, prohibiting duplicative or irrelevant testimony, limiting time or scope of direct or cross examinations, taking official notice of undisputed facts, and reliance on written opening and/or closing statements. In no event shall any limitation on the length of the hearing, nor any action by the Hearing Officer to ensure the expediency of the hearing, constitute a violation of the practitioner’s rights under this Fair Hearing and Appellate Review Plan.</td>
<td>New language to prevent protracted hearings that are difficult to schedule and delay the proceedings.</td>
</tr>
<tr>
<td>Section</td>
<td>Amendment</td>
<td>Explanation/Comment</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Exhibit 1 (Fair Hearing and Appellate Review Plan), Section 3.11</td>
<td>Evidence may be introduced regarding conduct by the practitioner at institutions other than UWHC, provided that such evidence is relevant to the matter under consideration.</td>
<td>New language to make clear that relevant evidence from other institutions is admissible in a hearing.</td>
</tr>
<tr>
<td>Exhibit 1 (Fair Hearing and Appellate Review Plan), Section 3.15</td>
<td>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. Such report shall be delivered to the Medical Board no later than fourteen (14) calendar days following the adjournment of the hearing, unless extended by the President of the Medical Staff.</td>
<td>New language to set a deadline for submission of a report. This prevents protracted delays following close of a hearing.</td>
</tr>
<tr>
<td>Exhibit 1 (Fair Hearing and Appellate Review Plan), Section 3.16.1</td>
<td>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 Hearing Panel are advisory to the Medical Board, and shall not be considered binding. At its discretion, the Medical Board may accept, reject, or modify the Hearing Panel’s recommendation.</td>
<td>New language to clarify that hearing panel decisions are advisory and not binding. This is true current state, but explicit language will prevent future confusion.</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>Throughout Bylaws</td>
<td>We have updated applicable titles, including adding the Chief Operating Officer role and clarifying reference to the Chief Medical Officer.</td>
</tr>
<tr>
<td>Throughout Bylaws</td>
<td>Eliminated references to “his or her” to be more inclusive.</td>
</tr>
<tr>
<td>Throughout Bylaws</td>
<td>Non-substantive updates to correct typographical errors, fixed numbering/formatting and cross-references.</td>
</tr>
<tr>
<td>Throughout Bylaws</td>
<td>Changed name of “Operating Room” committee to “Surgical and Procedural Operations Council” throughout.</td>
</tr>
</tbody>
</table>
# Table of Contents

- **Preamble** ........................................................................................................................... 1
- **Article I: Name** ................................................................................................................. 1
- **Article II: Purpose** ............................................................................................................ 1
- **Article III: Membership** .................................................................................................... 1
- **Article IV: Categories of the Medical Staff** ....................................................................... 4
- **Article V: Advanced Practice Providers** ............................................................................ 4
- **Article VI: GME and Other Physician Learners** ................................................................. 6
- **Article VII: Procedure for Appointment and Reappointment** ........................................... 6
- **Article VIII: Clinical Privileges** ........................................................................................ 9
- **Article IX: Collegial Intervention and Corrective Action** .................................................. 11
- **Article X: Hearing Procedure** .......................................................................................... 15
- **Article XI: Medical Board** .................................................................................................. 16
- **Article XII: Clinical Services** ............................................................................................ 17
- **Article XIII: Officers and At-Large Members** .................................................................... 18
- **Article XIV: Committees** .................................................................................................. 19
- **Article XV: Meetings** ......................................................................................................... 23
- **Article XVI: Rules and Regulations** .................................................................................. 24
- **Article XVII: Amendments** .............................................................................................. 26
- **Article XVIII: Adoption** ..................................................................................................... 26
- **Exhibit 1: Fair Hearing and Appellate Review Plan** ............................................................ 27
- **Exhibit 2: Fair Hearing and Appellate Review Plan** ............................................................ 37
- **Exhibit 3: Advanced Practice Providers** ............................................................................ 43
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 eChief eExecutive Officer (“CEO”), Chief Operating Officer (“COO”), Chief Clinical Officer (“CCO”), or eChief mMedical eOfficer – University Hospital (“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.
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.

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.

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.

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 COO, 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.

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 practitioner’s 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 COO, CCO, or CMO or designee 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 the practitioner or other professional 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, COO, CCO, chief medical officerCMO, 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 officerCMO may submit a request to the CEO, COO, 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, COO, 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 (CMO) 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, COO, 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, or 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 CMO 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, COO, 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 54. 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, COO, CCO, or chief medical officer CMO, 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 COO, 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 that an investigation be conducted in accordance with UW Health policy. At a minimum, such investigation must include an invitation for the practitioner who is the subject of the investigation to meet with investigators to discuss, explain, or refute the allegations in an interview. The practitioner does not have the right to have an attorney present for this interview, nor shall recording devices be permitted in the interview. The failure of the practitioner to appear for a scheduled interview shall be considered a waiver of the opportunity for the interview. The practitioner is required to cooperate in the investigation process, including providing any documents or other information requested by investigators.

d.e. This investigation shall be completed and an investigation report delivered to the Medical Board within ninety (90) calendar days of referral unless an extension is approved by the president of the medical staff. 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.f. Pursuant to UW Health policy, 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 CMO, 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. Following receipt of an investigation report, the president of the medical staff shall send a copy of such report 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 responding to the investigation report. 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. 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 investigation report and any submitted statement and decide what corrective action, if any, is warranted. 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. At the discretion of the Medical Board, the action may be presented to the Board of Directors shall be notified of the action at its next scheduled meeting and the Board of Directors may elect to modify that action. 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, COO, 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 (CMO). 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 (CMO), 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 of all clinical privileges shall be imposed automatically if an individual has failed to complete assigned medical records within thirty (30) days from the date of service. Reinstatement of privileges will occur automatically when completion of the delinquent medical records is verified. 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.

c. 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.

d. 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.

e. 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.

f. 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(c). Reinstatement of privileges will occur automatically when the person again demonstrates the required professional liability coverage.

g. 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.

h. Faculty Status.
1. The loss of faculty status with SMPH automatically results in termination of medical staff membership and clinical privileges.

2. 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.

i. 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.

j. 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 except that a lapse in board certification shall not result in automatic suspension of privileges if the practitioner provides evidence to Medical Staff Administration that board certification is anticipated to be reinstated within one (1) year of the lapse (e.g., proof of scheduled Board examination), and such reinstatement does occur no later than either twelve months after the expiration of board certification or, if a board certification examination has been taken within the twelve month period after lapse but the practitioner is still awaiting results, upon release of the result. Privileges shall be automatically reinstated upon verification of compliance with the requirements outlined in Article III, Section 1(h) relating to board certification, board eligibility, or equivalent training and experience.

k. 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 COO, the CCO, and the chief medical officer (CMO) (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 or designee, 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
Orthopedics and Rehabilitation Medicine
Pathology and Laboratory Medicine
Pediatrics
Psychiatry
Radiology
Surgery
Urology

Section 2. Organization of Services. The Board of Directors, upon the joint recommendation of the CEO, COO, 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, COO, 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.

a. Bylaws
b. Credentials
c. Critical Care
d. Ethics
e. Graduate Medical Education
f. Hearing
g. Infection Control
h. Investigation
i. Medical Record
j. Medical Staff Behavior
k. Nutrition
l. Operating Room
m. Pharmacy and Therapeutics
n. Peer Review Executive
Section 2. Committee Members.

a. The president of the medical staff, in consultation with the chief medical officer CMO, 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 CMO, 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 CMO, 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 COO, the CCO, the chief medical officer CMO, 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, COO, 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 COO, 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 COO, CCO, or chief medical officer (CMO), 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 Surgical and Procedural Operations Council shall develop and regularly review Rules and Regulations for the safe and effective functioning of the operating rooms. Its membership shall be comprised of representatives from the clinical services utilizing the operating rooms.

s. 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).

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 electronic 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, and 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 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, 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, policies, 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[INSERT]
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 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 in any investigation 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 Scheduling 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. Such hearing shall commence no earlier than thirty (30) calendar days, nor later than ninety (90) calendar days after the practitioner's receipt of the notice of time and place for the hearing, unless an earlier hearing date has been agreed to by the parties, or a later hearing is deemed necessary by the President of the Medical Staff.

2.4.2 Unless extended by the President of the Medical Staff, no hearing shall last longer than sixteen (1216) hours. Such time-frame may be spread out among separate consecutive or non-consecutive days, at the discretion of the President of the Medical Staff. It shall be the responsibility of the Hearing Officer to ensure that all relevant evidence is presented within this timeframe. Options for ensuring the expediency of a hearing include, without limitation, prohibiting duplicative or irrelevant testimony, limiting time or scope of direct or cross examinations, taking official notice of undisputed facts, and reliance on written opening and/or closing statements. In no event shall any limitation on the length or the hearing, nor any action by the Hearing Officer to ensure the expediency of the hearing, constitute a violation of the practitioner's rights under this Fair Hearing and Appellate Review Plan.
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.

2.4.3 Once a hearing is scheduled, the President of the Medical Staff, or designee, 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;

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.

2.4.4 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, COO, 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, COO, 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, COO, 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 (disclosed in accordance with section 2.5.1 above), 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. Evidence may be introduced regarding conduct by the practitioner at institutions other than UWHC, 
provided that such evidence is relevant to the matter under consideration.

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
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. Such report and shall be delivered to the Medical Board no later than fourteen (14) calendar days following the adjournment of the hearing, unless extended by the President of the Medical Staff. 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 Hearing Panel are advisory to the Medical Board, and shall not be considered binding. The Medical Board may accept, reject, or modify the Hearing Panel’s recommendation. 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 COO, 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, COO, 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.
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, COO, 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, COO, or CCO shall notify the applicant, the Medical
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, COO, 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, COO, 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, COO, 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, COO, 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, COO, 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, COO, 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, COO, 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, COO, 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, COO, 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 providers.

- Advanced practice nurse prescriber;
- Nurse practitioner;
- Physician assistant;
- Certified nurse midwife;
- Certified registered nurse anesthetist;
- Anesthesiologist assistant;
- Clinical psychologist;
- PhD Researcher in Research Units.
Attachment

UWHC Medical Staff Bylaws (CLEAN)
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 Operating Officer (“COO”), Chief Clinical Officer (“CCO”), or Chief Medical Officer – University Hospital (“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. A member is expected to comply with the hospital’s requirements and policies regarding training and education in safety and infection control, compliance, and such other topics as are designated by the hospital and/or Medical Board.

h. 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.

i. 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 the member’s 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 COO, 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.

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 the practitioner’s 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 COO, CCO, or CMO or designee 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 the practitioner or other professional 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, COO, CCO, CMO, 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 CMO may submit a request to the CEO, COO, 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
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, COO, 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 CMO 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, COO, 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, or 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 CMO 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, COO, or CCO shall promptly notify the affected person of such recommendation. 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 2I 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. 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, COO, CCO, or CMO, 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 such individual 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 the individual’s 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.

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, COO, CCO, 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 that an investigation be conducted in accordance with UW Health policy. At a minimum, such investigation must include an invitation for the practitioner who is the subject of the investigation to meet with investigators to discuss, explain, or refute the allegations in an interview. The practitioner does not have the right to have an attorney present for this interview, nor shall recording devices be permitted in the interview. The failure of the practitioner to appear for a scheduled interview shall be considered a waiver of the opportunity for the interview. The practitioner is required to cooperate in the investigation process, including providing any documents or other information requested by investigators.

e. This investigation shall be completed and an investigation report delivered to the Medical Board within ninety (90) calendar days of referral unless an extension is approved by the president of the medical staff.

f. Pursuant to UW Health policy, 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 follow a request for corrective action as outlined in Section (d) above.

g. Following receipt of an investigation report, the president of the medical staff shall send a copy of such report to the practitioner. The practitioner shall have ten (10) calendar days in which to submit a written statement to the Medical Board responding to the investigation report.

h. 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 investigation report and any submitted statement and decide what corrective action, if any, is warranted. 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.

i. 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. At the discretion of the Medical Board, the action may be presented to the Board of Directors, and the Board of Directors may elect to modify that action. 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.

j. 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.

k. The president of the medical staff shall notify the practitioner of the Medical Board recommendation in writing. 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, COO, 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 CMO. 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 CMO, 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 of all clinical privileges shall be imposed automatically if an individual has failed to complete assigned medical records within thirty (30) days from the date of service. Reinstatement of privileges will occur automatically when completion of the delinquent medical records is verified

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.

c. 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.

d. 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.

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

f. 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(c). Reinstatement of privileges will occur automatically when the person demonstrates the required professional liability coverage.

g. 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.

h. Faculty Status.

1. The loss of faculty status with SMPH automatically results in termination of medical staff membership and clinical privileges.

2. 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.
i. 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.

j. 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 shall result in an automatic suspension of all clinical privileges except that a lapse in board certification shall not result in automatic suspension of privileges if the practitioner provides evidence to Medical Staff Administration that board certification is anticipated to be reinstated within one (1) year of the lapse (e.g., proof of scheduled Board examination), and such reinstatement does occur no later than either twelve months after the expiration of board certification or, if a board certification examination has been taken within the twelve month period after lapse but the practitioner is still awaiting results, upon release of the result. Privileges shall be automatically reinstated upon verification of compliance with the requirements outlined in Article III, Section 1(h) relating to board certification, board eligibility, or equivalent training and experience.

k. 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 the COO, the CCO, and the CMO (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 or designee, 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, COO, 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, COO, 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.

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.

a. Bylaws
b. Credentials
c. Critical Care
d. Ethics
e. Graduate Medical Education
f. Hearing
g. Infection Control
h. Medical Record
i. Medical Staff Behavior
j. Nutrition
k. Pharmacy and Therapeutics
l. Peer Review Executive
m. Provider Health
n. Respiratory Care
o. Resuscitation Review
p. Surgical and Procedural Operations Council
q. Utilization Management
r. UW Health Clinical Policy

Section 2. Committee Members.

a. The president of the medical staff, in consultation with the CMO, 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 CMO, 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 CMO, 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 COO, the CCO, the CMO, 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 CMO; the president, vice-president, secretary-treasurer, and immediate past-president of the medical staff; the CEO, COO, 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 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.

i. 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 COO, CCO, or CMO. When corrective action is required, the matter shall be handled under Article IX.

j. 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.

k. 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.

l. 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.

m. The Provider Health Committee shall be responsible for:

1. Assisting departmental chairs, the COO, CCO, or CMO, 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.

n. 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.

o. 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.

p. The Surgical and Procedural Operations Council shall develop and regularly review Rules and Regulations for the safe and effective functioning of the operating rooms. Its membership shall be comprised of representatives from the clinical services utilizing the operating rooms.

q. 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).

r. 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, electronic 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, and 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, 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, policies, 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................................................................. [INSERT]
Approved by Medical Board...................................................................... [INSERT]
Approved by Medical Staff....................................................................... [INSERT]
Approved by Board of Directors............................................................... [INSERT]
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 in any investigation 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. Scheduling 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. Such hearing shall commence no earlier than thirty (30)
calendar days nor later than ninety (90) calendar days after the practitioner's receipt of the notice of
time and place for the hearing, unless an earlier hearing date has been agreed to by the parties
or a later hearing is deemed necessary by the President of the Medical Staff.

2.4.2 Unless extended by the President of the Medical Staff, no hearing shall last longer than
sixteen (16) hours. Such timeframe may be spread out among separate consecutive or non-
consecutive days, at the discretion of the President of the Medical Staff. It shall be the
responsibility of the Hearing Officer to ensure that all relevant evidence is presented within
this timeframe. Options for ensuring the expediency of a hearing include, without
limitation, prohibiting duplicative or irrelevant testimony, limiting time or scope of direct
or cross examinations, taking official notice of undisputed facts, and reliance on written
opening and/or closing statements. In no event shall any limitation on the length or the
hearing, nor any action by the Hearing Officer to ensure the expediency of the hearing,
constitute a violation of the practitioner's rights under this Fair Hearing and Appellate
Review Plan.
2.4.3 Once a hearing is scheduled, the President of the Medical Staff, or designee, shall send the practitioner written notice. Such notice shall contain:

a. The date, time and place of the hearing.

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.

2.4.4 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 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, COO, 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, COO, 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, COO, 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 (disclosed in accordance with section 2.5.1 above), 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. Evidence may be introduced regarding conduct by the practitioner at institutions other than UWHC, provided that such evidence is relevant to the matter under consideration.

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. 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. Such report shall be delivered to the Medical Board no later than fourteen (14) calendar days following the adjournment of the hearing, unless extended by the President of the Medical Staff. 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 Hearing Panel are advisory to the Medical Board, and shall not be considered binding. At its discretion, the Medical Board may accept, reject, or modify the Hearing Panel’s recommendation. 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 COO, 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, COO, 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, of 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, COO, 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, COO, 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, COO, 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, COO, 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, COO, 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, COO, 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, COO, 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, COO, 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, COO, 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, COO, 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, COO, 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 providers.

- 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 27, 2023

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.
Executive Summary
Amendment to the Isthmus Project, Inc.
Investment Guidelines
EXECUTIVE SUMMARY

DATE:    July 27, 2023

RE:    Amendment to the Isthmus Project, Inc. Investment Guidelines

UWHCA Board of Directors,

Following a recent presentation of the Isthmus Project, Inc. (“Isthmus Project”) to the UWHCA Chief Executive Officer (“CEO”) Direct Reports, UW Health management recommended that a change be made to the Isthmus Project Investment Guidelines. The suggested change is to require CEO approval instead of UWHCA Board approval of any Isthmus Project investment exceeding the then current budget. The intent is to direct this more operational approval to the more appropriate operational resource. CEO approval authority is still pursuant to the Member’s policies and/or practices relating to approval for unbudgeted expenditures.

Per the Isthmus Project Bylaws, UWHCA, as its sole member, shall have the sole power and voting right to approve the Isthmus Project’s Investment Guidelines and any amendments.

Attached for your review please find the proposed change to the Isthmus Project Investment Guidelines.

If you have any questions regarding the proposed change, please contact Dr. Elizabeth Hagerman at ehagerman@uwhealth.org.

Thank you for your consideration.

Attachment
1. **Purpose.** The Board of Directors (the “Board”) of Isthmus Project, Inc. (the “Corporation”) has the responsibility, in consultation with the Corporation’s management, to evaluate innovative ideas, concepts, inventions, and other intellectual property aimed to improve medicine, healthcare, and public health (each a “Project”), for support (monetary or otherwise) by the Corporation. The guidelines for Project evaluation and the authority granted to the Board with respect to such support (collectively, the “Investment Guidelines”) is set forth herein.

2. **Evaluation.** The Board shall have the responsibility to evaluate Projects submitted to the Corporation by employees of University of Wisconsin Hospitals and Clinics (“UWHCA” or “Member”), University of Wisconsin Medical Foundation, Inc. (“UWMF,” and together with UWHCA’s and UWMF’s respective subsidiaries and affiliates, collectively, “UW Health”), the University of Wisconsin School of Medicine and Public Health (“UWSMPH”), and others to determine whether support of such any such Project is consistent with the Corporation’s purposes and in the best interest of the Corporation. In evaluating such Projects, the Board shall evaluate:
   a. The Project’s potential to support and further the stated missions of UW Health and/or UWSMPH;
   b. The Project’s impact or potential impact on health and healthcare;
   c. The scope of the community of patients and health care providers potentially served and impacted by the Project;
   d. The Project’s potential to create and sustain a culture of innovation at UW Health, including by helping UW Health recruit and retain the best minds in health care;
   e. Whether the nature of the Project is such that the Project can be further developed and/or disseminated consistent with the Corporation’s mission (including, without limitation, through commercialization);
   f. Whether support of the Project is consistent with the Corporation’s then-current strategy, as developed by the Corporation’s management in consultation with the Corporation’s Board;
   g. Whether the Corporation can be actively involved in or have a material impact on the development, incubation, acceleration, and/or commercialization of the Project; and
   h. Such other factors and criteria as the Corporation’s Board, in consultation with the Corporation’s management, shall determine from time to time.

In evaluating Projects for support, the strength of a Project’s potential for profit, while appropriate to consider, shall not be the primary consideration.

3. **Determination of Support.** Where the Board has determined that support of a Project is consistent with the Corporation’s mission and is in the Corporation’s best interest, the
Board shall, subject to the limitations set forth herein and in the Corporation’s bylaws, determine the scope, amount, and form(s) of support to be provided to a Project. Such support may include, without limitation: (a) financial support (subject to the limitations set forth herein), (b) consulting services (internal or external), including legal, accounting, business, marketing, and other consultants, (c) procurement services, (d) equipment (including leased equipment), (e) space (or rent for space), (f) cost center administration, (g) intellectual property evaluation, consultation, development and protection (including associated applications and filings), (h) intellectual property licensing, (i) intellectual property enforcement, (j) UW Health employee support, (k) assistance with Wisconsin Alumni Research Foundation review, (l) assistance with University of Wisconsin equity review, (m) assistance with third party investment support, (n new company exploration and formation, and (o) other operational and administrative services as may be appropriate. Any grant of support to a Project shall be in accordance with a budget developed at the time such support is granted.

4. Authority. The Board may commit the Corporation’s support for Projects that the Board has determined are consistent with the furtherance of the Corporation’s mission and in the best interest of the Corporation, subject to the following limitations:

   a. The Board may not commit support to any Project in excess of $250,000 (whether direct financial support or pass-through expenditures) in the aggregate, without the prior approval of the Member’s Chief Executive Officer;
   b. The Board may not commit support to any Projects in any amount which would result in total Project support amounts for the then-current budget period exceeding the Corporation’s then-current approved budget without the approval of the Member’s Chief Executive Officer pursuant to the Member’s policies and/or practices relating to approvals for unbudgeted expenditures;
   c. The Board may not agree to form a new legal entity as a subsidiary of the Corporation without the prior approval of the Member;
   d. The Board may not commit support to any Project not directly related to health, health care, or medicine without the prior approval of the Member;
   e. The Board may not commit support to any Project which does not involve one or more employees of UW Health or UWSMPH; and
   f. The Board may not commit support to any Project in which the Corporation has not, does not, or will not have active involvement or a material impact on the furtherance of the Project.

5. Project Support Agreements. The Board shall be directly responsible to approve the terms of any agreements or arrangements pertaining to support provided to a Project, including where appropriate, the terms of a Project Support Agreement, which terms shall be subject to the limitations on the authority of the Board set forth herein.

6. Project Oversight and Evaluation. The Board shall have general oversight of supported Projects including responsibility for insuring that parties to such support agreements/arrangements comply with all terms, conditions and obligations associated with such support agreements/arrangements. The Board shall, at least quarterly, evaluate Projects for which support is ongoing to determine whether support therefor should
continue, be modified or be terminated. The Board shall report on Project support and the results to the Member no less than annually.