



To:	UMC Governing Board
From:	UMC Medical Staff Office
Subject:	Summary of Proposed Changes to UMC Medical and Dental Staff Bylaws and Rules & Regulations Approved by MEC on May 23, 2023 and July 25, 2023.
Date:	July 25, 2023

Proposed Amendment	Rationale
<p>Bylaws, Part I, Section 2.7.1 – Medical Staff Member Rights</p> <p>“Each staff member in the Active category has the right to a meeting with the MEC on matters relevant to the responsibilities of the MEC that may affect patient care or safety. In the event such practitioner is unable to resolve a matter of concern after working with his/her Department Chief or other appropriate Medical Staff leader(s), that practitioner may, upon written notice to the Chief of Staff two (2) weeks in advance of a regular meeting, meet with the MEC to discuss the issue. <u>The written notice to the Chief of Staff shall adequately describe the matter to be considered by the MEC and contain a recommendation for how to address the issue.</u>”</p>	<p>To delineate a clearer process for practitioner requests to bring an issue before the MEC.</p>
<p>Bylaws Part II, Section 3.1.11 – Automatic Relinquishment for Failure to Meet UMC Vaccination Requirements:</p> <p>“Unless approved for a medical or religious exemption from such requirement, any practitioner who fails to submit proof of full vaccination for SARS-CoV-2 in accordance with</p>	<p>To make conforming changes with respect to UMC policy changes regarding vaccination against COVID-19.</p>

<p>UMC hospital policies shall be considered to have automatically relinquished all privileges. If the practitioner submits proof of full vaccination against SARS-CoV-2 compliance with UMC hospital vaccination policies within thirty (30) calendar days of notice of the automatic relinquishment, the practitioner’s privileges may be reinstated. Thereafter, the member will be deemed to have voluntarily resigned from the staff and must reapply for staff membership and privileges.”</p>	
<p>Bylaws, Part III, Section 3.1.5(m) – Requirements for Complete Application for Medical Staff Privileges</p> <p>“Proof of (i) full vaccination against SARS-CoV-2 or (ii) an approved medical or religious exemption from the SARS-Cov-2 vaccine”</p>	<p>To make conforming changes with respect to UMC policy changes regarding vaccination against COVID-19.</p>
<p>Rules & Regs, Part I, Section 3.8-3.9 – Operative/Procedure Reports</p> <p>“3.8. Operative/<u>Procedure</u> reports will be entered or dictated immediately after surgery, and in no case, later than twenty-four (24) hours after the end of the procedure, and the report promptly signed by the surgeon/<u>proceduralist</u> and made a part of the patient's current medical record. Operative /procedure report will include <u>(as applicable)</u>.”</p> <p>“3.9. If there is a delay in getting the operative/procedure report in the medical record, an immediate operative/procedural note is recorded in the medical record, prior to transfer to the next level of care, outlining the procedure performed. Immediate operative/procedural notes will include <u>(as applicable)</u>”</p>	<p>Clarification of the required elements that are expected to be included within a practitioner’s procedural notes.</p>
<p>Rules & Regs, Part I, Section 3.17 – Residents and Fellows in Training</p> <p>Residents and fellows in training, who are not moonlighting outside of their training program, must have their history and physical examinations, progress notes, operative notes, and operative/<u>procedure</u> reports cosigned within one calendar day by the attending physician, or their physician designee. They must also have their discharge summaries cosigned by the discharging physician, or their physician designee, within forty-eight (48) hours after discharge of the patient. If the attending physician enters his/her own independent note, there is no need to cosign the resident’s or fellow’s progress note for that day.</p>	<p>Clarification of documentation requirements for residents and attending physicians.</p>

Rules & Regs, Part I, Section 3.3 and Part II, Section 2.2.6 – Deletion of UMC Health Record Informatics Committee

“All healthcare practitioners who exercise privileges at UMC are required to utilize the electronic healthcare record. Use of other modes of documentation (i.e., paper) shall only occur during designated system downtime or where such use has otherwise been pre-approved ~~by the UMC Health Record Informatics Committee.~~”

“In addition to the Medical Staff Committees enumerated in Section 2.1, the following Hospital committees involve certain responsibilities of the Medical Staff : Burn Care Ad Hoc Committee, Cancer Committee, Center for Quality & Patient Safety Committee, Critical Care Committee, Education Committee, Ethics Committee, ~~Health Record Informatics Committee.~~”

~~“**Health Record Informatics – Committee**~~

~~**a. Composition:** Health Records Informatics Committee meets regularly at the discretion of the Committee Chair, to discuss issues related to health record documentation and the electronic medical record. Membership of the committee involves major medical staff department representatives as well as Nursing, HIM, admitting and selected ancillaries departments as needed.~~

~~**b. Responsibilities:** This committee serves as the first stop for documentation issues, and for the monitoring of the suspension activity for incomplete/deficient medical record documentation. Subcommittees that report to the HRIC include the Legal Medical Record Committee, and the Forms Committee.”~~

This committee no longer exists at UMC.

Rules & Regulations, Part II, Section 2.1.8 – Advanced Practice Professional (APP) Committee

“The APP committee is a multidisciplinary committee responsible for providing representation and coordination in all APP-related medical staff functions. ~~The committee will review all APP applicants and make privilege recommendations to the Credentials Committee.~~”

The APP Committee does not make privilege recommendations to the Credentials Committee.

*Revisions to Bylaws, Part I, Section 3.2.2(c), Section 3.3 and Part III, Section 2.3.1 are redlined in the attached document to conform with prior recommendations made by the MEC. The approved changes were unintentionally omitted from the prior version document presented to the MEC and Board.