



Synopsis of proposed changes of Kaleida Medical Staff Bylaws

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Article 2.2 Qualifications and Criteria for Membership

2.2.4 The Board Certification requirement may be waived at the request of the **practitioner**, clinical service chief or Chief Medical Officer to **both** the Credentials Committee and the Medical Executive Committee.

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Article 3 Categories of Staff

3.1.4 The Active Staff shall consist of practitioners, each of whom have completed at least two (2) years of satisfactory performance as an Associate Staff Member and who actively participate in patient care at Kaleida Health, or other activities of Kaleida Health.

The category of Active Provisional Staff members has been removed.

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Article 3 Categories of Staff (cont.)

3.1.5.2 Prerogatives of Associate Staff. An Associate Staff Member may:

a. **Admit** patients to the Hospital if the practitioners delineation of privileges provides admitting privileges, and exercise such privileges as are granted pursuant to these Bylaws.

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Article 3 Categories of Staff (cont.)

3.1.8 Advanced Practice Providers- *this is only a name change, category formerly known as Allied Health Professional.*

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Article 4 APPOINTMENT AND REAPPOINTMENT PROCEDURE.

4.2 h **Professional references** that can attest to current competence. References are colleagues within the provider's scope of understanding/responsibility. Advanced Practice Professionals references can be another APP or a Physician.

This was formerly Peer references.

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Article 4 APPOINTMENT AND REAPPOINTMENT PROCEDURE. (cont.)

4.6 **Temporary Privileges.** A request for temporary privileges may be made by an applicant to her/his Chief of Service. Temporary privileges may be granted by a Designee of the Chief Executive Officer or the President of the Medical and Dental Staff or the Chief Medical Officer, upon written concurrence of the Chief of Service of the department in which the privileges will be exercised provided that there is primary verification of the applicant's education, current licensure and current competence. **Temporary privileges may be granted in only two circumstances: (1) to fulfill an important patient care need, or (2) when an initial applicant with a complete, clean application is awaiting review and approval of the MEC and the Board, and meets the criteria for Expedited Processing outlined in Article 4.3.1.1 of the Bylaws.** Temporary privileges may be granted for a defined period of time not to exceed 120 days.

- Disaster and Limited Privileges have been omitted.

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Article 4 APPOINTMENT AND REAPPOINTMENT PROCEDURE. (cont.)

- 4.6.1 Important patient care need (a new category of staff):
Temporary privileges may be granted on a case-by-case basis when an important patient care need exists that mandates an immediate authorization to practice, for a limited period of time, while the full credentials information is verified and approved.

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Article 4 APPOINTMENT AND REAPPOINTMENT PROCEDURE. (cont.)

4.6.2-4.6.6 ***Discusses the application process, reappointment, termination and rights as they pertain to Temporary Privileges.***

4.6.7 Emergency Situations- ***name change, category formerly known as Emergency Privileges. Definition unchanged.***

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Article 4 APPOINTMENT AND REAPPOINTMENT PROCEDURE. (cont.)

4.8 **Training Privileges**. Describes the process of obtaining these temporary privileges.

This is a new category of temporary privileges to accommodate those visiting clinicians learning new technologies.

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Article 10. AUTOMATIC RELINQUISHMENT/VOLUNTARY RESIGNATION

Formerly Article 12. Changed to better reflect the flow of the process.

10.1.9 Medical record completion requirements .

Updated requirements.

10.1.1-10.1.8

Unchanged and reflect 12.1.1-12.1.8, respectively.

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Article 11 Corrective Action (Formerly Article 10)

11.1 **Collegial, Education and/or Informal Proceedings-** Now considered a subtype of corrective action.

Previous language stated that following efforts at collegial intervention that if it appeared that patients remained at risk, the MEC would consider whether to make a recommendation to restrict or revoke privileges to the Board. That language has been omitted, and now simply states that the MEC will consider whether an investigation is indicated as per section 11.2. Language involving the Board has been removed.

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Article 11 Corrective Action (cont.)

11.2 Precautionary Restriction or Suspension(formerly 12.2)

11.2.2 **MEC Action and Procedural Rights- *Former Items 12.2.2 and 12.2.3 combined into a single item.***

11.2.3 **Investigations:** The practitioner of concern shall be notified that the investigation is being conducted and ***shall*** be given an opportunity to provide information in a manner and upon such terms as the investigating body deems appropriate. ***“Shall” was formerly “may”.***

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Article 11 Corrective Action (cont.)

11.3 Administrative Time Out. (formerly 12.3 and 11.4)

-Approval of CEO and Board Chair removed.

- Two written warnings within the last 12 months has been removed

11.3.a. When the action that has given rise to the time out relates to one of the following policies of the medical staff: 1.Completion of medical records, 2. practitioner behavior (or disruptive practitioner policy)3. requirements for emergency department coverage or 4. **on-call coverage ,and**

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11.3.b. When the action(s) have been reviewed by the MEC and only when the MEC has determined that one or more of the above policies have been violated; **and**