

UHCCR 1

Office of the President
December 9, 2019

Members, Board of Trustees:

UK HEALTHCARE MEDICAL STAFF BYLAWS

Recommendation: that the Board of Trustees approve the UK HealthCare Medical Staff Bylaws, attached as Exhibit 1, as the amended and restated bylaws of the UK HealthCare Medical Staff.

Background: The University of Kentucky Governing Regulation GR II.E.2.i establishes the University Health Care Committee to serve as the governing body and authority responsible for managing and operating the University's hospitals and to oversee the University's clinical enterprise in accordance with applicable laws, rules, regulations, and accreditation standards.

The University of Kentucky UK HealthCare Medical Staff Bylaws (Bylaws) govern the medical staff responsible for the quality of care, treatment, and services provided to the patients of UK HealthCare and the University's hospitals. The Bylaws were adopted and approved on October 11, 2010, and later amended and restated in 2012 and 2016. Since then, there has been significant change in UK HealthCare leadership and operations, as well as state legislative establishment of peer review protections. Therefore, on October 29, 2019, the UK HealthCare Medical Staff (approximately 1,047 members) and the UK HealthCare Medical Staff Executive Committee (22 members) were notified of a special meeting of the Organized Medical Staff (OMS), the voting members of the Medical Staff, on November 14, 2019, to consider a resolution to approve the amendments to the Bylaws marked in Exhibit 1. The amendments reflect updates to the administrative organization, peer review framework, and clinical services oversight at UK HealthCare Good Samaritan Hospital, and include various other edits to reflect current operations and improve consistency throughout the document. (See Executive Summary below.) The notification included (i) the marked copy of the Bylaws set forth in Exhibit 1; (ii) an executive summary of the amendments; (iii) information concerning the OMS membership and voting process; and (iv) contact information for questions.

On October 29, 2019, the OMS (274 members) was notified of a special meeting on November 14, 2019, to consider this same resolution. The notification included (i) the marked copy of the Bylaws set forth in Exhibit 1; (ii) an executive summary of the amendments; (iii) instructions for voting electronically; (iv) the agenda item, which consisted only of the resolution; (v) the right to and process for proposing an

amendment for consideration at the next annual or special meeting of the OMS; and (vi) contact information for questions. The OMS consists of the following medical staff members of the Active Faculty and Active Community categories determined not more than thirty (30) calendar days before delivery of the notice of the meeting:

- Chief Medical Officer (CMO) and each Associate and Assistant Chief Medical Officer;
- All Chairs;
- Each medical director appointed by the CMO upon consultation with the appropriate Chair and approved by the Chief Clinical Officer, with funding provided through the CMO Office and an express allocation of effort for medical director duties;
- Each service line, section, and division chief;
- Each elected officer of the Medical Staff;
- Each University of Kentucky or UK HealthCare center director;
- Each member of the Medical Staff Executive Committee, the Medical Staff Operating Subcommittees and the Credentials Committee;
- Each chair of the other Medical Staff Standing Committees identified in the Bylaws; and
- Each residency program director.

On November 14, 2019, the OMS approved the Bylaws amendments with a final vote of 61 in favor, four against and one with no selection.

On November 27, 2019, the Medical Staff was notified the OMS had adopted the resolution amending the Bylaws as marked in Exhibit 1, subject to the approval of the University Health Care Committee, which has final legal authority.

A high level overview of the amendments is provided in the [Executive Summary](#) below.

Executive Summary

A. Updates to UKHC Administrative Organization

The proposed amendments address the new leadership roles of the Chief Physician Executive (CPE), Vice President for Hospital Operations, and Vice President for Ambulatory Services and their relationship with the medical staff. The CPE will oversee: the clinical practice, Chief Medical Officer(s) (CMO), CMO Office, clinical quality, and patient safety. The CPE may appoint multiple CMOs to fulfill the CMO duties. The Vice President for Hospital Operations will serve as the chief administrator of UKHC's hospitals and assume the responsibilities under the Bylaws previously handled by the Chief Administrative Officer. The Vice President for Ambulatory Services will serve as

the chief ambulatory officer for UK HealthCare ambulatory services. (See Article 1 and various references throughout the document.)

B. Establishment of Peer Review Framework Across UK HealthCare

To leverage applicable peer review protections, the proposed amendments establish a peer review framework where peer review is performed to further quality of care under the general oversight of the Peer Review Committee. Peer review may involve monitoring, assessment, review, and evaluation of practitioners and will consist of a range of interventions from collegial interventions to referrals for formal action. All organizational units of the Medical Staff shall perform peer review and all practitioners shall cooperate with any peer review activity. The amendments outline the involvement and roles of the Credentials Committee, department leadership, Peer Review Committee, and Medical Staff Executive Committee in peer review. In addition, the activities falling within the state peer review protections are delineated. (For key provisions, see Articles 7, 8, 12, and 14.)

C. Update to Clinical Services Oversight at Good Samaritan Hospital

The proposed amendments re-align the clinical services at Good Samaritan Hospital with the clinical departments and establish department chair oversight of those services. Individual community physicians will be overseen by the relevant department chair. For clinical services provided on an exclusive contractual basis or by groups with significant clinical activity as determined by the Good Samaritan Hospital Medical Staff Operating Subcommittee, a clinical division specific to Good Samaritan Hospital operations may be established within a clinical service. The Good Samaritan Hospital Clinical Division shall be governed by the clinical department but may be delegated responsibilities for facilitating the operational needs unique to Good Samaritan Hospital. A Good Samaritan Hospital Clinical Division Chief may be appointed to manage the division and will report to the department chair. The appointment will be made by a Chief Medical Officer, upon consultation with the President, Vice President for Good Samaritan Hospital, and relevant department chair. (For key provisions, see Article 10.)

D. Revisions to Reflect Current Operations

Various edits are being proposed to reflect current operations and improve consistency throughout the document.

Action taken: Approved Disapproved Other _____