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MARCH 2-3, 2018**

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**ATTACHMENTS**

1. Recommended Qualifications for Members of the Board of Visitors for the University of Virginia
2. Financial Summary of Commitments to Date and Recommended Priority Actions as a Reaction to the Events of August 11 and 12, 2017
3. Amended and Restated Bylaws of the Clinical Staff of the University of Virginia Medical Center



THE RECTOR AND VISITORS OF THE  
UNIVERSITY OF VIRGINIA

March 2, 2018

Following two days of committee meetings, the Board of Visitors of the University of Virginia met in open and closed session at 4:00 p.m. on Thursday, March 1, 2018, in the Board Room of the Rotunda. Frank M. Conner III, Rector, presided.

Present were Robert M. Blue, Mark T. Bowles, Whittington W. Clement, , Elizabeth M. Cranwell, Thomas A. DePasquale, Robert D. Hardie, Barbara J. Fried, Babur B. Lateef, M.D., John G. Macfarlane III, Tammy S. Murphy, James B. Murray Jr., James V. Reyes, Jeffrey C. Walker, Bryanna F. Miller, and Margaret F. Riley.

Absent were James E. Murray Jr., L.D. Britt, M.D., Maurice A. Jones, and John A. Griffin.

Also present for closed session were Susan G. Harris, Debra D. Rinker, and Roscoe C. Roberts.

### **Closed Session, Thursday, March 1, 2018**

After adopting the following motion made by Mark Bowles and duly seconded, the voting members present plus Bryanna F. Miller, Margaret F. Riley, Susan G. Harris, Roscoe C. Roberts, and Debra D. Rinker went into closed session at 4:01 p.m.:

I move that the Board of Visitors go into closed session for the purpose of discussing prospective candidates for appointment; specifically, to confer regarding candidates for the position of student representative to the Board of Visitors, in accordance with section 2.2-3711 (A) (1) of the Code of Virginia.

At 4:10 p.m., the Board left closed session and, on the following motion made by Mr. Bowles, all members present certified by roll call vote that the deliberations in closed session had been conducted in accordance with the exemptions permitted by the Virginia Freedom of Information Act. The members voting in the affirmative were Mr. Conner, Mr. Blue, Mr. Bowles, Mr. Clement, Ms. Cranwell, Mr. DePasquale, Ms. Fried, Mr. Hardie, Dr. Lateef, Mr. Macfarlane, Ms. Murphy, Mr. Murray, Mr. Reyes, and Mr. Walker. Ms. Miller and Mr. Riley also voted in the affirmative:

I move that we vote on and record our certification that, to the best of each member's knowledge, only public business matters lawfully exempted from

open meeting requirements and which were identified in the motion authorizing the closed session, were heard, discussed, or considered in closed session.

Mr. Conner then made a motion to elect Brendan Nigro, a third year student in the College of Arts & Sciences, as the student representative to the Board of Visitors for the 2018-2019 academic year. Mr. Murray seconded the motion, and all members present voted in the affirmative.

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Following the Academic and Student Life Committee meeting, the Board of Visitors met in open session at 11:10 a.m. on Friday, March 2, 2018, in the Board Room of the Rotunda. Frank M. Conner III, Rector, presided.

Present were James B. Murray Jr., Robert M. Blue, Mark T. Bowles, Whittington W. Clement, Elizabeth M. Cranwell, Thomas A. DePasquale, Barbara J. Fried, Robert D. Hardie, Maurice A. Jones, Babur B. Lateef, M.D., John G. Macfarlane III, Tammy S. Murphy, James V. Reyes, Jeffrey C. Walker, Bryanna F. Miller, and Margaret F. Riley.

Absent were: L.D. Britt, M.D. and John A. Griffin

Also present were Teresa A. Sullivan, Patrick D. Hogan, Thomas C. Katsouleas, Richard P. Shannon, M.D., Susan G. Harris, Roscoe C. Roberts, Melody S. Bianchetto, Jonathan D. Bowen, Donna P. Henry, Patricia M. Lampkin, W. Thomas Leback, David W. Martel, Debra D. Rinker, Nancy A. Rivers, Carolyn D. Saint, Colette Sheehy, Kelley D. Stuck, and Farnaz F. Thompson.

Ms. Risa L. Goluboff and Mr. Alfred C. Weaver were presenters.

The Rector called on Ms. Cranwell to lead the Pledge of Allegiance.

### **Minutes of the December 7-8, 2017 Meeting of the Board of Visitors**

On motion, the Minutes of the Board meeting held on December 7-8, 2017, were approved.

### **Resolution for Additions to the Agenda**

On motion, the Board adopted the following resolution approving the consideration of addenda to the published agenda of the meeting:

### **RESOLUTION TO APPROVE ADDITIONAL AGENDA ITEMS**

RESOLVED, the Board of Visitors approves the consideration of addenda to the published Agenda.

## **Appointment of William G. Crutchfield Jr. to the Health System Board**

On motion, the Board adopted the following resolution:

### **APPOINTMENT OF WILLIAM G. CRUTCHFIELD TO THE HEALTH SYSTEM BOARD**

WHEREAS, the Board of Visitors may appoint up to six non-voting public members to the Health System Board with initial terms not to exceed four years and eligibility for reappointment to an additional term;

RESOLVED, William G. Crutchfield of Charlottesville, VA is appointed as a public member of the Health System Board. Mr. Crutchfield's term is for four years, commencing February 28, 2018 and ending on June 30, 2021.

### **Comments by the Rector**

Rector Conner mentioned a one-page document each member had at his or her place, which is a draft of recommended qualifications for service on the Board of Visitors (see Attachment 1), to send to the Governor. Board members were asked to review it and send any comments/recommendations to Susan Harris.

The document is part of work undertaken by a Governance Working Group comprised of John Macfarlane, Mark Bowles, Kerry Abrams (Vice Provost), George Cohen (Professor of Law), and Susan Harris. They were charged by the Rector with looking at different aspects of governance such as qualifications for service on the Board, responsibilities of Board service, creating a Board self-evaluation process and a presidential evaluation policy and process, and metrics for assessing effectiveness of the University's progress.

### **Report by the Deans Working Group**

Dean Risa Goluboff handed out a one-page document that shows recommended priority investments of University funds in response to the events of August 11 and 12, 2017 (see Attachment 2). The Deans Working Group (DWG) was asked to think about what it would take for the University of Virginia to become a leader rather than a victim after August 11 and 12. She said they looked at this from a perspective of safety and security, policy, and the investments the University should make to bring resources to bear on the problems that surfaced during those events.

In December, Dean Goluboff presented a preliminary report about potential investments. In response, members of the Board asked her to work with Melody Bianchetto, Vice President for Finance, along with president-elect Ryan, to develop a proposal. Dean Goluboff said the group's suggestions are for two phases: 1) immediate investments that are ambitious but very easily could be adopted now and will produce immediate benefits for the University; and 2) longer term investments and new projects and initiatives that require more time for development, including possible structural and

strategic changes in the future. She suggested laying a foundation for longer-term investments while leaving room for Mr. Ryan to develop more specific priorities and means for implementing them. Mr. Ryan is in favor of the recommendations.

Ms. Goluboff, on behalf of the Deans Working Group, presented four recommendations for immediate approval and implementation: 1) a one-to-one match for new professorships responsive to August 11 and 12 with a cost of up to \$20 million; 2) funding that will expand the Blue Ridge scholars program for out-of-state undergraduates, and the University Achievement Awards for in-state undergraduates, at a cost of \$5 million; 3) the “bridging project”, at a cost of \$5 million; and 4) a university-wide campus climate survey at a cost of \$80,000. Dean Goluboff said there was consensus among members of the DWG for these items and they are being presented to the Board with one voice.

Mr. Walker asked about a communications strategy around these initiatives, and Mr. Macfarlane remarked that if we sprinkle a bunch of seeds around randomly, it comes up from the bottom. Is that approach as effective as a top-down strategy with a vision? He suggested a vision that describes a cluster that is the core of what a center would do and then that becomes the narrative for the communications plan Mr. Walker mentioned.

Mr. Murray addressed funding. He said there were several ways to fund these initiatives. A donor could write a check for \$30 million, or the University could raise tuition by \$1400 per student and reach \$30 million, which is equally preposterous. He said this proposal was presented to the Board for the first time at the meeting, and with four months left in the fiscal year the request is coming at the right time to be included in the budget for July 1. Mr. Murray said Mr. Macfarlane had the right idea about looking from the top down to see if there are outside sources that could be used to fund these initiatives. He named the Concert for Charlottesville fund, and a potential donor who might fund these types of projects. He mentioned a community outreach program discussed in the Commonwealth Engagement committee meeting that found funding from outside the University.

Ms. Goluboff said the DWG thought the items should be funded by the Strategic Investment Fund (SIF). She said there is great urgency in doing them now. Ms. Goluboff said this is an immensely strategic thing to do – to act from a top down place and say that we are committed to funding these things. There is still \$32 million left in the SIF for this year.

Rector Conner said he does not like bringing proposals like this to the Board without advance thinking and understanding. These proposals are top down collectively. They are utilizing programs that the Board approved several months ago. The idea was not to come up with something new, but to use the existing investment structure. Mr. Conner proposed approving all of the proposals. On the match for professorships responsive to August 11 and 12, he said there needed to be a little more coordination and more work done on the two prongs. On the bridging project, the DWG should provide more information on exactly what this project entails and run it through the SIF Administrative

Committee. This allows the Board to follow the existing process and still keep things moving.

Mr. Murray said we should plan to spread funding for the professorships and bridging over several years.

On motion, the Board voted in favor of a resolution to move forward with the four proposals, with some refinement on criteria to be reviewed by the SIF Administrative Committee.

Dr. Shannon provided a brief description of what the Health System is doing regarding their commitment to diversity in leadership. He said their approach was not about spending more resources, it was about looking at the commitment of leadership to the principles of diversity and inclusion. He has asked all of the Health System leaders to create a succession plan that includes the most talented underrepresented minorities. He said when you look at our deans, we currently have one African American man, no Asians, no Muslims, no Latinos. He said at the end of the day when those 100 new students look at the organizational leadership and only see people like him, we will never create the type of inclusion we need. What he sees missing from the DWG plan is the commitment of leadership to a succession plan that encourages and develops talented underrepresented minorities to succeed them over time.

Dr. Shannon said the second part of this is engaging the community to see how they feel about this plan. He doesn't think they would feel particularly positive because it is all about UVA. He hosted a group of 75 community leaders at the Health System on February 7 to meet with 300 employees to talk about what the community leaders thought the Health System needed to do. They said they needed to see the University bear witness to the racial discrimination that occurs every day. They did not ask for a climate survey. Dr. Shannon said we don't need a climate survey because we know exactly what happens every day. He said the minority valet parker currently on staff gets racially insulted at least once a week. The community wants UVA to take a stand on this type of behavior, so management has instructed the valet staff not to park the cars of anyone who exhibits this type of behavior. The Health System deals with patients refusing to be cared for by minorities every day. He said the response is that their patients need to recognize the fact that their care is provided to them by a team of very capable people who bring a diverse perspective to their plan of care. If they can't see that, they should seek their care elsewhere. Since February 7, the Health System has dismissed two patients who have refused to be cared for by the diverse team. Dr. Shannon said this is what we need to be doing and this is what the community wants to see us doing.

Dr. Shannon suggested using the talented social justice scholars already at the University instead of hiring additional ones. He recommended giving the existing scholars the money to write about what happened instead of hiring others to come in and study what happened. If we wait, the world is going to comment on this and UVA will not have its voice out there. None of this costs any money.

## **Report by the President**

President Sullivan said recent news reports have reminded us of the need to remain vigilant with regard to Title IX compliance and the protection of minors who come to UVA for various reasons. Having the right people is critical. We're entrusted with the students who come to UVA to learn; we're entrusted with the young people who come here for summer camps and other programs; and we're entrusted with the care of patients and their families in our Health System. We need high-character people in roles throughout the University, and our faculty and staff need to understand and uphold our highest values in their work.

Having good processes in place leads to good decision-making, because a good process requires us to think about the considerations that should precede any decision. For example, a good hiring process leads us to consider values such as expertise, diversity, and character in the people we bring to UVA. If we do make a mistake, a good process leads us to review the mistake, acknowledge it, and try to learn from it. Finally, people may fail, and processes may fail — and that's why we need good systems. In the case of protecting minors, where problems have occurred at Michigan State and earlier at Penn State, we have protective measures in place in our day care centers and summer camps, and in our hospital and clinics, and we have protective systems for other places on Grounds that routinely deal with children. No university is perfect, and every university experiences problems from time to time. Having good people, processes, and systems in place is the surest way to keep our University on the right path.

President Sullivan gave an update on the General Assembly's budget process, which will be finalized next week.

Last month at an event to honor Greg Swanson, who was the first African-American student admitted to UVA, President Sullivan announced the launch of a new presidential commission to explore and report on UVA's role in the period of racial segregation. The work of this commission will be similar to, and will complement, the work of the President's Commission on Slavery and the University, which for the past five years has explored UVA's historical relationship to slavery and its legacies. As with many universities and many states at the time, UVA and the Commonwealth of Virginia were involved in segregation and other practices related to racial inequality. Virginia was the epicenter of the Massive Resistance movement in the 1950s that sought to oppose public school desegregation. During this period, public schools in Charlottesville were closed to prevent desegregation, although the Virginia Supreme Court of Appeals eventually overturned the closings.

There are stories of complicity in the age of segregation; at the same time, there are stories of bravery and heroism among many people at UVA who took action to oppose segregation and its underlying beliefs. As we continue to celebrate UVA's bicentennial, this new President's Commission will be part of the ongoing effort to tell the full story of the University's history over the past 200 years. The commission will begin its work this spring, and it will continue under President-elect Jim Ryan when he assumes office.

Commission membership will include faculty, staff, students, and members of the Charlottesville/Albemarle community.

President Sullivan also spoke about another project launched this spring, the Rural Virginia Initiative. The rural areas of the Commonwealth face particular — and particularly intense — challenges related to education; health and healthcare, including the opioid crisis; economic development; and workforce training. She has assembled a group of faculty and administrators who have expertise in these areas. This group will discuss these challenges in rural Virginia and consider solutions. They will produce a white paper and share it with the relevant state agencies, and conclude their work this semester.

### **Comments by the Student Representative to the Board**

Bryanna Miller said student self-governance lives, which was evidenced by the honor report given during the Academic and Student Life Committee and by the other presentations over the course of the year. She thanked the Board for creating and approving a student comment period.

Ms. Miller recommended that a student from The University of Virginia's College at Wise speak to the Board at least once a year to give their perspective. She also recommended having a student representative added to the Health System Board.

The division that we are seeing in our society is also being reflected in the student population. Ms. Miller told the Board she appreciated increases in the number of diverse students who are able to attend the University through scholarships.

Ms. Miller said she will continue to work on some projects until the end of her term. One of them is developing better student engagement protocols for the different departments and divisions. For example, the Lambeth Field conversation (regarding converting the field for use by the softball team) could have been helped by having more intensive protocols about how we engage the community and how we better engage students. This will be particularly important during the (presidential) transition period. With the help of Phoebe Willis and Devin Rossin, she will start a Community of Trust Working Group with student leaders and staff members to define more clearly what the Community of Trust is and how the University community can best support it.

She made brief laudatory comments about Brendan Nigro, the representative to the Board for 2018-2019. She said she hopes to stay close to the University and looks forward to keeping up with the Board.

### **Remarks by the Faculty Senate Chair**

This was the last report from Alf Weaver; his Faculty Senate chair terms ends on May 31. His successor will be Peter Brunjes from the Psychology Department. Mr. Weaver reported on four items:

1. The Faculty Senate invited Human Resources staff to one of their meetings to explain how faculty benefits work, how their benefits are determined, and how faculty get paid. He said he was surprised to hear that our self-administered health care plan costs less than the state- administered plan.
2. The Faculty Senate revisited their most recent faculty survey, which was conducted in 2011. Salaries was the first concern and the Senate is very pleased with recent progress. The second concern was diversity. The University is moving in the right direction and they are grateful for that.
3. Mr. Weaver promised the Faculty Senate a self-learning topic this year, and the topic he chose was “How to Retire.” They are holding a workshop on March 29 on how retirement works including a panel discussion with faculty guides, HR staff, and emeriti professors. This will give future faculty the opportunity to discuss how they would like to see retirement structured.
4. The Faculty Senate Executive Council met with President-elect Ryan last month. They had an excellent session at which he shared some of his goals and the faculty shared some of their aspirations. They have already mutually agreed to support each other.

Mr. Weaver concluded by saying the Senate has now enjoyed several years of joint accomplishments with the University administration and the Board. He offered special thanks to President Sullivan, Tom Katsouleas, Pat Hogan, Rick Shannon and his predecessor, Mimi Riley. He thanked the Board for their enthusiasm and willingness to take care of our great institution.

### **Report on Security and Safety Measures**

Mr. Hogan reviewed the recommendations brought to the Board in December by Margolis Healy and MSA Security. The University is adding 18 new positions, including an Associate Vice President for Safety and Security, a threat assessment case manager, and 10 sworn police officers. He said it has been a challenge to fill these positions. He and others are evaluating and enhancing the threat assessment team’s mission, policies, procedures, and membership. Improvements will be made to surveillance, infrastructure, and building security. The University is procuring a mobile safety application called Live Safe and developing and executing an enhanced training plan for police officers.

Mr. Hogan said the University is currently spending over \$30 million on safety and security, and there will be an increase of about \$6 million in the next fiscal year. An additional \$2.35 million is needed for one-time projects, and there is also a need for a new public safety facility, which could cost as much as \$40 million.

Mr. Macfarlane asked Mr. Hogan to come back in June with recommendations for the College at Wise. Mr. Conner asked for a comparison of what we paid 10 years ago for safety and security.

## **Gifts and Grants Report**

The Board approved the following Gift and Grants Report, which was provided as a written report in the materials.

### **Summary of Fiscal Year 2018 through December 31, 2017:**

Total fundraising progress for the University of Virginia and its related foundations was \$196,615,750 through December 31, 2017. Gifts and commitments to the School of Architecture, McIntire School of Commerce, School of Engineering & Applied Science, Batten School of Leadership & Public Policy, School of Medicine, Medical Center, Athletics, Fralin Museum of Art, University Library, Virginia Foundation for the Humanities, Alumni Association, and the College at Wise saw increases over the previous fiscal year.

### **Significant Gifts Received Since the Last Meeting:**

- Anonymous gifts totaling \$9,000,000 to Athletics for the squash program and to the Curry School of Education for autism-related initiatives.
- Alumni Board of Trustees gift of \$2,155,999 to the President's Contingent Fund and additional gifts of \$1,243,872 to multiple areas and funds across Grounds.
- Quantitative Foundation pledge payment and gifts totaling \$1,945,000 to the UVa Data Science Institute Endowment, to the Curry School of Education for unrestricted support, and to the McIntire School of Commerce Annual Fund.
- Anonymous pledge payment of \$1,424,093 to the Jefferson Scholars Foundation for a Jefferson Scholars professorship.
- W.K. Kellogg Foundation private grant and gift totaling \$1,108,669 to the Virginia Foundation for the Humanities for "Changing the Narrative Through the Power of a Story" and to the School of Architecture for the Institute for Environmental Negotiations.
- PTJ Operations gifts and pledge payment totaling \$1,100,000 to the Contemplative Sciences Center for operational support and to the Jefferson Scholars Foundation for a Jefferson Scholars Foundation professorship.
- Mr. Richard Lloyd Booth Jr. and Mrs. Roxanne R. Booth gift of \$1,000,000 for the Craig K. Littlepage and Margaret Littlepage Bicentennial Scholarships.
- Anonymous gift of \$1,000,000 to the Rare Book School Endowment.

- Shumway Foundation gift of \$900,000 to the McIntire School of Commerce for the McIntire Building Fund.
- Andrew W. Mellon Foundation private grants totaling \$850,000 to the University Library for Pilot Phase II of the Social Networks and Archival Context Cooperative and to the College of Arts & Sciences for a Digital Edition Publishing Cooperative at the Washington Papers.
- Mr. Frank M. Sands, Jr. pledge payment of \$833,333 to the Darden School of Business for the Darden DC Grounds Fund.
- James and Laura Rogers Foundation pledge payment of \$750,000 for the Rogers Family Bicentennial Scholars Fund.
- Mr. Michael B. White, Sr. and Mrs. Virginia B. White pledge payment of \$750,000 for the Michael Bright White Scholarship Fund.
- Soho Center gift of \$731,668 to the UVA Children's Hospital Fund.
- Joseph and Robert Cornell Memorial Foundation gifts totaling \$730,000 to the Fralin Museum of Art for unrestricted support, to the University for a performance hall needs assessment study and the Fund for a Documentary History of the University of Virginia, to the College of Arts & Sciences for the Dean's Fund for the Democracy Initiative, to the Charlottesville Symphony, to the Center for Politics for operating support, to the University Singers, and to the Virginia Foundation for the Humanities for the Virginia Festival of the Book.
- Lettie Pate Whitehead Foundation pledge payments and gifts totaling \$669,800 for scholarship funds at the School of Nursing, the Alumni Association, the College at Wise, and the School of Medicine.
- Mr. Robert Edward Turner III pledge payment of \$666,666 for the Ted Turner Fund for Faculty Excellence in Atrial Fibrillation.
- Estate of William and Elizabeth Overstreet realized bequest totaling \$658,560 to the College of Arts & Sciences for the William C and Elizabeth F Overstreet Endowment Fund.
- Estate of Jerroleen Elam realized bequest totaling \$650,000 for the Jerroleen and Lee Elam Bicentennial Scholars Fund and the Dorothy Couch McReynolds, Jerroleen Couch Elam, and Mildred Couch Bicentennial Scholars Fund.

- Schwab Fund for Charitable Giving gifts totaling \$650,000, recommended by Ms. Carson Gleberman and Mr. Joseph Gleberman, to the Darden School of Business for the Future Year Program Fund.
- Manning Family Foundation gifts totaling \$526,053 to the School of Medicine for the LaunchPad for Diabetes Innovations and the Yates Gift Fund for Age-Related Macular Degeneration Studies.
- Mr. Charles A. Smithgall III and Mrs. Sally Griffiths Smithgall gift of \$508,241 to the Jefferson Scholars Foundation for the James J. Griffiths Jefferson Scholarship.
- Horace W. Goldsmith Foundation gift of \$500,000 to the Law School for the James C. Slaughter Public Service Loan Forgiveness Fund.
- Mr. Bradley E. Singer and Mrs. Alexandra Singer pledge payment of \$500,000 for the Posse Foundation program.
- Estate of Allen F. Voshell Jr. realized bequest of \$500,000 to the School of Medicine for the Allen F. Voshell Jr. Fund for Research and Education.
- University Christian Ministries gift of \$486,831 to the Center for Christian Study.
- Altria gift of \$472,500 to the Curry School of Education for Youth-Nex.
- Adler Family Foundation pledge payments totaling \$400,000 to the Jefferson Trust.
- Peter B. & Adeline W. Ruffin Foundation pledge payments totaling \$400,000 to the College of Arts & Sciences for the Peter B. and Adeline W. Ruffin Distinguished Artists-In-Residence Program.
- Bloomberg Philanthropies private grant of \$392,000 to the Curry School of Education for CollegePoint Evaluation.
- Mrs. Constance C. Lacy and Mr. Linwood A. Lacy, Jr. gifts totaling \$370,500 for the Leroy and Betty Strickler Bicentennial Scholars Fund, the Athletics Annual Fund, unrestricted support for the School of Engineering & Applied Science, the Darden School of Business Annual Fund, and the Alumni Association Fund.
- Vanguard Charitable Endowment Program gift of \$330,000, recommended by Mr. Larry J. Sabato, to the Center for Politics for the Politics Building Expansion Project.

- Mr. John D. Fowler Jr. and Mrs. Corey Phillips Fowler pledge payment of \$317,580 to the Jefferson Scholars Foundation for the Fowler Family Jefferson Scholars Foundation Endowment Fund.
- Mr. Mark M. Collins Jr. and Ms. Victoria C. Collins gift of \$312,540, purpose to be determined.
- In Medias Res Educational Foundation gifts totaling \$306,594 to the College of Arts & Sciences for the Institute for Advanced Studies in Culture.
- Beirne Carter Foundation pledge payment of \$300,000 to the School of Medicine for the Beirne B. Carter Center for Immunology Research.
- George & Judy Marcus Family Foundation gift of \$300,000 to the Miller Center for Public Affairs for POTUS 2017.
- Mr. Jonathan C. Graham and Mrs. Sarah Diersen Graham gifts totaling \$ 252,617 to the Jefferson Scholars Foundation for the Graham Family Jefferson Scholarship.
- Ivy Foundation gift of \$250,000 for the Ivy Foundation Biomedical Innovations Fund.
- Seraph Foundation pledge payment of \$250,000 to the School of Medicine for the Virtual Cardiac Resynchronization Therapy Development Fund.
- Mrs. Florence Thaler and Mr. Herbert A. Thaler Jr. pledge payment of \$250,000 to the School of Medicine for the Myles H. Thaler Center for AIDS and Human Retrovirus Research.

Significant Pledges Received Since the Last Meeting:

- Hunter Smith Family Foundation pledges totaling \$10,000,000 for the Carl W. Smith Bicentennial Scholars Fund and the Carl W. Smith Bicentennial Scholars Athletic Fund, as well as pledge payments from Mrs. Hunter J. Smith totaling \$2,500,000 toward these pledges.
- The Batten Foundation commitment of \$5,000,000 to the Batten School of Leadership & Public Policy for the Batten School Building Capital Fund.
- J. Sanford Miller Family Foundation commitment of \$2,000,000 to the Fralin Museum of Art for the J. Sanford Miller Family Directorship of the Fralin Museum of Art Fund, as well as a gift of \$1,000,000 toward this commitment.

- Mr. Lemuel E. Lewis and Mrs. Sandra W. Lewis pledges totaling \$1,300,000 for the Lemuel E. and Sandra Wicks Lewis Bicentennial Scholars Fund and a second Lewis Bicentennial Scholars Fund, as well as pledge payments totaling \$1,006,933 toward these pledges.
- Mr. Douglas F. Berman commitment of \$1,000,000 to Hillel Education Center, and a gift of \$500,000 from the Jewish Community Foundation toward this commitment.
- Mr. Michael S. Geismar and Mrs. Ellen A. Geismar pledge of \$1,000,000 for the Michael S. and Ellen A. Geismar Bicentennial Scholars Fund, as well as a pledge payment of \$333,333 toward the pledge.
- Mr. Shannon G. Smith pledges totaling \$812,500 to the Darden School of Business, purpose to be determined, as well as a pledge payment of \$332,500 toward these pledges.
- Richard S. Reynolds Foundation pledge of \$500,000 to the School of Medicine for the Irving L. Kron Professorship in Cardiac & Thoracic Surgery.
- Dr. Henry A. Wise II pledge of \$500,000 for the Henry A. Wise II, MD Bicentennial Scholars Fund in Honor of Coach Frank W. Finger, as well as a pledge payment of \$100,427 toward this pledge.
- Mr. Alexander Hamilton IV and Mr. G. Bernard Hamilton pledge of \$350,000 for the Hamilton Family Bicentennial Scholars Fund, as well as a pledge payment of \$175,000 toward this pledge.
- Lettie Pate Whitehead Foundation pledge of \$346,500 for scholarship funds at the College at Wise.
- Mr. Daniel L. Fassio pledge of \$333,335 for the Danny Lee Fassio Family Bicentennial Scholars Fund, as well as pledge payments from Mr. Fassio and Mrs. Carol D. Fassio totaling \$56,509 toward the pledge.
- Mr. John D. Epps and Mrs. Patricia K. Epps commitment of \$250,000 for the John and Patricia Epps Bicentennial Scholars Fund, as well as a gift of \$100,000 from Fidelity Charitable Gift Fund toward the commitment.
- Dr. Ronald D. Kreisa and Mrs. Sue M. Kreisa pledge of \$250,000 for the Ron and Sue Kreisa Bicentennial Scholars Fund.
- Luke Family Charitable Fund pledge of \$250,000 for the Douglas S. Luke Family Bicentennial Scholars Fund.

- Ms. Amanda Moszkowski and Mr. Neal Moszkowski pledge of \$250,000 to Athletics for tennis facilities.
- Mr. Philip T. Ruegger III and Mrs. Rebecca Huffman Ruegger pledge of \$250,000 to the School of Nursing for the Fontaine Fund in Compassionate Care, as well as a pledge payment of \$100,142 toward this pledge.

### **Memorial Resolution**

The Rector spoke about Lee Cochran's exemplary service to the University, the Commonwealth, and her community. On motion, the Board approved the following resolution, which was read by Mr. Hardie:

### **MEMORIAL RESOLUTION FOR MARION LEE COCHRAN**

WHEREAS, Marion Lee Cochran, known as Lee, of Staunton, was a distinguished member of the Board of Visitors, serving for two terms, from 1982 to 1990; and

WHEREAS, Mrs. Cochran passed away on December 19, 2017; and

WHEREAS, a graduate of Hollins College, Lee Cochran was very active in her community of Staunton and in the Commonwealth. She served on numerous boards including the Jamestown-Yorktown Commission; the Committee on Refurbishing of the Executive Mansion; the Garden Club of Virginia, where she served as president; the Stuart Hall School Board of Governors; Hollins University Board of Trustees; the Woodrow Wilson Presidential Library Board of Trustees; and the Historic Staunton Foundation. She was a trustee, chair, and chair emeritus of the Thomas Jefferson Memorial Foundation (now the Thomas Jefferson Foundation), and a founder and board member of both the Frontier Culture Museum Foundation and the American Shakespeare Center; and

WHEREAS, Lee Cochran also served as a member of the University of Virginia Foundation Board of Directors; and

WHEREAS, Lee and her husband, Justice George M. Cochran, received the Outstanding Virginian award in 1995 from the Virginia General Assembly; and

WHEREAS, as a member of the Board of Visitors, Lee Cochran chaired the Buildings and Grounds Committee and was a member of the Executive Committee, the Educational Policy Committee, and the Student Affairs and Athletics Committee; and

WHEREAS, Lee Cochran's Board service included appointments to the Special Committee on the Nomination of a President in 1984 and to the Clinch Valley College Advisory Committee in 1987; and

WHEREAS, a straight talker who was action and results oriented, Lee Cochran was a staunch preservationist but with a sense of balance and practicality that allowed her ideas to be accepted and implemented. Her efforts to improve the University's historic Grounds were acknowledged at the April 2000 Founder's Day Celebration with the planting of a Stewartia Tree in her honor in the garden of Pavilion IV; and

WHEREAS, Lee Cochran was appreciated by her colleagues for her ability during difficult discussions to re-frame issues to promote resolution;

RESOLVED, the Board of Visitors commemorates the extraordinary life and accomplishments of Marion Lee Cochran, particularly her dedicated service to the University; and

RESOLVED FURTHER, the Board extends its sincerest condolences to her son and other members of her family as well as her many friends.

### **Commending Resolution for Bryanna F. Miller**

On motion, the Board approved the following resolution, which was read by Ms. Fried:

### **RESOLUTION COMMENDING BRYANNA F. MILLER**

WHEREAS, Bryanna F. Miller of Lewes, Delaware, a fourth year Echols Scholar and student in the College of Arts & Sciences, seeking a major in History, will complete her term as the student representative on the Board of Visitors on May 31, 2018; and

WHEREAS, during her time in the College, Ms. Miller has served on the Honor Audit Commission and as President of the Black Student Alliance; and

WHEREAS, Ms. Miller is an active member of Student Council and the University Guide Service; and

WHEREAS, Ms. Miller is a Meriwether Lewis Institute for Citizen Leadership Fellow; and

WHEREAS, Ms. Miller's active engagement in the important work of the University this year includes participating in the Deans Working Group to assist the University community in recovering and responding to the events of August 11 and 12, 2017; organizing Jeffersonian dinners of faculty, administrators, and students; and promoting and facilitating a student comment session at each of the Academic and Student Life Committee meetings; and

WHEREAS, Ms. Miller has used the knowledge gained from her interactions with students and other members of the University community to offer the Board thoughtful, wise counsel;

RESOLVED, the Board of Visitors thanks Bryanna Miller for her devoted service to the Board and the University, values her friendship as an esteemed colleague, and wishes her great success and happiness in all of her future endeavors.

**Strategic Investment Fund Projects**

Ms. Sullivan briefed the Board on two proposals: 1) Transforming Doctoral Education in Arts & Sciences; and 2) Curry Total Graduate Fellow Support.

On motion, the Board approved the following resolution:

**STRATEGIC INVESTMENT FUND PROJECTS**

WHEREAS, the Board of Visitors created the Strategic Investment Fund on February 19, 2016 to fund investments that support the vision and aspirations of the highest levels of excellence in the University’s academic, research, and healthcare missions; and

WHEREAS, the Faculty Evaluation Committee reviewed and assessed proposals and provided their analysis to the Administrative Committee; and

WHEREAS, the Administrative Committee reviewed and conducted further assessment of these proposals; and

WHEREAS, the Administrative Committee recommends funding for the following proposals that will materially enhance research and the academic experience:

Project	Funding Recommended
Transforming Doctoral Education in Arts & Sciences	\$ 15,831,485
Curry Total Graduate Fellow Support	\$2,508,894
Total	\$18,340,379

RESOLVED, the Board of Visitors authorizes the Executive Vice President and Chief Operating Officer to use earnings on the Strategic Investment Fund to support the aforementioned projects recommended by the Administrative Committee. The Board of Visitors also delegates signatory authority to the Executive Vice President and Chief Operating Officer to execute equipment purchases specified in the approved projects that are in excess of the current annual limit (\$5 million).

**Closed Session**

At 3:00 p.m., after approving the following motion, the voting members present met in closed session. Susan G. Harris, Roscoe Roberts, Farnaz Thompson, Teresa A. Sullivan, Thomas C. Katsouleas, Patrick D. Hogan, Debra Rinker, Caroline Saint, Patricia M. Lampkin, Catherine Spear, Emily Babb, and Gina Smith, participated in parts of the closed session.

"I move that the Board of Visitors go into closed session to:

- (i) consult with legal counsel and receive legal advice about specific matters, namely, (1) legal issues associated with the events of August 11, 2017; (2) policies and practices regarding child protection; (3) policies and practices regarding Title IX compliance; and (4) potential and actual litigation. The relevant exemptions are Section 2.2-3711 A (7) and (8) of the Code of Virginia; and
- (ii) discuss and consider appointment, promotion, performance, salaries, resignations, and retirements of specific faculty and administrators, specifically to discuss faculty personnel actions, and personnel matters related to the presidential transition. The relevant exemption is Section 2.2-3711(A)(1) of the Code of Virginia."

At 4:50 p.m., the Board resumed in open session, and, on motion, adopted the following resolution certifying that the deliberations in closed session had been conducted in accordance with the exemptions permitted by the Virginia Freedom of Information Act. Ms. Harris called the roll, and the following members voted in the affirmative: Mr. Conner, Mr. Murray, Mr. Blue, Mr. Bowles, Mr. Clement, Ms. Cranwell, Mr. DePasquale, Ms. Fried, Mr. Hardie, Mr. Jones, Dr. Lateef, Mr. Macfarlane, Ms. Murphy, Mr. Reyes, Mr. Walker, Ms. Miller, and Ms. Riley. There were no votes in the negative.

"That we vote on and record our certification that, to the best of each Board member's knowledge, only public business matters lawfully exempted from open meeting requirements and which were identified in the motion authorizing the closed session, were heard, discussed or considered in closed session."

### **Final Session, Friday, March 2, 2018**

All voting members, save Mr. Bowles, Dr. Britt, and Mr. Griffin were present. Mr. Conner reminded the members of the Board that the resolutions were presented in committee. On motion, duly seconded, the Board approved the following resolutions by unanimous voice vote:

### **CONSENT ITEMS**

**DEGREE PROGRAM: MASTER OF ARTS (M.A.) IN MEDIA, CULTURE, AND TECHNOLOGY IN THE COLLEGE AND GRADUATE SCHOOL OF ARTS & SCIENCES**  
(approved by the Academic and Student Life Committee on March 2, 2018)

RESOLVED, subject to approval by the State Council of Higher Education for Virginia, the Master of Arts in Media, Culture, and Technology is established in the College and Graduate School of Arts & Sciences.

**MODIFIED PROGRAM FORMAT: RN TO BSN ONLINE DEGREE COMPLETION PROGRAM AT UVA-WISE**

(approved by the Academic and Student Life Committee on March 2, 2018)

RESOLVED, the RN to BSN Online Degree Completion Program is established at The University of Virginia's College at Wise.

**ACTION ITEMS**

**NAMING OF THE BASEBALL STADIUM ACCESS ROAD AS COOGAN WAY**

(approved by the Buildings and Grounds Committee on March 1, 2018)

WHEREAS, Henry William Coogan Jr., who earned an M.B.A. from the Darden School of Business in 1982, has been a loyal and generous supporter of the University of Virginia, particularly UVA Athletics and the Darden School; and

WHEREAS, Mr. Coogan made significant contributions to the renovation of Davenport Field, the home of Virginia Baseball;

RESOLVED, the Board of Visitors names the baseball stadium access road as *Coogan Way*.

**NAMING OF THE BASEBALL STADIUM AS DISHAROON PARK**

(approved by the Buildings and Grounds Committee on March 1, 2018)

WHEREAS, University of Virginia Athletics has undertaken extensive and important renovations of the baseball field and stadium; and

WHEREAS, this renovation project was made possible in part through philanthropic gifts, including substantial support from two anonymous donors; and

WHEREAS, the aforementioned anonymous donors wish to recognize the support and contributions of Leslie B. Disharoon and Ann Merriwether Disharoon, who are long-time, enthusiastic, and generous supporters of Virginia Baseball;

RESOLVED, the Board of Visitors names the baseball stadium as *Disharoon Park*.

**REVISION TO THE CAPITAL PROGRAM: ADDITION OF THE COMPREHENSIVE BREAST CENTER**

(approved by the Buildings and Grounds Committee on March 1, 2018)

WHEREAS, the University recommends the establishment of a Comprehensive Breast Center in 20,000 gross square feet leased space proximate to the UVA Community Oncology practice at Pantops;

RESOLVED, the Board of Visitors approves the addition of the Comprehensive Breast Center to the University's Capital Program.

**6. FACULTY AND STAFF HOUSING RATES FOR 2018-2019**

(approved by the Finance Committee on March 1, 2018)

RESOLVED, faculty and staff housing rates are approved as shown below, effective July 1, 2018. Should a property be vacated during the year, the Executive Vice President and Chief Operating Officer or his designee is authorized to increase the rates to market level.

	<b>2017-18 Rent Per Month</b>	<b>Increase Amount</b>	<b>Percent Increase</b>	<b>2018-19 Rent Per Month</b>	<b>Utilities Paid By Occupant</b>
<b><u>Piedmont Estates Properties</u></b>					
1 Bedroom Apt. (7) (F)	\$830	\$30	3.61%	\$860	C,V
2 Bedroom Apt. (16)	\$1,000	\$35	3.50%	\$1,035	C,V
Houses (3BR) (16)	\$1,430	\$45	3.15%	\$1,475	C,V
Townhouses (3BR)(5)	\$1,350	\$50	3.70%	\$1,400	C,V
Farmhouse Apt. 1 & 3 (1BR)(F)	\$850	\$30	3.53%	\$880	C,V
Farmhouse Apt. 2 (3BR)(F)	\$1,230	\$40	3.25%	\$1,270	C,V
Farmhouse Apt. 4 (2BR)(F)	\$1,045	\$35	3.35%	\$1,080	C,V

	<b>2017-18 Rent Per Month</b>	<b>Increase Amount</b>	<b>Percent Increase</b>	<b>2018-19 Rent Per Month</b>	<b>Utilities Paid By Occupant</b>
<b><u>Sundry Properties</u></b>					
Vyssotsky Cottage (3BR)	\$1,355	\$45	3.32%	\$1,400	C,V
McGuffey Cottage (Eff)(F)	\$700	\$20	2.86%	\$720	C,V
Upper Mews (1BR)(F)	\$900	\$0	0.00%	\$900	C,V
Lower Mews (1BR)(F)	\$875	\$0	0.00%	\$875	C,V
Monroe Hill Range (1BR)	\$1,190	\$40	3.36%	\$1,230	C,V
Brown College Apts. (2BR)(2)	\$950	\$35	3.68%	\$985	C,V
Hereford Coll. Apts. (2BR)(2)	\$1,050	\$35	3.33%	\$1,085	C,V
Hereford Coll. Principal Res. (3BR)	\$1,635	\$0	0.00%	\$1,635	C,V
118 Oakhurst, Upper (2BR)	\$1,070	\$40	3.74%	\$1,110	C,V
118 Oakhurst, Lower (2BR)	\$1,185	\$40	3.38%	\$1,225	C,V
424 Shea House (1BR)	\$950	\$0	0.00%	\$950	C,V
423 Shea House (2BR)	\$1,110	\$30	2.70%	\$1,140	C,V
004 Lewis(1BR)	\$825	\$25	3.03%	\$850	C,V
<b><u>E &amp; G Properties</u></b>					
Montebello (3BR)	\$1,520	\$60	3.95%	\$1,580	C,T
Big Morea (4BR)	\$1,520	\$50	3.29%	\$1,570	C
Little Morea (2BR)	\$1,200	\$40	3.33%	\$1,240	C
Sunnyside (3BR)	\$2,100	\$30	1.43%	\$2,130	C,D,V
Monroe Hill House (3BR)	\$1,570	\$60	3.82%	\$1,630	C
Sprigg Lane House (6BR)	\$3,390	\$60	1.77%	\$3,450	C
Pavilion I (3BR)	\$1,860	\$55	2.96%	\$1,915	C
Pavilion II (3BR)	\$2,000	\$40	2.00%	\$2,040	C
Pavilion III (3BR)	\$1,650	\$50	3.03%	\$1,700	C
Pavilion IV (3BR)	\$1,230	\$40	3.25%	\$1,270	C
Pavilion V (5BR)	\$2,010	\$0	0.00%	\$2,010	C
Pavilion VI (4BR)	\$1,800	\$50	2.78%	\$1,850	C
Pavilion VIII Upper (3BR)	\$1,090	\$35	3.21%	\$1,125	C
Pavilion VIII Lower (1BR)	\$740	\$0	0.00%	\$740	C
Pavilion IX (3BR)	\$1,570	\$50	3.18%	\$1,620	C
Pavilion X (4BR)	\$2,210	\$65	2.94%	\$2,275	C
<b>Notes:</b>					
Utility abbreviations are as follows: C (cable TV), D (data), T (trash), V (voice)					
F (furnished)					

**STUDENT HOUSING RATES FOR 2018-2019 FOR THE ACADEMIC DIVISION AND THE MOUNTAIN LAKE BIOLOGICAL STATION**

(approved by the Finance Committee on March 1, 2018)

RESOLVED, rental increases for student housing facilities be approved as shown below:

<b><u>HOUSING RATES</u></b>	<b>Actual 2017-2018 Per Student Per Session</b>	<b>Amount Increase</b>	<b>Percent Increase</b>	<b>Proposed 2018-2019 Per Student Per Session</b>
<b><u>ACADEMIC DIVISION</u></b>				
<b><u>FIRST-YEAR HOUSING</u></b>				
Alderman, McCormick, Gooch/Dillard, Hereford College, Brown College, and the International Residential College, first-year rooms	\$6,030	\$210	3.48%	\$6,240
<b><u>UPPER-CLASS HOUSING</u></b>				
Brown College				
Single Room (w/shared bath)	\$7,000	\$250	3.57%	\$7,250
Lawn				
Single Room	\$6,800	\$230	3.38%	\$7,030
Single Room (No Fireplace)	\$6,650	\$230	3.46%	\$6,880
International Residential College (Munford/Gwathmey and Yen/Hoxton)				
Double Room	\$6,050	\$210	3.47%	\$6,260
Single Room	\$7,000	\$250	3.57%	\$7,250
Single Room (w/bath)	\$7,320	\$260	3.55%	\$7,580
Hereford (Residential College & Johnson, Malone, Weedon)				
Double Room	\$6,050	\$210	3.47%	\$6,260
Single Room	\$6,370	\$220	3.45%	\$6,590
Bice House, Copeley III & IV, Faulkner (Hench, Mitchell, Younger), Lambeth Field, Language Houses (French, Spanish, Shea)				
Double Room	\$6,530	\$230	3.52%	\$6,760
Single Room	\$7,320	\$260	3.55%	\$7,580
<b><u>GRADUATE HOUSING</u></b>				
Range and Crackerbox				
Single Room	\$6,800	\$230	3.38%	\$7,030

<b><u>ACADEMIC DIVISION (continued)</u></b>	<b>Actual 2017-2018 Per Student Per Month</b>	<b>Amount Increase</b>	<b>Percent Increase</b>	<b>Proposed 2018-2019 Per Student Per Month</b>
<b><u>GRADUATE HOUSING (continued)</u></b>				
Faulkner Graduate Housing One Bedroom (furnished)	\$600	\$20	3.33%	\$620
<b>Graduate Apartments</b>				
Copeley Hill I & II and University Gardens One Bedroom (furnished)	\$825	\$25	3.03%	\$850
One Bedroom (unfurnished)	\$795	\$25	3.14%	\$820
Two Bedroom (furnished)	\$1,020	\$35	3.43%	\$1,055
Two Bedroom (unfurnished)	\$980	\$35	3.57%	\$1,015
Three Bedroom (furnished)	\$1,210	\$45	3.72%	\$1,255
Three Bedroom (unfurnished)	\$1,160	\$45	3.88%	\$1,205

<b><u>SUMMER HOUSING RATES</u></b>				
<b><u>ACADEMIC DIVISION (per person, per night)</u></b>	<b>Actual Summer 2017</b>	<b>Amount Increase</b>	<b>Percent Increase</b>	<b>Proposed Summer 2018</b>
Double occupancy (21-night minimum)	\$27	\$1	3.70%	\$28
Single occupancy (21-night minimum)	\$35	\$1	2.86%	\$36
Notes: 1. The Summer Student Housing rate is reflective of Summer Conference rate for building type.				
2. The rate for a double room used as a single is 135% of the double rate.				
<b><u>MOUNTAIN LAKE BIOLOGICAL STATION HOUSING (per person, per night)</u></b>	<b>Actual Actual Summer 2018</b>	<b>Amount Increase</b>	<b>Percent Increase</b>	<b>Proposed Proposed Summer 2019</b>
Dormitories	\$8.50	\$0.25	2.94%	\$8.75
Cabins/Apartments	\$11.75	\$0.25	2.13%	\$12.00

**CONTRACT RATES FOR DINING SERVICES FOR 2018-2019 FOR THE ACADEMIC DIVISION, THE UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE, AND MOUNTAIN LAKE BIOLOGICAL STATION**

(approved by the Finance Committee on March 1, 2018)

RESOLVED, the student contract rates for dining services are approved as shown below, effective beginning with the 2018-2019 session:

	Actual 2017 - 2018	Amount Increase	Percent Increase	Proposed 2018 - 2019
<u>Regular Meal Plans (1,2,3)</u>				
Ultimate Access w/\$600 Plus Dollars	\$5,190	\$160	3.08%	\$5,350
All Access 7 w/\$300 Plus Dollars	\$4,950	\$150	3.03%	\$5,100
Semester 160 w/\$800 Plus Dollars	\$3,920	\$130	3.32%	\$4,050
Semester 80 w/\$700 Plus Dollars	\$2,350	\$70	2.98%	\$2,420
Semester 50 w/\$800 Plus Dollars	\$0	\$0	0.00%	\$1,880
Semester 50 w/\$400 Plus Dollars	\$0	\$0	0.00%	\$1,480
Add-On 25 Meals w/\$35 Plus Dollars (per semester)	\$280	\$0	0.00%	\$280
Exam Pack Ten w/\$20 Plus Dollars (per semester)	\$109	\$0	0.00%	\$109
<u>Residential College/Language House Meal Plans (1,2,3,4)</u>				
Ultimate Access w/\$600 Plus Dollars	\$5,320	\$160	3.01%	\$5,480
All Access 7 w/\$300 Plus Dollars	\$5,080	\$150	2.95%	\$5,230
Semester 160 w/\$800 Plus Dollars	\$4,050	\$130	3.21%	\$4,180
Semester 80 w/\$700 Plus Dollars	\$2,480	\$70	2.82%	\$2,550
Semester 50 w/\$800 Plus Dollars	\$0	\$0	0.00%	\$2,010
Semester 50 w/\$400 Plus Dollars	\$0	\$0	0.00%	\$1,610
<u>Athletic Meal Plans (1,2,3)</u>				
All Access 7 w/\$300 Plus Dollars	\$5,080	\$150	2.95%	\$5,230
Semester 160 w/\$800 Plus Dollars	\$4,050	\$130	3.21%	\$4,180
Semester 80 (athletic manager plan) (5)	\$1,730	\$60	3.47%	\$1,790
Semester 80 w/\$700 Plus Dollars	\$2,480	\$70	2.82%	\$2,550
Semester 50 w/\$800 Plus Dollars	\$0	\$0	0.00%	\$2,010
Semester 50 w/\$400 Plus Dollars	\$0	\$0	0.00%	\$1,610
<u>Other (1, 3)</u>				
RA Semester 80 w/\$260 Plus Dollars (6)	\$0	\$0	0.00%	\$1,920
Law School Meal Plan (7)	\$200	\$0	0.00%	\$200
Faculty Staff Meal Plan (15 Meals)	\$100	\$0	0.00%	\$100
<u>Summer Session meal Plan Rates (1)</u>				
	Actual Summer 2017	Amount Increase	Percent Increase	Proposed Summer 2018
60 Meals w/ \$120 Plus Dollars	\$605	\$15	2.48%	\$620
40 Meals w/ \$60 Plus Dollars	\$410	\$10	2.44%	\$420
20 Meals w/ \$20 Plus Dollars	\$200	\$0	0.00%	\$200

- (1) Plus Dollars are credited to a student's identification card and may be used in the same manner as cash at any board dining hall and/or retail operation.
- (2) First-year students are required to purchase an All Access 7 or Ultimate Access meal plan.
- (3) Add-On 25 meals is available to all Semester meal plan holders and may be purchased any time during the academic year.
- (4) Some residential colleges and language houses have a dining requirement as part of their program.
- (5) Athletic Semester 80 (Athletic Manager Plan) is available only to Student Managers.
- (6) RA Semester 80 is available only to Resident Advisors.
- (7) Law School students are allowed to deposit a minimum \$200 per academic year into a dining spending account.

<u>The University of Virginia's College at Wise</u>	<u>Actual 2017 - 2018</u>	<u>Amount Increase</u>	<u>Percent Increase</u>	<u>Proposed 2018 - 2019</u>
<u>Student Plans</u>				
Unlimited Meals & 50 Swipes/Semester (per academic year)	\$4,112	\$124	3.02%	\$4,236
175 Block & \$50/Semester (per academic year)	\$4,112	\$124	3.02%	\$4,236
80 Block Plan (per semester)	\$480	\$14	2.92%	\$494
50 Block Plan (per semester)	\$315	\$9	2.86%	\$324
25 Block Plan (per semester)	\$165	\$5	3.03%	\$170
<u>Faculty and Staff Plan</u>				
25 Block (per semester)	\$90	\$3	3.33%	\$93

<u>Mountain Lake Biological Station</u>	<u>Actual Daily 2018</u>	<u>Amount Increase</u>	<u>Percent Increase</u>	<u>Proposed Daily 2019</u>
Adult	\$29.00	\$0.50	1.72%	\$29.50
Children 13 & older	\$29.00	\$0.50	1.72%	\$29.50
Children 3 to 12	\$17.00	\$0.00	0.00%	\$17.00
Children 2 & under	\$0.00	\$0.00	0.00%	\$0.00

**DISPOSITION OF REAL PROPERTY – BARNES ESTATE LOCATED ON KEITH VALLEY ROAD, CHARLOTTESVILLE, VIRGINIA**

(approved by the Finance Committee on March 1, 2018)

WHEREAS, by Last Will and Testament dated, September 1, 2016, Eleanor Barnes devised to The Rector and Visitors of the University of Virginia and to the University of North Carolina the residue of her estate; and

WHEREAS, Eleanor Barnes is now deceased such that title to the Property is vested in the name of The Rector and Visitors of the University of Virginia and the University of North Carolina; and

WHEREAS, the Board of Visitors finds it to be in the best interest of the University of Virginia to sell the Property, and use the proceeds as specified in Ms. Barnes's Will to support undergraduate and graduate students traveling and studying abroad;

RESOLVED, the Board of Visitors approves the conveyance of the Property subject to (i) such terms as are approved by the Executive Vice President and Chief Operating Officer and the Chair of the Finance Committee, and (ii) the net proceeds shall be administered in accordance with the instructions contained in the Last Will and Testament of Eleanor Barnes; and

RESOLVED FURTHER, the Executive Vice President and Chief Operating Officer is authorized, on behalf of the University, to approve and execute agreements and related documents, to incur reasonable and customary expenses, and to take such other actions as deemed necessary and appropriate to consummate such property conveyance and to facilitate the maintenance, sale, and marketing activities associated with the Property; and

RESOLVED FURTHER, all prior acts performed by the Executive Vice President and Chief Operating Officer, and other officers and agents of the University, in connection with such property conveyance, are in all respects approved, ratified, and confirmed.

**CAPITAL PROJECT FINANCIAL PLANS: THORNTON HALL CLEAN ROOM AND COMPREHENSIVE BREAST CENTER**

(approved by the Finance Committee on March 1, 2018)

WHEREAS, the revised financing plan for the Thornton Hall Clean Room calls for the use of operating cash in the amount of \$9.1 million and debt in the amount of \$6.1 million; and

WHEREAS, the financing plan for the Comprehensive Breast Center calls for the use of operating cash in the amount of \$12.0 million;

RESOLVED, the Board of Visitors approves the financial plans for the Thornton Hall Clean Room and the Comprehensive Breast Center.

**ESTABLISHMENT OF THE GEORGE A. OVERSTREET JR. DISTINGUISHED PROFESSORSHIP IN REAL ESTATE**

(approved by the Academic and Student Life Committee on March 2, 2018)

WHEREAS, George A. Overstreet Jr., Professor of Finance at the McIntire School of Commerce, is a distinguished and long-serving member of the faculty; and

WHEREAS, Mr. Overstreet has focused his research and teaching in the area of real estate finance, specifically valuation measurement and management, and the use of operational research techniques in financial management; and

WHEREAS, a total of 35 donors have contributed to a professorship in Mr. Overstreet's name to attract and retain a senior scholar with exceptional teaching and research credentials to lead a world-class academic program in real estate in the McIntire School of Commerce;

RESOLVED, the Board of Visitors establishes the George A. Overstreet Jr. Distinguished Professorship in Real Estate in the McIntire School of Commerce; and

RESOLVED FURTHER, the Board of Visitors, the University, and the McIntire School of Commerce express their deep gratitude for the generosity of all of the donors to the George A. Overstreet Jr. Distinguished Professorship in Real Estate, and congratulate Mr. Overstreet on an exceptional scholarly career at the University.

### **ELECTION OF THE NINTH PRESIDENT OF THE UNIVERSITY OF VIRGINIA**

WHEREAS, on September 15, 2017 the Board of Visitors elected Mr. James E. Ryan to serve an initial term of six years and 10 months as the ninth president of the University beginning October 1, 2018; and

WHEREAS, Mr. Ryan and the University have mutually agreed to move Mr. Ryan's starting date to August 1, 2018;

RESOLVED, the Board of Visitors amends the election of Mr. James E. Ryan as the ninth president of the University of Virginia to be effective August 1, 2018, for a term of seven years; and

RESOLVED FURTHER, the Rector, in consultation with the Office of the Attorney General, is authorized to execute a revised employment agreement with Mr. Ryan that reflects an August 1, 2018 starting date.

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### **FACULTY PERSONNEL ACTIONS**

#### **1. ELECTIONS**

RESOLVED, the following persons are elected to the faculty:

Ms. Stacey L. Burgess, as Assistant Professor of Medicine, for three years, effective December 18, 2017, at an annual salary of \$70,000.

Mr. Liheng Cai, as Assistant Professor of Materials Science and Engineering, for three years, effective January 3, 2018, at an annual salary of \$133,000.

Ms. Miyabi Goto, as Assistant Professor of East Asian Languages, Literatures, and Cultures, General Faculty, for the period January 10, 2018, through May 24, 2018, at an academic year salary of \$45,000.

Mr. Zachary C. Irving, as Assistant Professor of Philosophy, for the period January 10, 2018, through May 24, 2022, at an academic year salary of \$80,000.

Ms. Sharon L. Kelley, as Assistant Professor of Psychiatry and Neurobehavioral Sciences, for the period November 1, 2017, through October 31, 2018, at an annual salary of \$80,000.

Dr. Chia-Yi Kuan, as Professor of Neuroscience, effective January 1, 2018, at an annual salary of \$185,000.

Ms. Meiqin Li, as Assistant Professor of Applied Mathematics, General Faculty, for the period January 1, 2018, through May 24, 2020, at an academic year salary of \$62,000.

Ms. Farah Peterson, as Associate Professor of Law, for the period January 1, 2018, through May 24, 2023, at an academic year salary of \$168,000.

Dr. David E. Rapp, as Associate Professor of Urology, for three years, effective January 1, 2018, at an annual salary of \$100,000.

Ms. Jennifer E. Steenshorne, as Research Professor, The Washington Papers, for three years, effective December 25, 2017, at an annual salary of \$125,000.

Mr. Petr Tyrdik, as Assistant Professor of Neurosurgery, for three years, effective November 20, 2017, at an annual salary of \$87,500.

Mr. Bicheng Zhou, as Assistant Professor of Materials Science and Engineering, for three years, effective August 10, 2018, at an annual salary of \$133,100.

Ms. Stefanie Zimyanin, as Assistant Professor of Molecular Physiology & Biological Physics, for three years, effective January 19, 2018, at an annual salary of \$110,000.

## **2. ACTIONS RELATING TO CHAIRHOLDERS**

RESOLVED, the actions relating to the Chairholders are approved as shown below:

### **(a) Election of Chairholders**

Dr. James D. Bergin, as Edward W. and Betty Knight Scripps Professor of Internal Medicine, for five years, effective November 25, 2017. Dr. Bergin will continue as Professor of Medicine, without term.

Ms. Phoebe Crisman, as Mario di Valmarana Associate Professor in the School of Architecture, for one year, effective August 25, 2017. Ms. Crisman will continue as Associate Professor of Architecture, without term.

Dr. Christine L. Lau, as George R. Minor Professor of General Thoracic Surgery, for five years, effective November 25, 2017. Dr. Lau will continue as Professor of Surgery, without term.

Dr. Eugene D. McGahren, as Maurice L. LeBauer Professor of Surgery, for five years, effective January 25, 2018. Dr. McGahren will continue as Professor of Surgery, without term.

Dr. Robert E. O'Connor, as Marcus L. Martin Distinguished Professor of Emergency Medicine, for five years, effective November 25, 2017. Dr. O'Connor will continue as Professor of Emergency Medicine, without term.

Dr. Stephen S. Park, as G. Slaughter Fitz-Hugh Professor of Otolaryngology, for five years, effective September 1, 2017. Dr. Park will continue as Professor of Otolaryngology, without term.

Ms. Barbara A. Perry, as Gerald L. Baliles Professor of Presidential Studies in the Miller Center, for the period January 25, 2018 through May 24, 2021. Ms. Perry will continue as White Burkett Miller Center of Public Affairs Professor of Ethics and Institutions, until May 24, 2018.

Mr. James E. Ryan, as George M. Kaufman Presidential Professor, for the period August 1, 2018 through July 31, 2025, and as Professor of Law, without term, and Professor of Education, without term.

Dr. Arturo P. Saavedra, as Kenneth E. Greer, M.D. Professor of Dermatology, for five years, and Professor of Dermatology, without term, effective October 1, 2017, at an annual salary of \$100,000.

Dr. Yun M. Shim, as John L. Guerrant Associate Professor of Medicine, for five years, effective January 25, 2018. Dr. Shim will continue as Associate Professor of Medicine, without term.

Ms. Sarah E. Turner, as Professor of Public Policy, without term, effective November 1, 2017. Ms. Turner will continue as Souder Professor of Economics, and University Professor of Economics and Education, without term.

Dr. Martha A. Zeiger, as S. Hurt Watts Professor of Surgery, for five years, and Professor of Surgery, without term, effective September 1, 2017, at an annual salary of \$610,000.

Mr. Olivier Zunz, as James Madison Professor of History, effective August 25, 2016. Mr. Zunz will continue as Professor of History, without term.

**(b) Change of Title of Chairholder**

Dr. Raymond A. Costabile, from Hovey S. Dabney Professor of Urology to John E. Cole Professor of Urology, for five years, effective July 1, 2017. Dr. Costabile will continue as Professor of Urology, without term.

**(c) Promotion of Chairholder**

Mr. James H. Wyckoff, from Professor of Public Policy, with term, to Professor of Public Policy, without term. Mr. Wyckoff will continue as Curry Memorial Professor of Education, and Professor of Education, without term.

**(d) Special Salary Action of Chairholder**

Mr. John S. Lazo, Harrison Distinguished Teaching Professor of Pharmacology, effective November 6, 2017, at an annual salary of \$212,000.

**(e) Retirements of Chairholders**

Mr. James H. Aylor, Louis T. Rader Professor of Electrical Engineering, effective January 24, 2018. Mr. Aylor had been a member of the faculty since December 1, 1973.

Mr. John C. Bean, John Marshall Money Professor of Electrical Engineering, effective May 24, 2018. Mr. Bean has been a member of the faculty since January 16, 1997.

Dr. Kenneth J. Cherry, Edwin P. Lehman Professor of Surgery, effective February 2, 2018. Dr. Cherry has been a member of the faculty since January 1, 2004.

Mr. Edward R. Ford, Vincent and Eleanor Shea Professor of Architecture, effective May 24, 2018. Mr. Ford has been a member of the faculty since September 1, 1986.

Mr. Michael Fowler, Maxine S. and Jesse W. Beams Professor of Physics, effective May 24, 2018. Mr. Fowler has been a member of the faculty since July 1, 1968.

Mr. Gary W. Gallagher, John L. Nau III Professor in the History of the American Civil War, effective May 24, 2018. Mr. Gallagher has been a member of the faculty since August 25, 1998.

Mr. Thomas F. Gallagher, Jesse W. Beams Professor of Physics, effective August 24, 2018. Mr. Gallagher has been a member of the faculty since September 1, 1984.

Mr. David T. Gies, Commonwealth Professor of Spanish, effective May 24, 2018. Mr. Gies has been a member of the faculty since September 1, 1979.

Mr. William J. Kehoe, William F. O'Dell Professor of Commerce, effective May 24, 2018. Mr. Kehoe has been a member of the faculty since September 1, 1975.

Dr. Marguerite C. Lippert, John W. Kluge Distinguished Professor of Urology, effective January 1, 2018. Dr. Lippert had been a member of the faculty since January 1, 1985.

Mr. Richard W. Miksad, Thomas M. Linville Professor of Engineering and Applied Science, effective May 24, 2018. Mr. Miksad has been a member of the faculty since September 1, 1994.

Ms. Judith Shatin, William R. Kenan, Jr., Professor of Music, effective May 24, 2018. Ms. Shatin has been a member of the faculty since September 1, 1979.

### **3. SPECIAL SALARY ACTIONS**

RESOLVED, the following persons shall receive the salary indicated:

Ms. Hanadi Al-Samman, Associate Professor of Middle Eastern and South Asian Languages and Cultures, effective November 25, 2017, at an academic year salary of \$105,500.

Ms. Nada Basit, Assistant Professor of Computer Science, effective December 25, 2017, at an academic year salary of \$92,000.

Mr. Julian W. Connolly, Professor of Slavic Languages and Literatures, effective January 10, 2018, at an academic year salary of \$166,600.

Ms. Stacey J. Criswell, Assistant Professor of Research in Microbiology, Immunology, and Cancer Biology, effective October 15, 2017, at an annual salary of \$85,000.

Ms. Janet V. Cross, Associate Professor of Pathology, effective December 25, 2017, at an annual salary of \$125,000.

Ms. Nancy L. Deutsch, Professor of Education, effective October 25, 2017, at an annual salary of \$152,000.

Dr. Linda R. Duska, Professor of Obstetrics & Gynecology, effective November 25, 2017, at an annual salary of \$217,400.

Mr. Mark R. Floryan, Assistant Professor of Computer Science, effective December 25, 2017, at an academic year salary of \$108,900.

Ms. Camilla M. Fojas, Associate Professor of Media Studies and American Studies, effective January 25, 2018, at an academic year salary of \$130,000.

Mr. Michael E. Gorman, Professor of Science, Technology & Society, effective January 10, 2018, at an academic year salary of \$142,800.

Mr. Ahmed Ibrahim, Assistant Professor of Computer Science, General Faculty, effective December 25, 2017, at an academic year salary of \$100,000.

Ms. Aynne Kokas, Assistant Professor of Media Studies, effective November 25, 2017, at an academic year salary of \$100,000.

Mr. Louis P. Nelson, Professor of Architectural History, effective December 25, 2017, at an annual salary of \$200,000.

Mr. Charles Reiss, Assistant Professor of Computer Science, effective December 25, 2017, at an academic year salary of \$90,000.

Mr. William T. Scherer, Professor of Systems and Information Engineering, effective December 1, 2017, at an academic year salary of \$140,700.

Ms. Rita J. Schnipke, Assistant Professor of Mechanical and Aerospace Engineering, effective December 25, 2017, at an academic year salary of \$91,000.

Mr. Christopher Stroupe, Assistant Professor of Molecular Physiology & Biological Physics, effective November 3, 2017, at an annual salary of \$80,000.

Mr. Nathan Swami, Associate Professor of Electrical and Computer Engineering, General Faculty, effective January 1, 2018, at an annual salary of \$130,000.

Mr. Luther A. Tychonievich, Assistant Professor of Computer Science, effective December 25, 2017, at an academic year salary of \$108,900.

Dr. Cynthia M. Yoshida, Professor of Medicine, effective November 25, 2017, at an annual salary of \$100,000.

Mr. Scott O. Zeitlin, Associate Professor of Neuroscience, effective December 25, 2017, at an annual salary of \$120,000.

#### **4. RESIGNATIONS**

The President announced the following resignations:

Mr. Connelly S. Barnes, Assistant Professor of Computer Science, effective December 24, 2017.

Mr. Peter A. Bussigel, Assistant Professor of Music, General Faculty, effective January 9, 2018.

Mr. Enrique Campos Nanez, Assistant Professor of Research in Psychiatry and Neurobehavioral Sciences, effective February 18, 2018.

Ms. Elizabeth A. Demers, Associate Professor of Business Administration, effective December 25, 2017.

Mr. Daniel J. Driscoll, Assistant Professor of Education, General Faculty, effective August 24, 2018.

Dr. Jason N. Itri, Assistant Professor of Radiology and Medical Imaging, effective January 6, 2018.

Dr. David E. Jones, Assistant Professor of Neurology, effective December 29, 2017.

Dr. Lydia E. Kuo-Bonde, Assistant Professor of Radiology and Medical Imaging, effective December 26, 2017.

Dr. Robert J. Meyer, Associate Professor of Public Health Sciences, effective December 31, 2017.

Dr. Van H. Nguyen, Associate Professor of Anesthesiology, effective November 30, 2017.

## **5. RETIREMENTS**

The President announced the following retirements:

Ms. Mary P. Abouzeid, Professor of Education, General Faculty, effective August 24, 2018. Ms. Abouzeid has been a member of the faculty since September 1, 1989.

Mr. James T. Cargile, Professor of Philosophy, effective May 24, 2018. Mr. Cargile has been a member of the faculty since September 1, 1965.

Ms. Carrie B. Douglass, Professor of Anthropology, General Faculty, effective May 24, 2018. Ms. Douglass has been a member of the faculty since August 24, 2009.

Mr. Daniel L. Duke, Professor of Education, effective May 24, 2018. Mr. Duke has been a member of the faculty since September 1, 1987.

Mr. Kenneth M. Eades, Professor of Business Administration, effective May 24, 2018. Mr. Eades has been a member of the faculty since September 1, 1988.

Ms. Joyce G. Green-Pastors, Assistant Professor of Medical Education, effective January 1, 2018. Ms. Green-Pastors had been a member of the faculty since October 1, 1982.

Mr. Jeffrey L. Hantman, Associate Professor of Anthropology, effective May 24, 2018. Mr. Hantman has been a member of the faculty since September 1, 1983.

Mr. Alan D. Howard, Professor of Environmental Sciences, effective May 24, 2018. Mr. Howard has been a member of the faculty since September 1, 1968.

Ms. Edith C. Lawrence, Professor of Education, General Faculty, effective May 24, 2018. Ms. Lawrence has been a member of the faculty since September 1, 1981.

Mr. David B. Mattern, Professor, General Faculty, effective February 24, 2018. Mr. Mattern had been a member of the faculty since September 1, 1987.

Mr. Kent Sinclair, Jr., Professor of Law, effective August 24, 2018. Mr. Sinclair has been a member of the faculty since July 1, 1983.

Mr. Thomas C. Skalak, Professor of Biomedical Engineering, effective February 24, 2018. Mr. Skalak has been a member of the faculty since November 16, 1986.

Mr. Harry B. Thacker, Professor of Physics, effective May 24, 2018. Mr. Thacker has been a member of the faculty since September 1, 1989.

**6. CORRECTION TO THE RETIREMENT OF DR. EDUARD E. DE LANGE**

RESOLVED, the retirement of Dr. Eduard E. de Lange, Professor of Radiology, effective January 25, 2018, as shown in the minutes of the Board of Visitors dated December 8, 2017, is corrected to read as follows:

Dr. Eduard E. de Lange, Professor of Radiology, effective February 4, 2018. Dr. de Lange had been a member of the faculty since August 1, 1983.

**7. APPOINTMENTS**

The President announced the following appointments:

Mr. Jonathan D. Bowen, as Interim Chief of Staff to the President, effective January 25, 2018.

Mr. Louis P. Nelson, as Vice Provost for Academic Outreach, for the period October 25, 2017, through December 24, 2021.

Mr. Thomas Skalak, as Vice President for Research Emeritus, effective February 25, 2018.

Ms. Carol Stanley as University Registrar Emeritus, effective March 1, 2018.

Ms. Carla G. Williams, as Director of Intercollegiate Athletics Programs, for five years, effective December 11, 2017.

**8. RE-ELECTION**

RESOLVED, Ms. Susan G. Harris, is re-elected Secretary to the Board of Visitors, for four years, effective May 1, 2018.

**9. EXTENSION OF THE TERM OF VICE PRESIDENT AND CHIEF OFFICER OF DIVERSITY AND EQUITY DR. MARCUS L. MARTIN**

RESOLVED, the term of Dr. Marcus L. Martin, as Vice President and Chief Officer of Diversity and Equity, is extended until December 31, 2018.

**10. ELECTION OF PROFESSOR EMERITI**

RESOLVED, the following persons are elected Professor Emeriti:

Ms. Mary P. Abouzeid, Professor of Education, General Faculty, effective August 25, 2018.

Mr. James H. Aylor, Louis T. Rader Professor of Electrical Engineering, effective January 25, 2018.

Mr. John C. Bean, John Marshall Money Professor of Electrical Engineering, effective May 25, 2018.

Mr. James T. Cargile, Professor of Philosophy, effective May 25, 2018.

Dr. Kenneth J. Cherry, Edwin P. Lehman Professor of Surgery, effective February 3, 2018.

Mr. Daniel L. Duke, Professor of Education, effective May 25, 2018.

Mr. Kenneth M. Eades, Professor of Business Administration, effective May 25, 2018.

Mr. Edward R. Ford, Vincent and Eleanor Shea Professor of Architecture, effective May 25, 2018.

Mr. Michael Fowler, Maxine S. and Jesse W. Beams Professor of Physics, effective May 25, 2018.

Mr. Gary W. Gallagher, John L. Nau III Professor in the History of the American Civil War, effective May 25, 2018.

Mr. Thomas F. Gallagher, Jesse W. Beams Professor of Physics, effective August 25, 2018.

Mr. David T. Gies, Commonwealth Professor of Spanish, effective May 25, 2018.

Mr. Alan D. Howard, Professor of Environmental Sciences, effective May 25, 2018.

Mr. William J. Kehoe, William F. O'Dell Professor of Commerce, effective May 25, 2018.

Ms. Edith C. Lawrence, Professor of Education, General Faculty, effective May 25, 2018.

Dr. Marguerite C. Lippert, John W. Kluge Distinguished Professor of Urology, effective January 2, 2018.

Mr. Richard W. Miksad, Thomas M. Linville Professor of Engineering and Applied Science, effective May 25, 2018.

Ms. Judith Shatin, William R. Kenan Jr. Professor of Music, effective May 25, 2018.

Mr. Kent Sinclair, Jr., Professor of Law, effective August 25, 2018.

Mr. Thomas C. Skalak, Professor of Biomedical Engineering, effective February 25, 2018.

Mr. Harry B. Thacker, Professor of Physics, effective May 25, 2018.

**11. CORRECTION TO THE ELECTION OF PROFESSOR EMERITUS DR. EDUARD E. DE LANGE**

RESOLVED, the election of Dr. Eduard E. de Lange, to Professor Emeritus, effective January 25, 2018, as shown in the minutes of December 8, 2017, is corrected to read as follows;

Dr. Eduard E. de Lange, Professor of Radiology, effective February 5, 2018.

**12. ELECTION OF ASSOCIATE PROFESSOR EMERITI**

RESOLVED, the following persons are elected Associate Professor Emeriti:

Mr. Jeffrey L. Hantman, Associate Professor of Anthropology, effective May 25, 2018.

Dr. Thomas E. Leinbach, Associate Professor of Dentistry, effective July 1, 2017.

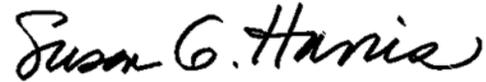
13. **DEATHS**

Mr. David Weiss, Professor Emeritus of Drama, died December 18, 2017. Mr. Weiss had been a member of the faculty from 1954, until his retirement in 1991.

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On motion, the meeting was adjourned at 5:00 p.m.

Respectfully submitted,

A handwritten signature in black ink that reads "Susan G. Harris". The signature is written in a cursive style with a large, prominent "S" and "H".

Susan G. Harris  
Secretary

SGH:ddr

These minutes have been posted to the University of Virginia's Board of Visitors website.  
<http://www.virginia.edu/bov/publicminutes.html>

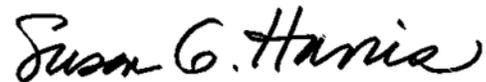
**ADDENDUM TO THE OFFICIAL MINUTES OF THE MEETING OF  
THE BOARD OF VISITORS OF THE UNIVERSITY OF VIRGINIA**

**Meeting Dates:** February 28 and March 1 and 2, 2018

**CERTIFICATION OF CLOSED MEETING**

The Board of Visitors, sitting in Open Session, adopted a resolution certifying that while meeting in Closed Session – as permitted by the relevant provisions of the Code of Virginia – only public business matters authorized by its motion and lawfully exempted from consideration in open session were discussed in closed session.

Respectfully submitted,

A handwritten signature in black ink that reads "Susan G. Harris". The signature is written in a cursive, flowing style.

Susan G. Harris  
Secretary

## **RESOLUTIONS NOT REQUIRING ACTION BY THE FULL BOARD**

The following resolutions were adopted in a Board committee and do not require approval by the full Board; they are enumerated below as a matter of record.

### **HEALTH SYSTEM BOARD – February 28, 2018**

#### **AMENDED AND RESTATED BYLAWS OF THE CLINICAL STAFF OF THE MEDICAL CENTER**

RESOLVED, the University of Virginia Health System Board approves the Amended and Restated Bylaws of the Clinical Staff of the Medical Center. These amendments, which are appended as an Attachment, shall be effective as of February 28, 2018.

### **CREDENTIALING AND RE-CREDENTIALING ACTIONS – HEALTH SYSTEM BOARD – APPROVED FEBRUARY 28, 2018**

#### **1. APPOINTMENTS TO THE CLINICAL STAFF**

RESOLVED, recommendations of the Clinical Staff Executive Committee for appointment to the Clinical Staff of the University of Virginia Medical Center and the granting of specific privileges to the following practitioners are approved:

Clark, Paul, D.O., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Appointment: January 22, 2018, through January 21, 2019; Privileged in Radiology and Medical Imaging.

Deucher, Allegra, M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Period of Appointment: January 31, 2018, through January 30, 2019; Privileged in Obstetrics and Gynecology.

Foster, Stephen, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Appointment: January 3, 2018, through January 2, 2019; Privileged in Radiology and Medical Imaging.

Khanna, Ajai, M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Appointment: January 1, 2018, through January 2, 2019; Privileged in Surgery.

Mudge, Christopher, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Appointment: January 15, 2018, through January 14, 2019; Privileged in Radiology and Medical Imaging.

Rapp, David, M.D., Urologist in the Department of Urology; Attending Staff Status; Period of Appointment: January 4, 2018, through January 3, 2019; Privileged in Urology.

## 2. REAPPOINTMENTS TO THE CLINICAL STAFF

RESOLVED, the recommendations of the Clinical Staff Executive Committee for reappointment to the Clinical Staff of the University of Virginia Medical Center and the granting of specific privileges to the following practitioners are approved:

Battle, Robert, M.D., Cardiologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Medicine.

Bauer, Todd, M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Surgery.

Friel, Charles, M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Surgery.

Evans, Avery, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Radiology and Medical Imaging.

Fadul, Camilo, M.D., Neurologist in the Department of Neurology; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Neurology.

Foster, Laahn, M.D., Hematologist Oncologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Medicine.

Friel, Charles, M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Surgery.

Garrett-Bakelman, M.D., Ph.D., Hematologist Oncologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: March 6, 2018, through October 30, 2019; Privileged in Medicine.

Hill, Nicholas, D.D.S., Dentist in the Department of Dentistry; Attending Staff Status; Period of Reappointment: January 21, 2018, through June 29, 2019; Privileged in Dentistry.

Inofuentes, Amber, M.D., Hospitalist in the Department of Medicine; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Medicine.

Kent, Katherine, M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Obstetrics and Gynecology.

Kon, Rachel, M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Medicine.

Landen, Charles, M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Obstetrics and Gynecology.

Lesh, Ryan, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: March 3, 2018, through November 29, 2019; Privileged in Anesthesiology.

McCollum, David, M.D., Neurologist in the Department of Neurology; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Neurology.

McDaniel, Nancy, M.D., Pediatric Cardiologist in the Department of Pediatrics; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Pediatrics.

Marshall, John, M.D., Endocrinologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Medicine.

Masia, Shawn, M.D., Neurologist in the Department of Neurology; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Neurology.

Mason, John, M.D., Otolaryngologist in the Department of Otolaryngology; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Otolaryngology.

Mehta, Sachin, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Anesthesiology.

Merkel, Richard, M.D., Psychiatrist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Psychiatry and Neurobehavioral Sciences.

Oberholzer, Jose, M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Reappointment: March 24, 2018, through June 29, 2019; Privileged in Surgery.

Ornan, David, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Radiology and Medical Imaging.

Petersen, William, M.D., Pediatric Hematologist Oncologist in the Department of Pediatrics; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Pediatrics.

Philbrick, John, M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Medicine.

Plautz, Claire, M.D., Physician in the Department of Emergency Medicine; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Emergency Medicine.

Shaffrey, Christopher, M.D., Neurosurgeon in the Department of Neurosurgery; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Neurosurgery.

Sheehan, Jason, M.D., Neurosurgeon in the Department of Neurosurgery; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Neurosurgery.

Wolf, Andrew, M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Medicine.

Zaghloul, Kareem, M.D., Neurosurgeon in the Department of Neurosurgery; Administrative Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020.

### **3. RESIGNATIONS OF CLINICAL STAFF**

RESOLVED, the recommendations of the Clinical Staff Executive Committee for the resignation and expiration of privileges to the following Clinical Staff are approved:

Carey, Meredith, M.D., Psychiatrist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Effective Date of Resignation: January 17, 2018.

Keng, Rachelle R., M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Effective Date of Resignation: January 3, 2018.

Kuo-Bonde, Lydia E., M.D., Ph.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Effective Date of Resignation: December 26, 2017.

Lippert, Marguerite C., M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Effective Date of Retirement: January 1, 2018.

McCullough, William P. Jr., M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Effective Date of Resignation: December 31, 2017.

Mendelsohn, Mark, M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Effective Date of Retirement: January 31, 2018.

Wandler, Eric, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Effective Date of Resignation: January 31, 2018.

#### **4. PRIVILEGES FOR NEW ALLIED HEALTH PROFESSIONALS**

RESOLVED, the recommendations of the Clinical Staff Executive Committee for the granting of privileges to the following Allied Health Professionals are approved:

Bednar, Kimberly S., R.N., N.P., Family Nurse Practitioner in the Department of Medicine; Period of Privileging: October 23, 2017 through September 7, 2018; Privileged as a Family Nurse Practitioner.

Beishline, Samuel R., P.A., Physician Assistant in the Department of Radiology and Medical Imaging; Period of Privileging: February 1, 2018 through January 31, 2019; Privileged as a Physician Assistant.

McNally, Michelle W., R.N., N.P., Acute Care Nurse Practitioner in the Department of Surgery; Period of Privileging: January 15, 2018 through January 14, 2019; Privileged as an Acute Care Nurse Practitioner.

Menzel, Dena L., R.N., N.P., Adult Nurse Practitioner in the Department of Radiology and Medical Imaging; Period of Privileging: January 26, 2017 through January 25, 2019; Privileged as an Adult Nurse Practitioner.

#### **5. RENEWAL OF PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS**

RESOLVED, the recommendations of the Clinical Staff Executive Committee for the renewal of privileges to the following Allied Health Professionals are approved:

Artale, Teresa L., R.N., N.P., Family Nurse Practitioner in the Department of Medicine; Period of Privileging: April 1, 2018 through March 31, 2020; Privileged as a Family Nurse Practitioner.

Barclay, Margaret, R.N., N.P., Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: March 19, 2018 through March 18, 2020; Privileged as an Acute Care Nurse Practitioner.

Billups, Keshia A., R.N., N.P., Adult Nurse Practitioner in the Department of Surgery; Period of Privileging: March 13, 2018 through March 12, 2020; Privileged as an Adult Nurse Practitioner.

Chamberlain, Rebecca S., R.N., N.P., Pediatric Nurse Practitioner in the Department of Surgery; Period of Privileging: March 20, 2018 through March 19, 2020; Privileged as a Pediatric Nurse Practitioner.

Coleman, Joanne K., R.N., N.P., Family Nurse Practitioner in the Department of Medicine; Period of Privileging: March 16, 2018 through March 15, 2020; Privileged as a Family Nurse Practitioner.

Cooley, Margien S., R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: March 21, 2018 through March 20, 2020; Privileged as a Certified Nurse Anesthetist.

Edwards, Todd E., P.A., Physician Assistant in the Department of Surgery; Period of Privileging: March 13, 2018 through March 12, 2020; Privileged as a Physician Assistant.

Grishaw, Julie A., R.N., N.P., Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: March 16, 2018 through March 15, 2020; Privileged as an Acute Care Nurse Practitioner.

Hicks, Jamie H., R.N., N.P., Neonatal Nurse Practitioner in the Department of Pediatrics; Period of Privileging: April 18, 2018 through April 17, 2020; Privileged as a Neonatal Nurse Practitioner.

Howard, Sarah, R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: March 16, 2018 through March 15, 2020; Privileged as a Certified Nurse Anesthetist.

Lilly, Kristin F., P.A., Physician Assistant in the Department of Surgery; Period of Privileging: March 20, 2018 through March 19, 2020; Privileged as a Physician Assistant.

Logan, Jenna M., R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: March 13, 2018 through March 12, 2020; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

MacCleery, Gavin J., P.A., Physician Assistant in the Department of Neurosurgery; Period of Privileging: March 24, 2018 through March 23, 2020; Privileged as a Physician Assistant.

**6. NEW PRIVILEGES TO ALLIED HEALTH PROFESSIONALS**

RESOLVED, the recommendations of the Clinical Staff Executive Committee for new procedural privileges to the following Allied Health Professional are approved:

Van der Bijl, Lotte, R.N., N.P., Pediatric Nurse Practitioner in the Department of Pediatrics. Additional Privileges for Arterial Catheters including femoral sheaths, Place PICC Lines, Chest Tubes – Clamp and/or removal of Epicardial pacing wires. Effective Date: February 6, 2018, through February 26, 2020.

Robbins Cynthia, P.A., Physician Assistant in the Department of Radiology and Medical Imaging. Additional Privileges for Lumbar Punctures. Effective Date: February 6, 2018, through November 26, 2018.

**CREDENTIALING AND RECREDENTIALING ACTIONS – HEALTH SYSTEM BOARD/ TRANSITIONAL CARE HOSPITAL – APPROVED FEBRUARY 28, 2018**

**1. APPOINTMENTS TO THE CLINICAL STAFF**

RESOLVED, the recommendations of the Clinical Staff Executive Committee for appointment to the Clinical Staff of the University of Virginia Transitional Care Hospital and the granting of specific privileges to the following practitioners are approved:

Clark, Paul, D.O., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Appointment: January 23, 2018, through January 21, 2019; Privileged in Radiology and Medical Imaging.

Mudge, Christopher, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Appointment: January 15, 2018, through January 14, 2019; Privileged in Radiology and Medical Imaging.

**2. REAPPOINTMENTS TO THE CLINICAL STAFF**

RESOLVED, the recommendations of the Clinical Staff Executive Committee for reappointment to the Clinical Staff of the University of Virginia Transitional Care Hospital and the granting of specific privileges to the following practitioners are approved:

Garrett-Bakelman, M.D., Ph.D., Hematologist Oncologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: March 6, 2018, through October 30, 2019; Privileged in Medicine.

Oberholzer, Jose, M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Reappointment: March 24, 2018, through June 29, 2019; Privileged in Surgery.

**3. RESIGNATIONS OF CLINICAL STAFF**

RESOLVED, the recommendations of the Clinical Staff Executive Committee for the resignation and expiration of privileges to the following Clinical Staff are approved:

Cary, Meredith R., M.D., Psychiatrist in the Department of Psychiatric Medicine & Neurobehavioral Medicine; Consulting Staff Status; Effective Date of Resignation: January 17, 2018.

Goodman, Matthew J., M.D., Physician in the Department of Medicine; Consulting Staff Status; Effective Date of Resignation: January 15, 2018.

Kron, Irving L., M.D., Surgeon in the Department of Surgery; Consulting Staff Status; Effective Date of Resignation: January 31, 2018.

Kuo-Bonde, Lydia E., M.D., Ph.D., Radiologist in the Department of Radiology and Medical Imaging; Consulting Staff Status; Effective Date of Resignation: December 26, 2017.

McCullough, Jr, William P., M.D., Radiologist in the Department of Radiology and Medical Imaging; Consulting Staff Status; Effective Date of Resignation: December 31, 2017.

Wandler, Eric, M.D., Radiologist in the Department of Radiology and Medical Imaging; Consulting Staff Status; Effective Date of Resignation: January 31, 2018.

**CREDENTIALING AND RE-CREDENTIALING ACTIONS - HEALTH SYSTEM BOARD - APPROVED JANUARY 16, 2018**

RESOLVED, pursuant to the delegation of authority contained in the September 15, 2011 Resolution of the Medical Center Operating Board, the undersigned hereby approve the following Credentialing and Recredentialing Actions as specifically set forth below:

**1. APPOINTMENTS TO THE CLINICAL STAFF**

RESOLVED, the recommendations of the Clinical Staff Executive Committee for appointment to the Clinical Staff of the University of Virginia Medical Center and the granting of specific privileges to the following practitioners are approved:

Alarini, Mahmoud, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Appointment: December 26, 2017, through December 25, 2018; Privileged in Radiology and Medical Imaging.

Backstrom, James, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Appointment: December 21, 2017, through November 1, 2018; Privileged in Radiology and Medical Imaging.

Brown, Mark, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Appointment: December 21, 2017, through November 1, 2018; Privileged in Radiology and Medical Imaging.

Jablonski, Mark, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Appointment: December 21, 2017, through November 5, 2018; Privileged in Radiology and Medical Imaging.

Kelminson, Stephen, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Appointment: December 21, 2017, through November 10, 2018; Privileged in Radiology and Medical Imaging.

Krish, Sonia, M.D., Neurologist in the Department of Neurology; Attending Staff Status; Period of Appointment: December 8, 2017, through December 7, 2018; Privileged in Neurology.

Moore, Matthew, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Appointment: December 29, 2017, through December 28, 2018; Privileged in Radiology and Medical Imaging.

Ombres, Rachel, M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Appointment: December 22, 2017, through December 21, 2018; Privileged in Medicine.

Smith, Clyde, M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Appointment: December 8, 2017, through June 30, 2018; Privileged in Pediatrics.

Volberg, Frank, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Appointment: December 22, 2017, through December 21, 2018; Privileged in Radiology and Medical Imaging.

## **2. REAPPOINTMENTS TO THE CLINICAL STAFF**

RESOLVED, the recommendations of the Clinical Staff Executive Committee for reappointment to the Clinical Staff of the University of Virginia Medical Center and the granting of specific privileges to the following practitioners are approved:

Albon, Dana, M.D., Pulmonologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Medicine.

Annex, Brian, M.D., Cardiologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Medicine.

Asthagiri, Heather, M.D., Physiatrist in the Department of Physical Medicine and Rehabilitation; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Physical Medicine and Rehabilitation.

Balogun, Seki, M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Medicine.

Barclay, Joshua, M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Medicine.

Bowman, Brendan, M.D., Nephrologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Medicine.

Broshek, Donna, Ph.D., Psychologist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Psychology.

Chadduck, James, M.D., Surgeon in the Department of Surgery; Administrative Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020.

Crimaldi, Sonia, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Reappointment: February 8, 2018, through October 30, 2019; Privileged in Radiology and Medical Imaging.

Crook, Margaret, M.D., Endocrinologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Medicine.

Drake, David, M.D., Plastic Surgeon in the Department of Plastic Surgery; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Plastic Surgery.

Flicker, Tabor, M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Medicine.

Frierson, Henry, M.D., Pathologist in the Department of Pathology; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Pathology.

Hanks, John, M.D., Surgeon in the Department of Surgery; Administrative Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020.

Harrison, James, Ph.D., Pathologist in the Department of Neurosurgery; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Pathology.

Humberson, Jennifer, M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Pediatrics.

Kindwall-Keller, Tamila, DO, Hematologist Oncologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Medicine.

Kron, Irving, M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Surgery.

LeGallo, Robin, M.D., Pathologist in the Department of Pathology; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Pathology.

Lipson, Lewis, M.D., Cardiologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2019; Privileged in Medicine.

Moon, Rachel, M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Pediatrics.

Moulder, Glenn, M.D., Hospitalist in the Department of Medicine; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Medicine.

Park, Stephen, M.D., Otolaryngologist in the Department of Otolaryngology; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Otolaryngology.

Shaffrey, Mark, M.D., Neurosurgeon in the Department of Neurosurgery; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Neurosurgery.

Shen, Francis, M.D., Orthopedic Surgeon in the Department of Orthopedic Surgery; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Orthopedic Surgery.

Tucker, Jim, M.D., Psychiatrist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Psychiatry and Neurobehavioral Sciences.

Wandler, Eric, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Reappointment: February 3, 2018, through December 30, 2019; Privileged in Radiology and Medical Imaging.

Xu, Zhlyuan, M.D., Neurosurgeon in the Department of Neurosurgery; Instructor Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2019; Privileged in Neurosurgery.

Yarboro, Leora, M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Reappointment: February 28, 2018, through January 27, 2020; Privileged in Surgery.

Zaydfudim, Victor, M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Surgery.

### **3. RESIGNATIONS OF CLINICAL STAFF**

RESOLVED, the recommendations of the Clinical Staff Executive Committee for the resignation and expiration of privileges to the following Clinical Staff are approved:

Durieux, Marcel E., M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Effective Date of Resignation: December 25, 2017.

Itri, Jason N., M.D., Ph.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Effective Date of Resignation: January 5, 2018.

Jones, David E., M.D., Neurologist in the Department of Neurology; Attending Staff Status; Effective Date of Resignation: December 29, 2017.

Kahler, David M., M.D., Orthopedic Surgeon in the Department of Orthopedic Surgery; Attending Staff Status; Effective Date of Resignation: December 15, 2017.

Levine, Paul A., M.D., Otolaryngologist in the Department of Otolaryngology; Attending Staff Status; Effective Date of Retirement: December 31, 2017.

Lewis, Jessica D., M.D., Physician in the Department of Medicine; Attending Staff Status; Effective Date of Resignation: December 28, 2017.

Vega, Oscar G., D.D.S., Dentist in the Department of Dentistry; Attending Staff Status; Effective Date of Resignation: December 30, 2017.

Wooten, George F., M.D., Neurologist in the Department of Neurology; Attending Staff Status; Effective Date of Retirement: December 31, 2017.

#### **4. PRIVILEGES FOR NEW ALLIED HEALTH PROFESSIONALS**

RESOLVED, the recommendations of the Clinical Staff Executive Committee for the granting of privileges to the following Allied Health Professionals are approved:

Karns, Login B., G.C., Genetic Counselor in the Department of Obstetrics and Gynecology; Period of Privileging: December 13, 2017 through December 12, 2018; Privileged as a Genetic Counselor.

Kumar, Meera, P.A., Physician Assistant in the Department of Medicine; Period of Privileging: January 8, 2018 through January 7, 2019; Privileged as a Physician Assistant.

Metsch, Caroline, P.A., Physician Assistant in the Department of Neurosurgery; Period of Privileging: December 21, 2017 through December 20, 2018; Privileged as a Physician Assistant.

Thomas, Martha, G.C., Genetic Counselor in the Department of Obstetrics and Gynecology; Period of Privileging: December 21, 2017 through December 20, 2018; Privileged as a Genetic Counselor.

Thomas, Matthew, G.C., Genetic Counselor in the Department of Obstetrics and Gynecology; Period of Privileging: December 13, 2017 through December 12, 2018; Privileged as a Genetic Counselor.

Ventura, Karen A., R.N., N.P., Genetic Counselor in the Department of Obstetrics and Gynecology; Period of Privileging: December 21, 2017 through December 20, 2018; Privileged as a Genetic Counselor.

#### **5. RENEWAL OF PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS**

RESOLVED, the recommendations of the Clinical Staff Executive Committee for the renewal of privileges to the following Allied Health Professionals are approved:

Becker, Joshua A., P.A., Physician Assistant in the Department of Surgery; Period of Privileging: February 4, 2018 through February 3, 2020; Privileged as a Physician Assistant.

Bowles-Childress, Melinda, R.N., N.P., Acute Care Nurse Practitioner in the Department of Surgery; Period of Privileging: February 14, 2018 through February 13, 2020; Privileged as an Acute Care Nurse Practitioner.

Cardwell, John B., P.A., Physician Assistant in the Department of Medicine; Period of Privileging: February 2, 2018 through February 1, 2020; Privileged as a Physician Assistant.

Coles, Elizabeth A, R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: February 13, 2018 through February 12, 2020; Privileged as a Certified Nurse Anesthetist.

Cuccia, Gary, R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: March 1, 2018 through February 28, 2020; Privileged as a Certified Nurse Anesthetist.

Ekberg-Shelley, Janice, R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: March 1, 2018 through February 28, 2020; Privileged as a Certified Nurse Anesthetist.

Evans, Selene M., R.N., N.P., Adult Nurse Practitioner in the Department of Neurosurgery; Period of Privileging: February 21, 2018 through February 20, 2020; Privileged as an Adult Nurse Practitioner.

Frase, Kathy F., R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: March 1, 2018 through February 28, 2020; Privileged as a Certified Nurse Anesthetist.

Lezanski, Olivia, R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: February 13, 2018 through February 12, 2020; Privileged as a Certified Nurse Anesthetist.

Syverud, Geraldine A., R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: Mach 1, 2018 through February 28, 2020; Privileged as a Certified Nurse Anesthetist.

Thomas, Christopher J., P.A., Physician Assistant in the Department of Surgery; Period of Privileging: March 1, 2018 through February 28, 2020; Privileged as Physician Assistant.

Van der Bijl, R.N., N.P., Pediatric Nurse Practitioner in the Department of Pediatrics; Period of Privileging: February 27, 2018 through February 26, 2020; Privileged as a Pediatric Nurse Practitioner.

**6. RESIGNATIONS OF ALLIED HEALTH PROFESSIONALS**

RESOLVED, the recommendations of the Clinical Staff Executive Committee for the resignation and expiration of privileges to the following Allied Health Professionals are approved:

Cohron, Gregory A., R.N., N.P., Family Nurse Practitioner in the Department of Medicine; Effective Date of Resignation: November 17, 2017.

Lally, L. Hope, R.N., N.P., Acute Care Nurse Practitioner in the Department of Surgery; Deceased: December 8, 2017.

Porreca, Anthony, P.A., Physician Assistant in the Department of Radiology and Medical Imaging; Effective Date of Resignation: November 3, 2017.

Robertson, Kathryn L., P.A., Physician Assistant in the Department of Orthopedic Surgery; Effective Date of Resignation: December 22, 2017.

**CREDENTIALING AND RECREDENTIALING ACTIONS – HEALTH SYSTEM BOARD/ TRANSITIONAL CARE HOSPITAL – APPROVED JANUARY 24, 2018**

RESOLVED, pursuant to the delegation of authority contained in the September 15, 2011 Resolution of the Medical Center Operating Board, the undersigned hereby approve the following Credentialing and Recredentialing Actions as specifically set forth below:

**1. APPOINTMENTS TO THE CLINICAL STAFF**

RESOLVED, the recommendations of the Clinical Staff Executive Committee for appointment to the Clinical Staff of the University of Virginia Transitional Care Hospital and the granting of specific privileges to the following practitioners are approved:

Alarini, Mahmoud, M.D., Radiologist in the Department of Radiology and Medical Imaging; Consulting Staff Status; Period of Appointment: January 9, 2018, through December 25, 2018; Privileged in Radiology and Medical Imaging.

Janowski, Einsley-Marie, M.D., Ph.D., Radiation Oncologist in the Department of Radiation Oncology; Consulting Staff Status; Period of Appointment: December 23, 2017, through December 22, 2018; Privileged in Radiation Oncology.

Larner, James M., M.D., Radiation Oncologist in the Department of Radiation Oncology; Consulting Staff Status; Period of Appointment: December 30, 2017, through December 29, 2018; Privileged in Radiation Oncology.

Lewis, Janet E., M.D., Rheumatologist in the Department of Medicine; Consulting Staff Status; Period of Appointment: December 23, 2017, through April 29, 2018; Privileged in Medicine.

Showalter, Timothy N., M.D., Radiation Oncologist in the Department of Radiation Oncology; Consulting Staff Status; Period of Appointment: December 23, 2017, through December 22, 2018; Privileged in Radiation Oncology.

## **2. REAPPOINTMENTS TO THE CLINICAL STAFF**

RESOLVED, the recommendations of the Clinical Staff Executive Committee for reappointment to the Clinical Staff of the University of Virginia Transitional Care Hospital and the granting of specific privileges to the following practitioners are approved:

Albon, Dana, M.D., Pulmonologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Medicine.

Annex, Brian, M.D., Cardiologist in the Department of Medicine; Consulting Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Medicine.

Asthagiri, Heather, M.D., Physiatrist in the Department of Physical Medicine and Rehabilitation; Consulting Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Physical Medicine and Rehabilitation.

Barclay, Joshua, M.D., Physician in the Department of Medicine; Consulting Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Medicine.

Balogun, Seki, M.D., Physician in the Department of Medicine; Consulting Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Medicine.

Battle, Robert, M.D., Cardiologist in the Department of Medicine; Consulting Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Medicine.

Bowman, Brendan, M.D., Nephrologist in the Department of Medicine; Consulting Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Medicine.

Broshek, Donna, Ph.D., Psychologist in the Department of Psychiatry and Neurobehavioral Sciences; Consulting Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Psychology.

Crimaldi, Sonia, M.D., Radiologist in the Department of Radiology and Medical Imaging; Consulting Staff Status; Period of Reappointment: February 8, 2018, through October 30, 2019; Privileged in Radiology and Medical Imaging.

Drake, David, M.D., Plastic Surgeon in the Department of Plastic Surgery; Consulting Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Plastic Surgery.

Evans, Avery, M.D., Radiologist in the Department of Radiology and Medical Imaging; Consulting Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Radiology and Medical Imaging.

Fadul, Camilo, M.D., Neurologist in the Department of Neurology; Consulting Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Neurology.

Friel, Charles, M.D., Surgeon in the Department of Surgery; Consulting Staff Status; Period of Reappointment: February 28, 2018, through January 27, 2020; Privileged in Surgery.

Inofuentes, Amber, M.D., Hospitalist in the Department of Medicine; Attending Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Medicine.

Kindwall-Keller, Tamila, DO, Hematologist Oncologist in the Department of Medicine; Consulting Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Medicine.

Kron, Irving, M.D., Surgeon in the Department of Surgery; Consulting Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Surgery.

Landen, Charles, M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Consulting Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Obstetrics and Gynecology.

Lipson, Lewis, M.D., Cardiologist in the Department of Medicine; Consulting Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2019; Privileged in Medicine.

McCollum, David, M.D., Neurologist in the Department of Neurology; Consulting Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Neurology.

Marshall, John, M.D., Endocrinologist in the Department of Medicine; Consulting Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Medicine.

Moulder, Glenn, M.D., Hospitalist in the Department of Medicine; Attending Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Medicine.

Ornan, David, M.D., Radiologist in the Department of Radiology and Medical Imaging; Consulting Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Radiology and Medical Imaging.

Petersen, William, M.D., Pediatric Hematologist Oncologist in the Department of Pediatrics; Consulting Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Pediatrics.

Shaffrey, Mark, M.D., Neurosurgeon in the Department of Neurosurgery; Consulting Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Neurosurgery.

Sheehan, Jason, M.D., Neurosurgeon in the Department of Neurosurgery; Consulting Staff Status; Period of Reappointment: February 28, 2018, through February 27, 2020; Privileged in Neurosurgery.

Shen, Francis, M.D., Orthopedic Surgeon in the Department of Orthopedic Surgery; Consulting Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Orthopedic Surgery.

Wandler, Eric, M.D., Radiologist in the Department of Radiology and Medical Imaging; Consulting Staff Status; Period of Reappointment: February 3, 2018, through December 30, 2019; Privileged in Radiology and Medical Imaging.

Yarboro, Leora, M.D., Surgeon in the Department of Surgery; Consulting Staff Status; Period of Reappointment: February 28, 2018, through January 27, 2020; Privileged in Surgery.

Zaydfudim, Victor, M.D., Surgeon in the Department of Surgery; Consulting Staff Status; Period of Reappointment: January 31, 2018, through January 30, 2020; Privileged in Surgery.

### **3. RESIGNATIONS OF CLINICAL STAFF**

RESOLVED, the recommendations of the Clinical Staff Executive Committee for the resignation and expiration of privileges to the following Clinical Staff are approved:

Itri, Jason N., M.D., Ph.D., Radiologist in the Department of Radiology and Medical Imaging; Consulting Staff Status; Effective Date of Resignation: January 5, 2018.

Jones, David E., M.D., Neurologist in the Department of Neurology; Consulting Staff Status; Effective Date of Resignation: December 29, 2017.

Kahler, David M., M.D., Orthopedic Surgeon in the Department of Orthopedic Surgery; Consulting Staff Status; Effective Date of Resignation: December 15, 2017.

Wooten, George F., M.D., Neurologist in the Department of Neurology; Consulting Staff Status; Effective Date of Resignation: December 31, 2017.

### **EXECUTIVE COMMITTEE – FEBRUARY 28, 2018**

#### **LEASE RENEWAL FOR PAVILION IV, EAST LAWN**

RESOLVED, the Executive Committee approves renewing the lease on Pavilion IV, East Lawn, with Larry J. Sabato, for a period of five years, from May 11, 2018 until June 30, 2023.

### **ADVANCEMENT COMMITTEE – MARCH 1, 2018**

#### **RESOLUTION IN APPRECIATION OF HUNTER J. SMITH**

WHEREAS, Hunter J. Smith and her late husband, Carl W. Smith, have been long-time generous benefactors of the University of Virginia; and

WHEREAS, Mrs. Smith has especially been a champion of the University of Virginia's College at Wise, as she and Mr. Smith once resided in Wise, Virginia, and it always remained a special place for them; and

WHEREAS, Mrs. Smith and the Hunter Smith Family Foundation recently committed a significant gift in support of endowed scholarships at the College at Wise, which will have an enduring and tremendous impact on the ability of hundreds of students in the region to receive a college education;

RESOLVED, the Board of Visitors offers profound thanks and appreciation to Hunter J. Smith for her extraordinary generosity and commitment to the success of the College at Wise and its students.

### **BUILDINGS & GROUNDS COMMITTEE – MARCH 1, 2018**

#### **CONCEPT, SITE, AND DESIGN GUIDELINES FOR THE SOFTBALL STADIUM**

RESOLVED, the concept, site, and design guidelines for the Softball Stadium, prepared by the Architect for the University, are approved.

# ATTACHMENTS

**Recommended Qualifications for Members of the  
Board of Visitors of the University of Virginia**

As the Board of Visitors (the “Board”) of the University of Virginia (the “University”), we are committed to effective governance accomplished through a Board culture characterized by commitment, diligence, collaboration, teamwork, candor, transparency, and accountability. In considering candidates for Board service, we recommend that the Governor and the Commission on Higher Education Board Appointments seek to identify candidates who complement the profile of the current membership of the Board, so that a broad range of skills and perspectives are represented. In addition, we consider the following to be essential qualities for any member of the Board of Visitors:

Essential Qualities:

- Commitment to the University’s mission and long-term health , and an ability and intent to fulfill all Board duties.
- Adherence to the highest standards of personal and professional integrity, displaying exemplary conduct in personal and professional affairs, including avoiding real or perceived conflicts of interests.
- Recognized success and proven leadership skills in business, professional, volunteer, community, higher education, and/or civic endeavors.
- Ability to work collegially with other Visitors, the President, and as appropriate, faculty, students, staff, and other University constituents.
- Understanding of, and commitment to working within, a framework of shared governance, appreciating that important policy decisions are often the result of consultation among the Board, the President, and the faculty, among others.
- Respect for the concept of student self-governance and familiarity with the University’s Honor System.
- Commitment to safeguarding principles of academic freedom for the University and its faculty, to promoting the values of a public university, and to protecting the University from outside influences seeking improperly to shape it.
- Desire to understand the University as fully as possible, including external forces that provide opportunities and challenges; the organization of the University as a whole; and the interrelationships of its divisions, departments, schools, and constituencies.

- Respect for the important distinction between the Board’s fiduciary role and the President’s and staff’s role in administering the University’s operations and pursuing the University’s priorities.

Aspirational Attributes:

- Familiarity with issues facing higher education in Virginia and nationally, particularly research universities.
- Knowledge of academic medical centers and schools of medicine, and the role of these institutions in a research university. (By statute, one member of the Board must be a physician with administrative and clinical expertise in an academic medical setting.)

# # #

Mission Statement of the University of Virginia

Purpose

The University of Virginia is a public institution of higher learning guided by a founding vision of discovery, innovation, and development of the full potential of talented students from all walks of life. It serves the Commonwealth of Virginia, the nation, and the world by developing responsible citizen leaders and professionals; advancing, preserving, and disseminating knowledge; and providing world-class patient care.

We are defined by:

- Our enduring commitment to a vibrant and unique residential learning environment marked by the free and collegial exchange of ideas;
- Our unwavering support of a collaborative, diverse community bound together by distinctive foundational values of honor, integrity, trust, and respect;
- Our universal dedication to excellence and affordable access.

Deans Working Group: Response to August 11 and 12, 2017  
 Financial Summary of Commitments to Date and Recommended Priority Actions

Commitments to Date	Investment	Description
Bicentennial Professors Fund - 70 Endowed Professorships for Inclusive Excellence	\$75,000,000	<i>In December 2017 the BOV committed \$75M for the Bicentennial Professors Fund. Under the plan, the University will match half of every dollar in gifts of \$1 million or more. For gifts of \$3 million or more to establish endowed professorships, the Bicentennial Professors Fund will provide a "super match" of \$2 for every \$3 pledged. This \$75M investment underscores the University's commitment to inclusive excellence in faculty hiring.</i>
SIF Support for Graduate Fellowships (pending BOV approval 3.1.2018)	\$18,340,379	<i>At the March 2018 meeting, the BOV will consider \$18M in SIF support for Graduate Fellowships in Arts &amp; Sciences, Curry, and Engineering.</i>
<b>Subtotal</b>	<b>\$93,340,379</b>	
Recommended Priority Actions	Investment	Description
Match for Professorships Responsive to August 11 and 12	\$20,000,000	<i>In order to incentivize the University to create endowed chairs responsive to the events of August 11 and 12, the Dean's Working Group recommends enhancing the matching program approved by the BOV in December 2017. Through this incentive the University would match every dollar in gifts of \$1 million or more, enabling the University to act both strategically in substantive areas (similar to Cluster Hires) and opportunistically to enhance our faculty through inclusive excellence (similar to ToPs hires) in creating chairs that would help to prevent, respond to, or understand what happened in Charlottesville on August 11 and 12, 2017.</i>
Undergraduate Scholarships (expanding Blue Ridge Scholarships and University Achievement Awards)	\$5,000,000	<i>The University has two mechanisms in place to improve yield: University Achievement Awards for Virginians (merit award for students satisfying two criteria - single-parent, first generation, rural, etc.), Blue Ridge Scholarships for non-Virginians (need-based scholarship for students with high financial need). The Deans Working Group recommends committing funds to support 50 additional students in each category with the hope of bringing 100 additional students from these backgrounds to the class of 2022.</i>
The Bridging Project	\$5,000,000	<i>Expendable Fund to be allocated across schools and key units as a pilot for the Bridging Project. This project will support diversity programming designed to help students, faculty, and staff benefit from the University's diversity through "bridging"—forging opportunities for members of the University community to connect with and learn from others different from themselves.</i>
University-wide Campus Climate Survey	\$80,000	<i>Conduct University-wide campus climate survey.</i>
<b>Subtotal</b>	<b>\$30,080,000</b>	
<b>Total University Financial Commitment</b>	<b>\$123,420,379</b>	





**AMENDED AND RESTATED  
BYLAWS  
OF THE CLINICAL STAFF  
OF THE  
UNIVERSITY OF VIRGINIA MEDICAL CENTER**

September 19, 2002  
REVISED September 1, 2005  
REVISED October 2, 2008  
REVISED February 5, 2009  
REVISED September 14, 2010  
REVISED September 15, 2011  
REVISED May 21, 2012  
REVISED September 17, 2015  
REVISED ~~September 13, 2017~~ February 28, 2018

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**AMENDED AND RESTATED  
BYLAWS  
OF THE CLINICAL STAFF  
OF THE UNIVERSITY OF VIRGINIA MEDICAL CENTER**

**PREAMBLE**

WHEREAS, the University of Virginia Medical Center is an integral part of the University of Virginia, which is a public corporation organized under the laws of the Commonwealth of Virginia and an agency of the Commonwealth; and

WHEREAS, the Medical Center is an academic medical center comprised of an acute care teaching hospital, a Children's Hospital within that hospital, outpatient clinics, clinical outreach programs, and related health care facilities, as designated by the Operating Board of the University of Virginia Medical Center from time to time, which provide inpatient and outpatient medical and dental services, and health sciences education and related clinical research in conjunction with the University of Virginia School of Medicine and the University of Virginia School of Nursing; and

WHEREAS, the Operating Board of the University of Virginia Health System is the governing body for the Medical Center and has delegated to the Clinical Staff the responsibility for the provision of quality clinical care it provides throughout the Medical Center; and

WHEREAS, these Bylaws set forth the requirements for membership on the Clinical Staff, including a mechanism for reviewing the qualifications of Applicants for Clinical Privileges and a process for their continuing review and evaluation, and provide for the internal governance of the Clinical Staff;

NOW, THEREFORE, these Bylaws are adopted by the Clinical Staff and approved by the Operating Board to accomplish the aims, goals, and purposes set forth in these Bylaws.

**MISSION, VISION AND VALUES OF THE UNIVERSITY OF VIRGINIA HEALTH SYSTEM**

**Mission**

To provide excellence, innovation and superlative quality in the care of patients, the training of health professionals, and the creation and sharing of health knowledge within a culture that promotes equity, diversity and inclusiveness.

**Vision**

In all that we do, we work to benefit human health and improve the quality of life. We will be:

- Our local community's provider of choice for its healthcare needs
- A national leader in quality, patient safety, service and compassionate care
- The leading provider of technologically advanced, ground-breaking care throughout Virginia
- Recognized for translating research discoveries into improvements in clinical care and patient outcomes
- Fostering innovative care delivery and teaching/training models that respond to the evolving health environment
- A leader in training students and faculty in providing healthcare free of disparity

## **Values**

### **ASPIRE**

At UVA Health System, we put the patient at the center of everything we do. We ASPIRE to create a culture of trust, respect and engagement through our values:

**Accountability:** Acknowledging and assuming responsibility for where we have succeeded and failed in terms of our actions, decisions, policies and results

**Stewardship:** Responsibility and carefully managing our resources and commitment to continual improvement and learning while acknowledging shortcomings or problems in our quest

**Professionalism:** Approaching all that we do in a collaborative way, delivering excellent care through the lens of helpfulness, positivity, kindness and competency

**Integrity:** Being honest, open and fair through our behaviors, attitude and treatment of others

**Respect:** Being mindful of building a diverse and inclusive environment while showing compassion for everyone through our caring and intentional ways

**Excellence:** Conducting ourselves in a manner that surpasses ordinary standards through preparation, collaboration and proactivity in all that we do

### **UVA Health System Goals**

- Become the safest place to receive care.
- Be the healthiest work environment.
- Provide exceptional clinical care.
- Generate biomedical discovery that better the human condition.
- Train healthcare providers of the future to work in multi-disciplinary teams.
- Ensure value-driven and efficient stewardship of resources.

## **ARTICLE I DEFINITIONS**

“Active Clinical Staff” mean those Members of the Clinical Staff who meet the criteria set forth in Section 4.4.1 of these Bylaws.

“Active Clinical Staff – Provisional” means those Members of the Clinical Staff who are in their first year of appointment as an Active Member of the Clinical Staff as described in Section 4.4.1 of the Bylaws.

“Administrative Clinical Staff” mean those Members of the Clinical Staff who meet the criteria set forth in Section 4.4.3 of these Bylaws.

“Adverse Action” means the reduction, restriction (including the requirement of prospective or concurrent consultation), suspension, revocation, or denial of Clinical Privileges of a Member that constitute grounds for a hearing as provided in Section 9.2 of these Bylaws. Adverse Action shall not include warnings, letters of admonition, letters of reprimand or recommendations or actions taken as a result of an individual’s failure to satisfy specified objective credentialing criteria that are applicable to all similarly situated individuals.

“Allied Health Professionals” means but are not limited to, Optometrists, Audiologists, Certified Substance Abuse Counselors, Licensed Professional Counselors, Licensed Clinical Social Workers, Nurse Practitioners, Physician Assistants, and Certified Registered Nurse Anesthetists.

“Allied Health Professionals Manual” means the Medical Center Allied Health Professionals Staff Credentialing Manual, as such may be in effect from time to time. The Allied Health Professionals Manual is incorporated by reference into these Bylaws.

“Applicant” means a person who is applying for appointment or reappointment of Clinical Staff membership and may also mean a person who is applying for Clinical Privileges to practice within the University of Virginia Medical Center, as the context requires.

“Associate Chief Medical Officers (ACMO)” means Active Members in good standing who are appointed by the CMO, in consultation with the Chief Executive Officer and who are responsible for assisting the Clinical Staff in performing their assigned functions, in coordinating such functions with the responsibilities and programs of the Medical Center including compliance with all relevant policies concerning the operations of the Medical Center, and the performance of other duties as outlined in these Bylaws may be necessary from time to time. Each ACMO is accountable to the CMO.

“Be Safe” means to advance the University of Virginia Medical Center’s status as the safest place to work and to receive care. The core belief is that patient and team member safety are preconditions to excellence in health care, and that collective system-wide focus on these areas will jointly improve outcomes and develop broad capacity to engage in organizational problem solving and continuous improvement. Based in Lean management principles, the Be Safe program emphasizes real-time root cause problem solving, the use of standard work as a basis for

improvement, and rapid escalation of safety issues within a tiered chain of leadership support.

“Board Certified” means that a Practitioner, if a Physician, is certified as a specialist by a specialty board organization, recognized as such by the American Board of Medical Specialties, or the American Osteopathic Association’s Council for Graduate Medical Education; if an Oral Surgeon, is specialty certified as such by the Virginia Board of Dentistry and the American Board of Maxillo-Facial Surgery; if a Podiatrist, is certified by the American Board of Podiatric Surgery; and if a Dentist, is certified by the American Board of Dentistry; and if a clinical pathologist, is certified by a CLIA-approved certifying agency such as the American Board of Clinical Chemistry.

“Board Qualified” means a Practitioner has met the educational, post-graduate training and skill qualifications, and is currently eligible to sit, within a specified amount of time for a board certification examination of a specialty board recognized by the American Board of Medical Specialties, the American Osteopathic Association, American Dental Association or the American Podiatric Medical Association or a CLIA-approved certifying agency such as the American Board of Clinical Chemistry.

“Board of Visitors” means the governing body of the University of Virginia as appointed by the Governor of Virginia.

“Bylaws” means these Amended and Restated Bylaws of the Clinical Staff of the University of Virginia Medical Center, as amended from time to time.

“Case Review” means a full review and analysis of an event related to a single patient’s experience in the Medical Center and may also mean a review of multiple patient cases involving a single procedure, as the context requires.

“Chief Executive Officer” or “CEO” means the individual appointed by the Board of Visitors or the UVA Health System Board, as applicable, to serve as its representative in the overall administration of the Medical Center.

“Chief Medical Officer” means an Active Member in good standing, appointed by the CEO who is responsible for assisting the Clinical Staff in performing its assigned functions, in coordinating such functions with the responsibilities and programs of the Medical Center including compliance with all relevant policies concerning the operations of the Medical Center, and the performance of other duties as may be necessary from time to time.

“Children’s Hospital” means a hospital within the Medical Center that is comprised of all inpatient and outpatient services, diagnostic services, clinical outreach programs and related healthcare services and staff that are specifically dedicated to providing healthcare to children in a patient and family centered care environment.

“Clinical Privileges” means the permission granted to a Member or Non-member to render specific diagnostic, therapeutic, medical, dental, or surgical services for patients of the Medical Center.

“Clinical Staff” or “Staff” means the formal organizations of all licensed Physicians, Dentists,

PhD Clinical Psychologists, PhD Clinical Pathologists and Podiatrists who may practice independently and who are granted recognition as Members under the terms of these Bylaws.

“Clinical Staff Executive Committee” or “Executive Committee” or “CSEC” means the executive committee of the Clinical Staff as more particularly described in Article XI of these Bylaws.

“Clinical Staff Office” means the administrative office of the Medical Center responsible for the administration of the Clinical Staff, including the process for membership and the granting of Clinical Privileges.

“Clinical Staff Representatives” mean those representatives selected by the Clinical Staff to serve on the Clinical Staff Executive Committee as provided in Article XI.

“Clinical Staff Year” means the fiscal year of the Medical Center; currently July 1 to June 30, as such fiscal year may be changed from time to time.

“CMS” means the Center for Medicare and Medicaid Services.

“Code of Conduct” means the Code of Conduct for the Clinical Staff that is described in [Medical Center Policy No. 0291 \(“Clinical Staff Code of Conduct”\)](#).

“Committees” means those Standing Committees of the Clinical Staff as described in Article XIII of these Bylaws.

“Community Medicine” means Community Medicine University of Virginia, LLC, a Virginia limited liability company.

“Complete Application” means an application for either initial appointment or reappointment to the Clinical Staff, or an application for clinical privileges that has been determined by the applicable Chair (or the Chair’s Deputy), the Credentials Committee, the Clinical Staff Executive Committee (CSEC), and the UVA HSB to meet the requirements of these Bylaws and related policies and procedures. Specifically, to be complete, the application must be submitted on a form approved by CSEC, UVA HSB and include all required supporting documentation and verifications of information, and any additional information needed to perform the required review of qualifications and competence of the applicant.

“Compliance Code of Conduct” means the Medical Center Compliance Code of Conduct that is described in [Medical Center Policy No. 0235 \(“Compliance Code of Conduct”\)](#).

“Credentialing” means the process of verifying the authenticity and adequacy of a Practitioner’s educational, training, and work history in order to determine whether the individual meets predefined criteria for membership and/or privileges.

“Credentials Manual” means the Clinical Staff and Resource Manual as such may be in effect from time to time. The [Credentials Manual](#) is an associate manual to these Bylaws.

“DEA” means the Federal Drug Enforcement Agency, or any successor agency.

“Dean” means the Dean of the School of Medicine of the University of Virginia.

“Dentist” means any individual who has received a degree in and is currently licensed to practice dentistry in the Commonwealth of Virginia.

“Department” means a clinical department within the Medical Center.

“Department Chair” or “Chair” means the Active Member appointed by the Dean of the School of Medicine who has the responsibility for overseeing his or her Department and who is the liaison between the Members in his or her Department and the Clinical Staff Executive Committee. “Department Chair” also shall mean the Medical Director of Regional Primary Care with respect to Regional Primary Care, the Chief Medical Officer with respect to Community Medicine, and the UPG Medical Director of Outreach programs for Outreach Physicians.

“Deputy” means the one active member of the Clinical Staff appointed by the Department Chair for one year for the sole purpose of attending meetings of CSEC when the Department Chair is unable to attend those meetings. Only one Deputy shall be appointed each year. The Deputy may attend CSEC meetings and vote in place of the Chair and will count in establishing the quorum.

“Disaster Privileges” means those Clinical Privileges granted during a declared disaster as more specifically provided in Section 6.10 of these Bylaws.

“Division” means a subdivision of a Department.

“Emergency Privileges” means those Clinical Privileges granted already existing Practitioners to provide emergency treatment outside the scope of their existing privileges in order to save the life, limb, or organ of a patient as provided in Section 6.9 of these Bylaws.

“Executive Vice President for Health Affairs (“EVPHA”) means an individual appointed by the Board of Visitors with operational, financial and strategic oversight of the Medical Center, School of Medicine, and Health Sciences Library.

“Fellow” means a Physician, Dentist or Ph.D. Clinical Psychologist in a program of graduate medical education that is beyond the requirements for eligibility for first board certification in the discipline.

“Focused Professional Practice Evaluation (“FPPE”) means a structured and time-limited evaluation of the competence of a practitioner to safely exercise a clinical privilege or set of privileges. FPPE is performed at the time of initial appointment to the clinical staff; upon the request of a new privilege, if the practitioner cannot provide prior documentation of competence to perform the requested procedure; or when a question arises regarding the ability of a currently privileged practitioner to competently and safely exercise the privileges he or she is currently granted. [See Medical Center Policy No. 0279](#) (“Professional Practice Evaluations for Members of the Clinical Staff”), Medical Center Policy No. 0280 (“Allied Health Professionals Practice Evaluations”) and [the Credentials Manual](#).

“GME Manual” means the University of Virginia Medical Center Graduate Medical Education Manual, as such may be in effect from time to time and that is found online at [http://www.healthsystem.virginia.edu/alive/gme/doc/Manual\\_GradMedTrainee\\_Nov2007.pdf](http://www.healthsystem.virginia.edu/alive/gme/doc/Manual_GradMedTrainee_Nov2007.pdf).

“Graduate Medical Trainee Staff” or “GME Trainee” means Residents and Fellows.

“HCQIA” means the Health Care Quality Improvement Act of 1986, 42 U.S.C. Sections 11101 - 11152, as such law may be amended from time to time.

“Hearing Entity” means the entity appointed by the Clinical Staff Executive Committee to conduct an evidentiary hearing upon the request of a Member who has been the subject of an Adverse Action that is grounds for a hearing in accordance with Article IX herein.

“Honorary Clinical Staff” mean those Members of the Clinical Staff who meet the criteria set forth in Section 4.4.4 of these Bylaws.

“Hospital-Based Specialty” means the clinical services of anesthesia, emergency medicine, pathology, radiology, and radiation oncology.

“In Good Standing” means a Member is currently serving without any limitation of prerogatives imposed by operation of the Bylaws or policies of the Medical Center.

“Investigation” means the process specifically authorized by these Bylaws in order to perform a final assessment of whether a recommended corrective action is warranted.

“Joint Commission” means the accrediting body whose standards are referred to in these Bylaws.

“Licensed Independent Practitioners or LIPs” means licensed independent practitioners who provide medical care to patients, in accordance with state licensing laws.

“Medical Center” or “UVAMC” means the University of Virginia academic medical center comprised of the acute care hospital, inpatient and outpatient clinics, clinical outreach programs, and related health care facilities as designated by the UVA Health System Board from time to time.

“UVA Health System Board” or “Operating Board” or “UVA HSB” means the governing body of the Medical Center as designated by the Board of Visitors.

“UVA Health System Board Quality Subcommittee” or “UVA HSB Quality Subcommittee” means a Committee of the UVA HSB with oversight of the quality and safety of care in the Medical Center and as designated by the UVA HSB from time to time.

“Medical Center Policy Manual” means the manual containing the administrative and various patient care policies of the Medical Center.

“Medical Director” means a clinical staff member in good standing who provides medical direction and leadership for a specific function at UVAMC. Responsibilities include

administrative and clinical duties. Medical Directors are appointed by the CMO, and report to the CMO through the appropriate ACMO.

“Member” means any Physician, Dentist, Podiatrist, Ph.D. Clinical Psychologist or Ph.D. Clinical Pathologist who is a member of the Clinical Staff of the University of Virginia Medical Center.

“National Practitioner Data Bank” or “NPDB” means the national clearinghouse established pursuant to HCQIA, as amended from time to time, for obtaining and reporting information with respect to adverse actions or malpractice claims against physicians or other Practitioners.

“Non-member” means any Physician, Dentist, Podiatrist, Ph.D. Clinical Psychologist, Ph.D. Clinical Pathologist or AHP who does not qualify as a Member of the Clinical Staff but who is required to have Clinical Privileges in order to provide patient care in the Medical Center.

“Officer” means an elected official of the Clinical Staff as more particularly described in Article X of these Bylaws.

“Ongoing Professional Practice Evaluation (“OPPE”)” means a process that allows identification of professional practice trends of practitioners who have been granted clinical privileges that impact on quality of care and patient safety on an ongoing basis and focuses on the individual member’s performance and competence related to his or her clinical staff privileges. See [Medical Center Policy No. 0279 \(“Professional Practice Evaluations for Members of the Clinical Staff”\)](#), [Medical Center Policy No. 0280 \(“Allied Health Professionals Practice Evaluations”\)](#) and the [Credentials Manual](#).

“Peer” means a Practitioner or clinician whose interest and expertise as documented by clinical practice is reasonably determined to be comparable in scope and emphasis to that of another Practitioner or clinician.

“Peer Review” means a systematic review of a Practitioner’s or clinician’s clinical practice or professionalism, or a review of a portion of the clinical practice or professionalism, by a Peer or Peers of the individual Practitioner or clinician.

“Ph.D. Clinical Pathologist” means an individual who has been awarded a doctoral degree (e.g., Ph.D., or D.Sc.) in a scientific discipline and completed additional clinical training in an area of clinical pathology.

“Ph.D. Clinical Psychologist” means an individual who has been awarded a Ph.D. degree or equivalent terminal degree in Clinical Psychology and who holds a current license to practice clinical psychology issued by the Virginia Board of Psychology.

“Physician” means any individual who has received a Doctor of Medicine or Doctor of Osteopathy degree and holds a current license to practice medicine in the Commonwealth of Virginia.

“Podiatrist” means an individual who has received a Doctor of Podiatric Medicine degree and who holds a current license to practice podiatry issued by the Virginia Board of Medicine.

“Practitioner” means a care provider privileged through the processes in these Bylaws.

“Prerogative” means the participatory rights granted, by virtue of staff category or otherwise, to a Clinical Staff Member, which is exercisable subject to, in accordance with, the conditions imposed by these Bylaws.

“President” means the most senior elected Officer of the Clinical Staff as described in Article X of these Bylaws.

“Privileging” means the process of granting the right to examine and treat patients after verification of the authenticity and adequacy of a Practitioner’s educational, training, and work history.

“Proctor” means an LIP in good standing at the University of Virginia Medical Center, who holds the privilege being monitored.

“Regional Primary Care” means the primary care satellite offices as designated by the Medical Center from time to time.

“Resident” means an individual who has been awarded an M.D., a D.D.S., or a Ph.D. in clinical psychology who is participating in a program of post-doctoral education in anticipation of fulfilling the requirements for first board certification.

“School of Medicine” means the medical school at the University of Virginia.

“Standing Committee of the Clinical Staff Executive Committee” means a duly-authorized Committee of the Clinical Staff reporting to the Clinical Staff Executive Committee.

“Temporary Privileges” means those Clinical Privileges granted for a period not to exceed 120 days as more specifically described in Section 6.8 of these Bylaws.

“University” or “University of Virginia” means the corporation known as The Rector and Visitors of the University of Virginia, which is an agency of the Commonwealth of Virginia.

“University Physicians Group (UPG)” means the physician group practice of the University of Virginia, representing doctors and other allied health professionals who provide care within the Medical Center.

“Vice President” means the Vice President of the Clinical Staff as described in Article X of these Bylaws.

**ARTICLE II  
GOVERNANCE OF THE MEDICAL CENTER**

**2.1 UVA HEALTH SYSTEM BOARD**

The UVA Health System Board is the governing body of the Medical Center. Each Member of the Clinical Staff assumes his or her responsibilities subject to the authority of the UVA HSB. The UVA HSB shall be constituted as directed by the Board of Visitors of the University from time to time.

**2.2 CLINICAL STAFF EXECUTIVE COMMITTEE**

The Clinical Staff Executive Committee serves as the executive committee of the Clinical Staff and reports to the UVA HSB. In this role, the Clinical Staff Executive Committee oversees the quality of the clinical care delivered within the Medical Center and delineates and adopts clinical policy within the Medical Center. It is responsible for communications to Members of the Clinical Staff and other Non-members regarding clinical practice issues and it represents the interests of the Clinical Staff to the UVA HSB. The Clinical Staff Executive Committee is empowered to act for the Clinical Staff in the intervals between Clinical Staff meetings and independently with respect to those matters over which it is given authority in these Bylaws. The Clinical Staff Executive Committee shall be constituted and have the other duties as described in Article XI hereof.

**ARTICLE III  
NAME AND PURPOSE**

**3.1 NAME**

The name of the clinical staff organization shall be the “Clinical Staff” of the University of Virginia Medical Center (UVAMC). The organized Clinical Staff is accountable to the UVA Health System Board. For the purposes of these Bylaws, the words “Clinical Staff” shall be interpreted to include all Physicians, Dentists, Podiatrists, PhD Clinical Psychologists and PhD Clinical Pathologists who are authorized to provide care to patients of the UVAMC, including its outpatient facilities, and in any other medical care activity administered by UVAMC.

**3.2 STATEMENT OF PURPOSE**

The purposes of the Clinical Staff Bylaws are to:

1. Facilitate the provision of quality care to patients of the University of Virginia Medical Center and in any other medical care activity administered by the UVAMC without any form of discrimination.
2. Clarify roles and responsibilities of Clinical Staff Members and Officers of the UVAMC.
3. Promote professional standards among members of the Clinical Staff.
4. Provide a means whereby problems may be resolved by the Clinical Staff with the collaboration of the UVA HSB.

5. Create a system of self-governance, and to initiate and maintain, policies and procedures governing the conduct of Clinical Staff, subject to the ultimate authority of the UVA HSB.

### **3.3 THE PURPOSES OF THE ORGANIZED CLINICAL STAFF**

The purposes of the organized Clinical Staff of the UVAMC are:

1. To provide quality medical care to all patients admitted or treated in any of the UVAMC facilities
2. To establish and maintain high professional and ethical standards
3. To establish and maintain collaborative, collegial relationships within the Clinical Staff and between all team members
4. To oversee the quality of professional services by all practitioners with clinical privileges
5. To provide a formalized organizational structure to facilitate the credentialing and review of the professional activities of practitioners and to make recommendations to the UVA HSB on appointment and/or clinical privileges granted to such individuals
6. To appropriately delineate, in conjunction with the UVA HSB, the clinical privileges each practitioner may exercise through the continued review and evaluation
7. To stimulate, promote and conduct research in human health, disease and delivery of medical care
8. To cooperate with the various academic units of the University, affiliated hospitals and other health facilities and maintain standards at predoctoral and postdoctoral levels
9. To initiate and maintain rules for governance of the Clinical staff and provide a means whereby issues and problems concerning the Clinical staff can be discussed and resolved
10. To initiate, develop, review, approve, implement and enforce these Bylaws and associated Clinical Staff polices
11. To provide a means for effective communication among the Clinical staff, administration and the UVA HSB on matters of mutual concern
12. To collaborate with Health System leadership to continuously enhance the quality, safety and efficiency of patient care, treatment and services as delegated to CSEC by the UVA HSB

## **ARTICLE IV CLINICAL STAFF MEMBERSHIP AND CLASSIFICATION**

### **4.1 MEMBERSHIP**

Membership on the Clinical Staff shall be extended to Physicians, Dentists, Podiatrists, and PhD Clinical Psychologists and PhD Clinical Pathologists who continuously meet the requirements, qualifications, and responsibilities set forth in these Bylaws and who are appointed by the UVA HSB. Membership on the Clinical Staff or clinical privileges shall not be granted or denied on the basis of race, religion, color, age, sexual orientation, gender, or gender identity, gender expression, national origin, ancestry, economic status, marital status, veteran status, or disability, provided the individual is competent to render care of the generally-recognized professional level

of quality established by the Clinical Staff Executive Committee and the UVA HSB, and provided the UVAMC services occur in the appropriate environment of care setting.

No Physician, Dentist, Podiatrist, PhD Clinical Psychologist, or PhD Clinical Pathologist shall admit or provide services to patients in UVAMC facilities unless he/she is a Member of the Clinical Staff or has been granted Temporary, Disaster, or Emergency privileges in accordance with the procedures set forth in these Bylaws.

GME Trainees who are in a UVAMC approved residency program (GME Policy 02) shall not be eligible for membership on the Active Clinical Staff and shall be under the supervision of the GME Program Director and/or an attending Physician. A Department Chair may request privileges for GME Trainees to perform clinical work in a medical discipline for which they have had previous training. Such Applicants must meet the requirements, qualifications and responsibilities for such privileges and are subject to such policies and procedures as may be established by the Credentials Committee and the Clinical Staff Executive Committee. Graduate Medical Trainee appointments and job descriptions including job qualifications and current competencies are maintained by the Graduate Medical Education Office and by the Clinical Competency Committees of their respective academic departments.

## **4.2 EFFECT OF OTHER AFFILIATIONS**

No Physician, Dentist, Podiatrist, PhD Clinical Psychologist or PhD Clinical Pathologist shall be automatically entitled to Clinical Staff membership, a particular Clinical Staff category or to exercise any particular clinical privilege merely because he/she hold a certain degree; is licensed to practice in Virginia or any other state; is a member of any professional organization; is certified by any clinical board; previously had membership or privileges at UVAMC; or had, or presently has, staff membership or privileges at another health care facility. Clinical Staff membership or clinical privileges shall not be conditioned or determined on the basis of an individual's participation or non-participation in a particular medical group, IPA, PPO, PHO, or Medical Center sponsored foundation.

## **4.3 REQUIREMENTS FOR CLINICAL STAFF MEMBERSHIP**

### **4.3.1 NATURE OF CLINICAL STAFF MEMBERSHIP**

Membership on the Clinical Staff is a an honor that shall be limited to professionally competent Practitioners who continuously meet the qualifications, requirements and responsibilities set forth in these Bylaws, in applicable Medical Center policies, including but not limited to Medical Center Policy No. 0291 ("Clinical Staff Code of Conduct") and Medical Center Policy No. 0305 ("General Requirements for Clinicians Holding Clinical Privileges"), and the Credentials Manual. Membership implies active participation in Clinical Staff activities to an extent commensurate with the exercise of the Clinical Staff Member's privileges and as may be required by the Clinical Staff Member's Department.

### **4.3.2 BASIC QUALIFICATIONS OF CLINICAL STAFF MEMBERSHIP**

In order to obtain or maintain membership on the Clinical Staff and in order to be granted privileges as a Member of the Clinical Staff, Applicants must have and document:

1. A faculty appointment in the School of Medicine or an employment contract with UPG;
2. A current, unrestricted license, if such license is required by Virginia law, to practice medicine and surgery, dentistry, clinical psychology PhD or clinical pathology PhD in the Commonwealth of Virginia;
3. Board certification and active participation in Maintenance of Certification (MOC) or an approved alternate pathway to ensure competency as specified in Medical Center Policy 0221, or a current exemption from Board certification approved by the Credentials Committee under conditions specified in Medical Center Policy 0221 (Board Certification Requirements for Medical Center Providers with Clinical Privileges);
4. Eligibility to participate in Medicare, Medicaid and other federally sponsored health programs; and
5. Members shall have in force professional liability insurance satisfactory to the Medical Center which covers all privileges requested.

A Practitioner who does not meet these basic requirements is ineligible to apply for Clinical Staff membership, and the application shall not be accepted for review, except that Members of the Administrative and Honorary Staff do not need to comply with these basic qualifications. If it is determined during the processing that the Applicant does not meet all of the basic qualifications, the review of the application shall be discontinued. An Applicant who does not meet the basic qualifications is not entitled to the procedural rights set forth in Article IX.

#### **4.3.3 GENERAL REQUIREMENTS OF CLINICAL STAFF MEMBERSHIP**

In order to obtain or maintain membership on the Clinical Staff and in order to be granted clinical privileges as a member of the clinical staff, applicants must demonstrate:

- A. Current competency. Applicants for staff privileges shall have the background, relevant training, experience and competency that are sufficient to demonstrate to the satisfaction of the Credentials Committee and the UVA HSB that he or she can capably and safely exercise clinical privileges within the Medical Center. Current competency shall be demonstrated as described in Medical Center Policy No. 0291 (“Clinical Staff Code of Conduct”) and Medical Center Policy No. 0305 (“General Requirements for Clinicians Holding Clinical Privileges”).
- B. Compliance with Bylaws and Policies. Compliance with the Bylaws, Clinical Staff policies, Departmental and Service rules and regulations, as well as all enunciated policies of UVAMC.
- C. Appropriate Management of Medical Records. Preparing in legible and accurate form, completing within prescribed timelines and maintaining the confidentiality of medical records for all patients to whom the Member provides care in UVAMC facilities in accordance with applicable policies of UVAMC and the University Physicians Group. This shall include, but is not limited to, performing histories and physicals and completing all necessary documentation as required by Medical Center Policy 0094 (“Documentation of Patient Care (Electronic Medical Record)”) which is incorporated herein by reference.

- D. A medical history and physical examination (H&P) shall be completed no more than thirty (30) days before or twenty-four (24) hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. An updated examination of the patient, including any changes in the patient's condition, be completed and documented within twenty-four (24) hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, when the medical history and physical examination is completed within thirty (30) 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, an oral and maxillofacial surgeon, dentist, podiatrist, or other qualified licensed individual in accordance with State law and Medical Center policy. (see Medical Center Policy No. 0094, "Documentation of Patient Care (Electronic Medical Record)").

#### **4.3.4 SUPERVISION OF GRADUATE MEDICAL TRAINEES**

The Clinical Staff shall supervise participants in the Graduate Medical Education program in the performance of clinical activities within the Medical Center. The Clinical Staff member shall meet the requirements as contained in the GME Policy and Procedure 012, and applicable Medical Center and Departmental policies and as required by the ACGME and noted on the [ACGME website](#).

#### **4.3.5 OTHER MEMBER RESPONSIBILITIES**

Additional responsibilities of Members may include, as appropriate:

- A. Abiding by the Standards of Professional Conduct of the Virginia Boards of Medicine, Psychology and Dentistry, as appropriate, and ethical requirements of the Medical Society of Virginia, the American Board of Medical Specialties (as applicable), or the other professional associations of dentists, podiatrists, and psychologists, as appropriate;
- B. Engaging in conduct that is professional, cooperative, respectful and courteous of others and is consistent with and reinforcing of the mission of the Medical Center; see Medical Center Policy 0291 ("Clinical Staff Code of Conduct") and Medical Center Policy Medical Center Policy No. 0305 ("General Requirements for Clinicians Holding Clinical Privileges").
- C. Attending meetings of the Clinical Staff, Department, Division, as appropriate, and committees to which a Member has been appointed, as required; and
- D. Participating in recognized functions of Clinical Staff appointment, including quality improvement activities, FPPE as necessary, OPPE, Case Review and Peer Review and discharging other Clinical Staff functions as may be required from time to time by the Department Chair, the Division Chief, the Clinical Staff, the Clinical Staff Executive Committee, or the UVA HSB.

#### **4.4 CATEGORIES OF THE CLINICAL STAFF**

The categories of Clinical Staff membership shall be divided into the Active Staff, Associate Staff, Administrative Staff, and Honorary Staff. Non-members include Contract Physicians,

Consulting Clinical Staff, Telemedicine providers, Graduate Medical Trainees, Allied Health Professionals, and Re-Entry Physicians. Each time Clinical Staff membership is granted or renewed, or at other times deemed appropriate, the Clinical Staff Executive Committee, and subsequently the UVA HSB, will approve the member's staff category. Licensed independent practitioners in the following categories are authorized to perform medical screening exams as required by the Emergency Medical Treatment and Active Labor Act (EMTALA): Active Staff, Associate Staff, Contract Physicians, Consulting Clinical Staff, Graduate Medical Education Trainees, and specific Allied Health Professionals (Nurse Practitioners and Physician Assistants).

Each Clinical Staff Member shall be assigned to a Clinical Staff category based upon qualifications defined in these Bylaws. For the purposes of the below qualifications, patient contact includes admissions, treatments, consults, outpatient clinic visits, and outpatient surgery and procedures.

The Members of each Clinical Staff category shall have the prerogatives and shall carry out the duties defined in these Bylaws. Action may be initiated to change the Clinical Staff category or to terminate the membership of any Member who fails to meet the qualifications or fulfill the duties described in these Bylaws. Changes in Clinical Staff category shall not be grounds for a hearing unless they adversely affect the Member's privileges.

#### **4.4.1 ACTIVE CLINICAL STAFF**

##### **A. Qualifications**

The Active Clinical Staff are voting members and shall consist of Physicians, Dentists, Podiatrists, PhD Clinical Pathologists, and PhD Clinical Psychologists who hold a School of Medicine faculty appointment and:

1. Meet the criteria for Clinical Staff membership set forth in these Bylaws and specifically in Section 4.3; and
2. Regularly admit patients to the Medical Center or regularly practice in a hospital-based or a Medical Center recognized practice, or are regularly involved in the direct care of patients at a facility under the provider number of UVAMC and regularly participate in Clinical Staff functions as determined by Clinical Staff governance. See also Medical Center Policy 0304 ("Responsibilities of Attending Physicians on Inpatient Services")
3. Have satisfactorily completed their designated term in the Provisional status.

##### **B. Prerogatives and Responsibilities**

1. Exercise an option to vote on all matters presented at general and special meetings of the Clinical Staff;
2. Exercise an option to practice the clinical privileges as granted in accordance with these Bylaws and the Credentials Manual; and
3. Exercise an option to be considered for office in the Clinical Staff organization.

##### **C. Transfer of Active Staff Members**

After two (2) consecutive years in which a Member of the Active Clinical Staff does not regularly care for patients at UVAMC and/or be regularly involved in Clinical Staff functions as determined by the Clinical Staff, that Member may be transferred to an alternate category, if any, for which the member is qualified.

#### **4.4.2 ASSOCIATE CLINICAL STAFF**

##### **A. Qualifications**

The Associate Staff, a non-voting member, shall consist of Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists, and Ph.D. Clinical Pathologists, who hold an employment contract with UPG but who do not hold a School of Medicine faculty appointment. Associate Staff Members:

1. Meet the criteria for Staff membership set forth in these Bylaws and specifically in Section 4.3
2. Are regularly involved in the care of patients at a facility that is under the provider number of UVAMC and who need to be privileged and re-privileged through UVAMC; and
3. Do not admit or treat patients at the Acute Care Hospital facilities of the Medical Center, including the outpatient surgery center. and
4. Have satisfactorily completed their designated term in the Provisional status.

##### **B. Prerogative and Responsibilities**

1. Exercise an option to practice the clinical privileges as granted in accordance with these Bylaws and the Credentials Manual pursuant to Article VI at a facility that is under the provider number of UVAMC; and
2. Actively participate in performance improvement and quality assurance activities, supervising provisional appointees, evaluating and monitoring Clinical Staff Members, and in discharging such other Staff functions as may from time to time be required.

##### **C. Limitations**

1. Shall not have the right to vote at general and special meetings of the Clinical Staff, except to the extent the right to vote is specified at the time of appointment; and
2. Cannot hold office in the Clinical Staff organization.

##### **D. Transfer of Associate Clinical Staff Members**

After two (2) consecutive years in which a Member of the Associate Clinical Staff does not regularly care for patients at UVAMC and/or be regularly involved in Clinical Staff functions as determined by the Clinical Staff, that Member may be transferred to the appropriate category, if any, for which the member is qualified.

#### **4.4.3 ADMINISTRATIVE STAFF**

#### A. Qualifications

The Administrative Staff category shall be held by any Physician, Dentist, Podiatrist, PhD Clinical Psychologist, and PhD Clinical Pathologist who are not otherwise eligible for another staff category and who are to perform ongoing medical administrative activities. Are charged with assisting the Clinical Staff in carrying out medical-administrative functions, including but not limited to quality assessments of clinical programs and utilization reviews;

1. Are able to document their good judgment, current physical and mental health status so as to demonstrate to the satisfaction of the Clinical Staff that they are professionally and ethically competent to exercise their duties, and is able to work cooperatively with the Clinical Staff office; and
2. Are willing to participate and properly discharge those responsibilities as determined by the VP and CEO and the Dean.

#### B. Responsibilities

1. Defined by the VP and CEO and the Dean; and
2. Exercise an option to attend and vote at general and special meetings of the Clinical Staff.

#### C. Limitations

1. Cannot hold office in the Clinical Staff organization; and
2. Cannot admit patients or exercise clinical privileges.

### **4.4.4 HONORARY CLINICAL STAFF**

#### A. Qualifications

The Honorary Clinical Staff shall consist of Physicians, Dentists, Podiatrists, PhD Clinical Psychologists and PhD Clinical Pathologists, each of whom is a former Member of the Clinical Staff who has retired or withdrawn from practice and who has been honored by an emeritus title in the School of Medicine, and/or have been nominated by the current Department Chair in which the person practiced or by Dean in recognition of his or her noteworthy contributions to the UVAMC.

B. Honorary Clinical Staff Member must have been a member in good standing of the Clinical Staff at the time of his or her retirement or withdrawal from clinical practice

#### C. Responsibilities

1. Exercise an option to attend general and special meetings of the Clinical Staff;
2. Exercise an option to vote on Clinical Staff Committees that he/she has been requested to serve on.

#### D. Limitations

1. Shall not be granted or exercise clinical privileges;
2. Shall not vote at general or special meetings of the Clinical staff;
3. Shall not hold office in the Clinical Staff organization.

#### **4.5 NON-MEMBERS WITH PRIVILEGES**

Some Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists, and Ph.D. Clinical Pathologists who are not Members of Clinical Staff may be granted privileges to provide care to patients of the Medical Center from time to time as provided in these Bylaws and in the Credentials Manual. Non-members shall have Clinical Privileges as provided in Article VI and the Credentials Manual. Allied Health Professionals are also Non-members who are granted privileges. Non-members, who are not Physicians or Dentists, shall have none of the rights conferred on Members in these Bylaws, including but not limited to those provided in Articles IX hereof, but shall be required to follow policies and procedures of the Medical Center and the Clinical Departments.

##### **4.5.1 CONSULTING PHYSICIAN STAFF**

Consulting Staff do not hold faculty appointments, nor are contracted with UVAMC or UPG, but are granted privileges to provide services that are not otherwise available at UVAMC or to assist in difficult cases.

Visiting Physicians are not members of the Clinical Staff. They do not hold faculty appointments, are not contracted with UVAMC or UPG, and are not granted privileges as non-members. For guidance regarding Visiting Physicians, see Medical Center Policy 315 (Management of Observers).

#### **A. Qualifications**

The Consulting Staff shall consist of Physicians, Dentists, Podiatrists, and PhD Clinical Psychologists who:

1. Meet the criteria for Staff membership, excluding the faculty appointment or UPG contract, set forth in Section 4.3.2 (2-5);
2. Hold appropriate clinical privileges at another accredited health care facility; and
- . Consulting Staff members who regularly care for more than ten (10) patients per year at the Medical Center will be reviewed by the Credentials Committee to consider appointment to another staff category.

#### **B. Responsibilities**

1. Exercise an option to provide clinical care at UVAMC within the privileges as are granted to him/her pursuant to Article VI;
2. Provide patient activity and quality review information from primary facility as requested at time of initial appointment and reappointment; and
3. Satisfy the requirements of the Clinical Department with which he/she is associated.

4. Actively participate in performance improvement and quality assurance activities; supervising provisional appointees; evaluating and monitoring as may from time to time be required.
5. Compliance with Bylaws and Policies. Compliance with the Bylaws, Clinical Staff policies, Departmental and Service rules and regulations, as well as all enunciated policies of UVAMC.

#### **4.5.2 CONTRACT PHYSICIAN STAFF**

The Contract Physician Staff shall consist of GME Trainees at UVAMC who are engaged by the Medical Center to provide explicit medical services outside their training program at a UVAMC facility. A contract physician must obtain prior approval for the outside activities in accordance with the GME Internal and External Moonlighting Activity Policy 11 and provide a copy of the contract under which he or she will be working at the time the credentialing process begins. Members of the Contract Physician Staff must be board certified or board qualified in the specialty related to the privilege request, and has attestations of qualifications from both the Program Director and the Department Chair. Contract Physician Staff are not eligible to vote on Clinical Staff matters or to hold Clinical Staff Office.

In addition, Contract Physician Staff:

1. May not serve as the attending physician of record or admit patients to the Medical Center unless an exemption is granted. Exemptions are considered at the request of the Designated Institutional Officer with explicit conditions regarding concurrent proctoring and agreed to by the Credentials Committee;
2. Can treat patients if authorized to do so in accordance with the Practitioner's delineated clinical privileges and Article VI of these Bylaws;
3. Appointment procedures for Contract Physician Staff will be the same as the procedures for the Clinical Staff in accordance with Article VII of these Bylaws;
4. Shall actively participate in performance improvement and quality assurance activities of the Clinical Staff;
5. Shall meet the basic responsibilities of Staff membership as set forth in section 4.3.2 of these Bylaws with the exception of a faculty appointment and/or UPG employment; and
6. The Contract Physician Staff Practitioner's privileges will automatically terminate upon the termination or expiration of his/her contract or agreement with the UVAMC or UPG, and the Practitioner shall have none of the rights conferred on Members in these Bylaws, including but not limited to those provided in Article IX.

#### **4.5.3 TELEMEDICINE**

Telemedicine providers are privileged as set forth in Article VI. Telemedicine providers access patients remotely and do not practice within the UVAMC facilities. Telemedicine providers are not eligible to vote on Clinical Staff matters or hold Clinical Staff Office.

#### **4.5.4 GRADUATE MEDICAL TRAINEES**

Except as provided in Section 4.5.2 above, members of the Graduate Medical Trainee staff as defined in these Bylaws do not have independent privileges to admit or treat patients at the UVAMC. They are employees of the University of Virginia Medical Center and their scope of

practice is defined by the Graduate Medical Education Program. They are not governed by these Bylaws. Graduate Medical Trainees shall be required to follow GME policies and procedures and will act only under the supervision of a Clinical Staff Member in accordance with all relevant Clinical Staff, UVAMC, and GME policies.

GME Trainees, who are working in an independent practice capacity as Contract physicians in the organization, must be granted privileges as set forth in Article VI of these Bylaws.

#### **4.5.5 ALLIED HEALTH PROFESSIONALS**

AHPs are individuals who hold a license, certificate, or other legal credential to practice as required by Virginia law that authorizes the provision of complex and clinical services to patients. AHPs treat and/or perform services for patients at a facility that is under the provider number of UVAMC. AHPs adhere to Clinical Staff Bylaws which are applicable to the AHP, Department policies, Medical Center policies and professional guidelines. (See, e.g., Medical Center Policy No. 280 “Allied Health Professionals Practice Evaluations”) AHPs are not Members of the Clinical Staff but are granted clinical privileges. AHPs may vote for the AHP representative to CSEC, and serve as voting members on Clinical Staff Committees. Only AHPs are eligible to serve as the AHP representative to CSEC.

#### **4.5.6 RE-ENTRY PHYSICIAN STATUS**

A Non-member of the Clinical Staff may apply for re-entry status to learn a specific defined patient care technique under the direction of one of the Departments at UVAMC. Individuals applying for visiting postgraduate trainee status shall be licensed to practice medicine, dentistry or clinical psychology in any one of the United States and shall have been accepted by the course director to participate in a specific clinical training program at UVAMC. These Bylaws and other applicable UVAMC policies and procedures shall govern the activities and conduct of Visiting Postgraduate Trainees.

##### **A. Limitations**

1. Shall not perform any independent patient care or evaluation at UVAMC facilities;
2. Shall not take call; and
3. Shall not use the UVAMC Visiting/Re-Entry Trainee status as the basis for independent practice at any other site.

#### **4.6 MODIFICATION OF MEMBERSHIP**

On its own, upon recommendation of the Credentials Committee, or pursuant to a request from a Member, the Clinical Staff Executive Committee may recommend a change in the Clinical Staff category of a Member, consistent with the requirements of these Bylaws, to the UVA HSB.

#### **4.7 MEMBER RIGHTS**

Clinical Staff Member Rights

1. Each Member in the Active category has the right to initiate a recall election of a Clinical Staff Officer by following the procedure outlined in Article X of these Bylaws, regarding removal and resignation from office.
2. Each Member in the Active category may initiate a call for a general staff meeting to discuss a matter relevant to the Clinical Staff by presenting a petition signed by ten percent (10%) of the Members of the Active category. Upon presentation of such a petition, CSEC shall schedule a general staff meeting for the specific purposes addressed by the petitioners. No business other than that detailed in the petition may be transacted.
3. Each Member in the Active category may challenge any rule, regulation or policy established by the CSEC. In the event that a rule, regulation or policy is thought to be inappropriate, any Clinical Staff Member may submit a petition signed by ten percent (10%) of the Members of the Active category. Upon presentation of such a petition, the adoption procedure noted in section Article XVI will be followed.
4. The above sections 1 to 3 do not pertain to issues involving individual peer review, formal investigations of professional performance or conduct, denial of requests for appointment or clinical privileges, or any other matter relating to individual membership or privileges. The Bylaws provide recourse in these matters.
5. Any Practitioner eligible for Clinical Staff membership has a right to a hearing/appeal pursuant to the conditions and procedures described in the Clinical Staff's hearing and appeal plan.
6. These member rights serve as a conflict resolution mechanism between the Clinical Staff and the Clinical Staff Executive Committee.

## **ARTICLE V PROCEDURES FOR MEMBERSHIP**

The process for evaluation of credentials for membership and/or privileges is the same for all Members and Non-members. The Credentials Committee shall follow the credentialing procedures set forth in the Credentials Manual including the procedure related to the information required in an application for initial appointment and the processing of the application. Upon receipt and review of all necessary credentialing documentation, the Credentials Committee, upon review by the Department Chair, shall recommend to the Clinical Staff Executive Committee that such Applicant should either be granted or denied initial privileges in the Medical Center. The Clinical Staff Executive Committee shall then review the Credentials Committee's recommendation and all applicable documentation. If the Credentials Committee and the Clinical Staff Executive Committee are both in favor of granting privileges to the Applicant, the favorable recommendation shall be forwarded to the UVA HSB for final action.

If there is a recommendation for the denial of membership and/or privileges by the CSEC or UVA HSB, the applicant is entitled to the fair hearing and appeal plan appropriate to their clinical status.

## **5.1 PROCEDURE FOR ACTIVE AND ASSOCIATE CLINICAL STAFF MEMBERSHIP**

In order to become an Active or Associate Member of the Clinical Staff, the individual Physician, Dentist, Podiatrist, Ph.D. Clinical Psychologist or Ph.D. Clinical Pathologist shall follow the applicable procedure in effect from time to time for obtaining an appointment as a Clinical Faculty Member in the School of Medicine, an employment contract with UPG, satisfy the criteria set forth in Article IV of these Bylaws for an Active or Associate Member and if applicable, follow the procedure for obtaining Clinical Privileges as provided in these Bylaws and the Credentials Manual, all as verified by the Clinical Staff Office. The Dean and the applicable Department Chair shall jointly make the request in writing to the Clinical Staff Office for an individual to be appointed or reappointed as a Member in accordance with Article VII of these Bylaws. In the case of individuals who do not hold School of Medicine faculty appointments, the Chief Executive Officer of UPG will fill the role of the Dean for the procedures described above.

The [Credentials Manual](#) establishes requirements for application for Clinical Staff Clinical Privileges. The Credentials Manual may be amended from time to time by the Chair of the Credentials Committee in consultation with the President of the Clinical Staff and the Chief Executive Officer of the Medical Center.

## **5.2 PROCEDURE FOR ADMINISTRATIVE CLINICAL STAFF MEMBERSHIP**

The Clinical Staff Executive Committee shall approve the appointment of any person selected by the Chief Executive Officer or the Dean to be an Administrative Member.

## **5.3 PROCEDURE FOR HONORARY CLINICAL STAFF MEMBERSHIP**

In order to become an Honorary Member of the Clinical Staff, the individual who satisfies the criteria set forth in Article IV of these Bylaws shall be nominated by his or her former Chair or the Dean and approved by the Clinical Staff Executive Committee.

## **5.4 LEAVE OF ABSENCE**

A Member of the Clinical Staff who has obtained a leave of absence from the School of Medicine, consistent with applicable faculty policies, may also obtain a leave of absence from clinical practice. Contemporaneously with a request for leave of absence from the School of Medicine or UPG, the Member shall provide notice to the Credentials Committee of the leave, including the reasons for the leave and the approximate period of leave desired. In addition the Chair and the Dean of the School of Medicine or Chief Executive Officer of UPG (for Associate Members) shall provide notice to the Credentials Committee of any leave of absence granted to a Member. Such leave of absence is further subject to conditions and limitations that the President of the Clinical Staff, the Chair of the Credentials Committee or the CEO of the Medical Center determines to be appropriate. During the leave of absence, the Member shall not exercise his/her her Clinical Privileges and his/her Clinical Staff responsibilities and prerogatives shall be inactive. The Department Chair of the Member on leave shall be responsible for arranging for alternative care for the Member's patients while the Member is on

leave.

Prior to returning from a leave of absence, a Member shall notify the Credentials Committee in writing in accordance with the procedures and the timelines set forth in the Credentials Manual and shall provide all necessary information needed for the Credentials Committee to evaluate whether the Member is qualified to resume Clinical Staff membership, including the exercise of Clinical Privileges. A Member who has been on leave of absence may not have his or her Clinical Privileges reactivated until a determination is made by the Credentials Committee that the Member may return to clinical practice and the conditions of the return. If the Clinical Privileges of a Member who has been on leave are not reactivated, the Member shall have access to the procedures outlined in Article IX of these Bylaws.

Failure, without good cause, to request reinstatement prior to the end of an approved leave of absence shall be deemed a voluntary resignation from the Clinical Staff and voluntary relinquishment of Clinical Privileges. A request for Clinical Staff membership or Clinical Privileges subsequently received from an Applicant deemed to have voluntarily resigned shall be submitted and processed in the manner specified for applications for initial appointment.

If membership and/or privileges expire during the leave of absence, then the Practitioner must reapply for membership and/or privileges.

## **5.5 CESSATION OF MEMBERSHIP**

Membership in the Clinical Staff shall cease automatically when the individual no longer meets the criteria set forth in these Bylaws, including failure to be reappointed to the faculty of the School of Medicine or resignation, retirement or termination from the School of Medicine or UPG.

# **ARTICLE VI CATEGORIES OF CLINICAL PRIVILEGES**

## **6.1 EXERCISE OF CLINICAL PRIVILEGES**

Every Member, in connection with such membership, shall be entitled to exercise only those delineated Clinical Privileges specifically recommended by the Credentials Committee and the Clinical Staff Executive Committee and approved by the UVA HSB, except as provided in Sections 6.6, 6.7, and 6.8 of this Article. Every Non-member shall be entitled to exercise only those delineated Clinical Privileges specifically reviewed by the Department Chair, recommended by the Credentials Committee, recommended by the Clinical Staff Executive Committee and approved by the UVA HSB, except as provided in Sections 6.6, 6.7, and 6.8 of this Article. The Medical Center has the prerogative to audit from time to time Members' clinical practice to verify that Members are practicing within the scope of the specific Clinical Privileges that have been granted.

## **6.2 DELINEATION OF PRIVILEGES**

Every application for Clinical Staff appointment or reappointment (excluding Administrative and Honorary Members) and every request for Clinical Privileges must contain a request for the specific Clinical Privileges desired by the Applicant. The evaluation of such request shall be based upon the Applicant's education, training, experience, demonstrated competence as documented by evaluations from Peers, supervision or monitoring during a first or provisional year, FPPE and OPPE, references and other relevant information, including an appraisal by the Clinical Service in which such privileges are sought. For renewal of privileges, this evaluation shall include ensuring that the provider has a reasonable minimum level of ongoing involvement and experience relevant to the privileges being renewed. The specific procedures set forth in these Bylaws and the Credentials Manual shall be followed throughout the appointment and reappointment process.

## **6.3 PRIVILEGES FOR NON-MEMBERS (EXCEPT AHP)**

Physicians, Dentists, Podiatrists, PhD Clinical Pathologists and PhD Clinical Psychologists who are Non-members who desire to practice in the Medical Center may be granted limited privileges only as specifically permitted by the Credentials Manual or required by the Credentials Committee. Non-members may be issued Clinical Privileges in one of the following categories: Consulting Privileges, Telemedicine or Contract Physicians.

## **6.4 PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS**

Allied Health Professionals, as defined in these Bylaws are privileged under a separate process that is specified in the Allied Health Professionals Manual. They are subject to the applicable sections of these Bylaws. Allied Health Professionals shall be required to follow policies and procedures as set forth in the AHP Manual and Medical Center policies and will act under the supervision of a Clinical Staff Member in accordance with all relevant Clinical Staff and UVAMC policies. An official list of current AHPs will be kept in the Clinical Staff Office.

## **6.5 CONSULTING PRIVILEGES**

### **6.5.1 Description**

Non-members who may be granted Consulting Privileges shall include Physicians, Dentists, Podiatrists, Ph.D. Clinical Pathologists and Ph.D. Clinical Psychologists who will participate in patient care activities for Medical Center patients at the request of a Member of the Clinical Staff, each of whom shall provide information and documentation required by the Credentials Manual and Medical Center policies.

### **6.5.2 Prerogatives**

The prerogatives of the Non-member with Consulting Privileges shall be to consult regarding care to patients at the request of a Member and only as specifically delineated in his or her Clinical Privileges.

### **6.5.3 Limitations**

The Non-member with Consulting Privileges shall not admit patients to an inpatient facility of the Medical Center nor serve as the primary attending of record in Medical Center facilities.

## **6.6 TEMPORARY PRIVILEGES**

### **6.6.1 Circumstances Under Which Temporary Privileges May Be Granted**

Temporary Privileges shall be granted in only two circumstances:

- A. When an important patient care need mandates an immediate authorization to practice, an application for Temporary Privileges will be considered on a case-by-case basis; or
- B. When an Applicant with a complete verified application with no indication of adverse information about state licensing actions, DEA registrations, current medical, psychiatric or substance abuse impairments that could affect practice, criminal convictions or verdicts/settlements of concern, the Credentials Committee, after review by the Department Chair, may recommend that the CEO or designee, upon recommendation of the President of the Clinical Staff or designee, grant temporary privileges pending review and approval by the Clinical Staff Executive Committee and approval of the UVA HSB.

### **6.6.2 Application and Review**

- A. Where an important patient care need mandates an immediate authorization to practice as contemplated by 6.7.1 (a), the CEO or designee, with the written concurrence of the Department Chair and the President of the Clinical Staff or designee, may grant Temporary Privileges. Such temporary grant of privileges shall not be made unless the following verifications are present:
  - 1. Letter from the appropriate Department Chair explaining the important nature of the situation and the benefit to a patient or patients as a result of immediate authorization of the specified task(s) and their recommendation for approval;
  - 2. Primary source verification of current license;
  - 3. Listing of delineated privileges requested with appropriate documentation of competence to perform each of the specified tasks;
  - 4. Proof of current liability coverage, showing coverage limits and dates of coverage; and
  - 5. There exist no state licensing actions, DEA registrations, current medical, psychiatric or substance abuse impairments that could affect practice, criminal convictions or verdicts/settlements of concern to the Credentials Committee.

If the above requirements are not satisfied, Temporary Privileges may not be granted. In addition the Credentials Manual may specify additional verifications required before such

Temporary Privileges may be granted.

- B. For all situations arising under Section 6.7., the CEO or designee, upon recommendation of the President of the Clinical Staff or designee, may grant Temporary Privileges for not more than one hundred twenty (120) days or until such time as the request is officially approved, whichever time is shorter. Temporary Privileges may not be granted unless there is:
1. Complete application with all verifications completed;
  2. Query to the National Practitioner Data Bank and an analysis of the results of such query; and
  3. The Applicant satisfies the requirements of Section 6.7.1 b. and has not been subject to involuntary termination of Clinical Staff membership at another organization, has not been subject to involuntary limitation, reduction, denial or loss of Clinical Privileges and has not relinquished Clinical Privileges at another organization while under investigation by that organization.

The Credentials Manual may specify additional documentation required before such Temporary Privileges may be granted.

### **6.6.3 General Conditions**

If granted Temporary Privileges, the Applicant shall act under the supervision of the Department Chair, or his or her designee, to which the Applicant has been assigned, and shall ensure that the Department Chair or the Chair's designee is kept closely informed as to his or her activities within the Medical Center. The Credentials Manual specifies supervisory requirements for the Department Chair or the Chair's designee when Temporary Privileges have been granted to an Applicant in the Clinical Department.

- A. Temporary Privileges shall automatically terminate at the end of the designated period, unless earlier terminated by the Credentials Committee upon recommendation of the Department Chair, the President of the Clinical Staff or the CEO, or unless affirmatively renewed, up to a maximum of 120 days, following the procedure set forth in Section 6.7.2
- B. Requirements for proctoring and monitoring, including FPPE, shall be imposed on such terms as may be appropriate under the circumstances upon any Applicant granted Temporary Privileges by the Chair of the Credentials Committee after consultation with the Department Chair or his or her designee.
- C. At any time, Temporary Privileges may be terminated by the Clinical Staff Executive Committee. In such cases, the appropriate Department Chair shall assign a Member to assume responsibility for the care of such Practitioner's patient(s). The preferences of the patient shall be considered in the choice of a replacement Member.
- D. A person shall not be entitled to the procedural rights afforded by Article IX because a request for Temporary Privileges is refused or because all or any portion of Temporary Privileges are terminated or suspended for reasons not related to competence or conduct.

Termination or suspension of Temporary Privileges which lasts longer than 14 days and for reasons or competence or conduct shall afford fair hearing and appeal rights.

- E. All persons requesting or receiving Temporary Privileges shall be bound by the Bylaws, the Credentials Manual, and the policies, procedures, of the Medical Center.

## **6.7 EMERGENCY PRIVILEGES**

In the case of a medical emergency, any currently privileged Practitioner is authorized to do everything possible to save the patient's life or to save the patient from serious harm, to the degree permitted by the Practitioner's license, regardless of Clinical Service affiliation, staff category, or level of privileges. A Practitioner exercising emergency privileges is obligated to summon all consultative assistance deemed necessary and to arrange appropriate follow-up.

## **6.8 DISASTER PRIVILEGES**

In the case of unpredictable emergencies, including but not limited to those caused by natural disasters and bioterrorism, which result in the activation of the Medical Center Emergency Management Plan, any clinician, to the degree permitted by his or her license and regardless of service or staff status or the lack thereof, shall perform services to save the life of a patient, using every facility of the Medical Center necessary, including the calling of any consultation appropriate or desirable. The VP and CEO, the President of the Clinical Staff, or the Chair of the Credentials Committee may grant Emergency Privileges for the period required to supplement normal patient care services during the emergency as more specifically provided in the Credentials Manual. Before a volunteer clinician is considered eligible to function as a licensed independent Practitioner, the Medical Center will obtain his or her valid government issued photo identification (for example, a driver's license or passport). When the emergency situation no longer exists, any such clinician must apply for the staff privileges necessary to continue to treat patients. Primary source verification of licensure occurs as soon as the disaster is under control or within 72 hours from the time the volunteer licensed independent Practitioner presents himself or herself to the Medical Center whichever comes first. In the event such privileges are denied or are not requested, the patients shall be assigned to another Member.

- A. If the Medical Center Emergency Management Plan has been activated and the organization is unable to meet immediate patient needs, the CEO or other individuals as identified in the Medical Center Emergency Management Plan with similar authority may, on a case by case basis consistent with medical licensing and other relevant state statutes, grant disaster privileges to selected LIPs. These Practitioners must present a valid government-issued photo identification issued by a state or federal agency (e.g., driver's license or passport) and at least one of the following:
  1. A current picture Medical Center ID card that clearly identifies professional designation;
  2. A current license to practice;
  3. Primary source verification of the license;

4. Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), or Medical Reserve Corps (MRC), Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal organizations or groups;
  5. Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity); or
  6. Identification by a current Medical Center or Clinical Staff member (s) who possesses personal knowledge regarding the volunteer's ability to act as a licensed independent Practitioner during a disaster.
- B. The Clinical Staff has a mechanism (i.e., badging) to readily identify volunteer Practitioners who have been granted disaster privileges.
  - C. The Clinical Staff oversees the professional performance of volunteer Practitioners who have been granted disaster privileges by direct observation, mentoring, or clinical record review. The organization makes a decision (based on information obtained regarding the professional practice of the volunteer) within 72 hours whether disaster recovery privileges should be continued.
  - D. Primary source verification of licensure begins as soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer Practitioner presents to the organization. If primary source verification cannot be completed in 72 hours, there is documentation of the following: 1) why primary source verification could not be performed in 72 hours; 2) evidence of a demonstrated ability to continue to provide adequate care, treatment, and services; and 3) an attempt to rectify the situation as soon as possible.
  - E. Once the immediate situation has passed and such determination has been made consistent with the Medical Center Emergency Management Plan, the Practitioner's disaster privileges will terminate immediately.
  - F. Any individual identified in the Medical Center Emergency Management Plan with the authority to grant disaster privileges shall also have the authority to terminate disaster privileges. Such authority may be exercised in the sole discretion of the Medical Center and will not give rise to a right to a fair hearing or an appeal.

## **6.9 EXPEDITED CREDENTIALING**

### **6.9.1 Eligibility:**

An expedited review and approval process may be used for initial appointment and for reappointment. All initial applications for membership and/or privileges will be designated as eligible for expedited credentialing or not. A completed application that does not raise concerns, as identified by the lack of any of the criteria noted below, is eligible for expedited credentialing:

- A. The application is deemed to be incomplete;
- B. The final recommendation of the CSEC is adverse or with limitation;

- C. The Applicant is found to have experienced an involuntary termination of clinical staff membership or involuntary limitation, reduction, denial, or loss of clinical privileges at another organization or has a current challenge or a previously successful challenge to licensure or registration;
- D. The Applicant is, or has been, under investigation by a state medical board or has prior disciplinary actions or legal sanctions;
- E. The Applicant has had two (2) or more or an unusual pattern of malpractice cases filed within the past five (5) years or one final adverse judgment in a professional liability action in excess of \$250,000;
- F. The Applicant has one or more reference responses that raise concerns or questions;
- G. A discrepancy is found between information received from the Applicant and references or verified information;
- H. The Applicant has an adverse National Practitioner Data Bank report;
- I. The request for privileges is not reasonable based upon applicant's experience, training, and demonstrated current competence, and/or is not in compliance with applicable criteria;
- J. The Applicant has been removed from a managed care panel for reasons of professional conduct or quality;
- K. The Applicant has potentially relevant physical, mental and/or behavioral health problems;
- L. Other reasons as determined by a clinical staff leader or other representative of the Medical Center which raise questions about the qualifications, competency, professionalism or appropriateness of the Applicant for membership or privileges.

### **6.9.2 Approval Process:**

Applicants for expedited credentialing will be granted Clinical Staff membership and/or privileges after review and action by the following: the Department Chair, the Credentials Committee, and CSEC with a quorum as defined for expedited credentialing and a committee of the UVA HSB consisting of at least two individuals.

## **6.10 TELEMEDICINE CREDENTIALING AND PRIVILEGING**

### **6.10.1 Receipt of Telemedicine Services From Other Sites**

All Members who diagnose or treat patients via telemedicine link are subject to the credentialing and privileging processes of the organization that receives the telemedicine service.

Telemedicine is the provision of clinical services to patients by Practitioners from a distance via electronic communications. The originating site is the site where the patient is located; the distant site is the site where the Practitioner is physically viewing the telemedicine images. Practitioners providing only telemedicine services to the Medical Center from a distant site will not be appointed to the Clinical Staff but must be granted privileges at the Medical Center. The Clinical Staff may recommend privileges to the UVA HSB through one of the following mechanisms:

- A. The Medical Center uses the credentialing and privileging decision made by the distant-site to make a final privileging decision. For the Clinical Staff to rely upon the credentialing and privileging decisions made by the distant-site hospital when making recommendation on privileges for the individual distant-site physicians and Practitioners providing such services, the UVA HSB ensures, through the Medical Center's written agreement with the distant-site hospital, that all of the following provisions are met:
1. The distant site providing the telemedicine services is a Medicare-participating and Joint Commission-accredited hospital or ambulatory care organization;
  2. The individual distant-site physician or Practitioner is privileged at the distant-site providing the telemedicine services for those services to be provided at the originating site, and the distant site provides a current list of the distant site physician's or Practitioner's privileges at the distant-site hospital or ambulatory care organization;
  3. The individual distant-site physician or Practitioner holds a license issued or recognized by the State in which the hospital whose patients are receiving the telemedicine services is located; and
  4. With respect to a distant-site physician or Practitioner who holds current privileges at the Medical Center, the Medical Center has evidence of an internal review of the distant-site physician's or Practitioner's performance of these privileges and sends the distant-site hospital such performance information for use in the periodic appraisal of the distant-site physician or Practitioner. At a minimum, this information must include all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided by the distant-site physician or Practitioner to the Medical Center's patients; and all complaints the Medical Center has received about the distant-site physician or Practitioner.
- B. The Clinical Staff privileges Practitioners using credentialing information from the distant site if the distant site is a Joint Commission accredited organization. Once the Clinical Staff makes its recommendation regarding the privileging of the telemedicine provider, it then must go through the remainder of the credentialing process for a decision regarding approval by the UVA HSB as set forth in Article VII of these Bylaws.

### **6.10.2 Provision of Telemedicine Services to Other Sites**

Practitioners providing telemedicine services to other hospitals from the Medical Center must be granted privileges at the Medical Center for any services that are rendered via telemedicine to other site(s). If this service is rendered by Residents or Fellows, then any telemedicine interpretation must be overseen by a Practitioner with appropriate clinical privileges before the reading can be furnished to the other site(s).

## **ARTICLE VII APPOINTMENT AND REAPPOINTMENT**

### **7.1 PROCEDURE FOR INITIAL APPOINTMENT**

When the Dean and a Department Chair have mutually agreed upon a candidate (hereinafter referred to as “Applicant”) for his or her Department, the Dean and the Chair jointly shall forward a copy of the offer letter and a request for appointment and privileges to the Credentials Committee for an initial period not to exceed one (1) year. All required information and documentation shall be submitted in accordance with the Credentials Manual, including the deadlines set forth therein using the application form or other forms required thereby. No application shall be considered until all required information and documentation is completed within the timeframes specified in the Credentials Manual.

The Credentials Committee shall then follow the credentialing procedures set forth in the Credentials Manual including the process related to the information required in an application for initial appointment and the processing of the application. Upon receipt and review of all necessary credentialing documentation, the Credentials Committee, upon recommendation of the Department Chair, shall recommend to the Clinical Staff Executive Committee that such Applicant should either be granted or denied initial privileges in the Medical Center. The Clinical Staff Executive Committee shall then review the Credentials Committee’s recommendation and all applicable documentation. If the Credentials Committee and the Clinical Staff Executive Committee are both in favor of granting privileges to the Applicant, the favorable recommendation shall be forwarded to the UVA HSB for final action.

In the case of an application for Associate Membership, the procedures outlined in the Credentials Manual shall be considered until all required information and documentation is completed within the timeframes specified in the Credentials Manual.

## **7.2 PROVISIONAL APPOINTMENT STATUS**

Initial appointments and all initially granted Clinical Privileges for all Practitioners shall be provisional for a period of one year. During this provisional period, the individual’s performance and clinical competence shall be observed and evaluated through FPPE and OPPE by the Department Chair, Division Chair, or Peer designee of the applicable Clinical Department. If at the end of the year the Practitioner satisfies the requirements to become a Clinical Staff Member or have a privileging status as provided in the Credentials Manual, the provisional status ceases. If at the end of the year the Practitioner does not satisfy the requirements as specified in the Credentials Manual, then membership in the Clinical Staff and Clinical Privileges for that individual shall cease. Failure to achieve the appropriate status from provisional status, when due to a lack of clinical volume, shall not give rise to the procedural rights, afforded by Article IX of these Bylaws. Failure to achieve the appropriate status from provisional status, due to issues of competency or conduct, shall give rise to the procedural rights afforded by Article IX of these Bylaws.

All initial Clinical Staff appointees to the Active or Associate Categories and all Non-member appointees to the Consulting/Visiting, Contract Physician, Telemedicine, Visiting/Re-entry Postgraduate Trainee, or AHP categories, and all re-appointees to these categories after termination of a prior appointment, shall serve a provisional status period of no less than one (1) year. During this time proctoring must be satisfactorily completed unless a specific exception is applied for by the Department Chair and approved by the Credentials Committee as specified in section B below. Each Member in provisional status shall be assigned to a Department in which

their performance shall be evaluated through proctoring to determine their eligibility for advancement to non-provisional status in the appropriate Clinical Staff category.

A. Responsibilities

A Practitioner in provisional status shall have all of the responsibilities of the membership category.

B. Proctoring

Each provisional appointee shall complete such proctoring (Focused Professional Practice Evaluation) as required by the Clinical Service and approved by the Credentials Committee in accordance with [Medical Center Policy No. 0279](#) (“[Professional Practice Evaluations for Members of the Clinical Staff](#)”) and [Medical Center Policy No. 0280](#) (“[Allied Health Professionals Practice Evaluations](#)”).

### **7.3 PROCEDURE FOR REAPPOINTMENT**

Periodic redetermination of Clinical Privileges for Active Clinical Staff Members, and the increase or curtailment of same, shall be based upon the reappointment procedures set forth in the Credentials Manual, including deadlines for submission of information and documentation and the forms required thereby. Criteria to be considered at the time of reappointment may include specific information derived from the Department’s direct observation of care provided, information gathered through FPPE and OPPE, review of records of patients treated in this or other medical centers, review of the records of the Departmental Clinical Staff as compared to the records of the particular Member and an appropriate comparison of the performance of the Member with his or her professional colleagues in the Department. If a Member chooses not to seek reappointment or renew privileges, the procedures set forth in Article IX shall not apply.

### **7.4 END OF PROVISIONAL STATUS**

A Member in provisional status may become an Active or Associate Member upon the satisfactory conclusion of provisional status as provided in these Bylaws and the Credentials Manual, which appointment shall be for no more than two (2) years at a time and as more specifically provided in the Credentials Manual.

### **7.5 CHANGES IN QUALIFICATION**

If during the course of any period of appointment, the qualifications of the Member change, or the Department learns of Adverse Action taken by an official licensing or certification body or Medicare or Medicaid, then those changes in qualification or Adverse Action must be reported immediately to the Member's Department Chair and the Credentials Committee who will review the information and determine whether the Member's privileges should be revoked, revised, or suspended. The provisions of Section 8.6 or Article IX will apply.

### **7.6 NEW OR ADDITIONAL CLINICAL PRIVILEGES**

Applications for new or additional Clinical Privileges must be in writing and submitted by the

Applicant as well as by the appropriate Department Chair. All applications for new or additional Clinical Privileges shall be submitted on a form prescribed by the Credentials Committee upon which the type of Clinical Privileges desired and, among other things, the Member's relevant recent training and/or experience are set out, together with any other information required by the Credentials Manual or the Credentials Committee. Such applications shall be processed as provided in the Credentials Manual, including the timeline for processing. Licensure and the National Practitioner Data Bank will be queried at any request for new privileges. The Credentials Committee shall determine the conditions and requirements upon which any new or additional Clinical Privileges shall be granted, including but not limited to, how current competence will be demonstrated and any proctoring or other monitoring requirements, and will recommend the requirements to the Clinical Staff Executive Committee for consideration. In turn CSEC shall make appropriate recommendations regarding new or additional Clinical Privileges to the UVA HSB for final determination. A decision not to approve a new or additional Clinical Privilege to be performed within the Medical Center and/or to be added to the Medical Center privilege list shall not be deemed an Adverse Action or a denial of privileges nor entitle any individual to the hearing rights set forth in Article IX of these Bylaws. The Applicant's performance and clinical competence shall be observed and evaluated through FPPE by the Department Chair, Division Chief, and Peer designee of the applicable Clinical Department and documentation is completed within the timeframes specified in the Credentials Manual.

## **7.7 BURDEN OF PRODUCING INFORMATION**

In connection with all applications for appointment of membership and for Clinical Privileges, the Applicant shall have the burden of producing information for an adequate evaluation of the Applicant's qualifications and suitability for the Clinical Privileges requested, of resolving any reasonable doubts about these matters, and of satisfying requests for information. This burden may include submission to a medical or psychological examination, at the Applicant's expense, if deemed appropriate by the Department Chair, the President of the Clinical Staff, the Chair of the Credentials Committee, the Chief Executive Officer of the Medical Center or the Dean of the School of Medicine. The President of the Clinical Staff, the Chair of the Credentials Committee, the Chief Executive Officer of the Medical Center, or the Director of the Clinicians Wellness Program shall select the examining physician, program, and/or site of the examination.

The Applicant or Member has a duty to advise the Credentials Committee, within fifteen (15) days, of any change in information previously submitted related to his or her credentials. The Applicant's failure to sustain these duties shall be grounds for denial of the application or termination of a Member's Clinical Staff membership and a Member or Non-member's Clinical Privileges.

## **ARTICLE VIII CORRECTIVE ACTION FOR MEMBERS AND NON-MEMBERS WITH CLINICAL PRIVILEGES**

### **8.1 CRITERIA FOR INITIATION**

A Member's or Non-member's Clinical Privileges may be reduced, suspended or revoked for clinical practice or professional conduct determined to be lower than the standards of the Medical Center and the Clinical Staff, or to be disruptive to operations of the Medical Center, or for violation of these Bylaws, directives of the Clinical Staff Executive Committee or the UVA HSB, the Clinical Staff Code of Conduct, or policies, procedures, rules or regulations of the Medical Center, Health System or the applicable Clinical Service. A request for initiation of investigation or action against such Member or Non-member shall be made to the President or Vice President of the Clinical Staff by written request from any Member or from the Chief Executive Officer. Upon receipt of a written request for investigation or action, the President or Vice President shall immediately forward the matter to the Credentials Committee for review and recommendation when the information provided indicates that such Member or Non-member may have exhibited acts, demeanor, or conduct reasonably likely to be: (a) detrimental to team member safety, patient safety or to the delivery of quality patient care; (b) unethical; (c) contrary to the Medical Center and/or Health System policies and procedures, these Bylaws, or the Clinical Staff Code of Conduct; (d) disruptive to the operation of the Medical Center; (e) below applicable professional standards; or (f) the result of impairment of the Member or Non-member by reason of illness, use of drugs, narcotics, alcohol, chemicals or other substances or as a result of any physical or mental condition that impairs the Member's or Non-member's clinical practice. Article 8.2 addresses procedures to be followed when concerns described in (f) above are raised.

To the extent possible, the identity of the individual requesting initiation of investigation shall not be disclosed. In order to safeguard the legally privileged status of peer review, the individual requesting an investigation may not be entitled to receive information about the course or findings of the investigation. The Chair of the Credentials Committee may inform the individual requesting an investigation about the status of action on the request and, if investigation is initiated, the expected date of completion.

## **8.2 INITIATING EVALUATION AND/OR INVESTIGATION OF POSSIBLE IMPAIRING CONDITIONS**

The UVA HSB and the Clinical Staff Executive Committee recognize the need to assist Members or Non-members who have been granted Clinical Privileges to address physical and mental health issues as well as to protect patients and staff members from harm. Based upon concerns that a Member's or Non-member's behavior or clinical practice may be affected by impairment by reason of illness, use of drugs, narcotics, alcohol, chemicals or other substances or any physical or mental condition, a Department Chair, the President, the Chief Executive Officer, the Dean, the Chair of the Credentials Committee, or the Director of the Clinicians' Wellness Program may require that a Member or Non-member who has been granted Clinical Privileges undergo a physical and/or mental examination(s) by one or more qualified Practitioners or programs recommended after consultation with Faculty and Employees Assistance Program ("FEAP") or the Clinicians Wellness Program. See also Medical Center Policy No. 0242 ("Clinicians Wellness Program"). The individual initiating the evaluation shall notify the President or Chair of the Credentials Committee of the requirement for evaluation. The purpose of the evaluation and investigation process concerning potential impairing conditions is to protect patients and others working with the affected practitioner and to aid the Member or Non-member in retaining or regaining optimal professional functioning.

On its own initiative, the Credentials Committee may require evaluation by the Clinicians' Wellness Program or FEAP for any Member or Non-member who appears to suffer from a potentially impairing condition. The Credentials Committee may also encourage any such Member or Non-member to seek assistance from the Clinicians' Wellness Program or FEAP.

If the Member or Non-member refuses to undergo the examination, his/her Clinical Privileges shall be automatically inactivated and there shall be no further consideration of continued privileges until the examination is performed. The Member or Non-member shall authorize the qualified Practitioner(s), to submit reports of the evaluation(s) to FEAP or to the Director of the Clinicians Wellness Program. FEAP or the Clinicians Wellness Program shall notify the President or Chair of the Credentials Committee of the recommendations made by the qualified Practitioner(s). Any time limit for action by the Credentials Committee, as specified in Section 8.4 below, shall be extended for the number of days from the request for the examination(s) to the receipt of the examination recommendations.

The Credentials Committee may also require periodic monitoring after completion of any evaluation treatment/ or rehabilitation. If the Member or Non-member does not complete the initial treatment/rehabilitation program or does not comply with the required monitoring, the provisions of Article 8.4 or 8.5 automatic relinquishment shall be applicable. In addition, the Credentials Committee shall strictly adhere to any state or federal statutes or regulations containing mandatory reporting requirements

If at any time during the diagnosis, treatment, or rehabilitation phase of the process it is determined that a Member or Non-member is unable to safely perform the Clinical Privileges he or she has been granted, the Credentials Committee shall proceed in accordance with Sections 8.4 or 8.5, as appropriate, below. Additionally, the Credentials Committee shall adhere to any state or federal statutes or regulations containing mandatory reporting requirements.

### **8.3 ROUTINE ACTION**

Upon approval of the Credentials Committee, initial collegial efforts may be made prior to resorting to formal corrective action. . Such collegial interventions shall not constitute formal corrective action, shall not afford the individual subject to such collegial efforts to the right to a fair hearing, and shall not require reporting to the National Practitioner Data Bank, except as otherwise provided in these Bylaws or required by law. Alternatives to formal corrective action may include:

- A. Informal discussions or formal meetings regarding the concerns raised about conduct or performance, including the actions outlined in these Bylaws or Medical Center or Health System policies and that may be taken to address disruptive conduct;
- B. Written letters of guidance, or warning regarding the concerns about conduct or performance;
- C. Notification that future conduct or performance shall be closely monitored and notification of expectations for improvement;

- D. Suggestions or requirements that the individual seek continuing education, consultations, or other assistance in improving performance;
- E. Warnings regarding the potential consequences of failure to improve conduct or performance; and/or
- F. Requirements to seek evaluation, as provided in Article 8.2 of these Bylaws.

## **8.4 INITIATING EVALUATION AND RECOMMENDATION FOR FORMAL CORRECTIVE ACTION**

### **8.4.1 Investigation**

Upon receipt of the request for initiation of formal investigation and after determining that the procedures outlined in Article 8.2 and 8.3 above are not appropriate, the Member or Non-member shall be notified in writing that an investigation is being conducted. In addition the applicable Department Chair, the Dean, and the Chief Executive Officer shall be notified of the investigation. The Member or Non-member shall provide to the Credentials Committee all available information that it requests. Failure to provide such requested information will itself be considered grounds for corrective action. The Credentials Committee may, but is not obligated to, review medical files or other documents and conduct interviews with witnesses; however, such investigation shall not constitute a “hearing” as that term is used in Article IX, nor shall the procedural rules with respect to hearings or appeals apply. The Credentials Committee may, in its sole discretion, request an interview with the Member or Non-member under investigation and, during such interview, question the Member or Non-member about matters under investigation.

A record of such interview shall be made by the Credentials Committee. Within forty (40) days of the receipt of the request for initiation of investigation, the Credentials Committee shall report to the Clinical Staff Executive Committee on the progress of the investigation and the estimated time required to complete the investigation. In most instances, the investigation shall not last longer than ninety (90) days. However, for good cause, the Chair of the Credentials Committee may ask the Clinical Staff Executive Committee to extend the time for completion of the investigation. At the completion of the investigation, the Chair of the Credentials Committee shall submit to the Clinical Staff Executive Committee the Credentials Committee’s findings and recommendations resulting from the investigation.

The Clinical Staff Executive Committee may accept, reject or modify the findings and recommendations of the Credentials Committee and recommend to the UVA HSB approval of a final action. The Member and the Department Chair to which the Member is assigned shall be notified in writing of the recommendation of the Clinical Staff Executive Committee.

### **8.4.2 Recommendation**

The Credentials Committee’s written recommendation to the Clinical Staff Executive Committee of action to be taken on the matter may include, without limitation:

- A. Determining that no further action is necessary on the matter;

- B. Issuing a warning, a letter of admonition, or a letter of reprimand;
- C. Recommending terms of probation or requirements of consultation;
- D. Recommending reduction, suspension or revocation of Clinical Privileges;
- E. Recommending suspension or revocation of Clinical Staff membership;
- F. Recommending concurrent monitoring or retrospective auditing;
- G. Requiring additional training;
- H. Requiring evaluation by a clinician assessment organization or individual;
  - I. Requiring a Proctor for all procedures. Or
  - J. Requiring participation in designated programs addressing behavioral concerns

Any corrective action in accordance with subsections (c) through (f) of this Section shall entitle the Member to the procedural rights provided in Article IX of these Bylaws.

#### **8.4.3 Cooperation with Investigation**

All Members and Non-members shall cooperate as necessary for the conduct of any investigation.

#### **8.5 PRECAUTIONARY SUMMARY SUSPENSION**

Whenever: (a) the conduct or clinical performance of a Member or a Non-member who has been granted Clinical Privileges reasonably appears to pose a threat that requires that action be taken to protect the health, life or safety of patients or prospective patients, or any other person in or associated with the Medical Center, or (b) whenever the conduct or clinical performance of a Member or a Non-member who has been granted Clinical Privileges reasonably appears to pose a substantial harm to the life, health and safety of any patient, prospective patient, or staff member, the President, Chief Executive Officer or the Chair of the Credentials Committee may summarily restrict or suspend the Clinical Staff membership or Clinical Privileges of such Member or Non-member. Unless otherwise stated, such summary suspension shall become effective immediately upon imposition. The President or Chair of the Credentials Committee shall promptly give written notice of the suspension or restriction; to the Member or Non-member in question; the Department Chair and the Division Head, if applicable, to which the Member or Non-member is assigned; the Dean; the Chief Executive Officer as co-chair of the Clinical Staff Executive Committee.

The summary restriction or suspension may be limited in duration and shall remain in effect for the period stated or, if not so limited, shall remain in effect until resolved by the procedures specified in Article IX with respect to Members and Non-members who are Physicians and

Dentists only. An alternative fair hearing and appeal plan is available for Non-members who are not Physicians or Dentists and for AHPs as noted in Section 9.5.1. Unless otherwise indicated by the terms of the summary restriction or suspension, the Clinical Department Chair or his/her designee shall assign the patients of the Member or Non-member in question to another Member. Should the Member or Non-member who is subject to a precautionary summary suspension, upon being notified of the suspension, decide to voluntarily request inactivation of his/her privileges during the duration of the investigation required by 8.4.1, the precautionary summary suspension may be voided and withdrawn at the direction of the President of the Clinical Staff. A request for voluntary inactivation of privileges must be submitted in writing to the President within three business days of notification regarding precautionary summary restriction or suspension.

### **8.5.1 PROCEDURE FOR MEMBERS**

No later than 30 days after the date of the precautionary summary suspension and if the precautionary summary suspension still remains in effect, the Chair of the Clinical Staff Executive Committee shall designate a panel of its members to convene for review and consideration of the action; provided, however, that the Clinical Staff Executive Committee may extend the 30 day period for review for good cause if so requested by either the Member or the Chair of the Credentials Committee. Upon request and on such terms and conditions as the panel of the Clinical Staff Executive Committee may impose, the Member may attend and make a statement concerning the issues that led to the precautionary summary suspension, although in no event shall any meeting of the panel of the Clinical Staff Executive Committee, with or without the Member, constitute a "hearing" within the meaning of Article IX, nor shall any procedural rules apply except those adopted by the panel of the Clinical Staff Executive Committee. The panel of the Clinical Staff Executive Committee may recommend to the Clinical Staff Executive Committee that the summary restriction or suspension be modified, continued or terminated. The Clinical Staff Executive Committee shall consider this recommendation at its next scheduled meeting and shall furnish the Member with written notice of its decision.

Unless the Clinical Staff Executive Committee terminates the summary restriction or suspension within fourteen (14) working days of such restriction or suspension, the Member shall be entitled to the procedural rights afforded by Article IX of these Bylaws.

### **8.5.2 PROCEDURE FOR NON-MEMBERS**

When a Non-member's Clinical Privileges are summarily suspended pursuant to Section 8.5 the Non-member shall be notified in writing of the restriction or suspension and the grounds for the suspension. The Chair of the Credentials Committee shall refer the matter to the Credentials Committee at its next scheduled meeting. The Non-member, who is not a Physician or a Dentist, shall not be entitled to the procedural rights afforded by Article IX of the Bylaws. An alternative fair hearing and appeal plan is available for Non-members who are not Physicians or Dentists and for AHPs, as noted in Section 9.5.1

### **8.6 AUTOMATIC ACTIONS**

The Member's or Non Member's clinical privileges or Clinical Staff membership may be subject

to automatic actions as follows:

## **8.6.1 CHANGE IN LICENSURE**

### **8.6.1.1 Revocation or Suspension**

Whenever a Member's or Non-member's license authorizing practice in the Commonwealth of Virginia is revoked or suspended by the applicable health regulatory board, Clinical Privileges shall be automatically revoked or suspended as of the date such action becomes effective.

### **8.6.1.2 Probation and Other Restriction**

If a Member's or Non-member's license authorizing practice in the Commonwealth of Virginia is placed on probation by the applicable health regulatory board, his or her Clinical Privileges shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and throughout its duration. Whenever a Member's or Non-member's license authorizing practice in the Commonwealth of Virginia is limited or restricted by the applicable health regulatory board, any Clinical Privileges that the Member or Non-member has been granted by the Medical Center that are within the scope of such limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such licensing or certifying authority's action becomes effective and throughout its duration.

## **8.6.2 Change in DEA Certificate Status**

**8.6.2.1 Revocation or Suspension** If a Member's or Non-member's DEA certificate is revoked, limited, or suspended, the Member or Non-member shall automatically be divested of the right to prescribe medications covered by the certificate as of the date such action becomes effective and throughout its term.

### **8.6.2.2 Probation**

If a Member's or a Non-member's DEA certificate is subject to probation, the Member's or Non-member's right to prescribe such medications automatically shall become subject to the same terms of the probation, as of the date such action becomes effective and throughout its term.

## **8.6.3 LACK OF REQUIRED PROFESSIONAL LIABILITY INSURANCE**

Failure to maintain professional liability insurance in amounts and of a type required by the UVA HSB, as such amounts shall be defined from time to time, shall be a basis for automatic suspension of a Member's or a Non-member's Clinical Privileges. If within 30 days after written warnings of such delinquency, the Member or Non-member does not provide evidence of the required professional liability insurance, and prior acts coverage for the uninsured period, such individual's Clinical Privileges shall be automatically terminated.

## **8.6.4 FEDERAL PROGRAM EXCLUSION**

If a Member or a Non-member is convicted of a crime pursuant to the Medicare and Medicaid

Protection Act of 1987, Pub. L. 100-93, or a crime related to the provision of health care items or services for which one may be excluded under 42 U.S.C. Section 1320a7(a), or is suspended, excluded, debarred or otherwise declared ineligible to participate in Medicare or Medicaid or other federal or state health care or other programs, such Member's or Non-member's Clinical Privileges shall be automatically suspended as of the date such conviction or action with respect to the Medicare or Medicaid federal program becomes effective.

#### **8.6.5 LOSS OF FACULTY APPOINTMENT OR TERMINATION OF EMPLOYMENT**

If a Member's or Non-member's faculty appointment in the School of Medicine or contract with UPG is terminated for any reason or for any length of time, his/her membership and Clinical Privileges shall be automatically revoked or suspended as of the date such loss of faculty appointment or termination of UPG contract becomes effective. Loss of faculty appointment or termination of UPG contract shall not give rise to a hearing under Article IX as such appointment is a prerequisite being granted clinical privileges. Due process procedures applicable to contesting the loss of a faculty appointment are set forth in the University of Virginia Provost Policy HRM-043 (Addressing Grievances for Administrative and Professional Non-Tenure Track Faculty). In the case of AHP's, if Medical Center employment or UPG employment is terminated for any reason or any length of time, his/her Clinical Privileges within the Medical Center shall automatically be revoked or suspended as of the date of such termination. Loss of privileges due to such termination shall not give rise to a hearing appeal under Article 9.5. Due process procedures applicable under these circumstances are specified by applicable Medical Center HR Policy or UPG contract.

#### **8.6.6 FAILURE TO UNDERGO PHYSICAL AND/OR MENTAL EXAMINATION**

If a Member or Non-member fails or refuses to undergo a physical and/or mental examination or fails to complete the evaluation, treatment, rehabilitation program or does not comply with the required monitoring as required by Section 8.3 of these Bylaws, such failure or refusal shall result in automatic suspension of the Clinical Privileges of the Member or Non-member. Refusal to comply with health screening and/or infection control policies shall also result in automatic inactivation of Clinical Privileges.

#### **8.6.7 MATERIAL MISREPRESENTATION ON APPLICATION/REAPPLICATION**

Whenever a Member or Non-member has made a material misrepresentation on the application/reapplication for Clinical Privileges, the application/reapplication processing will stop (if still in progress) or membership and/or privileges will be automatically inactivated if they have already been granted prior to discovery of the material misrepresentation.

#### **8.6.8 FAILURE TO COMPLY WITH MEDICAL RECORDS COMPLETION REQUIREMENTS**

Whenever a Practitioner has failed to comply with the medical records completion requirements per [Medical Center Policy No. 0094 \("Documentation of Patient Care \(Electronic Medical Record\)"\)](#), the Practitioner may have his/her membership and/or Clinical Privileges inactivated until he/she is compliant with those requirements.

### **8.6.9 FAILURE TO BECOME BOARD CERTIFIED OR FAILURE TO MAINTAIN BOARD CERTIFICATION**

The Clinical Privileges of a Practitioner who fails to become board certified or to maintain board certification shall be inactivated, unless the Practitioner has been granted an exception to these requirements by the Credentials Committee under the process outlined in Medical Center Policy No. 0221 (“Board Certification Requirements for Medical Center Physicians”).

### **8.6.10 CONVICTION OF A FELONY OR OTHER SERIOUS CRIME**

Conviction of a crime as set out in Va. Code Section 37.2-314 shall result in automatic suspension of Clinical Privileges and inactivation of Clinical Staff membership.

### **8.6.11 ARTICLE IX INAPPLICABLE**

When a Member’s or Non-member’s privileges are restricted pursuant to any of the circumstances set out in this Section 8.6 , the hearing and appeal rights of Article IX shall not apply and the action shall be effective for the time specified. If the Member believes that any such automatic restriction of privileges is the result of an error, the Member may request a meeting with the Clinical Staff Executive Committee. A Non-member shall have no right to a meeting with the Clinical Staff Executive Committee.

### **8.6.12 CLINICAL PRIVILEGES AND CLINICAL STAFF MEMBERSHIP LINKAGE**

Except when explicitly stated otherwise in these Bylaws, the automatic inactivation of clinical privileges also results in automatic inactivation of Clinical Staff Membership.

## **ARTICLE IX HEARING AND APPELLATE REVIEW FOR MEMBERS**

### **9.1 GENERAL PROVISIONS**

The provisions of Article IX do not apply to those actions specified in Section 8.6 or to the informal actions specified in Section 8.2 of Article VIII.

Non-members who are not Physicians, Clinical Psychologists or Dentists shall be governed by the procedures set out in Section 9.5 below.

#### **9.1.1 Right to Hearing and Appellate Review**

A. When any Member, or a Non-member who is a Physician Clinical Pathologist, Clinical Psychologist or Dentist receives notice of a recommendation of the Clinical Staff Executive Committee that, if approved by the UVA HSB, will adversely affect his or her appointment to or status as a Member or his or her exercise of Clinical Privileges, he or she shall be entitled to a hearing before a hearing committee appointed by the Chair or Vice Chair of the Clinical Staff Executive Committee. If the recommendation of the Clinical Staff Executive

Committee following such hearing is still adverse to the affected Member or Non-member, he or she shall then be entitled to an appellate review by the UVA HSB or a committee appointed by the Chair of the UVA HSB, before the UVA HSB makes a final decision on the matter. Such review shall be made based on the evidentiary record, unless the UVA HSB or the committee appointed by the UVA HSB to hear the appeal requests additional information.

- B. All hearings and appellate reviews shall be in accordance with the procedural safeguards set forth in Article IX to assure that the affected Member or Non-member is accorded all rights to which he or she is entitled.

### **9.1.2 Exhaustion of Remedies**

If Adverse Action described in Section 9.2 is taken or recommended, the Applicant or Member must exhaust the remedies afforded by these Bylaws before resorting to legal action. For purposes of Article IX, the term “Member” may include “Applicant”, as appropriate under the circumstances.

## **9.2 GROUNDS FOR HEARING**

Except as otherwise specified in these Bylaws, the following recommended actions or actions shall be deemed Adverse Actions and constitute grounds for a hearing, if such action is based on professional conduct, professional competence, or character:

- A. Denial of Clinical Staff Membership (excluding Administrative or Honorary Membership);
- B. Denial of Clinical Staff reappointment (excluding failure to obtain active status and Administrative or Honorary Membership);
- C. Suspension or Revocation of Clinical Staff Membership;
- D. Denial of requested Clinical Privileges (excluding Temporary Privileges) for a Member;
- E. Involuntary reduction of current Clinical Privileges for a Member excluding Administrative or Honorary Membership);
- F. Suspension of Clinical Staff Membership (excluding Administrative or Honorary Membership) or Clinical Privileges for a Member or Non-member if the duration of the suspension is for greater than 14 days and the reason for the suspension is one of competence or conduct; or
- G. Suspension or Revocation of Clinical Privileges (excluding loss of faculty appointment) for a Member or Non-member.

Actions described above in this Section that are the result of automatic relinquishment imposed pursuant to Section 8.6 of these Bylaws, shall not be considered an Adverse Action for purposes of Article IX.

## **9.3 REQUESTS FOR HEARING; WAIVER**

### **9.3.1 Notice of Proposed Action**

In all cases in which a recommendation has been made as set forth in Section 9.2, the Chair or Vice Chair of the Clinical Staff Executive Committee shall send a Member or Non-member affected by an Adverse Action written notice of (a) his or her right to a hearing if requested by him or her within thirty (30) days of the Member's or Non-member notice, (b) reasons for the Adverse Action recommended, including the acts or omissions that form the basis of recommendation and a list of the patients in question if applicable, and (c) his or her rights at such a hearing, including the hearing procedures described in Section 9.4. Such notice shall be sent by hand delivery or certified mail, return receipt requested.

### **9.3.2 Request for Hearing**

The Member or Non-member shall have thirty (30) days following receipt of notice of such action to request a hearing. The request shall be in writing addressed to the Chair of the Clinical Staff Executive Committee. The request shall contain a statement signed by the Member or Non-member that the Member or Non-member shall maintain confidentiality of all documents provided to the Member or Non-member during the hearing process and shall not disclose or use the documents for any purpose outside the hearing process. Unless the Member or Non-member is under summary suspension, he or she shall retain existing rights and privileges until all steps provided for in Sections 9.4 through 9.4.8 of Article IX of these Bylaws below have concluded. If, however, the Member's or Non-member reappointment term is scheduled to expire during the hearing process, the Member's or Non-member membership and privileges shall expire unless (i) the Clinical Staff Executive Committee reappoints the Practitioner until the hearing is concluded, or (ii) the Member is reappointed according to final action by the UVA HSB.

The Credentials Committee and the affected Practitioner shall be parties to the hearing.

### **9.3.3 Waiver of Hearing**

In the event the Member does not request a hearing within the time and manner described, the Member shall be deemed to have waived any right to a hearing and to have accepted the recommendation involved. The recommendation of the Clinical Staff Executive Committee shall then become final and effective as to the Member when it is approved by the UVA HSB.

### **9.3.4 Notice of Time, Place and Procedures for Hearing**

Upon receipt of a request for hearing, the Chair or Vice Chair of the Clinical Staff Executive Committee shall schedule a hearing and give notice to the Member of the time, place and date of the hearing, which shall not be less than thirty (30) days after the date of the notice. Each party shall provide the other with a list of witnesses within fifteen (15) days of the hearing date, unless both parties agree otherwise. Witness lists shall be finalized no later than five (5) working days before the hearing. Notwithstanding the foregoing, the Hearing Entity shall have the right to call such witnesses as it deems appropriate and necessary. Unless extended by the Chair of the

Hearing Entity, described in Section 9.3.5 below, the date of the commencement of the hearing shall be not less than thirty (30) days, nor more than ninety (90) days from the date of receipt of the request for a hearing; provided, however, that when the request is received from a Member who is under summary suspension, the hearing shall be held as soon as the arrangements may reasonably be made and provided further that the parties may agree to a mutually convenient date beyond the ninety (90) day period.

### **9.3.5 Hearing Entity**

The Chair of the Clinical Staff Executive Committee may, in his or her discretion and in consultation with the Chair of the Credentials Committee, the Chief Executive Officer and other members of CSEC as he or she deems appropriate, direct that the hearing be held: (1) before a panel of no fewer than three (3) Members who are appointed by the Chair of the Clinical Staff Executive Committee and the Chief Executive Officer and if possible are Peers of the Member or Non-member in clinical practice or academic rank and are not in direct economic competition with the Member or Non-member involved, nor have been involved in the request for corrective action, any subsequent investigative process, or the decision to proceed with corrective action, or (2) by an independent Peer Review panel from outside the Medical Center whose members are not in direct economic competition with the Member or Non-member involved, or (3) a panel consisting of a combination of (1) and (2). Each type of panel described in the preceding sentence shall be referred to hereinafter as the "Hearing Entity." Knowledge of the matter involved shall not preclude a Clinical Staff Member from serving as a member of the Hearing Entity; however each member must certify at the time of appointment and also on the record at the hearing that any prior knowledge he or she may have does not preclude rendering a fair and impartial decision. The Chair of the Clinical Staff Executive Committee shall designate the chair of the Hearing Entity. At least three-quarters of the members of the Hearing Entity shall be present when the hearing takes place and no member may vote by proxy. In the event of any conflict involving the Chair of the Clinical Staff Executive Committee, the Chief Executive Officer or designee shall be responsible for performing the duties described in this paragraph.

### **9.3.6 Failure to Attend and Proceed**

Failure without good cause of the affected Member or Non-member to personally attend and proceed at such a hearing shall be deemed to constitute voluntary acceptance of the recommendations involved and his or her request for a hearing shall be deemed to have been withdrawn.

### **9.3.7 Postponements and Extensions**

Once a request for hearing is initiated, postponements and extensions of time beyond the times permitted in these Bylaws may be permitted by the Hearing Entity, or its chairperson, acting upon its behalf. Such decisions are solely within the discretion of the Hearing Entity or its presiding officer and may be granted only for good cause.

## **9.4 HEARING PROCEDURE**

### **9.4.1 Representation**

The hearings provided for in these Bylaws are for the purpose of intra-professional resolution by peers of the Member or Non-member of matters bearing on professional conduct, professional competency or character. If requested by either the affected Member or Non-member or the Credentials Committee in accordance with Section 9.4.2, however, both sides may be represented by legal counsel. In lieu of legal counsel, the Member or Non-member may be represented by another person of his or her choice.

#### **9.4.2 The Hearing Officer**

The President of the Clinical Staff may appoint a hearing officer to preside at the hearing. In the sole discretion of the President, the hearing officer may be an attorney qualified to preside over a quasi-judicial hearing. If requested by the Hearing Entity, the hearing officer may participate in the deliberations of the Hearing Entity and be an advisor to it, but the hearing officer shall not be entitled to vote.

#### **9.4.3 The Presiding Officer**

The Hearing Entity shall have a presiding officer. If the President of the Clinical Staff appoints a hearing officer pursuant to Section 9.4.2, then the hearing officer shall serve as the presiding officer. If no hearing officer is appointed, then the Chair of the Hearing Entity shall serve as the presiding officer. The presiding officer shall strive to assure that all participants in the hearing have a reasonable opportunity to be heard and to present relevant oral and documentary evidence in an efficient and expeditious manner, and that proper decorum is maintained. The presiding officer shall be entitled to determine the order of or procedure for presenting evidence and argument during the hearing and shall have the authority and discretion to make all rulings on questions that pertain to matters of law, procedure, or the admissibility of evidence. If the presiding officer determines that either side in a hearing is not proceeding in an efficient and expeditious manner, the presiding officer may take such discretionary action as seems warranted by the circumstances.

#### **9.4.4 Record of the Hearing**

An official reporter shall be present to make a record of the hearing proceedings. The cost of attendance of the reporter shall be borne by the Medical Center, the cost of the transcript, if any, shall be borne by the party requesting it.

#### **9.4.5 Rights of the Parties**

Within reasonable limitations imposed by the presiding officer, the Credentials Committee, the Hearing Entity and the affected Member or Non-member may call and examine witnesses for relevant testimony, introduce relevant exhibits or other documents, cross-examine or impeach witnesses who have testified orally on any matter relevant to the issues and otherwise rebut evidence. The Member or Non-member may be called by the Credentials Committee or the Hearing Entity, as appropriate, and be examined as if under cross-examination.

- A. Burden of Proof. The Credentials Committee shall appoint one of its members to represent it at the hearing, to present facts in support of its adverse recommendation and to examine witnesses. Where the issue concerns the denial of initial Clinical Staff membership, it shall

be the obligation of the affected Applicant to present appropriate evidence in support of his or her application, but the Credentials Committee representative shall then be responsible for showing that evidence exists to support the decision and that the Credentials Committee appropriately exercised its authority under these Bylaws and other applicable rules or regulations of the Medical Center. In all other situations outlined in Section 9.2 above, it shall be the obligation of the Credentials Committee representative to present appropriate evidence in support of the adverse recommendation, but the affected Member or Non-member shall then be responsible for supporting his or her challenge to the adverse recommendation by providing appropriate evidence showing that the grounds for the decision lacked support in fact or that such grounds or action based upon such grounds is either arbitrary or capricious.

- B. Written Statement. Each party shall have the right to submit a written statement at the close of the hearing.
- C. Written Decision. The affected Member or Non-member shall be informed in writing by the Clinical Staff Executive Committee of the recommendation of the Hearing Entity, including a statement of the basis for the recommendation, and shall be informed in writing of the decisions of the Clinical Staff Executive Committee and the UVA HSB, including a statement of the basis for the decision.

#### **9.4.6 Evidence**

Judicial rules of evidence and procedure relating to the conduct of the hearing, examination of witnesses, and presentation of evidence shall not apply to a hearing conducted under Article IX of these Bylaws. Any relevant evidence, including hearsay, shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. The Hearing Entity may question the witnesses or call additional witnesses if it deems such action appropriate. At its discretion, the Hearing Entity may request both parties to file written arguments.

#### **9.4.7 Recess and Conclusion**

After consultation with the Hearing Entity, the presiding officer may recess the hearing and reconvene the same at such times and intervals as may be reasonable, with due consideration for reaching an expeditious conclusion to the hearing. Upon conclusion of the presentation of oral and documentary evidence and the receipt of any closing written arguments, the hearing shall be closed. The Hearing Entity shall, at a time convenient to itself, conduct its deliberations outside the presence of the parties. The Hearing Entity may seek legal counsel during its deliberations and the preparation of its report. Upon conclusion of its deliberations, the hearing shall be declared finally adjourned.

#### **9.4.8 Decision of the Hearing Entity**

Within fifteen (15) days after final adjournment of the hearing, the Hearing Entity shall render a decision, which shall be accompanied by a report in writing and shall be delivered to the Clinical Staff Executive Committee. If the affected Member or Non-member is currently under summary suspension, the Hearing Entity shall render a decision and report to the Clinical Staff Executive

Committee within five (5) working days after final adjournment. A copy of the decision shall also be forwarded to the UVA HSB and the affected Member or Non-member. The report shall contain a concise statement of the reasons supporting the decision.

#### **9.4.9 Decision of Clinical Staff Executive Committee and UVA HSB**

At its next scheduled meeting, the Clinical Staff Executive Committee shall review the report and decision of the Hearing Entity and shall, within thirty (30) days of such meeting, give written notice of its recommendation to the UVA HSB and the Member or Non-member. The Clinical Staff Executive Committee may affirm, modify or reverse the decision of the Hearing Entity.

#### **9.4.10 Appeal**

The Member or Non-member may submit to the Chief Executive Officer a written appeal statement detailing the findings of fact, conclusions, and procedural matters with which he or she disagrees, and his or her reasons for such disagreement. This written appeal statement may cover any matters raised at any step in the hearing process, and legal counsel may assist in its preparation. The statement shall be delivered by hand or by certified or registered mail to the Chief Executive Officer and received no later than fourteen (14) days after the Member's or Non-member's receipt of the recommendation of the Clinical Staff Executive Committee. The Chief Executive Officer shall provide a copy of the Member's or Non-member's statement to the UVA HSB and the Chair of the Clinical Staff Executive Committee. In response to the statement submitted by the affected Member or Non-member, the Clinical Staff Executive Committee may also submit a written statement to the UVA HSB and shall provide a copy of any such written statement to the Member or Non-member.

#### **9.4.11 Decision by the Health System Board**

- A. At a meeting following receipt of the Member's or Non-member's written appeal statement (or after the expiration of the time in which the Member or Non-member had the opportunity to submit a written statement) and the Clinical Staff Executive Committee's written statement, the UVA HSB shall reach a final decision, shall render a decision in writing, and shall forward copies thereof to each party involved in the hearing. The decision of the UVA HSB shall include a statement of the basis for its decision.
- B. The UVA HSB may affirm, modify, or reverse the decision of the Clinical Staff Executive Committee. The UVA HSB may also refer the decision back to the Clinical Staff Executive Committee for reconsideration, or remand the matter to the hearing entity for further review. If the matter is remanded to the Hearing Entity for further review and recommendation, such Hearing Entity shall conduct its review within sixty days and make its recommendations to the UVA HSB. This further review and the time required to report back shall not exceed sixty (60) days except as the parties may otherwise agree, for good cause, as jointly determined by the Chair of the UVA HSB and the Hearing Entity or Clinical Staff Executive Committee. UVA HSB shall thereafter make its final decision.
- C. The decision of the UVA HSB as reflected in paragraphs (a) or (b) above shall constitute final action. This decision shall be immediately effective and shall not be subject to further

hearing, or appellate review.

#### **9.4.12 Right to One Hearing and One Appeal**

No Member or Non-member shall be entitled to more than one evidentiary hearing and one appeal on any matter that shall have been the subject of Adverse Action or recommendation.

### **9.5 HEARING AND APPEAL PLAN FOR NON-MEMBERS**

#### **9.5.1 Hearing Procedure**

Allied Health Professionals and other Non-members who are not Physicians, Clinical Psychologists or Dentists (hereinafter “Practitioners”) are not entitled to the hearing and appeals procedures set forth in the Clinical Staff Bylaws. In the event one of these Practitioners receives notice of a recommendation by the Clinical Staff Executive Committee that will adversely affect his/her exercise of Clinical Privileges, the Practitioner and his/her supervising physician, as applicable, shall have the right to meet personally with two Physicians and a Peer assigned by the President of the Clinical Staff to discuss the recommendation. The Practitioner and the supervising physician, as applicable, must request such a meeting in writing to the Clinical Staff Office within 10 working days from the date of receipt of such notice. At the meeting, the Practitioner and the supervising physician, as applicable, must be present to discuss, explain, or refute the recommendation, but such meeting shall not constitute a hearing and none of the procedural rules set forth in the Clinical Staff Bylaws with respect to hearings shall apply. Findings from this review body will be forwarded to the affected Practitioner, CSEC, and the UVA HSB.

#### **9.5.2 Appeal**

The Practitioner and the supervising physician, as applicable, may request an appeal in writing to the CEO within 10 days of receipt of the findings of the review body. Two members of the Clinical Staff assigned by the chair of the Clinical Staff Executive Committee shall hear the appeal from the Practitioner and the supervising physician as applicable. A representative from the Clinical Staff leadership and from Medical Center leadership may be present. The decision of the appeal body will be forwarded to the UVA HSB for final decision. The Practitioner and the supervising physician will be notified within 10 days of the final decision of the UVA HSB.

## **ARTICLE X OFFICERS OF THE CLINICAL STAFF**

### **10.1 IDENTIFICATION OF OFFICERS**

The Officers of the Clinical staff shall be:

- A. President
- B. Vice President

### **10.2 QUALIFICATIONS OF OFFICERS**

Officers must be Physician or Dentist Members of the Active Clinical Staff in good standing at the time of their election and must remain Members of the Active Clinical Staff in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

### **10.3 NOMINATIONS**

All nominations for Officers shall be made by the Nominating Committee (which is described in Article XIII of these Bylaws) with the concurrence of the Chief Executive Officer and the Dean. Any Active Clinical Staff or Ph.D. Clinical Pathologist Staff may submit the name or names of any Member(s) of the Active Clinical Staff to the Nominating Committee for consideration as an Officer candidate. The Nominating Committee shall nominate one or more candidates for each office at least thirty (30) days prior to the election.

The Nominating Committee shall report its nominations for Officers to the Clinical Staff Executive Committee, with the approval of the Chief Executive Officer and the Dean, prior to the election and shall mail or deliver the nominations to the Clinical Staff at least ten (10) days prior to the election. Nominations for Officers shall not be accepted from the floor at the time of the election if voting occurs at a meeting.

### **10.4 ELECTIONS**

The Officers shall be elected by electronic ballot. Only members of the Active Clinical Staff shall be eligible to vote. The nominee receiving the most votes shall be elected. In the case of a tie, a majority vote of the Clinical Staff Executive Committee shall decide the election by secret written ballot at its next meeting or a special meeting called for that purpose.

### **10.5 TERMS OF OFFICE**

The Officers shall take office on the first day of July following election to office. The Officers shall serve for terms of three (3) years, unless any one of them shall resign sooner or be removed from office. The Officers each shall be eligible for re-election for one additional three (3) year term.

### **10.6 VACANCIES IN OFFICE**

If there is a vacancy in the office of the President, the Vice President shall serve during the vacancy. If there is a vacancy in the office of the Vice President, the Clinical Staff Executive Committee shall appoint an Active Member of the Clinical Staff to serve as Vice President until a special election to fill the position shall occur at a special meeting of the Clinical Staff, called for such purpose, or at a regular Clinical Staff meeting. The replacement Officer shall serve out the term of the original Officer.

### **10.7 REMOVING ELECTED OFFICERS**

Elected Officers may be removed by a two-thirds (2/3) vote of the Members of the Active Clinical Staff, or by a majority vote of the UVA HSB.

Permissible bases for removal of an elected Officer of the Clinical Staff include, but are not limited to:

- A. Failure to perform the duties of the position in a timely and appropriate manner;
  - B. Failure to satisfy continuously the qualifications for the position;
  - C. Having an automatic or summary suspension, or corrective action imposed that adversely affects the Officer's membership or privileges;
  - D. Failure to follow the Clinical Staff Bylaws, Credentials Manual, the Code of Conduct, the Compliance Code of Conduct, or Medical Center policies, procedures, rules, or regulations;
- or
- E. Conduct or statements inimical or damaging to the best interests of the Clinical Staff or the Medical Center, including but not limited to violations of state or federal law or Medical Center policy related to conflict of interest or relationships with vendors (see, for example, Medical Center Policy No. 0013 "Interactions with Vendors, Sales and Service Representatives"): Health System Policy BEH-002 Conflict of Interest and Conflict of Commitment).

## **10.8 DUTIES OF OFFICERS**

### **10.8.1 Duties of the President**

The President shall be the spokesperson for the Clinical Staff and shall:

- A. Act in coordination and cooperation with the Chief Executive Officer and Medical Center senior leadership in all matters of mutual concern within the Medical Center;
- B. Call, preside at, and be responsible for the agenda of all general meetings of the Clinical Staff;
- C. Subject to the desire by the UVA HSB, serve on the UVA HSB as a nonvoting advisory member;
- D. Serve as the Chair of the Clinical Staff Executive Committee and as ex-officio member of all other Clinical Staff committees;
- E. Represent the views, policies, needs and grievances of the Clinical Staff to the UVA HSB, the Clinical Staff Executive Committee, and senior administration of the Medical Center, including the presentation to the UVA HSB of a report of the Clinical Staff at every meeting of the UVA HSB or as otherwise requested by the UVA HSB;
- F. Provide oversight of Clinical Staff affairs, including the Clinical Staff application process, committee performance, compliance with The Joint Commission and licensure requirements as they pertain to clinical practice and physician and patient concerns regarding clinical services;
- G. Jointly with the Chief Executive Officer, appoint individuals to committees of the Clinical Staff, unless otherwise provided in these Bylaws; and

- H. Perform such other functions as may be assigned to him or her by these Bylaws, the Clinical Staff Executive Committee or the UVA HSB.

### **10.8.2 Duties of the Vice President**

The Vice President shall serve as the Chair of the Credentials Committee and the Vice-Chair of the Clinical Staff Executive Committee. In the absence of the President, the Vice President shall assume all the duties and have the authority of the President. The Vice President shall perform such other duties as the President may assign or as may be delegated by these Bylaws, the Clinical Staff Executive Committee or the UVA HSB.

## **ARTICLE XI CLINICAL STAFF EXECUTIVE COMMITTEE**

### **11.1 DUTIES OF THE CLINICAL STAFF EXECUTIVE COMMITTEE**

Subject to the overall authority of the UVA HSB, the Clinical Staff Executive Committee shall be the executive committee of the Clinical Staff with the following duties to:

- A. Monitor, oversee and, where appropriate, manage the quality of clinical care delivered within the Medical Center;
- B. Communicate to Members and Non-members of the Clinical Staff regarding clinical practice issues and present the interests of the Clinical Staff to the UVA HSB;
- C. Act for the Clinical Staff in the intervals between Clinical Staff meetings and independently with respect to those matters over which CSEC is given authority in these Bylaws;
- D. Establish, review, and enforce the policies applicable to the Clinical Staff, including the Bylaws, the Code of Conduct, and all other Medical Center clinical policies regarding patient care;
- E. Control and monitor the membership of the Clinical Staff through oversight of the appointment, credentialing, and privileging process;
- F. Coordinate the activities and general clinical policies of the Medical Center to support institutional approach to patient care within the Medical Center;
- G. Oversee the functions of performance improvement of professional services provided by the Clinical Staff within the Medical Center;
- H. Advise the Medical Center management regarding the allocation and distribution of clinical resources, including assignments of beds, clinics, operating rooms, and other elements that are important to efficient and effective medical care within the Medical Center;
- I. Provide Clinical Staff representation and participation in any Medical Center deliberation

affecting the discharge of Clinical Staff responsibilities;

- J. Report to the UVA HSB, as required, on the activities of the Clinical Staff Executive Committee and the Clinical Staff and makes specific recommendations to the UVA HSB relating to the clinical efforts of the Medical Center;
- K. Approve the creation and provide oversight of committees of the Clinical Staff as necessary for compliance with accreditation standards, regulatory requirements and governance of the Clinical Staff;
- L. Receive and act on reports and recommendations from the Clinical Staff committees and Departments;
- M. Develop a procedure for managing such conflict as may arise between the Clinical Staff and the Clinical Staff Executive Committee on issues related to the adoption, revision or amendment to Clinical Policies of the Medical Center;
- N. Notify Members of the Clinical Staff of its adoption of or amendment to Clinical Staff Policies of the Medical Center, and
- O. Perform such other duties as may be assigned to it by the UVA HSB.

## **11.2 MEMBERSHIP OF THE CLINICAL STAFF EXECUTIVE COMMITTEE**

The membership of the Clinical Staff Executive Committee shall consist of the following individuals, all of whom shall be voting members:

- President of the Clinical Staff
- Vice President of the Clinical Staff
- Chief Executive Officer of the Medical Center
- Chief Medical Officer of the Medical Center
- Chief Nursing Officer of the Medical Center
- Chief of Quality and Performance Improvement
- Dean of the School of Medicine
- Designated Institutional Officer for Graduate Medical Education
- Clinical Chairs of the School of Medicine Departments of the University
- Chair, Children's Hospital Clinical Practice Committee
- Regional Primary Care Medical Director
- Five (5) Clinical Staff Representatives selected by the Clinical Staff and AHPs as provided in Section 11.3
- President of the Nursing Staff

In addition, the President(s) of the GME Executive Council, the Medical Center Chief Operations Officer, and the Chief Medical Officer of University of Virginia Transitional Care Hospital Post-Acute Division shall serve on the Clinical Staff Executive Committee as a non-voting, ex-officio member(s). When the Department Chair is unable to attend a CSEC meeting, the Deputy may attend and vote in place of the Department Chair. The Deputy will count in establishing a quorum.

In the event that any of the positions listed above are renamed, then the newly named position shall be substituted automatically in lieu of the old position without the necessity for an amendment of these Bylaws.

### **11.3 SELECTION OF THE CLINICAL STAFF REPRESENTATIVES**

There shall be one Member representative on the Clinical Staff Executive Committee from each of the five following areas (the “Clinical Staff Representatives”):

- Primary Care (drawn from General Internal Medicine, General Pediatrics, Family Medicine, Regional Primary Care, and Community Medicine)
- Medical Specialties (drawn from Internal Medicine, Pediatrics, Neurology, Psychiatry, and PM&R)
- Surgical Specialties (drawn from Surgery, Orthopedic Surgery, Neurological Surgery, Urology, Ophthalmology, Otolaryngology, Plastic Surgery, Dentistry, Dermatology, and Obstetrics and Gynecology)
- Hospital-Based Specialties (drawn from Anesthesiology, Pathology, Radiology, Radiation Oncology, and Emergency Medicine)
- AHP Representative (drawn from Audiologists, Optometrists, Licensed or Certified Substance Abuse Counselors, Licensed Professional Counselors, Licensed Clinical Social Workers, Nurse Practitioners, Physician Assistants, and Certified Registered Nurse Anesthetists with UVAMC privileges)

All Clinical Staff Representatives, excluding the AHP representative, shall be Active Members of the Clinical Staff in Good Standing, but may not be Clinical Department Chairs of the School of Medicine of the University. The Nominating Committee may specify requirements necessary to complete nominations for Clinical Staff Representatives. The Nominating Committee shall solicit nominations for the Clinical Staff Representatives from the Clinical Staff as necessary from time to time. The Nominating Committee shall nominate one or more candidates for each Clinical Staff Representatives whose term is ending, and the Clinical Staff Office shall mail or electronically deliver the nominations to the Clinical Staff at least ten (10) days prior to the election. At a meeting called for such purpose or by electronic means, each Member or AHP shall vote for one nominee from the area applicable to their specialty. The nominees receiving the most votes in each of the five (5) enumerated areas shall become the Clinical Staff Representatives of the Clinical Staff Executive Committee.

Each Clinical Staff Representative shall serve for a term of three (3) years and shall serve until the earlier to occur of (a) the end of such period and until his or her successor is appointed, or (b) the resignation or removal of such Clinical Staff Representative. A Clinical Staff Representative may be removed upon a two-third (2/3) vote of the Clinical Staff or upon a majority vote of the UVA HSB. No Clinical Staff Representative shall serve on the Clinical Staff Executive Committee in the capacity of Clinical Staff Representative for more than two (2) consecutive terms.

### **11.4 MEETINGS OF THE CLINICAL STAFF EXECUTIVE COMMITTEE**

The Clinical Staff Executive Committee shall meet at least (10) times per year at a time and place as designated by the Chair of the Clinical Staff Executive Committee, and the expectation

is the each member of the Clinical Staff Executive Committee will attend these meetings. Fifty-one percent (51%) of the membership of the Clinical Staff Executive Committee shall constitute a quorum. Attendance at the Clinical Staff Executive Committee meetings is not assignable for voting purposes. A substitute who is not a deputy may attend a meeting for purposes of information sharing but may not vote by proxy and will not count in the quorum.

#### **11.5 DUTIES OF THE CHAIR OF THE CLINICAL STAFF EXECUTIVE COMMITTEE**

The President shall serve as the Chair of the Clinical Staff Executive Committee. The duties of the Chair are to:

- A. Set the agenda for meetings of the Clinical Staff Executive Committee;
- B. Preside at the meetings of the Clinical Staff Executive Committee;
- C. Jointly with the Chief Executive Officer, coordinate and appoint committee members to all standing, special and multi-disciplinary committees of the Clinical Staff Executive Committee;
- D. Report as appropriate to the Clinical Staff on the activities of the Clinical Staff Executive Committee;
- E. In conjunction with the Chief Executive Officer, appoint individuals to serve on the Clinical Staff Committees described in Article XIII or otherwise created by the Clinical Staff Executive Committee; and
- F. Report to the UVA HSB, as required, on the activities of the Clinical Staff Executive Committee and the Clinical Staff.

#### **11.6 DUTIES OF THE VICE CHAIR OF THE CLINICAL STAFF EXECUTIVE COMMITTEE**

The Vice President shall serve as the Vice Chair of the Clinical Staff Executive Committee. The duties of the Vice Chair are to:

- A. Preside at the meetings of the Clinical Staff Executive Committee in the absence of the Chair;
- B. Present each Credentials Committee report to the Clinical Staff Executive Committee;
- C. Assume duties and have the authority of the Chair in the event of the Chair's temporary inability to perform his/her duties due to illness, absence from the community or unavailability for any other reason;
- D. Assume duties and have the authority of the Chair in the event of his/her resignation as until such time as a successor is designated; and

- E. Perform such other duties as may be assigned by the Chair.

#### **11.7 DUTIES OF THE SECRETARY OF THE CLINICAL STAFF EXECUTIVE COMMITTEE**

The Chair of the Clinical Staff Executive Committee shall appoint a Secretary of the Clinical Staff Executive Committee. The Secretary is not required to be a Member. The duties of the Secretary are to:

- A. Keep accurate and complete minutes of the meetings of the Clinical Staff Executive Committee;
- B. Maintain a roster of the members of the Clinical Staff Executive Committee;
- C. Send notices of meetings to the members of the Clinical Staff Executive Committee;
- D. Attend to all correspondence of the Clinical Staff Executive Committee; and
- E. Perform such other duties as ordinarily pertain to the office of secretary.

#### **11.8 DELEGATING AND REMOVING AUTHORITY OF THE CLINICAL STAFF EXECUTIVE COMMITTEE**

The Clinical Staff may from time to time propose the delegation of additional duties to the Clinical Staff Executive Committee and/or the removal of any of the duties specified in Article XI for which the Clinical Staff Executive Committee is responsible whenever the Active Clinical Staff votes at a special meeting of the Clinical Staff called for such purpose to approve such proposals as provided in this Section.

- A. Any Member of the Active Clinical Staff may propose the delegation of additional duties to the Clinical Staff Executive Committee and/or removal of any of the duties specified in Article XI for which the Clinical Staff Executive Committee is responsible by notifying the President of the Clinical Staff, in writing, of the proposal.
- B. Upon receipt of the proposal the President will seek legal review of the proposal to ensure legal sufficiency and compliance. Any changes necessitated by law or regulation shall be made to the proposal.
- C. Once the legal review is complete, the Clinical Staff Office shall circulate the proposal to all members of the Active Clinical Staff for review.
- D. In accordance with the provisions of Article XIV of these Bylaws, if not less than fifteen percent (15%) of the Active Clinical Staff request a special meeting to consider any proposal to delegate additional duties to the Clinical Staff Executive Committee and/or to remove any of the duties specified in Article XI for which the Clinical Staff Executive Committee is responsible, the President shall call a special meeting of the Clinical Staff. If not, any such proposal shall not proceed

- E. A quorum for any such special meeting of the Clinical Staff shall be as provided in Section 14.3 of these Bylaws. If a quorum is present at the special meeting, any decision to add or remove any duties of the Clinical Staff Executive Committee shall require a majority vote in favor of the proposal by those Active Clinical Staff present at the special meeting.
- F. Any such proposal to add or remove any of the duties of the Clinical Staff Executive Committee shall also require the approval of the UVA Health System Board.

## **ARTICLE XII CLINICAL DEPARTMENTS**

### **12.1. Organization of Clinical Departments**

- A. The Medical Center and the School of Medicine are components of an academic Health System at the University of Virginia. The Members of the Clinical Staff of the Medical Center have faculty appointments in the School of Medicine, and all Clinical Staff are required to have faculty appointments in the School of Medicine or an employment contract with UPG as a condition of appointment to the Clinical Staff. Exceptions to this requirement will be considered only when practitioners are requesting Temporary Privileges under emergency circumstances to meet patient care needs as provided in the Bylaws, for Honorary Members, or such other exceptional circumstances as may be approved by the Chief Executive Officer, the President or the Chair of the Credentials Committee.
- B. The Clinical Staff is divided into clinical Departments, and some Departments are further subdivided into clinical Divisions. Each Department is organized as a separate component of the Clinical Staff and shall have a Chair selected and entrusted by the Dean, with the authority, duties and responsibilities specified in Section 12.6. A Division of a Department is directly responsible to the Department within which it functions, and each Division has a Division Chief selected and entrusted with the authority, duties and responsibilities specified in Section 12.9.
- C. Departmental status, including the creation, elimination, modification or combination thereof, shall be designated by the Dean. Division status shall be designated upon recommendation of the Chair or Chairs of the applicable Department(s) and approved by the Dean.
- D. The clinical enterprise is organized into functional units called Service Lines, and some Service Lines are further organized into Unit Based Teams or functional units. Each Service Line is organized as a separate component of the Clinical Staff and shall have a Service Line physician co-lead and an administrator co-lead. The physician co-leads are selected by the Chief Executive Officer and Chief Medical Officer. The authority, duties and responsibilities are specified in Section 12.12. A Service Line unit Based Team or functional unit is directly responsible to the Service Line leaders and each functional unit or area has a Medical Director selected by the Service Line leaders and entrusted with the

authority, duties, and responsibilities specified in Section 12.13.

## **12.2 Current Departments**

### **12.2.1 Departments**

The current clinical Departments are:

- (a) Anesthesiology
- (b) Dentistry
- (c) Dermatology
- (d) Emergency Medicine
- (e) Family Medicine
- (f) Medicine
- (g) Neurological Surgery
- (h) Neurology
- (i) Obstetrics and Gynecology
- (j) Ophthalmology
- (k) Orthopedic Surgery
- (l) Otolaryngology – Head and Neck Surgery
- (m) Pathology
- (n) Pediatrics
- (o) Physical Medicine and Rehabilitation
- (p) Plastic and Maxillofacial Surgery
- (q) Psychiatric Medicine
- (r) Radiation Oncology
- (s) Radiology
- (t) Surgery
- (u) Urology

### **12.2.2 Other Clinical Enterprises**

For purposes of these Bylaws, Community Medicine and Regional Primary Care shall be treated as “Departments.” The Chief Medical Officer shall be considered the “Chair” of Community Medicine, and the Medical Director of Regional Primary Care shall be considered the “Chair” of Regional Primary Care. The EVPHA on behalf of the UVA HSB may designate other clinical enterprises within the Medical Center from time to time that shall be considered Departments for purposes of these Bylaws. In such event, the EVPHA on behalf of the UVA HSB shall designate the person to serve as “Chair.”

## **12.3 Assignments**

Each Member shall be assigned to at least one Department, and if applicable, to a Division within such Department. Members may be granted membership and/or Clinical Privileges in more than one Department or Division consistent with practice privileges granted. For Members with joint appointments in two Departments, the Chairs from each Department shall sign off on the faculty appointment and recommendation of Clinical Privileges.

## 12.4 Functions of Departments and Divisions

The general functions of each Department and Division, as applicable, include:

- A. Conducting patient care reviews for the purpose of analyzing and evaluating the quality and appropriateness of care and treatment provided to patients within the Department and Division. The number of such reviews to be conducted during the year shall be as determined by the Clinical Staff Executive Committee in consultation with other appropriate committees. The Department, and as applicable, the Division, shall routinely collect information about important aspects of patient care provided in the Department or Division, periodically assess this information, and develop objective criteria for use in evaluating patient care. Patient care reviews shall include all clinical work performed under the jurisdiction of the Department or Division, regardless of whether the Member whose work is subject to such review is a member of that Department or Division;
- B. Recommending to the Credentials Committee criteria for the granting of Clinical Privileges (both core privileges and privileges outside the core as well as new or additional Clinical Privileges) and the performance of specified services within the Department or Division;
- C. Evaluating and making appropriate recommendations regarding the qualifications of Applicants seeking appointment or reappointment to the Clinical Staff and Clinical Privileges within that Department or Division;
- D. Reviewing and evaluating departmental adherence to Clinical Staff and Medical Center policies and procedures and sound principles of clinical practice;
- E. Coordinating and integrating patient care provided by the Department's or Division's members with patient care provided in other Departments or Divisions and with nursing and ancillary patient care services;
- F. Submitting written reports to the Clinical Staff Executive Committee concerning: (i) the Department's and/or Division's review and evaluation of activities, actions taken thereon, and the results of such actions; and (ii) recommendations for maintaining and improving the quality of care provided in the Department and/or Division and the Medical Center;
- G. Having at least quarterly meetings for the purpose of considering patient care review findings and the results of the Department's other review and evaluation activities, as well as reports on other Department and Clinical Staff functions;
- H. Taking appropriate action when important problems in patient care and clinical performance or opportunities to improve care are identified;
- I. Accounting to the Clinical Staff Executive Committee for all professional activities within the Department;
- J. Appointing such committees or other mechanisms as may be necessary or appropriate to conduct the clinical functions of the Department;

- K. Formulating recommendations for Departmental or Division rules and regulations reasonably necessary for the proper discharge of its clinical responsibilities, subject to compliance with Medical Center policies; and
- L. Encouraging the continuing education of Members of the Clinical Staff in the Department.

### **12.5 Clinical Department Chairs**

- A. Each Department other than Community Medicine and Regional Primary Care shall have a Chair who is a Member of the Active Clinical Staff and is appointed by the Dean of the School of Medicine. Department Chairs shall be certified as diplomats of their specialty board or be equivalently qualified. Each Chair shall report and be accountable to the Dean and shall also be accountable to the Clinical Staff Executive Committee and the UVA HSB for all clinical matters in his or her Department.
- B. For purposes of these Bylaws, the Chair for Community Medicine shall be the Chief Medical Officer, and the Chair for Regional Primary Care shall be its Medical Director. The Chief Medical Officer and the Regional Primary Care Medical Director shall have the same responsibilities as to Department Chairs set forth in these Bylaws or the Credentials Manual with respect to Community Medicine and Regional Primary Care.

### **12.6 Duties of Clinical Department Chairs**

Each Chair has the following authority, duties, and responsibilities and shall otherwise perform such duties as may be assigned to him or her:

- A. Act as presiding officer at Departmental meetings, which shall be held at least quarterly for the purpose of quality monitoring and reporting and such other purposes as may be required by the Department;
- B. Attend monthly meetings of the Clinical Staff Executive Committee and other special meetings of the Clinical Staff Executive Committee as may be called from time to time;
- C. Report to the Dean and be accountable to the Clinical Staff Executive Committee and the UVA HSB regarding all professional, clinical and appropriate administrative activities within the Department;
- D. Make recommendations regarding the overall clinical policies of the Clinical Staff and the Medical Center;
- E. Make specific recommendations regarding criteria-based privileges and suggestions regarding physician faculty within his or her Department and Divisions therein;
- F. Assure compliance within his or her Department and any Divisions therein with these Bylaws, the Credentials Manual, and Medical Center policies, and procedures, including but not limited to, implementing a process for effectively communicating to Members of his or her Department and Divisions therein any amendment or revision of these Bylaws, the

Credentials Manual, the Code of Conduct, the Compliance Code of Conduct, and any new or revised Medical Center policy, procedure, rule or regulation;

- G. Sign off and transmit to the Credentials Committee the Department's recommendations concerning and required documentation in support of Member appointment and classification, reappointment, criteria for Clinical Privileges, results of any investigation or corrective action with respect to Members with Clinical Privileges in his or her Department. Chairs may delegate this responsibility to a senior level designee within the Department subject to prior written notification to and approval by the Chair of the Credentials Committee. Chairs shall ensure that files on each of their faculty with Clinical Privileges that include documentation of FPPE and OPPE data and other activities are securely maintained and support the specifically delineated Clinical Privileges requested;
- H. Implement within his or her Department appropriate actions taken by the Clinical Staff Executive Committee, the UVA HSB, or the UVA HSB Quality Subcommittee;
- I. Monitor the quality of patient care and outcomes of care and professional performance rendered by Members with Clinical Privileges in the Department through a planned and systematic process, including but not limited to, FPPE and OPPE, and oversee the effective conduct of the patient care, evaluation, and monitoring functions delegated to the Department by the Clinical Staff Executive Committee, the Dean or the President, including evaluating the quality of clinical work performed by each practitioner in the Department at least annually;
- J. Develop, support and implement Departmental programs for retrospective patient care review, ongoing monitoring of clinical and ethical practice, credentials review and privileges delineation, medical education, utilization review, and quality assurance and performance improvement, all as part of the Peer Review process;
- K. Abide by the supervisory requirements when temporary privileges have been granted to a Member in his or her Department or Division;
- L. Participate in every phase of administration of his or her Department, including cooperation with the nursing service and the Medical Center administration in matters such as personnel, supplies, and special regulations, standing orders, and techniques;
- M. Prepare and submit reports pertaining to his or her Department as may be required by the Credentials Committee, the Clinical Staff Executive Committee, the UVA HSB, or the UVA HSB Quality Subcommittee;
- N. Responsible for the teaching, education, and research programs in his or her Department;
- O. Ensure that Members and Graduate Medical Trainees within his or her Department and the Divisions therein practice within the scope of their Clinical Privileges, are educated to deliver patient-centered and family-centered care as members of interdisciplinary teams, emphasizing professional and ethical conduct, evidence-based practice, quality improvement approaches and use of informatics to support practice;

- P. Facilitate Graduate Medical Trainees' education and training to achieve those competencies identified as necessary by the ACGME or other applicable entity;
- Q. Keep appropriate records of all Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists and Ph.D. Clinical Pathologist practicing within his or her Department;
- R. Assess and recommend to the Medical Center resources such as space, number of clinical staff Members, and contract services needed to provide for patient care or treatment;
- S. Integrate the Department into the primary functions of the Medical Center to include coordination and integration of interdepartmental and intradepartmental services; and
- T. Perform such other duties commensurate with the office as may from time to time be reasonably requested by the Dean, the President, the Clinical Staff Executive Committee, the UVA HSB, or the UVA HSB Quality Subcommittee.

### **12.7 Committees of the Departments**

The affairs of each Department may be delegated to a designee or to a committee of Department members appointed by the Chair of the Department.

### **12.8 Division Chiefs**

Each Division shall have a Chief who shall be a Member of the Active Clinical Staff in good standing and a member of the Division which he or she is to head, and shall be qualified by training, experience and demonstrated current ability in the clinical area covered by the Division. The Chair of the Department in which the Division functions shall select and remove the Division Chief, and the Division Chief either reports to the Chair of the Department or directly to the Dean in some cases. Division Chiefs shall be certified as diplomats of their specialty Board or be equivalently qualified.

### **12.9 Duties of Division Chiefs**

Each Division Chief shall:

- A. Act as presiding officer at Division meetings, to be held as reasonably necessary;
- B. Assist in the development and implementation, in cooperation with Department Chairs, of programs to carry out the quality review and evaluation and monitoring functions of the Division, including credentials review and criteria-based privilege delineation, medical education, utilization review, and outcomes for quality and performance improvement, all as part of the Peer Review process;
- C. Evaluate the quality of clinical work performed and outcomes for each practitioner in the Division at least annually;
- D. Conduct investigations and submit reports and recommendations to the Department Chair regarding complaints from other Members, Non-members, or others regarding Members of

the Division as well as regarding the Clinical Privileges to be exercised within his or her Division by Members or Applicants;

- E. Submit reports of the patient care and quality monitoring activities of his or her Division to the Department Chair as required by the Department Chair;
- F. Perform any of the duties of the Department Chair described in Section 11.6 above if the Chair has delegated such duties to the Division Chief;
- G. Perform such other duties commensurate with the office as may from time to time be reasonably requested by the Department Chair, the Dean, the Clinical Staff Executive Committee, the UVA HSB, the UVA HSB Quality Subcommittee, or as otherwise contemplated by these Bylaws or the Credentials Manual; and
- H. Sign off and transmit to the Chair the Division's recommendations concerning and required documentation in support of Member appointment and classification, reappointment, criteria for Clinical Privileges, results of any investigation or corrective action with respect to Members with Clinical Privileges in his or her Division. Division Chiefs shall ensure that files on each of their faculty with Clinical Privileges that include documentation of FPPE and OPPE data and other activities are securely maintained and support the specifically delineated Clinical Privileges requested.

#### **12.10 Medical Directors**

The Medical Director coordinates, directs and evaluates all aspects of patient care rendered by the Licensed Independent Providers (faculty, nurse practitioners, and physician assistants) and GME trainees in the assigned Service area. In collaboration with other clinical departments and operational manager, the Medical Director oversees the care of patients being treated in assigned service area.

The Medical Director partners with the Medical Center manager to serve as co-leader of the Unit Based Clinical Leadership (UBL) team for their service area.

#### **12.11 Duties of the Medical Directors**

Medical director responsibilities include: regularly attending and leading weekly UBL team and leadership meetings, participating in unit-based patient reviews to identify opportunities for improvement, and have peer to peer dialogues with colleagues as required by Medical Center Policy 0262, "Standards for Professional Behavior", including the investigation and analysis of adverse events, clinical errors, and incidents, utilizing the institution's Be Safe program and methods.

Departments and Medical Directors are expected to work together to accomplish the goals of the UVAMC and the Health System.

#### **12.12 Service Line Leaders**

Together with the Service Line Administrative Leader, the Service Line Physician Leader is responsible for the leadership and strategic oversight of the operational, financial, and clinical outcomes of his/her assigned service line. This position services as a visible champion of

efficiency, quality, and patient safety, creates institutional standards of performance, and assists in the development of strategic and tactical plans to meet or exceed Service Line standards and goals.

### **12.13 Duties of Service Line Leaders**

The Service Line Physician leader is expected to work collaboratively with the Medical Center and School of Medicine's executive, administrative and physician leadership to support and participate in Medical Center-wide initiatives. He/she is expected to cooperate with clinicians, Departments, and the School of Medicine in providing learning opportunities for students and Graduate Medical Education Trainees. Together with the Service Line Administrator, the Service Line Physician Leader is responsible for Service Line outcomes, resolving operational issues as they arise, and supporting and participating in Health System wide initiatives including quality, safety and patient-centered care.

## **ARTICLE XIII CLINICAL STAFF STANDING COMMITTEES**

### **13.1 STRUCTURE**

The standing Committees of the Clinical Staff are as set forth in these Bylaws.

#### **13.1.1 Reporting and Accountability to Clinical Staff Executive Committee**

All Clinical Staff Committees report, and are accountable, to the Clinical Staff Executive Committee. The Chair of each Clinical Staff Committee shall maintain minutes of each meeting and shall report its activities to the Clinical Staff Executive Committee by submitting a written report on an annual basis or as it is otherwise requested by the Chair or Vice Chair of the Clinical Staff Executive Committee, or as otherwise provided by these Bylaws.

#### **13.1.2 Membership**

The membership of the Clinical Staff Committees may consist of Members, Allied Health Professionals, Medical Center administrative staff members, and other professional staff or employees of the Medical Center appointed as provided in these Bylaws. The President and the Chief Executive Officer shall be ex-officio members of all Clinical Staff Committees unless otherwise provided in these Bylaws.

#### **13.1.3 Appointments**

Except as otherwise provided in these Bylaws, all chairpersons and members of Clinical Staff Committees shall be appointed jointly by the President and the Chief Executive Officer. Appointments for a term of three (3) years, subject to the discretion of the President and the Chief Executive Officer, or the resignation of the Clinical Staff Committee member. Appointments can be renewed for an additional three (3) year term subject to the discretion of the President of the Clinical Staff and the Chief Executive Officer.

#### **13.1.4 Quorum, Voting and Meetings**

A quorum for each Clinical Staff Executive Committee shall be thirty percent (30%) of the members currently serving, unless the decision involves privileging, and/or corrective action of an individual Practitioner or governance in which the quorum shall be fifty-one percent (51%). All voting and decisions ordinarily shall occur in meetings of the Clinical Staff Committees, but decisions may be made by electronic means as may be reasonably necessary from time to time.

Except as otherwise provided in these Bylaws, all Clinical Staff Committees shall meet at least four (4) times per year, or as otherwise defined in these Bylaws, and as otherwise called by the chair of the Clinical Staff Committee.

#### **13.1.5 Subcommittees**

Each Standing Committee may, with the approval of the Clinical Staff Executive Committee, form Subcommittees or Task Forces as appropriate to carry out the charge of the Standing Committee. All such groups shall be considered Committees of the Clinical Staff.

The chair of each Subcommittee shall report its activities to the appropriate Clinical Staff Committee by submitting a written report on an annual basis and maintaining minutes with attendance for each meeting. Subcommittees shall meet at least four (4) times per year and as otherwise called by the chair of the Subcommittee.

### **13.2 BYLAWS COMMITTEE**

The Bylaws Committee shall ensure that the Bylaws of the Clinical Staff are consistent with the Medical Center's operational needs, current Joint Commission Standards, applicable CMS Conditions of Participation and other CMS requirements and the policies, procedures, rules and regulations of the Medical Center. In performing this function, the Bylaws Committee shall: (a) review the Bylaws on at least on a biannual basis; (b) review proposed Bylaws amendments that may be proposed by Members of the Clinical Staff; (c) develop draft revisions and recommendations regarding proposed amendments to the Bylaws; (d) present proposed revisions to the Clinical Staff Executive Committee and the UVA HSB for review and approval; and (e) provide each Member a current copy of the Bylaws.

The Bylaws Committee shall meet as necessary, but not less than annually. The President of the Clinical Staff shall serve as Chair of the Bylaws Committee. Only Members of the Clinical Staff serving on the Bylaws Committee shall be eligible to vote on Bylaws Committee matters.

The Bylaws Committee has the power to adopt revisions that are, in its judgement, non-substantial modifications for the purpose of clarifying, reorganizing or updating references, or to correct titles, punctuation, spelling or errors of grammar or expression.

### **13.3 CREDENTIALS COMMITTEE**

The Credentials Committee shall review and evaluate the qualifications of each Applicant for initial appointment, reappointment or modification of appointment to the Clinical Staff in accordance with the procedures outlined in the Credentials Manual and these Bylaws. The

Credentials Committee ensures that providers are appropriately trained and competent. This includes assuring that providers have a reasonable minimum level of ongoing involvement and experience relevant to their privileges. The Credentials Committee shall recommend to the Clinical Staff Executive Committee and the UVA HSB appointment or denial of all Applicants to the Clinical Staff and the granting of Clinical Privileges. When appropriate, the Credentials Committee shall interview a Member or Applicant and/or the Chair of the involved Department in order to resolve questions about appointment, reappointment, or change in privileges. The Credentials Committee shall review and make recommendations for revisions to the Credentials Manual from time to time; provided however the Chair of the Credentials Committee, in consultation with the President and the Chief Executive Officer, shall have authority to amend the Credentials Manual. The Credentials Committee shall also serve as the investigatory body for all matters set forth in Article VIII of these Bylaws. The Credentials Committee shall also independently assess the departmental Peer Review process for Members of the Clinical Staff and for Allied Health Professionals in order to ensure that data related to qualifications and performance of individual Practitioners is collected, regularly assessed, compared to Peers, and acted upon by the Department in a timely manner. When appropriate, the Credentials Committee shall also refer Practitioners to the Physician Wellness Program or Employee Assistance Program, and shall work with these programs to determine appropriate privileges for each Practitioner's individual circumstances. The Vice President shall serve as chair of the Credentials Committee. Only Members of the Clinical Staff serving on the Credentials Committee shall be eligible to vote on Credentials Committee matters.

#### **13.4 NOMINATING COMMITTEE**

The Nominating Committee shall nominate Members to serve as Officers of the Clinical Staff and shall nominate Members for the Clinical Staff Representatives, as provided in these Bylaws. The Nominating Committee shall consist of (i) the immediate past president of the Clinical Staff, who shall serve as Chair of the Nominating Committee, and (ii) six (6) Members of the Active Clinical Staff chosen by the President, subject to confirmation by the Chief Executive Officer and the Dean.

#### **13.5 CANCER COMMITTEE**

The Cancer Committee oversees the cancer care delivered within the Medical Center and reports to the Clinical Staff Executive Committee. The Committee promotes a coordinated multidisciplinary approach to patient care management and ensures that an active, supportive care system is in place for patients, families and staff, and will follow the requirements outlined in the most current American College of Surgeons Commission on Cancer Program Standards.

#### **13.6 GRADUATE MEDICAL EDUCATION COMMITTEE**

The Graduate Medical Education Committee oversees all aspects of GME training and patient care practices within the Medical Center. It ensures that each GME Trainee program provides quality educational experiences and meets the requirements set forth in the ACGME Institutional, Common and individual program requirements. Further, the Committee monitors and coordinates issues applicable or common to all programs, such as those raised by external accreditation agencies (AMA, AAMC, ACGME, and NRMP).

### **13.7 CHILDREN’S HOSPITAL CLINICAL PRACTICE COMMITTEE**

The UVA Children’s Hospital Practice Committee is an interdisciplinary committee charged with coordination and implementation of the Plan for Provision of Care for children in both the inpatient and outpatient setting. This Committee addresses clinical practice issues that extend beyond the scope of practice for a single professional discipline (e.g., pediatric medicine and surgery, nutrition, nursing, pharmacy, therapies, social work, etc.) in all settings across the continuum of care. The Committee is responsible for review, coordination, and submission of policies and practices that directly impact all aspects of the clinical and family-centered care of children. The Committee provides organizational guidance regarding faculty, staff, Graduate Medical Trainee, nursing, and other clinician training and competency for the clinical care of children.

### **13.8 OPERATING ROOM COMMITTEE**

The Operating Room Committee is an interdisciplinary committee charged to coordinate and standardize the care of patients undergoing surgical or other invasive procedures. This Committee oversees clinical practice related to Pre, Peri and Post procedure care. It has the authority to establish clinical procedure and policy within the Medical Center Operating Rooms and recommend policy related to those procedures outside of the Operating Room. It works collaboratively with other Committees to monitor and improve care and ensure patient safety.

### **13.9 CLINICAL INFORMATION TECHNOLOGY OVERSIGHT COMMITTEE**

The Clinical Information Technology Oversight Committee (CITOC) is charged with providing clinical oversight for the continued development of a comprehensive, integrated clinical information system for the University of Virginia Medical Center. CITOC will make recommendations about the use and functionality of all current and future information systems that support clinical care. This will include but not be limited to Epic applications, MedHost, PACS and other clinical information systems. This oversight will assure that system change requests, enhancement requests and deployment across systems promotes integrated work and information flows throughout the clinical areas. The Committee will lead the design of processes and programs which strategically use clinical information systems to transform and continually improve the way clinical care is rendered with the primary purposes of enhancing patient safety, improving the quality of care and outcomes, facilitating clinical education and clinical research. Secondary goals are to improve efficiency and reduce the cost of care.

### **13.10 PATIENT CARE COMMITTEE**

The Patient Care Committee is an interdisciplinary committee charged with coordination and implementation of the Plan for Provision of Care for both the inpatient and outpatient setting. This Committee addresses clinical practice issues that extend beyond the scope of practice for a single professional discipline (e.g., medicine, nutrition, nursing, pharmacy, therapies, social work, etc.) in all settings across the continuum of care.

### **13.11 PATIENT SAFETY & QUALITY COMMITTEE**

The Patient Safety & Quality Committee is responsible for evaluating whether the Medical Center is providing safe and quality care by reviewing multiple sources, including learnings from serious and sentinel event reporting, mortality reviews, comparative outcomes data, patient safety indicators, hospital accreditation surveys, closed litigation cases, moral distress consults and culture survey data. The committee uses this information to identify priorities for Be Safe work and performance improvement activities that are needed and monitors those efforts for effectiveness. Recommendations may be made to the Patient Care Committee and Clinical Staff Executive Committee about clinical or operational changes that are needed based on learning from the aforementioned sources of information.

### **13.12 PATIENT GRIEVANCE COMMITTEE**

The Patient Grievance Committee provides oversight to the processes set forth in [Medical Center Policy No. 0070](#) (“Patient Concerns and Grievances”), and assures compliance with all other applicable laws and regulations. The Committee identifies trends and patterns in grievances and recommends corrective action when indicated. The Patient Grievance Committee reports matters of significance to the Quality Subcommittee of the UVA Health System Board.

### **13.13 PHARMACY AND THERAPEUTICS COMMITTEE**

The Pharmacy and Therapeutics Subcommittee is an interdisciplinary committee charged with the institutional oversight of the use of pharmaceutical and other therapeutic products. This Committee reports to the Clinical Staff Executive Committee and is authorized to develop and maintain a Medical Center formulary that is financially responsible and clinically effective.

### **13.14 OTHER COMMITTEES**

The Chief Executive Officer and the President of the Clinical Staff may designate such other standing committees of the Clinical Staff Executive Committee as may be necessary from time to time for compliance with accreditation standards, regulatory requirements and governance of the Clinical Staff. In such event, each such committee shall be subject to the provisions of Section 13.1. In addition, the Medical Center may create, from time to time, any committees deemed necessary.

## **ARTICLE XIV MEETINGS OF THE CLINICAL STAFF**

### **14.1 REGULAR MEETINGS**

Regular meetings of the Clinical Staff shall be held at a time mutually determined by the President and the Chief Executive Officer. One week prior to the time of the meeting a written or printed notice shall be delivered either personally, by mail or by electronic mail to each Member stating the date, time and place of the meeting. The attendance of a Member at a meeting shall constitute a waiver of notice of such meeting.

### **14.2 SPECIAL MEETINGS**

The President or Vice President of the Clinical Staff, the Chief Executive Officer, the Clinical

Staff Executive Committee, or the UVA HSB may call a special meeting of the Clinical Staff at any time. The President of the Clinical Staff shall call a special meeting within fourteen (14) days after receipt by him or her of a written request for same signed by not less than fifteen percent (15%) of the Active Clinical Staff and stating the purpose for such meeting.

At least twenty-four (24) hours prior to the meeting a written or printed notice stating the date, time and place of the special meeting of the Clinical Staff shall be delivered, either personally, by mail, or by electronic mail to each Member. The attendance of a Member at a meeting shall constitute a waiver of notice of such meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

### **14.3 QUORUM**

Except as otherwise provided herein where a higher quorum is required, the presence of fifty (50) Members entitled to vote at any regular or special meeting shall constitute a quorum. No official business may be taken without a quorum except as otherwise provided herein.

### **14.4 ATTENDANCE REQUIREMENTS**

Each Member of the Active Clinical Staff is encouraged to attend all regular Clinical Staff meetings in each year unless unusual circumstances prevent their attendance as well as meetings of all committees to which they have been appointed as members. The Honorary Clinical Staff are encouraged to but are not required to attend.

### **14.5 ACTION BY ELECTRONIC MEANS**

Unless otherwise required by these Bylaws, whenever these Bylaws require the vote of or action by the Clinical Staff or by the Clinical Staff Executive Committee, such vote or action may be taken by electronic means.

## **ARTICLE XV CONFIDENTIALITY, IMMUNITY, AND RELEASES**

### **15.1 AUTHORIZATION AND CONDITIONS**

By applying for or exercising Clinical Privileges within this Medical Center, an Applicant:

- A. Authorizes the Medical Center, the Clinical Staff, the Clinical Staff Executive Committee, the UVA HSB, the UVA HSB Quality Subcommittee, and the Board of Visitors, and their members and authorized representatives, to solicit, provide, and act upon information bearing upon, or reasonably believed to bear upon, the Applicant's professional ability and qualifications and any other matter within the scope of this Article;
- B. Authorizes all persons and organizations to provide information concerning such Applicant to the Medical Center, the Clinical Staff, the Clinical Staff Executive Committee, the UVA HSB, the UVA HSB Quality Subcommittee, and the Board of Visitors, and their members

and authorized representatives;

- C. Agrees to be bound by the provisions of this Article and to waive all legal claims against any third party, the Clinical Staff, the Medical Center, the Clinical Staff Executive Committee, the UVA HSB, the UVA HSB Quality Subcommittee, and the Board of Visitors, along with their members and authorized representatives, for any matter within the scope of this Article; and
- D. Acknowledges that the provisions of this Article are express conditions to an application for Clinical Staff membership, the continuation of such membership, and to the exercise of Clinical Privileges at the Medical Center.

### **15.2 Confidentiality of Information; Breach of Confidentiality**

- A. Clinical Staff, Department, Division, Committee, Clinical Staff Executive Committee, UVA HSB, UVA HSB Quality Subcommittee, Board of Visitors, or any other applicable minutes, files, and records within the scope of this Article shall, to the fullest extent permitted by law, be confidential. Dissemination of such information and records shall only be made where permitted by law, or pursuant to officially adopted policies of the Medical Center or Clinical Staff, or, where no officially adopted policy exists, only with the express approval of the Clinical Staff Executive Committee or its designee, or to the appropriate University personnel and officers in connection with the discharge of their official duties.
- B. Because effective Peer Review and consideration of the qualifications of Members and Applicants to perform specific procedures must be based on free and candid discussions, any breach of confidentiality of the discussions or deliberations of Clinical Staff Departments, Divisions, or committees, is outside appropriate standards of conduct for this Clinical Staff and will be deemed disruptive to the operations of the Medical Center. If it is determined that such a breach has occurred, the Clinical Staff Executive Committee may undertake such corrective action as it deems appropriate.

### **15.3 Immunity**

The Clinical Staff, the Medical Center, the Clinical Staff Executive Committee, the UVA HSB, the UVA HSB Quality Subcommittee, and the Board of Visitors, along with their members and authorized representatives and all third parties, shall be immune, to the fullest extent permitted by law, from liability to an Applicant or Member for damages or other relief for any matter within the scope of this Article.

For the purpose of this Article, “third parties” means both individuals and organizations from which information has been requested by the Medical Center, the Clinical Staff, the Clinical Staff Executive Committee, the UVA HSB, the UVA HSB Quality Subcommittee, or the Board of Visitors, or any of their members or authorized representatives.

### **15.4 Scope of Activities and Information Covered**

The confidentiality and immunity provided by this Article shall apply to all acts,

communications, reports, recommendations, or disclosures performed or made in connection with this or any other health care facilities or organization's activities concerning, but not limited to:

- A. The application for appointment to the Clinical Staff for the granting of Clinical Privileges;
- B. Periodic reappraisals for reappointment to the Clinical Staff or renewals of Clinical Privileges;
- C. Corrective action, including summary or automatic revocation or suspension;
- D. Hearings and appeals;
- E. Medical care evaluations;
- F. Utilization reviews;
- G. Other Medical Center, Department, or Division, committee, or Clinical Staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct;
- H. FPPE, OPPE and other Peer Review activities and organizations Virginia Board of Medicine, the National Practitioner Data Bank pursuant to HCQIA, and similar reports; and
- I. To the greatest extent permitted by law, all other actions taken in pursuit of activities provided for under these Bylaws.

The acts, communications, reports, recommendations, and disclosure referred to in this Section may relate to a Practitioner's professional qualifications, clinical competency, character, mental and emotional stability, physical condition, ethics, malpractice claims and suits, and any other matter that might directly or indirectly have an effect on patient care.

## **15.5 Releases**

Each Applicant or Member shall, upon request of the Clinical Staff or Medical Center, execute general and specific releases in accordance with the express provisions and general intent of this Article. Execution of such releases shall not be deemed a prerequisite to the effectiveness of this Article.

## **ARTICLE XVI AMENDMENT OF BYLAWS AND CLINICAL POLICIES**

### **16.1 AMENDMENT OF BYLAWS**

The Allied Health Professional Credentialing Manual is part of the Clinical Staff Bylaws and shall have the same option and amendment process as these Bylaws.

### **16.1.1 Annual Update**

The Clinical Staff Bylaws shall be reviewed at least annually by the Bylaws Committee and updated as necessary.

### **16.1.2 Proposals to the UVA HSB**

The Clinical Staff shall have the ability to adopt Bylaws, and amendments thereto, and to propose them directly to the UVA HSB as provided in these Bylaws.

### **16.1.3 Process for Amendment**

- A. Consideration shall be given to amendment of these Bylaws upon the request of the President, the Vice President, the Chief Executive Officer, the Clinical Staff Executive Committee, the UVA HSB, upon a written petition signed by at least ten percent (10%) of the Active Clinical Staff entitled to vote, or upon recommendation by the Bylaws Committee.
- B. All proposed amendments to the Bylaws shall be delivered to the Clinical Staff Executive Committee, which shall review and approve, disapprove, or offer modification, as appropriate.
- C. In the event the Clinical Staff Executive Committee does not approve a request for amendment of the Bylaws that is requested by at least ten percent of the Active Clinical Staff members seeking the amendment may ask the President of the Clinical Staff to present the request for amendment to the UVA HSB. The President of the Clinical Staff shall present the petition seeking amendment of the Bylaws to the UVA HSB at the next scheduled meeting of the UVA HSB. The UVA HSB shall review the petition and approve, disapprove, or modify the request for amendment of the Bylaws.
- D. Any amendment(s) to the Bylaws adopted by the Clinical Staff Executive Committee shall be submitted to the Active Clinical Staff and the UVA HSB for review and approval, disapproval or modification, as appropriate.
- E. A minimum of fifty (50) Members of the Active Clinical Staff shall vote in favor or against any proposed amendments to the Bylaws. In order to approve amendments to the Bylaws, a majority of those members of the Active Clinical Staff who vote must vote in favor. Any vote regarding amendments to the Bylaws may be by electronic means.

### **16.1.4 Review and Action by the UVA HSB**

Proposed Bylaws or amendments shall become effective when approved by the UVA HSB or on another date as mutually agreed to by the UVA HSB and Clinical Staff Executive Committee. In the event proposed Bylaws or amendments are not approved or are substantially changed upon UVA HSB review, such Bylaws or amendments shall be referred to the Bylaws Committee, which shall attempt to resolve the differences among the Clinical Staff or the Clinical Staff Executive Committee and the UVA HSB. The Clinical Staff, Clinical Staff Executive Committee, or the UVA HSB may not unilaterally amend these Bylaws.

## **16.2 Proposing, Adopting and Amending Clinical Policies of the Medical Center**

In addition to the policy and procedures set forth in [Medical Center Policy No. 0001](#) (“Medical Center Policy on Policy Development, Review and Approval”) regarding the adoption of or amendment to Medical Center policies, the Clinical Staff may from time to time propose the adoption of or amendment to clinical policies of the Medical Center whenever the Active Clinical Staff votes at a special meeting of the Clinical Staff called for such purpose to approve such proposals as provided in this Section 16.2.

- A. Any Member of the Clinical Staff may propose the adoption of a new Medical Center clinical policy or the amendment of a current Medical Center clinical policy by notifying the President of the Clinical Staff, in writing, of the proposed policy or policy amendment.
- B. Upon receipt of the proposed policy or policy amendment, the President will seek legal review of the proposal to ensure legal sufficiency and compliance. Any changes necessitated by law or regulation shall be made to the proposed policy or policy amendment.
- C. Once the legal review is complete, the Clinical Staff Office shall circulate the proposed policy or policy amendment to all members of the Active Clinical Staff for review.
- D. In accordance with the provisions of Article XIV of these Bylaws, if not less than ten percent (10%) of the Active Clinical Staff request a special meeting to consider the policy or policy amendment, the President shall call a special meeting of the Clinical Staff. If not, the policy or policy amendment shall not proceed.
- E. A quorum for any such special meeting of the Clinical Staff shall be as provided in Section 14.3 of these Bylaws. If a quorum is present at the special meeting, and a majority of the Active Clinical Staff present at the special meeting approves the proposed policy or policy amendment, then the proposal shall be submitted to the Committee of the Clinical Staff (e.g., Credentials Committee, Quality Committee, Patient Care Committee, etc.) that is responsible for the clinical area to which the proposal relates in accordance with Medical Center Policy No. 0001.
- F. If the appropriate Clinical Staff Committee approves the proposed policy or policy amendment, it shall be forwarded to the Clinical Staff Executive Committee for proposed adoption in accordance with the provisions of Medical Center Policy No. 0001.

## **16.3 Distribution of Bylaws**

Each Member shall be provided with on-line access to these Amended and Restated Clinical Staff Bylaws. If at any time amendments are made to the Bylaws, each Member shall be notified and provided with on-line access to such amendments.