



BYLAW
MEDICAL STAFF SECTION

June 28, 2018



BYLAW
MEDICAL STAFF SECTION

CERTIFICATE OF ENACTMENT

THIS IS TO CERTIFY:

- 1) That the Medical Staff Section of the amended bylaw of the Renfrew Victoria Hospital is a true and complete copy of the Medical Staff Section of the bylaw as amended and presented to the Board of Directors of the Renfrew Victoria Hospital at a properly constituted meeting of the Board held on the 24th day of May 2018.
- 2) That the Medical Staff Section of the bylaw was confirmed at a properly constituted meeting of the general membership of the Hospital Corporation at the annual meeting held on the 28th day of June 2018.

DATED AT THE TOWN OF RENFREW, ONTARIO, THE 28th DAY OF JUNE 2018.

A handwritten signature in black ink, appearing to read 'Randy V. Penney', is written over a light blue circular stamp.

Randy V. Penney,
President and Chief Executive Officer.

MEDICAL STAFF BYLAW

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ARTICLE 12. MEDICAL STAFF SECTION

12.01 PURPOSE OF THE MEDICAL STAFF ORGANIZATION

The purposes of the Medical Staff organization, in addition to fulfilling the responsibilities established by the laws of Ontario and this Bylaw, are:

- 1) to provide a structure whereby the members of the Medical Staff participate in the Hospital's planning, policy setting, and decision making, and
- 2) to serve as a quality assurance system for medical care rendered to patients by the Medical Staff and to ensure the continuing improvement of the quality of medical care.

12.02 APPOINTMENT

The Board shall appoint annually the Medical Staff for the Hospital and the Medical Staff Officers.

12.03 APPLICATION FOR APPOINTMENT TO THE MEDICAL STAFF

- 1) An application for appointment to the Medical Staff shall be processed in accordance with the provisions of the Public Hospitals Act.
- 2) The RVH bylaw and Public Hospitals Act are available on the Hospital website. The President and Chief Executive Officer shall make available a copy of the applicable policies and procedures of the Hospital to each physician upon request with the intention to apply for appointment to the Medical Staff.
- 3) The application for appointment to the Medical Staff shall be submitted to the President and Chief Executive Officer with notification to the Chair of Medical Advisory Committee.
- 4) Each application shall contain:
 - a) a statement by the applicant that he/she has read the Public Hospitals Act, RVH Bylaw and will abide by the Policies and Guidelines of the Hospital and Medical Staff;
 - b) an undertaking that, if he/she is appointed to the Medical Staff of the Hospital, he/she will govern themselves in accordance with the requirements set out in the Bylaw, Policies and Procedures of the Hospital and Medical Staff;
 - c) evidence of medical malpractice protection coverage satisfactory to the Board;
 - d) a list of the privileges which are requested;
 - e) an up-to-date curriculum vitae;
 - f) a list of three appropriate referees;
 - g) Vulnerable Sector Check
 - h) emergency contact information
 - i) information of any previous disciplinary proceeding where there was an adverse finding;
 - j) a signed consent authorizing any medical licensing authority to provide a report on:
 - (i) any action taken by its disciplinary committee; and
 - (ii) whether his/her privileges have been curtailed or cancelled by any medical licensing authority or by another hospital because of incompetence, negligence or any act of professional misconduct.
- 5) Prior to the consideration of an applicant for appointment, each applicant shall visit the Hospital for an interview with appropriate members of the Medical Staff and the President and Chief Executive Officer or his/her delegate.

- 6) The President and Chief Executive Officer shall keep the original application on file.

12.04 CRITERIA FOR APPOINTMENT OF MEMBERS OF THE MEDICAL STAFF

- 1) Only an applicant qualified to practise medicine and licensed pursuant to the laws of Ontario is eligible to be a member of and appointed to the Medical Staff of the Hospital.
- 2) The applicant will:
 - a) have a certificate of professional conduct in good standing from the College of Physicians and Surgeons of Ontario;
 - b) be Canadian board certified in his/her field, where applicable.
 - c) have a willingness to participate in the discharge of staff obligations appropriate to membership group;
 - d) have a report on, among other things, the experience, competence and reputation of the applicant from the Chief of Staff or Chief of Department in the last hospital in which the applicant trained or held an appointment;
 - e) in the case of a certified specialist, a report from the Chief of Department in which training was completed, as well as a report from the Chief of the Department in which he/she last practised;
 - f) have evidence of medical malpractice protection coverage satisfactory to the Board;
 - g) have adequate training and experience for the privileges requested.
 - h) be in good standing with hospitals as applicable.
- 3) The applicant must agree to govern himself/herself in accordance with the requirements set out in this Bylaw, the Medical Staff procedures and the Hospital policies and procedures.
- 4) The applicant must indicate to the Credentials Committee adequate control of any significant physical or behavioural impairment that affects skill, attitude or judgment. At the discretion of the Credentials Committee exceptions may be granted.

12.05 TERM

Each appointment to the Medical Staff shall be for one year, but shall continue in effect until the Board has made appointments for the ensuing year.

12.06 ALTERNATION, SUSPENSION AND RENOVATION OF PHYSICIAN PRIVILEGES

- 1) Where,
 - a) a member of the Medical Staff fails to comply with the Bylaw or Rules of the Hospital; or
 - b) there is a question of the competence or conduct of a member of the Medical Staff creating a risk of harm to patient, health care provider, employee or any other persons at the hospital, any or all of the privileges of a member of the Medical Staff may be immediately altered or suspended by the Chief of Staff.
- 2) Notwithstanding Article 12.06 the Chief of Staff or the President of Medical Staff may seek an undertaking from a member of the Medical Staff not to exercise any or all of his/her privileges where,
 - a) a member of the Medical Staff fails to comply with the Bylaw and rules of the Hospital; or
 - b) there is a question of the competence or conduct of a member of the Medical Staff creating a risk of harm to patient, health care provider, employee or any other persons at the hospital,
- 3) Where any or all of the privileges of a member of the Medical Staff is altered or suspended pursuant to Article 12.06, the Chief of Staff shall give written notice to the member of the Medical Staff

confirming the alteration or suspension and the notice shall inform the member of the Medical Staff that he/she is entitled to:

- a) written reasons for the alteration or suspension if a request is received by the Chief of Staff or the President of Medical Staff within 7 days of the receipt by the member of the Medical Staff of the notice; and
 - b) a hearing before the Board if a written request is received by the Board within 7 days of the receipt by the applicant of the written reasons under clause (a) and the member of the Medical Staff may so require such reasons and hearing.
- 4) Where the member of the Medical Staff does not require a hearing by the Board in accordance with Article 12.06 3) (b), the Board shall review the decision taken by the Chief of Staff or the President of Medical Staff and may make any decision it deems appropriate in the exercise of its powers under clause 33 (c) of The Public Hospitals Act.
- 5) a) Prior to its review or the holding of a hearing pursuant to Article 12.06 3) (b) the Board may refer the matter to the Medical Advisory Committee to receive and consider the reasons for the alteration or suspension by the Chief of Staff or the President of Medical Staff for its recommendation.
- b) If the matter is referred to the Medical Advisory Committee by the Board, the Medical Advisory committee shall afford the member of the Medical Staff an opportunity to be heard in a manner consistent with the Public Hospitals Act but the Medical Advisory Committee is not obliged to hold a hearing pursuant to the provisions of the Statutory Powers Procedure Act.
- c) If the Board refers the matter to the Medical Advisory Committee, the Medical Advisory Committee shall:
- (i) notify the member of the staff that he/she is entitled to be heard and if a request is received by the Medical Advisory Committee within 7 days of the receipt by the member of the Medical Staff of the notice, and;
 - (ii) if requested, afford the member of the Medical Staff an opportunity to be heard in a manner to be decided upon in the discretion of the Medical Advisory Committee, it being understood that the Medical Advisory Committee need not provide the member of the Medical Staff with a hearing pursuant to the provisions of the Statutory Powers Procedures Act, and
 - iii) notify the member of the Medical Staff of the recommendation.
- 6) Where the privileges of a member of the Medical Staff are altered or suspended pursuant to Article 12.06, the alteration or suspension shall continue notwithstanding any request for a hearing by the member of the Medical Staff until a decision is taken by the board or where there is an appeal to the Hospital Appeal Board or the Divisional Court, a decision has been taken by the Hospital Appeal board or the Divisional Court.

12.07 APPEAL PROCESS

Any appeal of this decision will be dealt with according to the Public Hospitals Act.

12.08 PRIVILEGES

A Medical Staff member shall not perform within the Hospital any procedure which is not within his/her approved list of procedures except in emergency circumstances. And then only until a Medical Staff member who is privileged to perform the procedures being done becomes available. It shall then be the duty of such qualified person to take full control of the operation and post-operative management. Where

the aforementioned circumstances exist, the clinical responsibility shall be clearly explained to the patient or the patient's guardian by the involved physicians.

12.09 DISCIPLINARY PROVISION

- 1) The Chief of Staff or the Board with cause may suspend or vary the privileges of any member of the Medical Staff at any time and shall advise the Medical Advisory Committee and Medical Staff member concerned within 24 hours of such action.
- 2) A member of Medical Staff may be disciplined when:
 - a) he/she exceeds the limits of his/her privileges except in cases of emergency as outlined in Article 12.08.
 - b) he/she fails to complete a patient's record within 14 days after discharge of the patient; or
 - c) he/she fails within jurisdiction of the Medical Advisory Committee to attend required number of meetings in the calendar year.
- 3) A reasonable and appropriate disciplinary action against a delinquent member may include:
 - a) removal from the Medical Staff of the Hospital; or
 - b) suspension from the Medical Staff of the Hospital for a specified period of time; or
 - c) certain restrictions upon his/her Hospital privileges for a specified period of time and may include suspension of Hospital admitting privileges.
- 4) Any member of Medical Staff who considers himself/herself aggrieved by any decision revoking or suspending his/her appointment to the Medical Staff or suspending or substantially altering his/her Hospital privileges is entitled to the grievance and appeal process as outlined in the Public Hospitals Act of Ontario.

12.10 MEDICAL STAFF EVALUATION

All members of the medical staff are subject to an in-depth review after their first year of appointment to the Active Medical Staff and Casualty Officer Categories and every five (5) years thereafter. The process will be coordinated and delegated as appropriate by the Chief of Staff and/or Medical Director of the Department and may include review of any or all of, but not be limited to, the following:

- a) recurring or significant complaints from patients or other physicians;
- b) compliance with hospital rules, regulations, policies, procedures and bylaws i.e. compliance with behavioural, procedural, document standards and meeting attendance requirements
- c) meet all certification requirements i.e. certifications to work Emergency, continuing medical education
- d) appropriate professional manner with colleagues and hospital staff
- e) consistently adhere to ethical and clinical practice standards of care
- f) adhere to the hospital's mission, vision and values – quality of care, safety and wellbeing, respect and teamwork

The Medical Director of the Department and/or Chief of Staff will discuss the results and recommendations of the in-depth review with the medical staff member. This evaluation will be part of their personnel file kept in Administration.

12.11 RE-APPOINTMENT

- 1) Each year the Board shall require each member of the Medical Staff to make written application for reappointment to the Medical Staff on the prescribed form to the Credentials Committee.
- 2) The applications for re-appointment to the Medical Staff shall be processed as set out in Article 12.04.

12.12 CRITERIA FOR RE-APPOINTMENT TO THE MEDICAL STAFF

- 1) The applicant continues to meet the criteria set out at Article 12.04.

12.13 REFUSAL TO RE-APPOINT

Pursuant to the Public Hospitals Act, the Board may refuse to re-appoint a member of the Medical Staff.

12.14 APPLICATION FOR CHANGE OF PRIVILEGES

- 1) Where a physician wishes to change his/her privileges, an application shall be submitted listing the change of privileges which is requested and evidence of appropriate training and competence.
- 2) The application shall be processed in accordance with the provisions of the Public Hospitals Act.
- 3) An applicant shall submit the original written application to the President and Chief Executive Officer.
- 4) The President and Chief Executive Officer shall refer the application to the Medical Advisory Committee/Credentials Committee for review.

12.15 MONITORING ABERRANT PRACTICES

Where any member of the Medical Staff, or Hospital Staff believes that a member of the Medical Staff is attempting to exceed his/her privileges or is temporarily incapable of providing a service that he/she is about to undertake, the belief may be communicated to the Chief of Staff and to the President and Chief Executive Officer.

12.16 VIEWING OPERATIONS OR PROCEDURES

Any operation or procedure performed in the Hospital may be viewed without the permission of the physician by the Chief of Staff or delegate.

12.16 LEAVE**1) ILLNESS AND/OR DISABILITY**

- a) A Medical Staff Member or someone authorized to act on behalf of the member, must, as soon as practicable, notify the Chief of Staff when an illness or disability adversely impacts the Medical Staff Member's ability to perform their duties.
- b) Such notification should, where possible, disclose only information that is reasonably necessary in the circumstances and to an extent that is commensurate with the duration of the medical leave, the anticipated medical leave and/or the level of absenteeism sought.
- c) The Chief of Staff may periodically make inquiries of the Member or of the Member's attending physician(s), for updates regarding the Member's health and anticipated return to duty date. Such inquiries shall pertain only to details reasonably necessary. The Member shall provide to their attending physician(s), the requisite consents to release such information if the Member is unable to obtain and provide the information required.

- d) Upon being able to resume their duties, the Member shall provide to the Chief of Staff a written opinion from their attending physician(s) indicating that the Medical Staff Member is medically fit to resume their duties, and detailing any limitations that the attending physician(s) has placed on the Medical Staff Member.

2) LEAVE OF ABSENCE/EDUCATIONAL LEAVE

- a) A written application for a leave of absence or educational leave must be submitted to the Chief of Staff with a minimum of three months advance notice, if possible.
- b) A written plan of coverage is to be provided to the Chief of Staff.
- c) A member may apply to the Chief of Staff for an extended leave of absence.

3) PARENTAL/MATERNITY LEAVE

When parental/maternity leaves are taken, a written notice is to be given to the Chief of Staff with a plan for coverage.

4) LEAVE DENIED

Where the Chief of Staff does not grant a Member the requested leave, the Chief of Staff shall provide a Member with written notice within fourteen (14) days of receipt of the request. Upon receipt of this notice, the Member may, upon giving notice to the Chief of Staff of their intention to do so, appeal the application denial to the Joint Conference Committee for consideration at its next meeting. Both the Member and the Chief of Staff shall be afforded the opportunity to make representation regarding the leave application, unless a party waives their right to be present. The Joint Conference Committee shall provide written reasons for its decision to the Chief of Staff and the Member within fourteen (14) days) of the meeting at which the decision was rendered.

5) REQUIREMENTS RETURNING FROM LEAVE

- a) If a Member's reappointment comes due during the period of the Member's leave of absence, the Member shall apply for reappointment as if they were not on a leave of absence.
- b) While on an approved leave of absence, the Member shall maintain their Medical Staff appointment but:
 - (i) Is exempt from Medical Staff duties, including the requirement to attend meetings; and
 - (ii) Does not have any admitting, discharge, prescribing or procedural privileges.
- c) While on approved leave of absence, Members are required to maintain licensure with their applicable licensing body and to maintain applicable professional liability insurance satisfactory to Renfrew Victoria Hospital.
- d) Prior to returning from a leave of absence, the Member must satisfy the Chief of Staff of their ability to return to the staff category and privileges held prior to the leave of absence. Once satisfied, the Member shall be afforded all the rights, privileges, responsibilities and resources they enjoyed prior to commencing the leave, subject to any resource changes initiated by the Medical Advisory Committee or Chief of Staff in their absence.

ARTICLE 13. CATEGORIES OF MEDICAL STAFF

The Medical Staff shall be divided into the followings:

- a) Active
- b) Associate

- c) Consulting
- d) Locum tenens
- e) Temporary
- f) Honorary
- g) Casualty officer

13.01 ACTIVE STAFF

- 1) The active staff shall consist of those physicians who have been appointed by the Board.
- 2) Except where approved by the Board, no physician with an active staff appointment at another hospital shall be appointed to the active staff.
- 3) Every physician applying for appointment to the active Medical Staff will be assigned to the associate staff for a probationary period.
- 4) All active staff members are responsible for assuring that medical care is provided to all patients in the Hospital.
- 5) All active staff members shall have admitting privileges unless otherwise specified in their appointment to the Medical Staff.
- 6) Active staff members shall be eligible to vote at Medical Staff meetings, to hold office and to sit on any committee of the Medical Staff.
- 7) Each member of the active staff shall:
 - a) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff to which the physician has been assigned;
 - b) attend patients, and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - c) may participate on the 24 hour rotational call schedule to cover the emergency department;
 - d) act as a supervisor when requested by the Chief of Staff; and
 - e) sit and participate on Medical Staff Committees as appointed by the Medical Advisory Committee.

13.02 ASSOCIATE STAFF

- 1) Each associate staff member shall have admitting privileges unless otherwise specified in the appointment.
- 2) An associate staff member shall work for a probationary period under the supervision of an active staff member named by the Chief of Staff to which the associate staff member has been assigned.
- 3) A supervisor shall carry out the duties in accordance with the medical staff rules.
- 4) After one year the appointment of a physician to the associate staff shall be reviewed by the Credentials Committee who shall report to the Medical Advisory Committee.
- 5) The Medical Advisory Committee may recommend that the physician be appointed to the active staff or may require the physician to be subject to a further probationary period not longer than six months.

- 6) The Chief of Staff, upon the request of an associate staff member or a supervisor, may assign the associate staff member to a different supervisor for a further probationary period.
- 7) At any time an unfavourable report may cause the Medical Advisory Committee to consider making a recommendation to the Board that the appointment of the associate staff member be terminated.
- 8) No member of the Medical Staff shall be appointed to the associate staff for more than 18 consecutive months.
- 9) An associate staff member shall,
 - a) attend patients, and undertake treatment and operative procedures under supervision in accordance with the kind and degree of privileges granted by the Board on the recommendation of the Medical Advisory Committee, and
 - b) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff to which the physician has been assigned.
- 10) A member of the associate staff shall not vote at Medical Staff meetings nor be elected a Medical Staff officer, but may be appointed to a committee of the Medical Staff.

13.03 CONSULTING STAFF

- 1) The Consulting Staff shall consist of:
 - a) Specialists with a fellowship in their speciality;
 - b) Specialists with certification in their speciality; or
 - c) Telehealth physicians.
- 2) In this section:
 - a) "Certification" means the holding of a certificate in a medical or surgical speciality issued by a professional body recognized by the Board after consultation with the Medical Advisory Committee;
 - b) "Fellowship" means a fellowship in a professional medical college recognized by the Board after consultation with the Medical Advisory Committee.
- 3) The Board may grant a physician an appointment to the Consulting Staff in one or more of the following circumstances:
 - a) the applicant has an active staff commitment at another hospital, or
 - b) the applicant lives at such a remote distance from the Hospital that it limits full participation in active staff duties, but he/she wishes to maintain an affiliation with the Hospital, or
 - c) the applicant has a primary commitment to, or contractual relationship with, another community or organization, or
 - d) the applicant requests access to limited Hospital resources or out-patient programs or facilities, or
 - e) where the Board deems it otherwise advisable.
- 4)
 - a) The Board may grant a physician an appointment to the consulting staff with such privileges as the Board deems advisable.
 - b) Consulting staff **MAY NOT** admit patients to Hospital.
 - c) The circumstances leading to an appointment under this section shall be specified by the physician on each application for re-appointment.
- 5) Each physician on the consulting staff may attend Medical Staff meetings but shall not be subject to the attendance requirements and penalties as provided by this Bylaw and the Medical Staff rules.

- 6) Members of the Consulting Staff shall NOT have the right to vote at Medical Staff meetings.
- 7) Members of the Consulting Staff shall NOT hold office and shall NOT be eligible for appointment to a committee of the Medical Staff.
- 8) A member of the Consulting Staff may give service in any case in which a consultation is required by the Medical rules of the Hospital.

13.04 LOCUM TENENS

- 1) The Medical Advisory Committee upon the request of a member of the Medical Staff may recommend the appointment of a locum tenens as a planned replacement for that physician for a specified period of time not exceeding twelve (12) months.
- 2) A locum tenens shall:
 - a) have admitting privileges unless otherwise specified;
 - b) work under the counsel and supervision of a member of the active Medical Staff who has been assigned this responsibility by the Chief of Staff or his delegate;
 - c) attend patients assigned to his/her care by the active staff member by whom he/she is supervised, and shall treat them within the professional privileges granted by the Board on the recommendation of the Medical Advisory Committee; and
 - d) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff.

13.05 TEMPORARY STAFF

- 1) A temporary appointment may be made only for one of the following reasons:
 - a) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
 - b) to meet an urgent unexpected need for a medical service.
- 2) Notwithstanding any other provision in this Bylaw, the President and Chief Executive Officer, after consultation with the Chief of Staff or his/her delegate, may:
 - a) grant a temporary appointment to a physician who is not a member of the medical staff provided that such appointment shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported;
 - b) continue the appointment on the recommendation of the Medical Advisory Committee with Board approval.
- 3) A temporary appointment shall NOT have privileges to admit patients unless special approval is given by the Medical Advisory Committee.

13.06 HONORARY STAFF

- 1) A physician may be honoured by the Board with a position on the Honorary Staff of the Hospital because he/she:
 - a) is a former member of the medical staff who has retired from active practice; or
 - b) has an outstanding reputation or made an extraordinary accomplishment, although not necessarily a resident in the community.
- 2) Each member of the honorary staff shall be appointed by the Board on the recommendation of the Medical Advisory Committee.
- 3) Membership on the honorary staff is restricted to physicians.

- 4) Members of the honorary staff shall NOT:
 - a) have regularly assigned duties or responsibilities;
 - b) be eligible to vote at medical staff meetings or to hold office;
 - c) be bound by the attendance requirements for medical staff meetings; or
 - d) have admitting privileges.

13.07 CASUALTY OFFICER

- 1) Physicians, whose practice is confined to Emergency services, shall be designated and appointed as Casualty Officer. The privileges accorded to these physicians shall be approved by the Medical Director of Emergency Services, the Medical Advisory Committee and the Board of Directors, and shall include inpatient treatment privileges but not ongoing inpatient care.

A Casualty Officer who desires to increase his/her scope of practice in the area, may not transfer directly to the Active Staff, but must make formal application for staff membership in the normal manner, and will be subject to any manpower or other restrictions in force at the time of application.

- 2) All Casualty Officers must have and provide current certification in the following:
 - a) Advanced Cardiac Life Support (ACLS) (date issued and expiry)
 - b) Advanced Trauma Life Support (ATLS) – (date issued and expiry)
 - c) Paediatric Advanced Life Support (PALS) or equivalent – (date issued and expiry)

Current certification for the above must be on the physician's file and be provided prior to working or continuing to provide services in Emergency. Internet certifications are NOT acceptable.

- 3) Every physician applying for appointment as Casualty Officer shall be under the direction of the Medical Director of Emergency Services for a probationary period of 10 shifts. Full Casualty Officer privileges will be granted upon successful assessment after the probationary period.
- 4) Casualty Officers are responsible for ensuring that medical care is provided to all patients presenting in the Emergency Department.
- 5) Casualty Officers may admit patients and are responsible for their history and physicals. Admitted patients become the responsibility of the family physician or the back-up physician.
- 6) Casualty Officers may assume responsibility for in-patient care if such responsibility is transferred from the back up physician.
- 7) Casualty Officers shall:
 - a) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Medical Director of Emergency Services and/or Chief of Staff ;
 - b) attend patients, and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board of Directors;
 - c) participate on the call schedule to cover the Emergency Department.

ARTICLE 14. MEDICAL STAFF DUTIES

- 1) Each member of the medical staff is accountable to and shall recognize the authority of the Board through the Chief of Staff and the President and Chief Executive Officer.

- 2) Each member of the medical staff shall:
 - a) attend and treat patients within the limits of the privileges granted by the Board, unless the privileges are otherwise restricted;
 - b) notify the President and Chief Executive Officer any change in the licence to practise medicine made by the College of Physicians and Surgeons of Ontario;
 - c) give such instruction as is required for the education of other members of the medical and Hospital staff;
 - d) abide by the rules of the medical staff, this Bylaw, the Public Hospitals Act and all other legislated requirements; and
 - e) abide by the Policies and Guidelines of the Hospital and Medical Staff.
 - f) perform such other duties as may be prescribed from time to time by, or under the authority of the Board, the Medical Advisory Committee or the Chief of Staff.
 - g) obtain a consultation in writing on any patient under his care on whom a consultation is indicated or is required by the regulations under the Public Hospitals Act, or by this Bylaw;
 - h) endeavour to secure the written consent of the spouse or next of kin of a deceased patient or other appropriate persons authority for the performance of a post mortem examination on the body of the deceased person where appropriate; and
 - i) for every patient under his care, make a written progress note on the patient's case record at least once every seven days.

14.01 TRANSFER OF RESPONSIBILITY

- 1) Whenever the responsibility for the care of a patient is transferred to another member of the medical staff, a written notation by the medical staff member who is transferring the care over to another shall be made and signed on the patient's medical record and the name of the medical staff member assuming the responsibility shall be noted in the patient's medical record and the medical staff member shall be notified immediately.
- 2) Pursuant to the Public Hospitals Act, where the Chief of Staff has cause to take over the care of a patient, the President and Chief Executive Officer, the attending physician and if possible the patient shall be notified immediately.

14.02 CHIEF OF STAFF

- 1) The Board shall appoint a member of the active medical staff to be the Chief of Staff after giving consideration to the recommendation of the Medical Staff.
- 2) Subject to annual confirmation by the Board, an appointment made under subsection (1) shall be for a term of two years, but the Chief of Staff shall hold office until a successor is appointed.
- 3) The Board may at any time revoke or suspend the appointment of the Chief of Staff.

14.03 DUTIES OF THE CHIEF OF STAFF

The Chief of Staff shall:

- a) be a non-voting member of the Board of Directors;
- b) be accountable to the Board of Directors;
- c) organize the medical staff to ensure that the quality of the medical care given to all patients of the hospital is in accordance with policies established by the Board;
- d) chair the Medical Advisory Committee;
- e) advise the Medical Advisory Committee and the Board with respect to the quality of medical diagnosis, care and treatment provided to the patients of the Hospital;
- f) assign, or delegate the assignment of, a member of the medical staff:

- g) to supervise the practice of medicine of any other member of the medical staff for any period of time; and
- h) assign, or delegate the assignment of, a member of the medical staff to discuss in detail with any other member of the medical staff any matter which is of concern to the Chief of Staff;
- i) in consultation with the President and Chief Executive Officer, designate an alternate to act during an absence;
- j) supervise the professional care provided by all members of the medical staff;
- k) report regularly to the Board and the Medical Staff about the activities, recommendations and actions of the Medical Advisory Committee and any other matters about which they should have knowledge;
- l) report to the Medical Advisory Committee on activities of the Hospital including the utilization of resources and quality assurance;
- m) participate in the development of the Hospital's mission, objectives, and strategic plan;
- n) work with the Medical Advisory Committee to plan medical manpower needs of the Hospital in accordance with the Hospital's strategic plan;
- (o) participate in Hospital resource allocation decisions;
- (p) be an ex officio member of all committees that report to the Medical Advisory Committee;
- (q) assure there is a process for participation in continuing medical education;
- (r) advise the medical staff on current Hospital policies, objectives and rules;
- (s) delegate appropriate responsibility to the Medical Directors of Departments.

ARTICLE 15. MEDICAL DIRECTOR

15.01 MEDICAL DIRECTOR OF DEPARTMENT

1. The Board shall appoint on an annual basis the Medical Director of the Department, a physician from the clinical area who is on staff, after giving consideration to the recommendation of the Medical Advisory Committee.
2. The Board may at any time revoke or suspend the appointment of a Medical Director of a Department.

15.02 DUTIES OF MEDICAL DIRECTOR

The Medical Director of a Department shall:

- a) through and with the Chief of Staff supervise the professional care provided.
- b) be responsible for the organization and implementation of a quality assurance program in the department;
- c) advise the Medical Advisory Committee through and with the Chief of Staff with respect to the quality of medical, and where appropriate dental, diagnosis, care and treatment provided to the patients and out-patients of the department;
- d) advise the Chief of Staff and the President and Chief Executive Officer of any patient who is not receiving appropriate treatment and care;
- e) be responsible to the Chief of Staff through and with the President and Chief Executive Officer for the appropriate utilization of the resources allocated to the department;
- f) report to the Medical Advisory Committee on activities of the department including utilization of resources and quality assurance;
- g) participate in the development of the department's mission, objectives and strategic plan;
- h) participate in department resource allocation decisions;

- i) notify the Chief of Staff and the President and Chief Executive Officer of his/her absence, and designate an alternate.

ARTICLE 16. MEETINGS - MEDICAL STAFF

16.01 NOTICE OF ANNUAL MEETING

Unless otherwise decided by the Medical Staff, the annual general meeting of the Medical Staff shall be held in the Hospital on the third Monday of December. Written notice of each annual meeting shall be circulated or may be notified by email by the President of Medical Staff at least two weeks before the meeting.

16.02 NOTICE OF REGULAR MEETINGS

A calendar of meeting dates are posted on the Intranet and emailed to active medical staff when dates set.

16.03 SPECIAL MEETINGS

- 1) In cases of emergency, the President of the medical staff may call a special meeting.
- 2) Special meetings shall be called by the President of the medical staff or shall be called when requested in writing by any three members of the Medical Staff entitled to vote.
- 3) Notice of such special meetings shall be as required for a regular meeting, except in cases of emergency, and shall state the nature of the business for which the special meeting is called. E-mail notification is acceptable.
- 4) The usual period of time required for giving notice of any special meeting shall be waived in cases of emergency, subject to ratification of this action by the majority of those members present and voting at the special meeting, as the first item of business at the meeting.

16.04 QUORUM

- 1) A majority of the medical staff members entitled to vote shall constitute a quorum at any annual, general or special meeting of the medical staff.
- 2) In any case where a quorum of the Medical Staff has not arrived at the place named for the meeting within thirty (30) minutes after the time named for the start of the meeting, the meeting shall stand adjourned until the same day in the following week at the same hour and place. Those members of the Medical Staff who have presented themselves shall be given credit for their attendance at the meeting for the purpose of satisfying the attendance requirements of this Bylaw.

16.05 ORDER OF BUSINESS

Annual Meeting

- 1) The order of business at the annual general meeting of the Medical Staff shall be:
 - a) reading and adoption of the minutes of the previous meeting;
 - b) business arising from the minutes and unfinished business;
 - c) reports from standing committees on medical administrative matters;
 - d) reports from special committees on medical administrative matters;

- e) report of the Medical Advisory Committee, with recommendations for improvement of the professional work of the hospital based on the work done and results obtained during the past year;
- f) reports of the elected officers of the Medical Staff;
- g) election of officers for the following year.

Special Meeting

- 2) The order of business at a special meeting of the Medical Staff shall be:
 - a) reading of the notice calling the meeting;
 - b) the business for which the meeting was called;
 - c) adjournment.

Regular Meeting

- 3) The order of business at a regular monthly Medical Staff meeting shall be:
 - a) Business matters:
 - (i) reading and adoption of the minutes of the last regular meeting and of any special meeting since the last regular meeting;
 - (ii) business arising from the minutes and unfinished business;
 - (iii) report of the Secretary and Communications;
 - (iv) report of the Treasurer;
 - (v) report of the President and Chief Executive Officer;
 - (vi) reports from standing committees on medical administrative matters;
 - (vii) reports from special committees on medical administrative matters;
 - (viii) new business;
 - b) Clinical Matters:
 - (i) reports to the Medical Advisory Committee on clinical and professional matters to include: an analysis of the deaths in hospital since the previous meeting of the Medical Staff with special consideration of selected deaths; a discussion of the report of the Tissue, Audit and Infection Committee; and a discussion of infections, unimproved cases, errors in diagnosis, delayed recovery, results of therapy and similar matters;
 - (ii) presentation of clinical material;
 - (iii) discussion of clinical and professional matters including quality of medical records and recommendations for the improvement of the professional work of the hospital;
 - (iv) adjournment.

16.06 ATTENDANCE AT REGULAR STAFF MEETINGS

- 1) The secretary of the Medical Staff shall arrange to have a record of attendance made and kept for each meeting of the Medical Staff. These records are for review by the Medical Advisory Committee.
- 2) Each member of the Medical Staff shall attend at least seven (7) of the regular monthly Medical Staff meetings in the calendar year.
- 3) a) When the case of a patient who has been examined by, operated on by, or has received treatment from a member of the Medical Staff, is to be presented at a general meeting or at a meeting of the Medical Advisory Committee, the physician who examined, operated on or treated

the patient shall be given at least forty-eight hours notice by a Medical Staff Officer and shall attend such meeting prepared to present and discuss the case.

- b) Failure of a member to comply with this may result in disciplinary action being taken against him/her as provided in Article 12.12.

ARTICLE 17. MEDICAL STAFF ELECTED OFFICERS

17.01 ELIGIBILITY FOR OFFICE

Only members of the active medical staff may be elected or appointed to any position or office.

17.02 ELECTED OFFICERS

- 1) a) Members of the Active Medical Staff shall hold elections on an annual basis to fill the following offices: (clarification on what has been done in the past)
 - (i) President
 - (ii) Vice-President
 - (iii) Secretary-Treasurer
 - (iv) 2 Members at Large for the Medical Advisory Committee
- b) No person may serve as President, for more than two consecutive annual terms in the once office except upon special resolution of the Active Medical Staff (at least two-thirds (2/3) of the votes cast). Active Medical Staff, may however, after following a break in continuous service in that office of at least one annual term, may be re-elected to that office.
- c) Any officer of the Active Medical Staff who was elected to that office by the Active Medical Staff shall cease to hold that office upon resolution of the Active Medical Staff.

17.03 ELECTION PROCEDURES OF OFFICERS

- a) Election of the officers of the Medical Staff will be submitted to the Secretary of Medical Staff before the annual meeting.
- b) At least thirty (30 days) before the annual meeting of the Medical Staff, the Secretary shall call for nominations of the Active Staff members to stand for the offices of the Medical Staff, which are to be filled annually by election of officers. Nomination forms will be sent by email.
- c) In order for a nomination to be valid, each nomination must be signed by the nominee accepting the nomination and two nominators.
- d) Ballots must be received by the Secretary seven (7) days prior to the annual meeting.
- e) The nominated officers of the Medical Staff shall be elected at the annual general meeting of the Medical Staff and shall hold office for one year, assuming continuous membership to the active staff.
- f) All members of the Active Staff are eligible to vote, stand for election, and hold office. Elections will be by acclamation or by a simple majority vote by all Active Medical Staff present at the Annual Meeting and eligible to vote.
- g) New Medical Staff officer positions take effect January 1st.

17.04 VACANCIES

- a) When vacancies occur during the term of office, they will be filled for the balance of the term through an election process.
- b) This election process will be by ballot and may be done by email.

- c) Within 30 days of a vacancy, the Medical Advisory Committee will by email, call for nominations from Active Staff members, for the vacant position.
- d) In order for a nomination to be valid, each nomination must be signed by the nominee accepting the nomination and two nominators.
- e) Nominations must be received by the Secretary of Medical Staff on the 10th business day following the ballot emailing.
- f) Election results will be announced by email within two business days of the close of the balloting period and will be announced at the next meeting of the Medical Staff.

17.05 DUTIES OF THE PRESIDENT OF THE MEDICAL STAFF

The President of the medical staff shall:

- a) be a non-voting member of the Board and as a Director, fulfill his/her fiduciary duties to the Hospital by making decisions in the best interest of the Hospital;
- b) be a member of the Medical Advisory Committee;
- c) report to the Medical Advisory Committee and the Board on any issues raised by the medical staff;
- d) be accountable to the medical staff and advocate fair process in the treatment of individual members of the medical staff;
- e) preside at all meetings of the medical staff;
- f) call special meetings of the medical staff; and
- g) be an ex-officio member of the Joint Conference Committee.

17.06 DUTIES OF THE VICE-PRESIDENT OF MEDICAL STAFF

The Vice-President of the medical staff shall:

- a) act in the place of the President of the Medical Staff, perform his/her duties and possess his /her powers, in the absence or disability of the President;
- b) perform such duties as the President of the medical staff may delegate; and
- c) be a member of the Medical Advisory Committee

17.07 DUTIES OF THE SECRETARY OF THE MEDICAL STAFF

The Secretary of the medical staff shall:

- a) be a member of the Medical Advisory Committee
- b) attend to the correspondence of the Medical Staff;
- c) give notice of medical staff meetings by posting a written notice thereof;
 - (i) in the case of a regular or special meeting of the medical staff at least five days before the meeting;
 - (ii) in the case of an annual meeting of the medical staff, at least ten days before the meeting;
- d) ensure that minutes are kept of all medical staff meetings;
- e) ensure that a record of the attendance at each meeting of the medical staff is made;
- f) perform the duties of the Treasurer for medical staff funds and be accountable therefore, when a Treasurer of the medical staff has not been elected; and
- g) act in the place of the Vice-President of the medical staff, performing his or her duties and possessing his/her powers in the absence or disability of the Vice-President.

17.08 DUTIES OF THE TREASURER OF THE MEDICAL STAFF

- 1) The medical staff may elect annually a Treasurer who shall keep the funds of the medical staff in a safe manner and be accountable therefor.

- 2) The Treasurer shall disburse medical staff funds at the direction of the medical staff as determined by a majority vote of the medical staff members present and entitled to vote at a medical staff meeting.

ARTICLE 18. MEDICAL ADVISORY COMMITTEE

18.01 MEDICAL ADVISORY COMMITTEE MEMBERSHIP

- 1) The Medical Advisory Committee shall consist of:
 - a) the Chief of Staff, who shall be chair;
 - b) the President of the Medical Staff;
 - c) the Vice-President of the Medical Staff;
 - d) the Secretary-Treasurer of Medical Staff;
 - e) the Medical Director of Emergency
 - f) two members at large;
 - g) the President and Chief Executive Officer, who shall be ex officio member of the Medical Advisory Committee, without the power to vote; and
 - h) the Vice-President of Patient Care Services, who shall be ex officio member of the medical Advisory Committee, without power to vote.
- 2) A quorum at any meeting of the committee shall be a majority of the committee members.

18.02 MEDICAL ADVISORY COMMITTEE DUTIES

The Medical Advisory Committee shall:

- 1) Meet at the call of the Chair at least once in every month and keep minutes of these meetings.
- 2) Make recommendations to the Board concerning:
 - a) Medical Staff Bylaw;
 - b) policies and guidelines governing the conduct of the professional practice of medicine in the hospital;
 - c) the quality of hospital medical care rendered in the hospital.
- 3) Provide clinical supervision of the practice of medicine in the Hospital.
- 4) Appoint members of the Active Medical Staff to committees as required for the supervision, review and analysis of all clinical work in the Hospital. Name the Chair of each of the Committees it appoints, and ensures that each meets and functions as required and keeps minutes of the meetings; receive, consider and act upon the report from each of the appointed committees.
- 5) Unless otherwise directed by the Medical Advisory Committee, or by this Bylaw, all committees appointed shall submit their minutes to the Medical Advisory Committee.
- 6) Advise and co-operate with the Board and the President and Chief Executive Officer in all matters pertaining to the professional, clinical and technical services.
- 7) Perform the duties of the credentials committee. In considering a recommendation for appointment, review:
 - a) the need of the Hospital for such an appointment; and
 - b) the impact such an appointment would have on available Hospital and community resources.

- c) in the case of a recommendation for appointment, specify the privileges which it recommends the applicant be granted.
- 8) May act as the Nominating Committee for appointment of officers of the Active Medical Staff.
- 9) Advise the Board on any matter requested by the Board.
- 10) Through the Chief of Staff, advise the Board on:
 - a) medical quality assurance;
 - b) education;
 - c) clinical role of the Hospital; and
 - d) medical manpower plan
 - e) appointment of physicians to the Medical Staff
 - f) re-appointment of physicians to the Medical Staff
 - g) elected medical staff officers on an annual basis

ARTICLE 19. MEDICAL STAFF COMMITTEES ESTABLISHED BY THE BOARD

The following Medical Staff Committees are hereby established:

- 1) Credentials Committee.
- 2) Health Records Committee.
- 3) Admission, Discharge and Utilization Committee.
- 4) Infection Control Committee.
- 5) Pharmacy Committee.

19.01 APPOINTMENT TO MEDICAL STAFF COMMITTEES

The Medical Advisory Committee shall appoint the medical members of all Medical Staff Committees provided for in this Bylaw of the Hospital. Other members may be appointed to Hospital Committees as required.

19.02 MEDICAL STAFF COMMITTEE DUTIES

In addition to the specific duties of each Medical Staff Committee as set out in this Bylaw, all Medical Staff Committees shall:

- a) meet as directed by the Medical Advisory Committee; and
- b) present a written report including any recommendations of each meeting to the next meeting of the Medical Advisory Committee.

19.03 MEDICAL STAFF COMMITTEE CHAIR

The Medical Advisory Committee shall appoint the chair of each Medical Staff Committee.

19.04 MEDICAL STAFF COMMITTEE CHAIR DUTIES

A Medical Staff Committee Chair:

- 1) shall chair the Medical Staff Committee meetings,

- 2) shall call meetings of the Medical Staff Committee,
- 3) unless otherwise directed by this Bylaw, all committees appointed shall meet and submit a monthly report
- 4) At the request of the Medical Advisory Committee, shall be present to discuss all or part of any report of the Committee, and
- 5) may request meetings with the Medical Advisory Committee.

19.05 CREDENTIALS COMMITTEE

- 1) The Medical Advisory Committee in its capacity as a Credentials Committee shall:
 - a) ensure that a record of the qualifications and professional career of every member of the medical staff is maintained.
 - b) establish the authenticity of and investigate the qualifications of each applicant for appointment and re-appointment to the medical and each applicant for a change in privileges.
 - c) Meetings are held “in-camera”.
 - d) submit a written report to the Medical Advisory Committee at or before its next regular meeting. The report shall include the kind and extent of privileges requested by the applicant, and, if necessary, a request that the application be deferred for further investigation.
 - e) consider every application for operating room or other hospital privileges or for an extension of previously granted privileges; and report to the Board the kind and extend of the privileges which are recommended to be granted by the Board to an application for membership on the Medical Staff, or to an applicant for promotion, or for increased privileges on the Medical Staff after consideration of:
 - (i) an applicant's previous training and experience;
 - (ii) the applicant's reputation concerning the quality of his/her professional work, and
 - (iii) the professional knowledge and skill he/she has demonstrated in any service performed by them in the hospital.
 - f) in no case defer for more than two months the final report of the committee on any application presented to it.
 - g) investigate any contravention of the Bylaw of the Hospital, or of the regulations under the Public Hospitals Act, of which any Medical Staff member may be accused or suspected, and make recommendation to the Board for dismissal, suspension or restriction of hospital privileges of any such member so contravening. The Committee, before making its recommendations under this subparagraph shall hear and consider the explanations and defence of the Medical Staff member being disciplined.
- 2) The Committee shall perform any other duties prescribed by the Medical Advisory Committee.

19.06 HEALTH RECORDS COMMITTEE

- 1) The Health Records Committee shall be appointed by and report to the Medical Advisory Committee.
- 2) The Health Records Committee membership shall have Medical Staff representation, Vice-President of Corporate Services, Vice-President of Patient Care and the Manager of Health Records. The Chair shall be a member of Medical Staff.
- 3) The Health Records Committee shall meet at least twice a year with additional meetings at the call of the chair.
- 4) The Health Records Committee shall:

- a) evaluate the completeness, accuracy and promptness of all entries in clinical records by reviewing a random sampling of case files on a monthly bases, and reporting areas of deficiency to staff members, departments, and Medical Advisory Committee or Medical Staff meetings as appropriate. Special problem files that may be referred by the Health Records Department should also be reviewed.
 - b) examine the requirement for new or revised forms or formats of clinical records in relation to changing patterns or roles in clinical practice in the hospital, and to recommend new or revised forms.
 - c) formulate and recommend Hospital and Medical Staff Policies and regulations governing the following areas:
 - (i) Content and format of medical records.
 - (ii) Timely completion of records
 - (iii) Disciplinary actions relating to Medical Staff deficiencies.
 - (iv) Safeguarding the confidentiality and release of clinical information.
 - d) review health records for completeness and quality of recording;
 - e) assist in studies relating to patient care.
 - f) recommend to the Chief of Staff any indication for disciplinary action of staff members for serious or repeated deficiencies in content and/or completion of records.
 - g) review and revise forms as they pertain to medical staff record keeping;
 - h) retain medical records and notes, charts and other material relating to patient care;
 - i) ensure the timely and proper destruction of health records and notes, charts and other material relating to patient care.
- 5) The Committee shall perform any other duties pertaining to health record keeping as may be requested by the Medical Advisory Committee.

19.07 ADMISSION, DISCHARGE AND UTILIZATION COMMITTEE

- 1) The Admission, Discharge and Utilization Committee shall be appointed by and report to the Medical Advisory Committee.
- 2) The Admission, Discharge and Utilization Committee membership shall have two Medical Staff representatives, Vice-President of Corporate Services, the Vice-President of Patient Care Services, the Vice-President of Financial Services, the Discharge Planning Co-ordinator, Manager of Clinical Records, and one representative from nursing. The Chair shall be a member of Medical Staff.
- 3) The Admission, Discharge and Utilization Committee shall meet at least twice a year with additional meetings at the call of the chair.
- 4) The Admission, Discharge and Utilization Committee shall:
 - a) review utilization patterns in the hospital and identify where improvements could be achieved.
 - b) monitor overall trends in admissions, discharges, length of stay, "alternate level of care" days, and out-patient service volumes.
 - c) review the utilization of all hospital diagnostic, therapeutic and support services, including consultation and referral services, which affect the ability of the Hospital to make effective use of its resources and provide quality health care to our catchment population.
 - d) develop and provide an educational program about the utilization management program as well as utilization issues to members of the Medical Advisory Committee, the Board of Directors, senior management, the Medical Staff, Department Heads and employees.
 - e) monitor and evaluate the implementation response to those committee recommendations that are approved by the Medical Advisory Committee and to report back on progress achieved.

- f) advise the Medical Advisory Committee on matters of policy and practice regarding admission, discharge and utilization issues.
- g) comment on the resource implications of proposed incremental positions on the Medical Staff with full admitting privileges.
- h) comment on the development of new and expanding programs in the hospital.
- i) evaluate annually the activities of the committee.
- j) perform such other duties as may be requested from time to time by the Medical Advisory Committee, the Board of Directors and senior management.

19.08 INFECTION CONTROL COMMITTEE

- 1) The Infection Control Committee shall be appointed by and report to the Medical Advisory Committee.
- 2) The Infection Control Committee membership shall have up to four Medical Staff representatives, Manager of Clinical Records, Manager of Laboratories, Nurse Manager of Acute Care, Nurse Manager of Surgical Suite, Infection Control Practitioner, Occupational Health and Safety Officer, Administrative representative, Environmental Services representative, Central Sterile Services representative, one staff nurse and other disciplines as necessary. The Chair shall be a member of Medical Staff.
- 3) The Infection Control Committee shall meet at least twice a year with additional meetings at the call of the chair.
- 4) The Infection Control Committee shall through activities of surveillance, education, and consultation:
 - a) Review compliance and safety audits for procedures associated with high impact of error, recommend methods for improvement, and assure implementation. Examples include but are not limited to sterilization and disinfection, hand hygiene, and specimen processing.
 - b) Review Pharmacy and Therapeutics Committee annual report on antibiotic stewardship and antibiotic utilization. Recommend guidelines for prophylactic use of antibiotics consistent with high quality patient care.
 - c) Establish a system of monitoring clusters and outbreaks of infection occurring in patients and personnel. Committee should have access to laboratory reports as required. Analysis should include identification of risk factors, determination of mechanism of transmission, discussion of effective controls, and provision of internal and external communication as required.
 - d) Maintain records of infections as a basis for study in minimizing mortality, morbidity, and economic burden, as well as historical data required for qualitative surveys.
 - e) Establish surveillance program which targets healthcare acquired infections mandated by legislation for incidence detection, graded of high relevance to population served, or utilized in establishing baseline ratio of risk. Populations at risk may include outpatients and post discharge follow-up.
 - f) Review compliance with bacteriological procedures as determined by regional laboratory services.
 - g) Review best practice guidelines, healthcare accreditation standards, relevant federal and provincial legislation, and safety / risk reduction literature.
 - h) Recommend practice and ensure compliance.
 - i) Ensure compliance with reportable communicable diseases legislation for positive laboratory reports and clinical outbreaks.
 - j) Provide feedback for information dissemination on compliance and safety audits, infection rates, policy revisions, product evaluations, and new implementation of programs.
- 5) Make recommendations to the Medical Advisory Committee on infection control matters related to:

- a) The Occupational Health and Safety Program
 - b) Immunization programs for patients and employees
 - c) Work restrictions for employees during outbreak conditions
 - d) Visitor restrictions or instructions
 - e) Patient restrictions or instructions
 - f) Educational programs for all persons conducting activities in the hospital (includes employees, contract workers, students, volunteers)
 - g) Routine and additional precautions
 - h) Policy and procedures
 - i) Environmental and sanitation
 - j) Biomedical waste management
 - k) Construction and renovation
 - l) Emergency preparedness and disaster planning
 - m) Product / equipment selection and cleaning requirements
 - n) Pet visitation
- 6) Make recommendations to the President of Medical Staff and the Chief Executive Officer with respect to infection control matters related to the Occupational Health and Safety program.
 - 7) Make recommendations to the President of Medical Staff and the Chief Executive Officer with respect to infection control matters related to the Health Surveillance program.
 - 8) Follow-up and evaluate the results of each of its recommendations made under subsections (1), (2), and (3).
 - 9) Quantify infection control surveillance report and communicate to Medical Advisory Committee.

19.09 PHARMACY AND THERAPEUTICS COMMITTEE

- 1) The Pharmacy and Therapeutics Committee shall be appointed by and report to the Medical Advisory Committee.
- 2) The Pharmacy and Therapeutics Committee membership shall have three Medical Staff representatives, Nursing Administration representative, Director of Pharmacy, Director of Dietetics and other disciplines as necessary. The Chair must be a member of Medical Staff.
- 3) The Pharmacy and Therapeutics Committee shall meet at least twice a year with additional meetings at the call of the chair.
- 4) The Pharmacy and Therapeutics Committee shall:
 - a) serve in an advisory capacity to the medical staff by assessing regularly the appropriateness and adequacy of medication-related policies and make policy recommendations to the Medical Advisory Committee regarding drug utilization to ensure safe, effective and economical use of drugs.
 - b) keep a constant surveillance on the drugs used, their necessity, duplication, toxicity and cost.
 - c) evaluate drug utilization, new drugs and current therapeutics and develop a formulary which is suited to the Hospital's needs, and periodically assess the effectiveness of and adherence to the formulary.
 - d) develop a procedure for the use of non-formulary drugs and mechanisms for their evaluation.
 - e) periodically analyze a summary of medication errors and their causative factors and make appropriate recommendations regarding prevention to the medical, nursing and/or pharmacy staffs.

- f) develop an adverse drug reaction reporting program, review all these reports and ensure that a summary is circulated to medical and nursing staffs when the need arises.
 - g) review all standing orders annually, or more often if deemed necessary.
 - h) develop protocols governing programs such as total parenteral nutrition, investigational drugs, self-medication, or ensure that such protocols have been developed after appropriate committee review.
 - i) identify and/or arrange appropriate educational programs for the medical, dental and Hospital staff to enhance their knowledge of drug therapy and practices.
 - j) review medication incidents and adverse drug reactions occurring in the hospital.
- 5) Perform such other duties as the Medical Advisory Committee may direct.

ARTICLE 20. EXTENDED CLASS NURSES

20.01 APPLICATION

For the purpose of clarification, the provisions of the Professional Staff Bylaw apply to the Extended Class Nurses, unless exempted by the provisions of this Article 21.

20.02 EXTENDED CLASS NURSING STAFF CATEGORIES

- a) Extended Class Nursing Staff may be divided into the following groups:
 - i) courtesy; and
 - ii) locum tenens

20.03 COURTESY EXTENDED CLASS NURSING STAFF

The Board may grant a registered nurse in the extended class an appointment to the Extended Class Nursing Staff in the following circumstances:

- a) to register out-patients at the Hospital solely for the purpose of undergoing a diagnostic procedure;
- b) to order diagnostic procedures on such outpatients; and
- c) to access the Hospital's diagnostic services in respect of such outpatient.

20.04 LOCUM TENENS EXTENDED CLASS NURSING STAFF

- a) The Medical Advisory Committee upon the request of a member of the Extended Class Nursing Staff may recommend the appointment of a locum tenens as a planned replacement for that registered nurse in the extended class for a specified period of time.
- b) A locum tenens shall,
 - (i) Register out-patients at the Hospital solely for the purpose of undergoing a diagnostic procedure.
 - (ii) order diagnostic procedures on such outpatients;
 - (iii) have access to the Hospital diagnostic services in response of such outpatients and
 - (iv) work under the counsel and supervision of a member of the active Medical Staff or courtesy Extended Class Nursing Staff who has privileges.

20.05 EXTENDED CLASS NURSING STAFF DUTIES

- a) Each member of the Extended Class Nursing Staff is accountable to and shall recognize the authority of the Board through and with the Chief of Staff, and the President and Chief Executive Officer, and their respective delegates.
- b) Each member of the Extended Class Nursing Staff shall,
 - (i) Notify the President and Chief Executive Officer of any change in the class of registration on the Annual Registration Payment Card from the College of Nurses of Ontario.
 - (ii) Give such instruction as is required for the education of other members of the Professional Staff, and Hospital Staff;
 - (iii) Abide by the Rules of the Hospital, this Bylaw, the Public Hospitals Act and the Regulations thereunder and all other legislative requirements; and
 - (iv) Perform such other duties as may be prescribed from time to time by, or under the authority of the Board, the Medical Advisory Committee or the Chief of Staff.

20.09 EMPLOYEES

Extended Class Nurses who are employed by the Hospital are not privileged by the Medical Advisory Committee nor are they appointed to the Extended Class Nursing Staff.

ARTICLE 21. AMENDMENTS

21.01 AMENDMENTS TO MEDICAL STAFF BYLAW

Prior to submitting the Medical Staff part of this Bylaw to the process established, the following procedures shall be followed:

- (a) Notice specifying the proposed medical staff part of the Bylaw or amendment thereto shall be circulated by email to Active Members of the Medical Staff;
- (b) The medical staff shall be afforded an opportunity to comment on the proposed medical staff part of the Bylaw or amendment thereto; and
- (c) The Medical Advisory Committee shall make recommendations to the Board, concerning the proposed medical staff part of the Bylaw or amendment thereto.

