



---

# VCHA MEDICAL STAFF RULES

*VCH Board Approved*

*Revised June 7, 2011*

---

# TABLE OF CONTENTS

<b>APPLICATION.....</b>	<b>7</b>
<b>ARTICLE 1 – DEFINITIONS.....</b>	<b>7</b>
1.1 Definitions.....	7
1.3 Effect of Copy Rules.....	10
<b>ARTICLE 2 – PURPOSE OF THE MEDICAL STAFF ORGANIZATION .....</b>	<b>11</b>
2.1 Purpose .....	11
<b>ARTICLE 3 – MEMBERSHIP AND APPOINTMENT .....</b>	<b>11</b>
3.1 Terms of Appointment .....	11
3.2 Application Procedure .....	11
3.3 Credentials Committee Consideration.....	12
3.4 Other Appointments .....	12
3.5 Staffing and Resource Planning.....	12
<b>ARTICLE 4 – APPOINTMENT AND REVIEW PROCEDURES .....</b>	<b>12</b>
4.1 Term Of Appointment.....	12
4.1.1 Term .....	12
4.1.2 Review.....	12
4.1.3 Re-appointments .....	12
4.1.4 Time Limit .....	13
4.1.5 Refusal to Appoint .....	14
4.2 Specific Procedural Privileges.....	14
4.2.1 Granting of Privileges .....	14
4.2.2 Determination and Evaluation .....	14
4.2.3 Application Process .....	14
4.2.4 Conflicts.....	14
4.4 Termination, Modification or Suspension of Membership .....	15
4.4.1 Emergency Procedure.....	15
4.4.2 General Procedure .....	15
<b>ARTICLE 5 – RESPONSIBILITY FOR PATIENT CARE.....</b>	<b>17</b>
5.1 Admission, Discharge, and Transfer of In-Patients and Short-Stay Patients...	17
5.1.1 Pre-Admission Requirements.....	17
5.1.2 Admission .....	17
5.1.3 Dental and Podiatry Admissions.....	18

## TABLE OF CONTENTS

5.1.4	Discharge .....	18
5.2	Medical Consultations .....	19
5.2.1	In-Patient Consultation Process .....	19
5.2.2	Consultation Record .....	19
5.3	Emergency Care .....	19
5.4	Post-operative Care .....	20
5.5	Health Records.....	20
5.5.1	Admission History .....	20
5.5.2	Progress Notes .....	20
5.5.3	Operative Notes.....	20
5.5.4	Prenatal Record.....	21
5.5.5	Completion of Health Records.....	21
5.5.6	Ownership and Access.....	22
5.5.7	Storage of Records.....	22
5.6	Informed Consent.....	22
5.6.1	Informed Valid Consent .....	22
5.6.2	Physician/midwife Responsibility for Obtaining Consent.....	23
5.7	Quality Improvement Processes and Information .....	23
5.8	Physician/Midwife Orders.....	24
5.8.1	Admitting Orders.....	24
5.8.2	Orders for Treatment .....	24
5.8.3	Verbal Orders .....	25
5.8.4	House Medical Staff Orders .....	25
5.8.5	Pre-Printed Orders .....	25
5.8.6	Orders by Medical Student Interns .....	25
5.9	Responsibility for Provision of Medical Care of Patient.....	26
5.9.1	Continuous Care.....	26
5.9.2	Daily Care of Patients.....	27
5.9.3	On-Call Coverage.....	27
5.9.4	Delegated Functions.....	27
5.10	Organ Donation and Retrieval.....	28
5.10.1	Privileges for Organ Retrieval.....	28
5.10.2	Consent .....	28

## **TABLE OF CONTENTS**

5.10.3	Determination of Death.....	28
5.10.4	Physiological Maintenance of Organ Donor .....	29
5.11	Pronouncement of Death, Autopsy and Pathology .....	29
5.11.1	Pronouncement of Death.....	29
5.11.2	Medical Certificate of Death .....	29
5.11.3	Report to the Coroner .....	29
5.11.4	Autopsy.....	29
5.11.5	Permission for Autopsy.....	29
5.11.6	Diagnostic Material .....	29
5.11.7	Pathology Specimens.....	30
5.12	Residential Care.....	30
5.12.1	Admission to a Residential Care Facility .....	30
5.12.2	Resident Care and Treatment .....	30
5.12.3	Health Records.....	32
<b>ARTICLE 6 – CATEGORIES OF MEDICAL STAFF .....</b>		<b>33</b>
6.1	Active Medical Staff.....	33
6.2	Provisional Medical Staff .....	34
6.2.1	Appointment and Nomination of Active Medical Staff from Provisional Medical Staff.....	34
6.2.2	Requirements for Active and Provisional Medical Staff .....	35
6.2.3	Transfer between Departments or Divisions .....	35
6.2.4	Duties .....	35
6.3	Associate Medical Staff/Associate Non-Medical Staff.....	36
6.3.1	Associate Medical Staff .....	36
6.3.2	Associate Non-Medical Staff .....	36
6.4	Consulting Medical Staff.....	37
6.6	Temporary Staff.....	37
6.7	Locum Tenens.....	37
6.8	Dental Staff.....	38
6.9	Midwifery Medical Staff .....	38
6.10	Scientific and Research Staff .....	38
6.11	Honorary Medical Staff.....	38
<b>ARTICLE 7 – ORGANIZATION OF THE MEDICAL STAFF .....</b>		<b>39</b>

## TABLE OF CONTENTS

7.1	General Organization .....	39
7.1.1	Department, Divisions and Sections.....	39
7.1.2	Department Structure .....	39
7.1.3	Cross Appointment .....	39
7.2	Department Meetings .....	39
7.3	Appointment of Department and Division Heads .....	40
7.3.1	Appointment of a Regional Department Head.....	40
7.3.2	Joint Appointments of Regional Department Heads for VCH, PHC and the University of British Columbia (UBC) .....	42
7.3.3	Department Heads .....	43
7.3.4	Associate Department Heads.....	45
7.3.5	Division Heads.....	45
7.4	Direction of Board.....	46
7.5	Suspension or Termination.....	46
<b>ARTICLE 8 – RELATIONSHIP OF THE AREA MEDICAL ADVISORY COMMITTEE (AMAC) WITH THE HEALTH AUTHORITY.....</b>		<b>47</b>
<b>ARTICLE 9 – THE AREA MEDICAL ADVISORY COMMITTEE (AMAC).....</b>		<b>47</b>
9.1	Purpose .....	47
9.2	Composition and Appointment .....	47
9.3	Officers.....	47
9.3.1	Chair .....	47
9.3.2	Vice-Chair .....	47
9.3.3	Duties and Authority of Chair.....	48
9.4	Duties of the Area Medical Advisory Committee .....	48
9.4.1	Meetings .....	48
9.4.2	Records of Meetings.....	48
9.4.3	Reports .....	48
9.4.4	Clinical Meetings .....	49
9.4.5	Record Medical Staff Qualifications.....	49
9.4.6	Summon Medical Staff .....	49
9.4.7	Discipline .....	49
9.4.8	Recommendations.....	49
9.4.9	Appoint and Approve Committees.....	49

## TABLE OF CONTENTS

9.4.10 Advise the HAMAC .....	49
9.4.11 Ad Hoc Committees .....	50
9.4.12 Liaison .....	50
9.4.13 Other Matters .....	50
9.5 Standing Committees of the Area Medical Advisory Committee .....	50
<b>ARTICLE 10 – MEDICAL STAFF ASSOCIATION.....</b>	<b>50</b>
10.1 Role and Structure .....	50
10.2 Elected Officers of the Medical Staff .....	51
10.3 Election Procedure .....	51
10.4 Duties of the President of the Medical Staff .....	51
10.5 Duties of the Past President of the Medical Staff .....	51
10.6 Meetings of the Medical Staff Association.....	52
10.6.1 Annual Meeting.....	52
Regular Meetings .....	52
Special Meetings .....	53
Attendance .....	53
Quorum .....	53
Membership Dues .....	53
<b>ARTICLE 11 – DISCIPLINE AND APPEAL .....</b>	<b>53</b>
11.1 General Considerations.....	53
11.2 Complaints or Concerns About the Conduct of a Member of the Medical Staff.....	54
11.2.1 Complaints or Concerns other than those Relating to Professional Conduct, Ethical Conduct, or Medical Competence .....	54
11.2.2 Complaints or Concerns about Professional or Interpersonal Conduct, Ethical Conduct, or Medical Competence .....	54
<b>ARTICLE 12 – AMENDMENTS.....</b>	<b>58</b>
12.1 Review of Medical Staff Rules.....	58
12.2 Powers of Board.....	58

# **MEDICAL STAFF RULES**

## **APPLICATION**

These Medical Staff Rules (“Rules”) are established by the Board of Directors pursuant to Article 12 of the Medical Staff Bylaws for the proper conduct of the Medical Staff of the Vancouver Coastal Health Authority (“VCHA”) and apply to all of the hospitals within VCHA pursuant to the requirements of the *Hospital Act* and *Regulations*. The Board of Directors may establish additional Rules for specific hospitals or other facilities within VCHA.

## **ARTICLE 1 – DEFINITIONS**

### **1.1 Definitions**

Terms used in these Rules have the meaning assigned to them in the Medical Staff Bylaws of VCHA and as follows:

**Affiliation Agreement** — The agreement between the Board of Directors and the Board of Governors of the University of British Columbia or other post-secondary educational institutions.

**Area Medical Advisory Committee(s) (AMAC)** — Committees established pursuant to Article 9 of these Rules that report to the Health Authority Medical Advisory Committee established under the Bylaws.

**Associate Non-Medical Staff** — Persons with appropriate qualifications who are not physicians but whose services are required by VCHA and are assigned their duties within an appropriate medical division or department.

**Associate Department Head** — A member of the Medical Staff appointed by the Senior Medical Director in consultation with the Department Head. The Associate Department Head assists the Department Head in the fulfillment of their duties and may fulfill these duties in cases of absence of the Department Head.

**Attending Physician** — The physician or surgeon who has the overall responsibility for the management and coordination of care of the patient, at any given time.

**Chief Operating Officer (COO)** — The person engaged by VCHA to provide leadership to a Health Service Delivery Area in the Health Authority and to oversee the day-to-day operation and management of the Hospitals, other facilities and Programs.

**Clinical Fellow** — The physicians, dentists or midwives temporarily attached to the facilities owned or operated by VCHA for the educational purpose of gaining additional experience in a medical, dental, midwifery or scientific discipline.

**Credentials Committee** — A sub-committee of the AMAC, established to review the credentials of applicants for appointments to the Medical Staff as per Article 3.3 of these Rules.

**Dean, Faculty of Dentistry** — The Dean of the Faculty of Dentistry of the University.

**Dean, Faculty of Medicine** — The Dean of the Faculty of Medicine of the University.

**Dentist** — A member of the Medical Staff who is duly licensed and registered with the College of Dental Surgeons of British Columbia and who is entitled to practice dentistry in British Columbia.

**Department** – A major component of the Medical Staff composed of members with common specialty, clinical or research interests.

**Department Head** – The member of the Medical Staff appointed by the Board of Directors and responsible to the Senior Medical Director to be in charge of, and responsible for, the operation of a medical service and the quality of care provided by a medical department.

**Departmental Assistant** — A Departmental Assistant is a physician member of the Associate Medical Staff assigned to a specific Department whose duties are assigned by the Department and whose duties are supervised by a member of the Medical Staff. Departmental Assistants do not have admitting privileges.

**Division** — A component of a Department with clearly defined sub-specialty interests.

**Division Head** — The person appointed by the Department Head to be in charge of, and responsible for, the operation of a Division under the direction and supervision of the Department Head.

**Hospital** — A health care facility subject to the *Hospital Act* and *Regulations* of B.C. and owned or operated by the VCHA.

**Health Authority Medical Advisory Committee (HAMAC)** — The Health Authority Medical Advisory Committee as defined in Article 8 of the Medical Staff Bylaws.

**Health Service Delivery Area (HSDA)** — A defined area within the Health Authority.

**House Medical Staff** — Physicians, midwives or dentists temporarily engaged by or attached to the facilities and hospitals owned or operated by VCHA for the purpose of post graduate training in a medical, midwifery, dental or scientific discipline in accordance with the Affiliation Agreement.

**Medical Director** — The Physician appointed by the Board of Directors and Vice-President of Medicine to provide medical administrative leadership in the HSDAs and facilities, supports the local/site administrator on operational matters and is accountable to the HSDA Senior Medical Director for medical administrative matters.



**Medical Staff** — The physicians, dentists and midwives appointed by the Board of Directors to practice medicine, dentistry or midwifery in the facilities owned or operated by VCHA.

**Medical Staff Bylaws (Bylaws)** — The Bylaws established by the Board of Directors governing the relationship and responsibilities between the Board of Directors and Medical Staff, and the organization and conditions of practice of the Medical Staff of VCHA.

**Midwife** — A member of the Medical Staff who is duly licensed by the College of Midwives of British Columbia and who is entitled to practice midwifery in British Columbia.

**Nurse Practitioner** – A nurse who is duly registered with the College of Registered Nurses of British Columbia as a nurse practitioner and employed by VCHA to practice as a nurse practitioner, subject to the applicable legislation, in the hospitals owned or operated by VCHA.

**On Call Medical Staff Member** — A Medical Staff member designated to be available to provide a specific medical, dental or midwifery service.

**Physician** — A member of the Medical Staff who is duly licensed by the College of Physicians and Surgeons of British Columbia and who is entitled to practice medicine in British Columbia.

**President of the Medical Staff** — The elected representative of the Medical Staff.

**Primary Division/Department** — The Department or Division to which a member of the Medical Staff is assigned according to his/her training and within which the member delivers the majority of care to patients or residents.

**Privileges** — A permit to practice medicine, dentistry or midwifery in the Hospitals owned or operated by VCHA, granted by the Board of Directors to a member of the Medical Staff, as set forth in the *Hospital Act* and *Regulations*.

**Program** – A VCHA program for delivery of specific health care services.

**Program/Medical Manager or Medical Director** – A physician who is responsible for the coordination and leadership of a VCHA Program.

**Senior Medical Administrator** — The physician, appointed by the CEO, responsible for the coordination and direction of the activities of the Medical Staff. In some instances this role may be delegated to the Senior Medical Director or other Senior Medical Leader.

**Senior Medical Director** — A Physician, appointed by the COO, who is responsible for the coordination and direction of the activities of the Medical Staff at a particular facility.

**Senior Medical Staff** — Members of the Active Medical Staff who are aged 65 or older.

**Signature** — An authentic signature and/or electronic sign off.

**Specialist** — A physician with Fellowship or Certificate or status with the Royal College of Physicians and Surgeons of Canada or equivalent or relevant clinical

experience and licensed to practice as a specialist by the College of Physicians and Surgeons of British Columbia.

**Students** — Undergraduate students (includes physician, dental and midwifery students) assigned to the facilities owned or operated by VCHA for the educational purpose of gaining practical clinical experience during a specified rotation.

**University** — The University of British Columbia and its affiliates.

**VCHA** – Vancouver Coastal Health Authority.

**Vice-President of Medical Staff** — The representative of the Medical Staff elected to that office.

**Words importing the singular** only where used in these Rules shall also include the plural and vice versa as the context may imply.

**Words importing the masculine or feminine** gender shall also include the other gender as the case may be and the context may imply.

### **1.3 Effect of Copy Rules**

A copy of these Rules shall be sent to all members of Medical Staff, after which all members shall be deemed to be familiar with them. A copy of these Rules signed by the Chair of VCHA's Board and the Chair of the HAMAC may be given in evidence in any proceeding in the Hospital without any further proof of authenticity.

## **ARTICLE 2 – PURPOSE OF THE MEDICAL STAFF ORGANIZATION**

### **2.1 Purpose**

The general purpose of medical staff organization is to provide a framework for self governance as required by the *Hospital Act Regulations*. This allows the medical staff to provide advice to the board, as described in Article 2.1 of Medical Staff Bylaws, to support the Health Authority's mission, vision and values and to ensure the highest possible standards of care. It also allows the medical staff to discipline any of its members *in a manner it thinks fit* and, if necessary, make recommendations to the Board on the modification or cancellation of a member's permit to practice. In addition it protects the rights of the members in disciplinary and other circumstances.

## **ARTICLE 3 – MEMBERSHIP AND APPOINTMENT**

### **3.1 Terms of Appointment**

All members of the Medical Staff shall be appointed by the Board. No physician/midwife, dentist or midwife shall be eligible for appointment to the Medical Staff or to remain a member of the Medical Staff unless such physician/midwife, dentist or midwife is fully or temporarily registered by the College of Physicians and Surgeons of British Columbia or the College of Dental Surgeons of British Columbia or College of Midwives of BC respectively and subscribes to their respective Code of Ethics. Members of other professions appointed to the Medical Staff shall be and shall remain members of the appropriate licensing body in British Columbia where such exists. All appointments (including the appointments of Department and Division Heads) shall be compatible with the undertakings of VCHA.

### **3.2 Application Procedure**

Any person wishing to be appointed a member of the Medical Staff shall apply to the Senior Medical Director (representing the CEO) in writing on the prescribed form and provide such evidence of professional qualifications and experience as may be required by the Board. The Senior Medical Director shall ascertain that the application form and accompanying documentation are complete and include the evaluation and recommendation of the appropriate Department Head with input from Program Directors as necessary and three (3) references before forwarding them to the Credentials Committee.

Any active member of staff at one Hospital may be given active staff privileges by the Board of Directors at another Hospital with appropriate review of the respective Senior Medical Director and the respective Department Head. The privileges at the second site may be time limited.

### **3.3 Credentials Committee Consideration**

The Credentials Committee shall consider all new applications for appointment to the Medical Staff and shall make recommendations as to Medical Staff category and privileges to the AMAC. The Credentials Committee and the AMAC will process each application expeditiously in order to permit the HAMAC and the Board to process these applications and to advise the applicants of the decisions within the time limits established by the Hospital Act Regulations and the Bylaws and by these Rules.

### **3.4 Other Appointments**

Departmental Assistants, Fellows, House Medical Staff personnel and Associate Non-Medical Staff, shall be appointed by the Senior Medical Director on the recommendation of the appropriate Department Head and Division Head.

### **3.5 Staffing and Resource Planning**

All members of the Medical Staff shall, upon request, participate and consult with their Departments, Department Heads, Associate Department Heads and Division Heads regarding staffing and resource planning. Members intending to surrender their privileges, retire, resign or take extended leaves of absences will provide written notice to VCHA as soon as reasonably possible and not less than six (6) months.

Members are encouraged to commence retirement planning from the age of sixty (60) and to consult with their Department heads regarding resource planning within VCHA.

## **ARTICLE 4 – APPOINTMENT AND REVIEW PROCEDURES**

### **4.1 Term of Appointment**

#### **4.1.1 Term**

All appointments shall be for the appointment year beginning the first (1<sup>st</sup>) day of July or in the case of new appointments, on the date of approval by the Board or the Senior Medical Director as provided herein, and ending the next thirtieth (30<sup>th</sup>) day of June or such earlier date as shall have been determined at the time of approval.

#### **4.1.2 Review**

After review of the recommendations of the AMACs concerning appointments and reappointments to the Medical Staff, the HAMAC shall forward its written recommendations to the Board within the times prescribed pursuant to the Hospital Act Regulations.

#### **4.1.3 Re-appointments**

4.1.3.1 All categories of Medical Staff are required to submit in writing an application for re-appointment on an annual basis. The application is evaluated according to departmental rules and

recommendations regarding reappointment to the specific category of membership are made to the HAMAC and forwarded to the Board.

4.1.3.2 In considering an appointment or re-appointment to the Medical Staff and the granting of Privileges under the Bylaws, the Department Heads will use the following criteria in making their recommendations to the Board.

- a) the fitness, competence, ongoing expertise and capability of the applicant,
- b) the strategic plan and resources and staffing of the relevant Department or Division,
- c) the applicant's plans relating to retirement or other changes in the nature of their practice,
- d) the recruitment of new personnel,
- e) the development of new technologies and clinical programs,
- f) the allocation of facility resources,
- g) the recommendations of the relevant Department Head and Operations Program Director;
- h) for appointments and re-appointments at Vancouver General Hospital and the University of British Columbia Hospital the need to encourage academic excellence and renewal, and
- i) the need for mentoring of junior colleagues.

4.1.3.3 Every 5 years all members of the Medical Staff will undergo an in-depth review. It will be completed by the respective Department Head with the assistance of the HAMAC Credentials Committee and senior medical administrators. The in-depth review may consist of the following domains:

1. Interpersonal and Communications Skills
2. Professionalism
3. Psycho-Motor Skills
4. Cognitive Skills
5. Patient Outcomes

#### 4.1.4 Time Limit

Appointments to the Medical Staff for the ensuing year shall be made not later than the thirtieth (30<sup>th</sup>) day of June in each year, provided that any vacancies may be filled and additional appointments may be made during an appointment year in accordance with Article 4.1.1.

#### 4.1.5 Refusal to Appoint

The Board of Directors has authority over appointment, re-appointment and the revocation, suspension or restriction of an appointment to the Medical Staff. As appointment to the Medical Staff is dependent on the human resource requirements of the facilities and programs operated by the VCHA, each appointment is contingent upon the ability of VCHA's resources to accommodate the appointment. Any refusal to appoint may be appealed to the Board as per the procedure outlined in Article 11.4 of the VCH Medical Staff Bylaws.

### 4.2 Specific Procedural Privileges

#### 4.2.1 Granting of Privileges

Specific procedural privileges are granted by the Board of Directors upon consideration of the recommendations of the HAMAC.

#### 4.2.2 Determination and Evaluation

The Department Head, in consultation with the appropriate Head of the Division in which the specific procedural privilege is requested, will determine and evaluate the training and experience required or gained by an applicant to support his or her request for specific procedural privileges; the ability of VCHA to provide appropriate facilities, equipment, supplies and Medical Staff resources to care for a patient who has had such a procedure; and how this procedure will meet the service needs of VCHA. This evaluation may include supervision of the procedure by qualified physicians, dentist or midwife for a number of cases. The Board of Directors, on consideration of these recommendations, may specify the frequency at which a specific procedure should be performed in order to maintain such privileges.

#### 4.2.3 Application Process

Procedural privileges require an individual application process in the following situations:

4.2.3.1 The introduction of new technology for which training has not previously been available to the specialty.

4.2.3.2 The request of privileges outside a specialty or sub-specialty area.

4.2.3.3 The request of procedural privileges in a specialty area by a non-specialist.

4.2.3.4 The request for privileges generally not included in a specific Medical Staff category as defined in the Bylaws.

#### 4.2.4 Conflicts

Where there are conflicts on what procedural privileges should be recommended, the matter will be referred first to the AMAC, then to HAMAC and then to the Board for resolution.

### **4.3 Facility Privileges & Cross Coverage**

The credentials of any Board appointee shall be accepted at all Hospitals within the Health Authority. Unless otherwise stated, all privileges must specify the primary site at which the member may practice. Privileges of any credentialed appointee may be granted by the Board at a secondary site with the approval of the respective Senior Medical Director and appropriate Department Head.

Transport Teams and Organ Retrieval Teams may be granted temporary privileges without application for the purpose of stabilizing patients and preparing them for transport to another facility according to Article 4.1.4 of the VCHA Medical Staff Bylaws.

### **4.4 Termination, Modification or Suspension of Membership**

#### **4.4.1 Emergency Procedure**

##### **4.4.1.1 Emergency Suspension**

In the event of an emergency suspension, the procedures set out in Article 11.2 of the Medical Staff Bylaws are to be followed.

#### **4.4.2 General Procedure**

Except in the case of emergencies as is provided in Article 4.4.1, in the event a Departmental Head proposes to recommend that the appointment and/or privileges to practice in the Hospital of a member of the Medical Staff be restricted, modified, suspended, revoked or not renewed, such Department Head shall discuss each proposal with the Medical Staff member concerned. If the Medical Staff member concurs with the proposal, the Department Head shall so notify the Senior Medical Director/Vice President Medical in writing at the time of his recommendation. If the Medical Staff member objects to the proposal, a written record of the discussion shall be made and be given to the Medical Staff member concerned and the following procedure observed.

##### **4.4.2.1 Meeting of Peer Review Committee**

The Department Head shall advise the Chair of the AMAC who shall call a meeting of a Peer Review Committee and the Senior Medical Director or delegate shall attend the meeting as an observer.

##### **4.4.2.2 Composition of Peer Review Committee**

4.4.2.2.1 The Chair of the Committee shall be the Chair of the AMAC unless that person is the Department Head of the member concerned in which case the Chair of the AMAC would nominate another member of the AMAC.

4.4.2.2.2 One (1) member of the Medical Staff appointed by the member whose privileges are in question.

4.4.2.2.3 One (1) Department or Division Head appointed by the Senior Medical Director. This person shall be

from a department other than the department in which the member whose privileges are in question is involved.

4.4.2.2.4 One (1) member of the same department as the member, whose privileges are in question, appointed by the Chair of the AMAC.

4.4.2.2.5 The President of the respective area Medical Staff or designate.

#### 4.4.2.3 Notice

The Medical Staff member whose appointment and/or privilege to practice, it is proposed to restrict, modify, suspend, revoke, or not renew, shall be given not less than ten (10) working days written notice of the time and place of the Peer Review committee meeting and such notice shall set forth the reasons for the Department Head's recommendation.

#### 4.4.2.4 Right to Appear

The Department Head and the physician, dentist, or midwife involved have the right to appear personally before the Peer Review committee and to submit written comments if they so wish.

#### 4.4.2.5 Failure to Appear

In the event the Medical Staff member and/or Department Head fails to appear at the time and place arranged for the Peer Review Committee meeting, the committee may proceed in their absence if it is satisfied that proper notice has been given.

#### 4.4.2.6 Recommendations and Summary of Findings

4.4.2.6.1 The recommendations of the Peer Review Committee shall be appended to the recommendation of the Department Head before consideration by the HAMAC and the Board.

4.4.2.6.2 Recommendations of the Peer Review Committee may be made by a majority of the members, the Chair having one (1) vote only.

#### 4.4.2.7 Written Report

A written report, including the Peer Review Committee's recommendations and a summary of the findings and reasons upon which it was based, shall be forwarded to the VP Medical, the CEO and to the HAMAC within sixty (60) days of the receipt of the recommendation from the Department Head. A copy of such a report shall be forwarded forthwith to the Medical Staff member concerned.

#### 4.4.2.8 HAMAC Consideration of Recommendations



The HAMAC shall consider at the earliest practicable time the recommendations of the Peer Review Committee and any written objections or representations of the Medical Staff member involved, for the purpose of adding any recommendation or observation of the HAMAC. In the event that the HAMAC adds any recommendations or observation to such recommendations, a copy of HAMAC's comments, together with the reasons, shall be forwarded to the Medical Staff member concerned.

#### 4.4.2.9 Responsibility for Enactment

In the foregoing, when the appointment and/or privileges to practice in the Hospital of a Department Head are to be restricted, modified, suspended, revoked or not renewed, it shall be the responsibility of the Senior Medical Director to act in this context in place of the Department Head concerned.

## **ARTICLE 5 – RESPONSIBILITY FOR PATIENT CARE**

### **5.1 Admission, Discharge, and Transfer of In-Patients and Short-Stay Patients**

#### 5.1.1 Pre-Admission Requirements

The admitting physician or midwife or nurse practitioner is responsible for pre-admission requirements for elective patients and residents, which include the patient's medical history, physical examination, diagnosis, laboratory investigations, appropriate consultations, special tests and documentation of special precautions, patient consents and directives.

#### 5.1.2 Admission

5.1.2.1 Patients and residents shall only be admitted to the facility for investigation or treatment upon the order of a member of the Medical Staff.

5.1.2.2 Where two (2) or more physicians/midwives are involved with the care of the patient, one (1) physician/midwife must be identified as the attending physician/midwife.

5.1.2.3 Unless otherwise properly indicated on the physician/midwife order sheet, the admitting physician/midwife shall be deemed to be the most responsible physician/midwife (attending physician/midwife).

5.1.2.4 The admitting physician/midwife, or designate, or member of the House Medical Staff acting on the advice of the attending physician/midwife shall request admission of the patient from the Admitting Department and provide the admitting diagnosis, and an outline of the investigations/treatment for which hospitalization is required.

- 5.1.2.5 The Admitting Department shall inform the admitting physician/midwife of the hour for elective admissions.
- 5.1.2.6 For emergency admissions, the admitting physician/midwife or designate, or member of the House Medical Staff acting on the advice of the attending physician/midwife will certify the severity of the patient's condition and the circumstances necessitating special consideration.
- 5.1.2.7 The admitting physician/midwife or designate, or member of the House Medical Staff acting on the advice of the attending physician/midwife shall note special precautions regarding the care of the patient on the patient's health record. Precautionary notes are required for, but not limited to, chemical dependency, potential suicide, violence, epileptic seizures, psychiatric conditions, infections, drug reactions, and allergies.
- 5.1.2.8 All patients for surgery must have a current history and physical examination recorded on the patient/resident health record prior to surgery.
- 5.1.2.9 All patients and residents must have a record of history and physical examination within twenty-four (24) hours of admission.

#### 5.1.3 Dental and Podiatry Admissions

For patients admitted for dental/podiatry treatment, a physician on the Medical Staff shall be the attending physician for the medical care. The attending dental surgeon/podiatrist shall be responsible for the patient's dental/podiatry care.

#### 5.1.4 Discharge

- 5.1.4.1 Discharge of patients from the Hospital may be authorized only by the attending physician/midwife or designate, or by a member of the House Medical Staff acting on the advice of the attending physician/midwife.
- 5.1.4.2 Discharge planning should begin at the time of admission. The attending physician/midwife is responsible for identifying the expected date of discharge (EDD) within twenty-four (24) hours of admission on the patient's chart and updating the EDD regularly throughout the stay.
- 5.1.4.3 Physicians/midwives shall, when possible, indicate the planned discharge on the day prior to discharge.
- 5.1.4.4 Any alterations to the discharge plan following the discharge order must be documented, including new discharge orders.
- 5.1.4.5 Should a patient, next of kin, or legal guardian or committee demand that the patient be allowed to leave the Hospital against the attending physician/midwife's advice, the patient or his next of kin, legal guardian or committee shall be asked to sign a release on the prescribed form. Refusal to sign this release should be noted in the medical record.

- 5.1.4.6 Patients who have been absent without a pass for greater than six (6) hours of the end of an official pass period are deemed discharged AMA. Psychiatric patients are excluded from this rule.
- 5.1.4.7 A discharge summary shall be dictated on discharge or within one working day of a patient's discharge. Changes in status, medications and other issues significant to the immediate follow-up shall be communicated at the time of discharge if a discharge summary is not immediately available.

## **5.2 Medical Consultations**

### **5.2.1 In-Patient Consultation Process**

- 5.2.1.1 Consultation shall be initiated by the attending physician/midwife or designate or other physician/midwife/nurse practitioner involved in the care of the patient. Communication shall always be from physician/midwife/nurse practitioner to physician. Nursing staff are not expected to be involved in the consultation request.
- 5.2.1.2 Consultation shall be held:
  - 5.2.1.2.1 At the request of the attending physician/midwife or designate.
  - 5.2.1.2.2 At the request of the Department Head, Associate Department Head, Division Head or the Senior Medical Director.
  - 5.2.1.2.3 In other situations as determined from time to time by the Department Head, Division Head or the Senior Medical Director.
- 5.2.1.3 The consultant will make every effort to respond in a timely fashion.

### **5.2.2 Consultation Record**

The consultant physician shall examine the patient and dictate the findings, opinions, and recommendations on the clinical record. When a member of the House Medical Staff performs the consultation, the findings, opinion and recommendations may be recorded on the consultation record or dictated. The consultant physician must confirm agreement by signing the plan outlined in the consultation record or notes completed by the member of the House Medical Staff or confirming in the notes that they agree with the House Staff dictated consult record or dictation of a formal consult.

## **5.3 Emergency Care**

In an emergency, any physician/midwife is expected to provide and document medical care until a patient's attending physician/midwife can assume responsibility.

## **5.4 Post-operative Care**

The operating physician or surgeon is responsible for the post-operative care and completion of the health record of the patient unless otherwise indicated on the order sheet of the patient's health record and confirmed, in writing, by the physician assuming this responsibility.

## **5.5 Health Records**

The attending physician/midwife shall be responsible for the completion of the medical component of the health record for each patient. The record shall include the following items, where applicable:

### **5.5.1 Admission History**

Except in extreme emergency, the attending physician/midwife shall ensure that every patient admitted to a VCHA facility has an adequate clinical history, physical examination and provisional diagnosis recorded in the health record within twenty-four (24) hours after admission and prior to every delivery or operation.

### **5.5.2 Progress Notes**

The progress notes shall:

5.5.2.1 Describe a treatment plan; changes in the patient's condition; response to treatment; reasons for change of treatment, and outcome of treatment.

5.5.2.2 Be written as frequently as the patient's condition warrants.

5.5.2.3 Be legible, dated, timed, and signed.

### **5.5.3 Operative Notes**

5.5.3.1 In elective or urgent surgical cases a documented history and physical examination report and the signed operation consent shall be submitted to the booking clerk prior to the booking of the operation.

5.5.3.2 If such history and physical examination are not recorded before the time slated for operation the operation shall be canceled unless the attending physician states in writing that such delay would result in mortality or significant morbidity. The appropriate surgical management committee shall review all such cases.

5.5.3.3 Prior to the patient entering the OR for any surgical procedure, the surgeon or physician delegate shall personally discuss with the patient the procedure and site to be operated upon and mark the site in an approved manner as per Health Authority Policy. Upon the patient entering the OR, a pre-operative "timeout" including the surgeon or physician designate, anesthesiologist, and all nursing staff present shall take place to ensure correct patient, procedure, and site. The occurrence of the timeout shall be recorded in the operative record. The surgeon is ultimately responsible for this process taking place as per Regional Policy.

- 5.5.3.4 In the exception of a patient requiring immediate surgical intervention, prior to any anesthetic procedure, the anesthetist must record a pre-anesthetic assessment on the anesthetic sheet. The anesthetic record must be completed before the patient leaves the recovery room.
- 5.5.3.5 A written note summarizing the operative procedure, the operative findings and any complications, together with post-operative orders must be placed on the chart before the patient leaves the post-anesthetic recovery unit.
- 5.5.3.6 The operating surgeon or House Medical Staff shall provide the complete operative report within twenty-four (24) hours of surgery.

#### 5.5.4 Prenatal Record

The prenatal record is considered to be an integral part of the health record and will constitute a history and physical, and the information will be submitted in accordance with the B.C. Reproductive Care Program guidelines.

#### 5.5.5 Completion of Health Records

- 5.5.5.1 All health records must be completed, according to these Medical Staff Rules. If the attending physician/midwife is no longer available to complete the record, the appropriate Department Head or Associate Department Head will review the clinical record.
- 5.5.5.2 The attending physician/midwife is responsible for notifying Health Records and the respective Division or Department Head of planned absences prior to their occurrence. Following notification, the physician/midwife will be responsible for the completion of outstanding health records within five (5) working days of return from such leave or absence.
- 5.5.5.3 The patient's health record should be completed at the time of discharge but not later than fourteen (14) days after discharge. If the patient's health record is not completed at the time of discharge the following process will apply:
  - 5.5.5.3.1 The physician/midwife is notified of incomplete charts.
  - 5.5.5.3.2 Following notification the physician/midwife is responsible for completion of the outstanding charts within a further fourteen (14) days.
  - 5.5.5.3.3 Failure to comply with 5.5.5.3.2 will initiate a letter to the physician/midwife automatically suspending hospital privileges. A copy of this letter will be forwarded to the appropriate Department Head. The attending physician/midwife must arrange transfer of care of patients within a VCHA facility to an appropriate member of the Medical Staff.

- 5.5.5.3.4 The suspension of privileges is removed immediately upon completion of the outstanding health records.
- 5.5.5.3.5 If the health records are not completed within twenty-eight (28) working days following receipt of notification of suspension, Medical Staff privileges are automatically canceled and the physician/midwife must submit a new application for appointment to the Medical Staff. This application will require approval by the appropriate Department Head, the MAC and the Board of Directors.
- 5.5.5.3.6 Physicians/midwives who are suspended more than three (3) times in a consecutive twelve (12) month period will be interviewed by the appropriate Department Head, Associate Department Head or Division Head. This will result in an automatic letter of conduct to the Chair of the MAC and to the physician/midwife's personnel file. Repeated suspensions may be grounds for discipline including revocation of membership on the Medical Staff.
- 5.5.5.3.7 Physicians/midwives granted locum tenens privileges are responsible for completion of their health records; failing completion by the locum tenens, the physician/midwife arranging for the locum tenens is responsible for completing any outstanding records.

#### 5.5.6 Ownership and Access

- 5.5.6.1 Health records are the property of VCHA and are not to be removed from VCHA except as ordered by the courts or with consent of VCHA.
- 5.5.6.2 Access to and copies of the health record or information contained therein is governed by policies of VCHA. Breach of these policies would be considered a breach of ethical conduct.
- 5.5.6.3 Medical Staff who have private offices within VCHA retain ownership of their office records as described by the B.C. College of Physicians and Surgeons.

#### 5.5.7 Storage of Records

Health records are to be retained in the Health Records Department unless the Senior Medical Director or delegate approves another location.

### 5.6 Informed Consent

#### 5.6.1 Informed Valid Consent

Examination, treatment, procedure or operation, and the transfusion of blood or blood products other than in the case of emergency health care, may not be carried out on any patient in VCHA unless the informed valid

consent of the patient or the substitute decision maker has been obtained, as per appropriate VCHA policy and governing legislation.

#### 5.6.2 Physician/midwife Responsibility for Obtaining Consent

The physician/midwife responsible for performing a procedure is responsible for obtaining valid informed consent prior to carrying out that procedure, and will not proceed until the appropriate signed VCHA consent form has been placed on the patient health record.

### 5.7 Quality Improvement Processes and Information

5.7.1 Quality improvement (QI) activities are an integral component of the medical staff function and responsibility. All members of the Medical Staff will participate as required by the Hospital Act and requested by their Department or Division Head in QI activities including, but not limited to, critical incident reviews, mortality and morbidity rounds, and specific departmental or program related activities, QI activities & Policies..

5.7.1.1 All members of the Medical Staff are required to comply with VCH's Quality Improvement and Safety Policies.

5.7.1.2 Failure to comply with 5.7.1.1 will initiate a letter to the member of the Medical Staff detailing the specific non-compliance. A copy of this letter will be forwarded to the appropriate Department / Division Head.

5.7.1.3 Medical Staff receiving a second letter for the same act of non-compliance for failure to comply with 5.7.1.1 will meet with the Department Head and the Senior Medical Director within seven (7) working days. The meeting will be documented and a summary will be added to his/her personnel file. This letter will remain on the Physician's file for five (5) years.

5.7.1.4 Medical Staff receiving a third letter for the same act of non-compliance will be automatically suspended from the Medical Staff for a period not less than one week. An automatic letter of conduct will be added to his/her personnel file and a copy forwarded to the Chair of the AMAC. This notice will be forwarded to the College of Physicians and Surgeons as required by the Health Professions Act. This letter will remain on the Physician's file for five (5) years.

5.7.1.5 Medical Staff receiving a fourth letter for the same act of non-compliance will be referred to HAMAC and the Board for revocation of privileges and then must reapply. This letter will remain on the Physician's file for five (5) years.

5.7.1.6 For reoccurring offences after Article 5.7.1.5

5.7.1.6.1 Physicians receiving any letters for the same act of non-compliance will be dealt with by the process outlined in Article 5.7.1.4.

5.7.1.6.2 Physicians receiving a letter of warning after a five (5) year period with no warning letters issued to them will be dealt with in the process as outlined in Articles 5.7.1.2 to 5.7.1.6

5.7.2 Medical Staff quality assurance/improvement activities are protected under Section 51 of the Evidence Act, and in accordance with VCHA policy regarding Freedom of Information and Protection of Privacy Act (FOIPPA). It should be noted that Section 51 of the Evidence Act overrides FOIPPA.

## **5.8 Physician/Midwife Orders**

### **5.8.1 Admitting Orders**

The admitting physician/midwife shall provide orders necessary for the patient's care at the time of admission. If the attending physician/midwife is other than the admitting physician/midwife, he shall review and confirm admitting orders within twenty-four (24) hours.

### **5.8.2 Orders for Treatment**

All orders for treatment shall have the name printed and be legibly written, dated, timed, numbered (with the professional body's license number), and signed by a staff member of professional practice group as defined in the Health Professions Act and in accordance with the standards of the member's College. Medication orders will follow acceptable standard according to the policies of the HAMAC with respect to legibility, use of abbreviations, and adherence to formulary policies of the hospital.

5.8.2.1 Failure to comply with 5.8.2 will initiate a letter to the member of the Medical Staff detailing the non-compliance. A copy of this letter will be forwarded to the appropriate Department / Division Head.

5.8.2.2 Medical Staff receiving a second letter will receive a warning from the Department Head.

5.8.2.3 Medical Staff receiving a third letter for failure to comply with 5.8.2 will need to complete the online Safe Prescribing module and meet with the Department Head and the Senior Medical Director. The meeting will be documented and a summary will be added to his/her personnel file. This letter will remain on the Physician's file for five years.



5.8.2.4 Medical Staff receiving a fourth letter will be automatically suspended from the Medical Staff for a period not less than one week. An automatic letter of conduct will be added to his/her personnel file. A copy of the letter of conduct will be forwarded to the Chair of the MAC and the physician must attend the MAC to give explanation for the non-compliance. This notice will be forwarded to the College of Physicians and Surgeons as required by the Health Professions Act. This letter will remain on the Physician's file for five years.

5.8.2.5 For reoccurring offences after Article 5.8.2.4:

5.8.2.5.1 Physicians receiving any letters for non-compliance will be dealt with by the process as outlined in Article 5.8.2.4.

5.8.2.5.2 Physicians receiving a letter of warning after a five (5) year period with no warning letters issued to them will be dealt with in the process as outlined in Articles 5.8.2.1 to 5.8.2.5.

### 5.8.3 Verbal Orders

Under normal circumstances, the Medical Staff Member will write orders in the patient's chart. If necessary, a Medical Staff Member may give verbal or telephone orders for treatment to a registered nurse, a licensed practical nurse, a respiratory therapist or a perfusionist, or a pharmacist, who shall transcribe the order onto the chart under the Medical Staff Member's name per the writer's name. The nurse, licensed practical nurse, respiratory therapist, perfusionist, or pharmacist will read the order back to the physician/midwife who will confirm that it is correct prior to it being carried out. Such orders shall be countersigned by the Medical Staff Member or designate at the earliest opportunity.

### 5.8.4 House Medical Staff Orders

House Medical Staff may write orders and prescribe controlled drugs according to VCHA guidelines.

### 5.8.5 Pre-Printed Orders

A Department may establish pre-printed orders for patients and residents under the care of members of the department. The appropriate sub-committee of the HAMAC approves pre-printed orders. A physician must sign the pre-printed order for each patient.

### 5.8.6 Orders by Medical Student Interns

When a patient has been assigned to a medical student intern for teaching, the medical student intern may write orders as per the policy on medical student orders. In the cases of orders for therapeutic drugs or invasive procedures or investigations, the attending physician/midwife shall, except in an emergency, discuss such orders with the medical student intern and approve them. The responsible attending

physician/midwife or resident must countersign the order at the earliest opportunity.

## **5.9 Responsibility for Provision of Medical Care of Patient**

### **5.9.1 Continuous Care**

- 5.9.1.1 Each member of the Medical Staff has a duty to comply with the Bylaws and these Rules including the responsibility to ensure that the patient is continuously under appropriate and available physician/midwife care. The admitting or attending physician/midwife shall not withdraw services, whatever the reason, prior to the patient's discharge without proper transfer of the patient's medical care.
- 5.9.1.2 Any member of the Medical Staff who is away from practice or who has transferred responsibility of care to another physician/midwife shall indicate the name(s) of the physician/midwife(s) assuming responsibility for the patient's care on the order sheet of the patient's health record. The receiving physician/midwife shall acknowledge transfer in writing on the order sheet.
- 5.9.1.3 If the physician/midwife wishes to withdraw from involvement in a patient's care when services are still required, the physician/midwife shall inform the patient and arrange for another physician/midwife of appropriate qualification to assume responsibility for the care of the patient and document on the order sheet of the patient's health record.
- 5.9.1.4 In the event that an attending physician/midwife fails to attend upon a patient for whom he/she is responsible, the Department Head concerned shall designate an appropriate member of the Provisional, Active, or Locum Medical Staff to be responsible for the patient and shall report the matter in writing to the Senior Medical Director, and to the AMAC.
- 5.9.1.5 A competent patient has the right to request a change in physician/midwife. The attending physician/midwife shall cooperate in transferring responsibility for care to an appropriate new physician/midwife acceptable to the patient. If an acceptable alternative physician/midwife cannot be found, the Department Head shall appoint a physician/midwife who will continue to provide care to the patient until such responsibility is transferred. The transfer of care must be documented on the order sheet of the patient's health record.
- 5.9.1.6 When a patient requires transfer to another facility, the attending physician/midwife shall ensure that the physician/midwife on Medical Staff at the receiving site is fully informed about the patient's condition and is prepared to assume responsibility for the patient's care. The attending physician/midwife shall identify

relevant documentation from the patient's health record to be photocopied and sent to the receiving facility.

#### 5.9.2 Daily Care of Patients

5.9.2.1 A patient in acute care must be seen or reviewed on the ward by the attending physician/midwife or a member of the House Medical Staff, or appropriate on-call covering physician/midwife, at least daily, or more frequently as required.

5.9.2.2 Whenever the attending physician/midwife, House Medical Staff, or appropriate on-call covering physician/midwife sees a patient, a progress note shall be written. The note shall provide sufficient detail to allow the formulation of a reasonable picture of the patient's clinical status at the time of observation and shall reflect the involvement of the attending physician/midwife in the patient's care.

#### 5.9.3 On-Call Coverage

5.9.3.1 All members of the Medical Staff shall participate in departmental on-call rosters, except in special circumstances, approved by the Department Head and Senior Medical Director.

5.9.3.2 Each Department and/or Division shall ensure a rotation of members to provide emergency coverage and shall routinely provide a list of such rotation to the Emergency Departments and medical administration. The list must be updated as changes occur.

5.9.3.3 The Department Head or delegate, if applicable, shall assign each member to a reasonable on-call schedule.

5.9.3.4 On-call physicians/midwives will be expected to maintain acceptable levels of availability. Those Departments and Divisions, which deal with life-threatening emergencies, shall maintain timely physician/midwife availability.

#### 5.9.4 Delegated Functions

The process of delegation of medical functions to other health professionals must be consistent with the Health Professions Act.

Process:

5.9.4.1 The College of Physicians and Surgeons of BC and the regulatory body of the professional accepting the delegation (e.g., the College of Registered Nurses of BC) must both agree.

5.9.4.2 Health Authority Medical Advisory Committee and Senior Management must both agree.

5.9.4.3 The delegating Medical Staff\* and the health professional performing the delegated function are jointly responsible for ensuring that initial competence is obtained and ongoing competence is maintained following the Health Authority's policy on delegation of medical functions.

- 5.9.4.4 Written instructions for the delegation must be provided.
- 5.9.4.5 A delegating Medical Staff\* with relevant experience must ensure that the required knowledge and skill are appropriately taught, and must confirm that the health professional performing the delegated function has the competence to perform the delegated function through mechanisms, e.g., continuing education, experience, re-evaluation and retraining.
- 5.9.4.6 Responsibility is shared. The delegating Medical Staff\* continues to have a responsibility to the patient and is responsible for ensuring that the health professional performing the delegated function is competent to do so. The health professional has a responsibility to carry out the delegated function safely.

\*Each VCH Department/Division/Program that has delegated medical functions will identify an individual who will be responsible for this.

## **5.10 Organ Donation and Retrieval**

With the establishment of a Provincial Donor Registry and the Human Tissue Gift Act, amendments to this rule concerning the process for organ donation and removal should be updated regularly to reflect provincial policy.

### **5.10.1 Privileges for Organ Retrieval**

The Senior Medical Administrator or delegate may grant temporary privileges to physicians for situations such as organ retrieval.

### **5.10.2 Consent**

5.10.2.1 Consent for solid organ donation shall be obtained from the authorized individual set out in the Human Tissue Gift Act after the declaration of neurological death, on the appropriate consent form by a member of the Medical Staff or House Medical Staff. Telephone consent requires two (2) witnesses (nurse or physician).

5.10.2.2 In the event of eye or non-solid organ tissue donation only, consent shall be obtained from the authorized individual after cardiac death, by a member of Nursing Staff, Medical Staff or House Medical Staff, or an employee of the Eye Bank or the Tissue Bank of British Columbia. The physician and the nurse collaboratively decide who is most appropriate to obtain consent for eye donation. The Eye Bank requires two (2) members of the Nursing Staff to witness telephone consent.

### **5.10.3 Determination of Death**

5.10.3.1 In the declaration of neurological death for organ donation, consultation shall be held with a neurosurgeon or neurologist, or the Medical Staff member representing the highest level of neurological skills available at the health care facility.

5.10.3.2 In the case of solid organ donation, the criteria for the diagnosis of neurological death published by the Canadian Congress of Neurological Sciences (1986), and available from the Organ Retrieval Team, will be followed in accordance with Part 2 Section 7 of the Human Tissue Gift Act.

#### 5.10.4 Physiological Maintenance of Organ Donor

5.10.4.1 In the event of solid organ donation, responsibility for the physiological maintenance of the solid organ donor after the declaration of neurological death may be transferred, at the discretion of the attending physician, to a member of the Organ Retrieval Team.

5.10.4.2 In the case of solid organ donation, after the declaration of neurological death, and in the event that the attending physician has transferred responsibility of care to the Organ Retrieval Team, standing orders (available from the organ retrieval team) will be followed. Any deviation from standing orders protocol will be discussed in consultation with the attending physician.

### **5.11 Pronouncement of Death, Autopsy and Pathology**

#### 5.11.1 Pronouncement of Death

In expected death in hospital, the decision as to who is the appropriate person to pronounce death is made collaboratively by the healthcare team.

#### 5.11.2 Medical Certificate of Death

The attending physician shall complete the medical certificate of death or the medical certificate of stillbirth as soon as possible and not more than 2 (two) working days after death or stillbirth.

#### 5.11.3 Report to the Coroner

As stated by the Coroner's Act, anyone who believes the circumstances of death meet the criteria for reporting outlined in the Coroner's Act can notify the coroner or a peace officer.

#### 5.11.4 Autopsy

No autopsy shall be performed without order of the Coroner or written consent of the appropriate relative or legally authorized agent of the patient.

#### 5.11.5 Permission for Autopsy

In appropriate cases the attending physician/midwife shall make all reasonable efforts to obtain permission for the performance of an autopsy.

#### 5.11.6 Diagnostic Material

All tissue or material of diagnostic value shall be sent to the Department of Pathology.

#### 5.11.7 Pathology Specimens

Pathology specimens including body tissues, organs, materials, and foreign bodies shall not be released without due authorization of the Department Head of Pathology and Laboratory Medicine or delegate.

### 5.12 Residential Care

Medical care of residents in VCHA operated residential care facilities differ in many aspects from medical care provided to patients in an acute care setting. Those differences are recognized in this section.

#### 5.12.1 Admission to a Residential Care Facility

5.12.1.1 Every resident shall be admitted and attended by a member of the Medical Staff who has appropriate privileges and has agreed to take primary responsibility for the care of the resident and who has primary responsibility for the care of the resident.

5.12.1.2 When a resident is admitted to a residential care facility, the attending physician shall submit a complete and updated medical record as outlined in Article 5.12.3.

#### 5.12.2 Resident Care and Treatment

5.12.2.1 The attending physician shall note special precautions regarding the care of the resident on the order sheet in the resident's record at the time of admission (e.g. infectious disease, emotional disturbance, etc.).

5.12.2.2 Directives for care (degree of intervention and resuscitation orders) shall be completed in a timely manner, preferably before admission, and updated as clinically indicated and at least annually.

5.12.2.3 The attending physician shall visit the newly admitted resident within seven (7) days and thereafter at least every ninety (90) days, or more frequently if clinically indicated.

5.12.2.4 All orders for medical treatment shall be in writing and signed by a practitioner with Medical Staff privileges. An order for medical care may be dictated over the telephone to a registered nurse who will read the order back to the physician for confirmation prior to its being carried out. An order dictated over the telephone shall be written over the name of the ordering practitioner and be signed by the person to whom they are dictated. Orders may be faxed if signed by a medical practitioner.

5.12.2.5 Orders pertaining to other professional disciplines, (e.g. occupational therapist, physical therapist, dietitian, pharmacist)

may be dictated by the medical practitioner to a member of that discipline who will read the order back to the physician for confirmation prior to its being carried out.

- 5.12.2.6 Dentists treating residents shall enter in the resident's health record a description of every dental treatment or procedure performed immediately following the provision of care.
- 5.12.2.7 Physicians or dentists holding appropriate privileges at VCHA may provide on call services for VCHA physicians or dentists.
- 5.12.2.8 The attending physician shall carry out a Drug Review every ninety (90) days or more frequently in collaboration with the Medical Director, pharmacist or nurse, as appropriate. Medications shall be re-authorized every ninety (90) days by updating and signing the drug profile or rewriting drug orders on the order sheet.
- 5.12.2.9 All orders for controlled drugs and antibiotics shall have a stated limit as to the number of doses, or the hours or days of administration. The ordering practitioner shall countersign telephone orders for controlled drugs within seven (7) days. For drug orders given without such dosage or time limit, an automatic stop order shall be in effect.
- 5.12.2.10 If, in the opinion of the nurse in charge, the condition of the resident changes significantly, the attending physician or delegate shall be informed and shall act promptly according to the urgency of the situation.
- 5.12.2.11 The attending physician or delegate shall obtain a consultation when appropriate.
- 5.12.2.12 Practitioners requested to see a resident in consultation shall be members of VCHA's Medical Staff and shall provide a written report for the resident's chart.
- 5.12.2.13 The attending physician shall be asked to attend interdisciplinary conferences to discuss and plan resident care. In the absence of the attending physician, the Medical Director shall make recommendations regarding care to the multidisciplinary team and the attending physician.
- 5.12.2.14 If, in the opinion of the Medical Director, the condition of a resident is such that it poses a risk to other residents or to staff, and appropriate consultation, referral or transfer has not been arranged by the attending physician, such consultation, referral or transfer may be arranged by the Medical Director.

- 5.12.2.15 The attending physician shall visit the resident within a week of the resident returning from acute care and provide an update in the resident's chart.
- 5.12.2.16 The attending physician or delegate shall visit to pronounce death within a reasonable time after notification. In the event of an expected death, the attending physician may transfer the responsibility for "pronouncement of death" to a registered nurse in charge of the resident's care, provided the attending physician has visited the resident within the previous thirty (30) days and documented on the resident's chart that death may be expected shortly. In the event of an unexpected death, death due to unnatural cause, or death with unusual circumstances, the attending physician or delegate is required to attend for the purpose of "pronouncement of death" and to review the circumstances surrounding the death. Completion of a "Certificate of Death" remains the responsibility of the attending physician in all circumstances. Physicians pronouncing death shall record the time, date and cause of death (if known) on progress notes.
- 5.12.2.17 The attending physician or delegate shall notify the Coroner of deaths that require notification under the Coroner's Act.

### 5.12.3 Health Records

- 5.12.3.1 When a resident is admitted, a record of a complete medical history and physical examination will be provided by the attending physician as soon as possible within 7 (seven) days. The admission record shall include:
  - 5.12.3.2 A list of current diagnoses and problems
  - 5.12.3.3 A past medical history, including illnesses and surgery
  - 5.12.3.4 Allergies and drug sensitivities
  - 5.12.3.5 A record of a physical examination performed within the previous three (3) months
  - 5.12.3.6 A mental status assessment
  - 5.12.3.7 Results of appropriate laboratory tests
  - 5.12.3.8 A management plan including drug orders
  - 5.12.3.9 A summary or copies of relevant consultant reports
- 5.12.3.10 Progress notes shall be documented at each visit and at least every ninety (90) days thereafter. Progress notes shall be sufficient to describe changes in the resident's condition,



5.12.3.11 Within thirty (30) days following the death or discharge of a resident, the attending physician shall complete and sign the resident's discharge summary stating the final diagnosis thereon.

## **ARTICLE 6 – CATEGORIES OF MEDICAL STAFF**

Categories of Medical Staff are described in Article 6 of the Medical Staff Bylaws. This section of the Medical Staff Rules sets out additional details, processes or criteria.

### **6.1 Active Medical Staff**

- 6.1.1 Members of the active staff must satisfactorily complete the required period on the provisional staff, unless exempted from that requirement by the Board of Directors.
- 6.1.2 Members of the active staff are assigned to a primary department and may admit, attend, investigate, diagnose and treat patients within the limits of that member's privileges.
- 6.1.3 Members of the active staff are eligible to hold office and vote at medical staff and departmental meetings.
- 6.1.4 Unless specifically exempted by the Vancouver Coastal Health Authority, members of the active staff are required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the Department to which the member is assigned, as determined by the Vancouver Coastal Health Authority and described in Medical Staff Rules.
- 6.1.5 Members of the active staff are required to participate in administrative and educational activities of the medical staff and are required to attend at least 70 percent of primary departmental/divisional meetings.
- 6.1.6 Vancouver Acute Specific: Senior Medical Staff
  - 6.1.6.1 All members of Medical Staff are encouraged to commence retirement planning from the age of sixty (60) and to consult with their Department Heads regarding resource planning within VCHA.
  - 6.1.6.2 All members of the Medical Staff upon reaching the age of sixty-five (65) years will retain their privileges for the remaining term of their appointment to the Medical Staff at which time they terminate automatically.
  - 6.1.6.3 All prospective members of Senior Medical Staff will be required to make an application for an appointment to the Senior Medical Staff in accordance with these Rules and Article 4.1 of the Bylaws.

In considering an appointment to the Senior Medical Staff under the Bylaws, the Board of Directors will, in addition to the criteria generally applicable to appointments to the Medical Staff, consider

- a) the fitness, competence and capability of the applicant,
- b) the strategic plan and resources and staffing of the relevant Department or Division,
- c) the applicant's plans relating to retirement,
- d) the recruitment of new personnel,
- e) the development of new technologies and clinical programs,
- f) the need to encourage academic excellence and renewal in teaching Hospitals,
- g) the allocation of facility resources,
- h) the recommendations of the relevant Department Head and operations program director, and the need for mentoring of junior colleagues

## **6.2 Provisional Medical Staff**

An appointment to the Provisional Medical Staff may be held for a minimum of six (6) months and a maximum of two (2) years unless there are exceptional circumstances. The appointment is considered as probationary and after two (2) years such individuals must either be appointed to Active Medical Staff or the appointment lapses. They may vote in committees to which they are appointed.

### **6.2.1 Appointment and Nomination of Active Medical Staff from Provisional Medical Staff**

- 6.2.1.1 Appointment to the Active Medical Staff from the Provisional Medical Staff may be made by the Board after a minimum period of six (6) months after considering the recommendations of the AMAC and the nomination of the Department Head concerned, subject to such limitations and restrictions as the Board may in its sole discretion so decide.

At six (6) months following the granting of a Provisional Appointment of a Physician to the Medical Staff the physician will undergo an assessment by the Medical Department / Division Head, with a formal report to the Senior Medical Director, in regard to his/her competence and professional behaviour. As part of the assessment, Provisional Medical Staff must have completed, within the first six months, the mandatory educational modules as identified by the Health Authority for recertification. If any problems are identified these must be corrected over a further period of six (6) months before a

recommendation is made to the AMAC that Active Privileges be granted to the physician.

Failure to correct such problems could lead to the extension of the Provisional Privileges for up to one (1) additional year during which time assessments would be carried out at six (6) month intervals and if at the end of one (1) year the assessments were not acceptable to the AMAC no further Privileges would be granted to the physician.

6.2.1.2 Members of the Provisional Medical Staff shall be nominated by the Department Head concerned for promotion to the Active Medical Staff on the basis of the criteria in Article 4.1.3.2.

## 6.2.2 Requirements for Active and Provisional Medical Staff

### 6.2.2.1 Professional Qualifications

A physician or dentist or midwife shall not be appointed to the Provisional Medical Staff unless he has been credentialed as a specialist or family physician/midwife in the professional discipline to which it is proposed he be assigned, by the College of Physicians and Surgeons of British Columbia, or as a midwife by the College of Midwifery of British Columbia, or as a dentist by the College of Dental Surgeons of British Columbia.

### 6.2.2.2 Academic Affiliation

Active staff privileges at VGH/UBCH require an academic appointment at the University of British Columbia.

## 6.2.3 Transfer between Departments or Divisions

Members of the Active or Provisional Medical Staff appropriately qualified in one Department or Division may be seconded by the Board to another Department or Division without further qualification.

## 6.2.4 Duties

Members of the Active and Provisional Medical Staff shall carry out such reasonable duties as shall be directed by the Department Head concerned or by the Division Head. They shall co-operate with the Department Heads and other members of the Medical Staff in order to foster the activities of their Department or Divisions in keeping with the objectives and goals of the Hospital. They shall assist the Department Head or Division Head in developing and maintaining quality of care standards for which the Department Head or Division Head is accountable.

### **6.3 Associate Medical Staff/Associate Non-Medical Staff**

#### **6.3.1 Associate Medical Staff**

Associate Medical Staff includes physicians and midwives assigned by departments who may admit patients in their own name and those physicians who do not have admitting privileges, such as physician Surgical Assistants and physician Departmental Assistants. Associate Medical Staff are assigned to Departments. The position of Associate Medical Staff with admitting privileges is designed to accommodate physicians and midwives who are privileged in a different Health Authority from VCH (e.g. Provincial Health Services Authority) who provide only intermittent on-call or other services to the Hospital or VCHA.

Departmental Assistants and physician Surgical Assistants may treat patients and write orders in their own name as required by their assigned department but their patient care activities are conducted under the direction of a member of the Medical Staff. The appointment and privileges will be clearly defined in the appointment letter. Associate Medical Staff may not vote or hold office. They are encouraged to attend the majority of the business and clinical meetings of the department or divisions with which they are affiliated.

#### **6.3.2 Associate Non-Medical Staff**

Associate Non-Medical Staff are persons with appropriate qualifications, whose services are required by VCHA, and include, but are not limited to, podiatrists, psychologists, nurse practitioners and paramedical personnel. Associate non-medical staff are encouraged to attend the majority of the business and clinical meetings of the Department or Divisions with which they are affiliated. They may not admit patients or write orders, nor may they perform surgical or investigational procedures for which additional privileges are required. For the purposes of Article 5.2.5 of the VCH Medical Staff Bylaws, the Credentials Committee will assess the Credentials of Associate Non-Medical Staff and submit to the Board through the HAMAC.

##### **6.3.2.1 Nurse Practitioners**

Nurse Practitioners are not authorized to admit or discharge patients, or act as the most responsible provider. However, once a physician or midwife has admitted a patient, he or she may designate a Nurse Practitioner to attend or treat patients by writing an order on the chart. Once designated, Nurse Practitioners can, in consultation with the most responsible physician or midwife, and within the limits of their competence and the applicable Regulation,

- (a) take histories and perform physical examinations;
- (b) order diagnostic tests and referrals;
- (c) diagnose diseases, disorders or conditions; and
- (d) order drugs or other therapies.

Transfer of care within Hospitals is managed by the order of a physician or midwife. Members of the Medical Staff may discharge a patient to the care of a Nurse Practitioner in the community or a residential care facility, if that physician is the responsible professional caring for the patient.

#### 6.3.2.2 Podiatrists

Podiatrists are not authorized to admit or discharge patients, or act as the most responsible provider. However, once a physician or midwife has admitted a patient, he or she may designate a Podiatrist to attend or treat patients by writing an order on the chart. Once designated, Podiatrists can practice within the limits of their competence and the applicable Regulation.

### 6.4 Consulting Medical Staff

Physicians, dentists, and midwives, who are not on the Active or Provisional Staff but whose special skills and abilities, are required to enhance patient care, education or research. Consulting Medical Staff may attend and treat patients at the request of a member of the Active Medical Staff. They may not admit patients but may write orders and treat patients in a consulting capacity. They may not vote or hold office. They are welcome at general Medical Staff and departmental meetings but are not required to attend.

### 6.6 Temporary Staff

Refer to Articles 4.1.4 and 6.5 of the Medical Staff Bylaws.

### 6.7 Locum Tenens

Members of the Medical Staff who for any reason are unable to attend their patients for a limited period of time shall request another member of the Active or Associate Medical Staff in their departments to care for their patients in the hospital during their absence. In the event that this is not possible, a locum tenens appointment may be recommended to care for the member's patients in hospital and to participate in the care of emergencies.

A locum tenens may admit patients, write orders, and provide treatment as needed.

6.7.1 The credentials of any locum tenens application new to the Hospital must be reviewed by the Credentials Committee.

6.7.2 Subject to the Credentials Committee's approval, locum tenens Medical Staff are appointed for a specified period not to exceed twelve (12) months for the purpose of replacing a member of active, provisional, or consulting Medical Staff category during an absence.

6.7.3 For locum tenens privileges greater than six (6) weeks, a request must be submitted to the Senior Medical Director by the Department Head with at least one (1) calendar month's notice and adequate information to permit the credentials of the replacement to be assessed by the Senior Medical Director. The submission from the Department Head must also define the

privileges proposed for the replacement member. Specific mention must be made of admitting privileges, on-call emergency privileges, operating room privileges, and privileges in Surgical Day Care where appropriate.

- 6.7.4 Article 6.6 of the Bylaws governs appointments for locum tenens.
- 6.7.5 The granting of a locum tenens appointment provides no preferential access to an active, provisional or other appointment at some later time.
- 6.7.6 The physician/midwife who will be replaced by the locum tenens has responsibility for ensuring that the locum tenens is suitably qualified to cover all aspects of the requesting physician/midwife's practice. Locum tenens physicians/midwives will be given temporary privileges.

## **6.8 Dental Staff**

- 6.8.1 The procedures for appointment and assignment of privileges are the same as for physicians/midwives, except assignment is to the Division of Dentistry.
- 6.8.2 Members of the dental Medical Staff do not have admitting privileges.

## **6.9 Midwifery Medical Staff**

- 6.9.1 The procedures for appointment and assignment of privileges are the same as for physicians, except assignment is to the Department of Midwifery.
- 6.9.2 Members of the active, provisional or locum midwifery Medical Staff can admit patients and write orders as appropriate to the practice of midwifery in the facility.

## **6.10 Scientific and Research Staff**

- 6.10.1 The Scientific Staff consists of qualified researchers or educators who, in recognition of their training, experience and ability have been granted this appointment.
- 6.10.2 Principal Investigators or designates are responsible for supervision of the activities of research assistants. Research assistants are subject to the hospital's policies on research administration.

## **6.11 Honorary Medical Staff**

- 6.11.1 Membership includes Medical Staff members the Board of Directors wishes to honour who are not active in the facilities and programs operated by the VCHA, and may include individuals with outstanding reputations or prominent physicians, dentists or midwives who have retired.
- 6.11.2 Members of the honorary staff may not admit or treat patients.
- 6.11.3 Members of honorary staff do not have assigned duties or responsibilities and do not have voting rights at department or Medical Staff meetings.

## **ARTICLE 7 – ORGANIZATION OF THE MEDICAL STAFF**

### **7.1 General Organization**

#### **7.1.1 Department, Divisions and Sections**

Departments may be organized at the level of the Health Authority or at the level of individual sites as deemed appropriate by the Board.

After considering the recommendations of the HAMAC, the CEO and the Board, shall from time to time:

7.1.1.1 organize the Medical Staff or any part thereof into such Departments, Divisions, and Sections as it may see fit and shall as provided herein

7.1.1.2 appoint the heads thereof

7.1.1.3 assign all members of the Medical Staff to a Department, Division, or Section according to the qualifications of each member

#### **7.1.2 Department Structure**

Each Section will form part of a Division, which shall, in turn, form part of a Department. A Section Head will report to the appropriate Division Head, who in turn, will report to the appropriate Department Head. The Head reports to the respective AMAC and to the respective Senior Medical Director.

#### **7.1.3 Cross Appointment**

A member of the Medical Staff may be cross-appointed in more than one (1) Department or Division, but must identify a primary appointment.

### **7.2 Department Meetings**

7.2.1 Each Department and Division shall meet at least six (6) times per year and more frequently if required to conduct its administrative affairs, clinical appraisals, teaching, and service commitments. Records of the meetings shall be kept and attendance shall be recorded.

7.2.2 Members of the Provisional, Active and Associate Medical Staff shall attend at least 70% of Departmental meetings, and 50% of clinical meetings appropriate to their specialty. The Department Head concerned may modify this rule in the case of a member of the Medical Staff who is actively contributing to the Medical Staff organization in some other way, such a committee service. Failure to attend a requisite number of meetings may be grounds for suspension from the Medical Staff.

7.2.3 A Quorum at Department and Division meetings shall consist of 25% plus one (1) member of the eligible voting members.

- 7.2.4 For departments consisting of more than forty (40) members, the Department Head shall strike an Executive Committee. Departments with fewer than forty (40) members may consider the use of an Executive Committee. The Executive Committee could be composed of the Department Head, Associate Department Head, Division Heads, and other members at the discretion of the Department Head.
- 7.2.5 The Department shall review matters concerning manpower, appointments, quality of medical care, mortality and morbidity, education and discipline. They shall coordinate with the Department Head the planned and efficient use of VCHA resources by the Department.
- 7.2.6 Voting on all motions shall be by a show of hands, or by secret ballot as directed by the Department Head or by a majority of those present. In cases of a split vote, the presiding officer shall cast the deciding vote.

### **7.3 Appointment of Department and Division Heads**

#### **7.3.1 Appointment of a Regional Department Head**

- 7.3.1.1 The Board of Directors of Vancouver Coastal Health (VCH) and Providence Health Care (PHC) shall appoint a Head of each established Regional Department for an initial term not exceeding five (5) years, in accordance with applicable Affiliation Agreements, after receiving the recommendation of their respective Presidents, VPs Medicine and Medical Advisory Committees.
- 7.3.1.2 Each Regional Department Head shall be a member of the Provisional or Active Medical Staff of VCH and PHC.
- 7.3.1.3 The Regional Department Head shall report and be accountable to the VPs Medicine of VCH and PHC and to their respective Boards, through HAMAC and the PHC MAC, for the activities of the Regional Department and its members.
- 7.3.1.4 All members of the Medical Staff of VCH and PHC with membership in a Regional Department are eligible to hold the position of Regional Department Head.
- 7.3.1.5 The Regional Department Head shall be remunerated at a rate agreed upon by VCH and PHC.
- 7.3.1.6 The appointment and remuneration for the position of Regional Department Head shall be detailed in a contract outlining the purpose, responsibilities, accountabilities and objectives of the role.



- 7.3.1.7 The VCH and PHC Boards may reappoint the Regional Department Head for a second term upon recommendation from the VPs Medicine, HAMAC and the PHC MAC. A Regional Department Head may be appointed for a maximum of two consecutive 5-year terms.
- 7.3.1.8 In recommending re-appointment of the Regional Department Head, the VPs Medicine shall consider the results of annual performance reviews. The process for performance reviews shall be described in the Regional Department Head's contract. (see 7.3.1.9.4)
- 7.3.1.9 Selection Process for Appointment and Reappointment of Regional Department Heads
  - 7.3.1.9.1 Where a vacancy exists or following the resignation of a Regional Department Head, a search for a Regional Department Head shall be conducted.
  - 7.3.1.9.2 HAMAC and the PHC MAC shall appoint a Search and Selection Committee in accordance with their respective Affiliation Agreements. Membership on the Committee shall include:
    - 7.3.1.9.2.1 The Chairs or Vice Chairs of HAMAC and the PHC MAC (maximum of one from each committee), one of whom shall chair the Search Committee, and the other of whom shall act as co-chair.
    - 7.3.1.9.2.2 The Chair of the appropriate University Department, or delegate.
    - 7.3.1.9.2.3 The Associate Regional Department Head, if any, and all Associate (Site) Heads of that Department.
    - 7.3.1.9.2.4 Representatives from VCH and PHC Administration, including the respective VPs Medicine.
    - 7.3.1.9.2.5 At least two representatives from the Department concerned.
    - 7.3.1.9.2.6 At least one other Department Head appointed by the Chair and Co-Chair.

7.3.1.9.2.7 Other Members as deemed appropriate.

7.3.1.9.3 The Search and Selection Committee shall make its recommendations to the VPs Medicine, HAMAC and the PHC MAC.

7.3.1.9.4 The Search and Selection Committee shall only recommend for appointment or reappointment a Regional Department Head candidate who is supported by the majority of Associate (Site) Heads.

7.3.1.9.5 The process used by the Search and Selection Committee shall comply with relevant VCH and PHC corporate policies.

7.3.1.9.6 HAMAC and the PHC MAC shall review and, if in agreement, approve the recommendation of the Search and Selection Committee prior to the recommendation of a candidate for Regional Department Head to their respective Boards.

### 7.3.2 Joint Appointments of Regional Department Heads for VCH, PHC and the University of British Columbia (UBC)

7.3.2.1 The appointment shall be approved by the VCH and PHC Boards of Directors as well as the UBC Board of Governors under the provisions of their respective Affiliation Agreements.

7.3.2.2 The jointly-appointed Regional and UBC Department Head shall hold a University Faculty appointment and shall be a member of the Provisional or Active Medical Staffs of VCH and PHC, selected on the basis of training, experience and demonstrated ability in clinical, academic and administrative activities.

7.3.2.3 The joint Regional and UBC Department Head may be reappointed for a second 5-year term, as outlined in the Affiliation Agreements, after review by a committee appointed and co-chaired by the Chairs of HAMAC and the PHC MAC together with a representative of the Dean of the Faculty of Medicine, UBC.

7.3.2.4 A Regional Department Head who is also the Chair of a University Department may hold a similar office in another facility.

### 7.3.3 Department Heads

#### 7.3.3.1 Appointment of Department Head

The Board of Directors shall appoint a Head of each established Department for a term not exceeding five (5) years, after receiving the recommendation of the Senior Medical Director and the CEO/COO.

#### 7.3.3.2 Reappointment of Department Head

The Department Head may be reappointed for one (1) further term not exceeding five (5) years after a review of his/her performance in their first (1st) term. The review committee will consist of a representative of the CEO/COO, medical administration, other departmental representatives and an AMAC representative. The Department Head will be provided an opportunity to respond in writing to the review.

#### 7.3.3.3 Joint Appointments of Department Heads for VCHA and the University of British Columbia (where applicable)

7.3.1.3.1 The Board of Directors and the Board of Governors of the University of British Columbia, under the provisions of the Affiliation Agreement, shall approve the appointment.

#### 7.3.3.4 Accountability of the Department Head

7.3.3.4.1 The Department Head shall be responsible to the Board of Directors, through the Senior Medical Director, and shall report at meetings of the AMAC.

#### 7.3.3.5 Responsibilities of Department Heads

The Department Head is responsible for the organization of the Medical Staff for a designated department. The Department Head will ensure that the quality of medical care provided to patients is in accordance with policies established by the Board. The Department Head is also responsible for ensuring that the education and research objectives are met in accordance with the Master Affiliation Agreement between VCHA and the University of British Columbia. Major responsibilities are outlined in the Department Head position description.

The responsibilities and duties of the Department Heads are as follows:

7.3.3.5.1 To ensure the maintenance of quality medical care in the clinical departments.

- 7.3.3.5.2 To support the mission of the hospital and to carry out the responsibilities outlined herein.
- 7.3.3.5.3 To monitor and evaluate the quality of patient care rendered by Medical Staff in their respective Departments.
- 7.3.3.5.4 To recruit, evaluate and recommend appointment of the Medical Staff in the Department in accordance with these Rules.
- 7.3.3.5.5 To implement appropriate educational and research activities in recognition of the Hospital's mission and the needs of the UBC undergraduate and postgraduate programs.
- 7.3.3.5.6 To ensure the participation of the Medical Staff in the achievement of the objectives of the Hospital as set forth from time to time by the Board.

Without limiting the generality of the foregoing, such responsibilities and rights will include:

- 7.3.3.5.7 Evaluating and making recommendations concerning persons wishing to be appointed to the Medical Staff, including making recommendations regarding admitting and other privileges where appropriate, consistent with the needs of the Hospital and the Department.
- 7.3.3.5.8 Making recommendations regarding appointment of house Medical Staff personnel, departmental assistants, fellows and locums.
- 7.3.3.5.9 Meeting annually with the Senior Medical Director to make recommendations concerning the reappointment of each member of the Department.
- 7.3.3.5.10 Assigning duties and responsibilities to members of the Department to foster activities in keeping with the goals and objectives of the Hospital.
- 7.3.3.5.11 Ensuring that members of the Department attend Departmental meetings as required by these Rules.
- 7.3.3.5.12 Calling into account when necessary members of the Department regarding patient care which they have rendered.
- 7.3.3.5.13 Making recommendations where necessary regarding granting, revocation, modification, or suspension of privileges to practice in the Hospital following the process outlined herein and pursuant to the Hospital Act and the Hospital Act's Regulations.
- 7.3.3.5.14 Summarily suspending or limiting the privileges to practice in the Hospital when necessary of any

member of the Medical Staff whose behaviour appears to be contrary to the interest of the patients of the Hospital, and appointing another member of the Medical Staff to undertake care of the patients in the Hospital who have been the responsibility of the suspended Medical Staff member.

7.3.3.5.15 Arranging and chairing department meetings as required in these Rules.

7.3.3.5.16 Designating a member of the Medical Staff to be responsible for the patient of any member of the Medical Staff who fails to render adequate care.

7.3.3.5.17 Reviewing deaths occurring within the hospital, statistics regarding the progress of patients, methods of treatments, results of surgery and all cases of abnormal length of stay of patients in the hospital and making such recommendations as may be appropriate.

#### 7.3.3.6 Interim Department Head

An Interim Department Head may be appointed by the Board of Directors on the recommendation of the CEO/COO and the HAMAC and the Department Head concerned for a period of six (6) months.

#### 7.3.4 Associate Department Heads

Departments with more than forty (40) members may wish to appoint an Associate Department Head. Appointment of the Associate Department Head is by recommendation of the Department Head, CEO/COO and Senior Medical Director.

#### 7.3.5 Division Heads

The Division Head shall be a member of the Active Medical Staff selected on the basis of qualifications by training, experience and demonstrated ability in clinical, teaching and administrative activities. A Division Head may, with the approval of the Dean of the Faculty of Medicine and of the Department Head, hold a similar office in another facility.

##### 7.3.5.1 Appointment of Division Head

The Board of Directors, after receiving the recommendation of the CEO/COO, the AMAC and the appropriate Department Head, shall appoint a Division Head for each established Division, for a term not exceeding five (5) years, renewable once, in accordance with the Affiliation Agreement.

##### 7.3.5.2 Authority of Division Head

The Division Head shall supervise the professional practice of members of the Division and shall be responsible to the Department Head. A Division Head shall assist the Department

Head in the management of the Division on the authority delegated by the Department Head.

7.3.5.3 Responsibilities of the Division Head

The Division Head shall generally fulfill the same responsibilities for the management of the Division, as does the Head of the Department, as outlined in Article 7.3.1.5, but shall be responsible to the Department Head. Major responsibilities are outlined in the Department Head Position Description.

7.3.5.4 Interim Division Head

An Interim Division Head may be appointed by the Board of Directors on the recommendation of the AMAC and the appropriate Department Head for a period of six (6) months. An interim appointment may be renewed as necessary until the position can be filled through the Search and Selection process outlined in Article 7.3.3.1 above.

7.3.5.5 Review/Reappointment

A Division Head may be reappointed for one (1) additional term by the Board of Directors on the recommendation of the CEO/COO, the AMAC and the Department Head subject to periodic review and recommendation of the review. The Department Head and the Senior Medical Director will mutually agree upon the review process.

7.4 Direction of Board

7.4.1 Nothing set forth in this Article 7 shall be construed to limit the Board's right and authority to change, modify, delete and add to each or any of the foregoing duties and obligations in such manner and to such extent as the Board may deem necessary or appropriate.

At any time the Board of Directors, after receiving the recommendation of the HAMAC and the Department Head, may:

7.4.1.1 Withdraw such an appointment

7.4.1.2 Appoint an Interim Division Head

7.4.1.3 Appoint the Department Head as Division Head of one (1) or more Divisions of the Department

7.5 Suspension or Termination

7.5.1 Notwithstanding anything to the contrary in this Article 7, the Board may, in its sole discretion, at any time, suspend or terminate the appointment of any Department Head or Division Head. In the event the Board intends to consider the suspension or termination of a Department Head or Division Head, the person involved shall be given reasonable notice of such intended consideration and shall have the right to appear before the Board and make representation.

## **ARTICLE 8 – RELATIONSHIP OF THE AREA MEDICAL ADVISORY COMMITTEE (AMAC) WITH THE HEALTH AUTHORITY**

- 8.1 There will be an AMAC, which is a Committee of the VCHA HAMAC as described in Article 9.1.1 of the Bylaws.
- 8.2 The President of the Area Medical Staff, Chair of the AMAC and Senior Medical Director shall maintain voting membership on the VCHA HAMAC.
- 8.3 The Chair of the AMAC, or delegate, shall provide a regular informational update on the activity of the AMAC to the VCHA HAMAC.
- 8.4 The Chair of the AMAC shall forward recommendations from the AMAC requiring the attention of the HAMAC to the Chair of the HAMAC.
- 8.5 The Chair of the HAMAC shall forward recommendations from the HAMAC, for the attention of the AMAC or the Medical Staff, to the AMAC Chair and the local Senior Medical Director for distribution to the Medical Staff.

## **ARTICLE 9 – THE AREA MEDICAL ADVISORY COMMITTEE (AMAC)**

### **9.1 Purpose**

To provide advice to the Board of Directors and the CEO through the HAMAC and to the Area Chief Operating Officer on the quality of medical care provided within the local facilities operated by VCHA.

### **9.2 Composition and Appointment**

9.2.1 The AMACs will consist of a Chairperson, President of Local Medical Staff, Senior Medical Director, the COO and their representative(s) as necessary, and leaders of Medical Departments and Programs as appropriate within the local site(s).

### **9.3 Officers**

#### **9.3.1 Chair**

The Chair shall be recommended by the members of the Committee and appointed for a two (2) year term, renewable on review annually for a maximum of two (2) further years.

#### **9.3.2 Vice-Chair**

The AMAC shall nominate annually from the Medical Staff a Vice-Chair. The Vice-Chair will be appointed for a term not more than two years, and may be reappointed for up to a maximum of two (2) further years.

### 9.3.3 Duties and Authority of Chair

The Chair of the AMAC plans and presides at all meetings of the AMAC; is responsible for transmitting the recommendations and opinions of the AMAC to the HAMAC; is an ex-officio member of all committees of the AMAC; works with the Senior Medical Director, and advises when necessary, Clinical Department Heads regarding disciplinary and quality of care issues arising in their departments.

The Chair of the AMAC is accountable to the Board for the activities of the AMAC and his/her responsibilities include the following:

9.3.3.1 ensures that professional standards for new programs are established, maintained and enforced within Clinical Departments and are directed toward the continuing improvement of the quality of care provided in the Hospital.

9.3.3.2 reports to the HAMAC regarding the best interests of the patients and the local site(s).

9.3.3.3 responsible for the appointment of Chairpersons of all AMAC Standing Committees.

9.3.3.4 collaborates with the appropriate faculties of the University of British Columbia on the continued development of academic pursuits at the local site where appropriate.

## 9.4 Duties of the Area Medical Advisory Committee

The AMAC shall act in an advisory capacity to the COO and Medical Administration and the HAMAC and its sub-committees on matters pertaining to the professional services of the local site(s); shall recommend policy and local site Rules in order to maintain the efficiency of the Medical Staff; shall evaluate and report on the professional work of the local site(s); shall make recommendations for the selection and promotion of members of the Medical Staff; shall supervise the medical education and research programs of the local site(s); and shall render such other services to the HAMAC as are required.

In addition, and without limiting the foregoing, the duties of the AMAC shall, subject to such changes as may be instituted from time to time by the HAMAC as in its discretion it see fit, be as follows:

### 9.4.1 Meetings

To meet as often as necessary to carry out its duties but not less than ten (10) times a year.

### 9.4.2 Records of Meetings

To keep minutes of its meetings and a record of attendance.

### 9.4.3 Reports

To report to the HAMAC on all matters of a medical nature including organizational, new and existing clinical, medical and educational activities and research conducted across facilities as well as disciplinary matters.



To receive, review, refer, recommend and act upon reports from Heads, departments, divisions and committees.

9.4.3.1 Written Reports

To make all reports, recommendations, requests or suggestions through the HAMAC to the Board in writing.

9.4.4 Clinical Meetings

To ensure that the clinical departments arrange regular clinical meetings for the benefit of the Medical Staff.

9.4.5 Record Medical Staff Qualifications

To maintain a record of the qualifications of all members of the Medical Staff.

9.4.6 Summon Medical Staff

To summon any member of the Medical Staff, before it or its designated committee or person, as it may consider appropriate.

9.4.7 Discipline

To report to the HAMAC any member of the Medical Staff who fails to comply with the bylaws of the Hospital or these Rules or who consistently fails to cooperate with medical colleagues or other members of the Medical Staff, or who commits any act calculated to subvert the general discipline of the Hospital, and to advise or recommend appropriate action.

9.4.8 Recommendations

9.4.8.1 To consider and make recommendations on such matters as may be referred to it by the HAMAC, the Board of Directors and/or the CEO.

9.4.8.2 To submit recommendations to the HAMAC and the Board of Directors concerning appointments and reappointments of Medical Staff members and delineation of specific clinical privileges.

9.4.8.3 To make recommendations regarding Medical Staff resource requirements.

9.4.8.4 To make recommendations regarding the appointment of Department Heads, if applicable.

9.4.9 Appoint and Approve Committees

9.4.9.1 To appoint the Chair and recommend the membership of committees of Medical Staff.

9.4.9.2 To appoint Chairpersons and members of standing committees and to help set direction of committees.

9.4.10 Advise the HAMAC

To advise the HAMAC and through the HAMAC, the Board on:

9.4.10.1 Policies of Medical Staff appointments;

- 9.4.10.2 Bed Allocation;
  - 9.4.10.3 Establishment of new Departments or Divisions for medical services;
  - 9.4.10.4 Proposed alterations, modifications, amendments, additions or deletions of any or all Rules contained herein;
  - 9.4.10.5 Budgetary matters which affect patient care.
- 9.4.11 Ad Hoc Committees
- To authorize the appointment of special committees or sub-committees to carry out studies, quality assurance investigations, evaluations and/or projects as required.
- 9.4.12 Liaison
- To maintain regular liaison and communication with the administration of the local site(s).
- 9.4.13 Other Matters
- 9.4.13.1 To initiate the review, analysis and evaluation of clinical practices and Medical Staff to determine the quality of medical care rendered by VCHA.
  - 9.4.13.2 To oversee professional and ethical conduct on the part of all members of the Medical Staff.
  - 9.4.13.3 To maintain appropriately structured continuing medical educational programs.
  - 9.4.13.4 To liaise with other health care providers as required.
  - 9.4.13.5 To act upon such other matters as may be referred to it from time to time by the HAMAC or the Board.

## **9.5 Standing Committees of the Area Medical Advisory Committee**

The AMAC will appoint Standing Committees as appropriate.

## **ARTICLE 10 – MEDICAL STAFF ASSOCIATION**

VCHA's Medical Staff Association is large and heterogeneous. In order to respond to the specific needs of the HSDAs, the Medical Staff Association will match the structure of the HSDAs and local AMACs within VCHA.

### **10.1 Role and Structure**

The objectives of the Medical Staff Association include the promotion and advancement of physician/midwife involvement in the provision of medical services and to represent and advocate for the interests of the Medical Staff of VCHA.

- 10.1.1 The operation and structure of the Medical Staff Association shall be in accordance with the Rules as approved and adopted by its members.

## **10.2 Elected Officers of the Medical Staff**

10.2.1 The elected officers of the Medical Staff shall be:

10.2.1.1 President of the Medical Staff

10.2.1.2 Other officers deemed necessary by the respective Medical Staff Association

10.2.2 Duties

The elected Officers of the Medical Staff Association shall be responsible for:

10.2.2.1 Meetings – Regular, Annual and Special;

10.2.2.2 Appointing special subcommittees as needed

## **10.3 Election Procedure**

10.3.1 A slate of nominated officer(s) will be proposed by a committee constituted for this purpose; consisting of the a Past President of the Medical Staff (Chair) and two (2) other members to be appointed by the elected officers of the Medical Staff.

10.3.2 The nominated officers of the Medical Staff shall be elected at an annual general meeting of the Medical Staff and shall hold office for a period of not more than three (3) years, assuming continuous membership to the active staff.

10.3.3 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 members present and eligible to vote.

## **10.4 Duties of the President of the Medical Staff**

The President of the Medical Staff shall:

10.4.1 Convene and chair all meetings of the Medical Staff;

10.4.2 Be a member *ex-officio*, of all Medical Staff committees;

10.4.3 Be a voting member of the AMAC and HAMAC;

10.4.4 Receive information and directives from the MAC and disseminate this information to the Medical Staff as appropriate;

10.4.5 Communicate matters of concern from the Medical Staff to the Senior Medical Administrator;

10.4.6 Represent the collective interests of the Medical Staff.

## **10.5 Duties of the Past President of the Medical Staff**

The Past President of the Medical Staff shall serve in an advisory capacity, along with the President of the Medical Staff and its elected officers.

## **10.6 Meetings of the Medical Staff Association**

### 10.6.1 Annual Meeting

- 10.6.1.1 The annual meeting shall be the last meeting of each year at which time officers shall be elected for the ensuing year.
- 10.6.1.2 The President of the Medical Staff shall post a notice for members of the Medical Staff at least ten (10) days prior to the annual meeting announcing the time and place of the meeting.
- 10.6.1.3 An annual report from the officers and committees shall be presented in writing.
- 10.6.1.4 An annual report on the financial affairs of the Medical Staff in the past year and a proposed budget in writing for the ensuing year presented by the Secretary-Treasurer.
- 10.6.1.5 Representatives of the Board of Directors shall be invited to attend.
- 10.6.1.6 Meetings shall be conducted according to Robert's Rules of Order, newly revised.
- 10.6.1.7 Records of the meeting shall be kept.

### 10.6.2 Regular Meetings

- 10.6.2.1 Regular meetings of the Medical Staff shall be held at least four (4) times per year, or as deemed appropriate by the President of the Medical Staff or officers of the Medical Staff.
- 10.6.2.2 The President of the Medical Staff shall post a notice for members of the Medical Staff at least ten (10) days prior to a regular meeting announcing the time and place of the meeting.
- 10.6.2.3 The Chief Executive Officer shall be given notice of, and may attend appropriate portions of all meetings of the Medical Staff.
- 10.6.2.4 President(s) shall be given notice of, and may attend appropriate portions of all department meetings of the Medical Staff.
- 10.6.2.5 The Senior Medical Administrator may attend appropriate portions of all meetings of the Medical Staff.
- 10.6.2.6 The Chair of the AMAC will attend all meetings of the Medical Staff, and report on AMAC issues.
- 10.6.2.7 All meetings shall be conducted according to Robert's Rules of Order, newly revised.
- 10.6.2.8 The business of regular meeting shall inform the Medical Staff of actions recommended by the AMAC.
- 10.6.2.9 Department/Program and committee reports may be presented at these meetings.

### 10.6.3 Special Meetings

- 10.6.3.1 A special meeting of the Medical Staff may be called by the Board of Directors, CEO, President of the Medical Staff, Chair of the HAMAC or at the request of one-third of eligible voting members of Medical Staff and shall be held within ten (10) days of receipt of the request.
- 10.6.3.2 At a special meeting, no business shall be transacted except as stated in the notice calling the meeting.
- 10.6.3.3 Notice shall be posted by the President of the Medical Staff at least two (2) days before the special meeting and shall contain the purpose of the meeting.
- 10.6.3.4 No regular business shall be transacted at a special meeting.
- 10.6.3.5 Meetings shall be conducted according to Robert's Rules of order, newly revised.

### 10.6.4 Attendance

- 10.6.4.1 Active and provisional Medical Staff members shall attend at least 50% (Richmond Health Services 75%) of the general Medical Staff meetings in a calendar year.

### 10.6.5 Quorum

- 10.6.5.1 At general Medical Staff meetings, a quorum shall consist of 20% of the members of the Medical Staff eligible to vote.

### 10.6.6 Membership Dues

- 10.6.6.1 Members of the Medical Staff shall pay annual membership dues at their primary site as applicable for their category. Membership dues shall be determined by a vote at the annual meeting on the recommendation of the elected officers of the Medical Staff.
- 10.6.6.2 Payment of membership dues is a requirement to retain membership in the Medical Staff, and shall be made payable within two (2) months following the Annual meeting. Non-payment of dues within the time specified shall be grounds for loss of privileges and/or disciplinary action.

## **ARTICLE 11 – DISCIPLINE AND APPEAL**

The specific processes and procedures concerning discipline and appeal matters are outlined in Article 11 of the Bylaws.

### **11.1 General Considerations**

- 11.1.1 The Medical Staff member should be informed in writing of any complaints or concerns involving his or her care or professionalism in a timely fashion.

11.1.2 Where the Board of Directors refuses, restricts, modifies, suspends or revokes the privileges of a member of the Medical Staff, the Medical Staff member has the right to appeal to the Hospital Appeal Board as per the *Hospital Act and Regulations*.

## **11.2 Complaints or Concerns About the Conduct of a Member of the Medical Staff**

11.2.1 Complaints or Concerns other than those Relating to Professional Conduct, Ethical Conduct, or Medical Competence

11.2.1.1 Complaints or concerns relating to issues other than from professional conduct or medical competence, such as interpersonal conduct, will be dealt with by the Department Head/Program Medical Director and the Senior Medical Director with the assistance of Employee Engagement, which has an established process for handling issues. In accordance with this policy, the complainant may pursue either an informal or formal investigation as described in the VCHA Human Rights Policy.

11.2.1.2 When a request for formal investigation is made in writing, the Department Head/Program Medical Director will investigate and prepare a report with the assistance of Employee Engagement which shall be submitted to the Senior Medical Director, the complainant, and the Medical Staff member. The Senior Medical Director shall meet with the Medical Staff member involved and the appropriate Department Head/Program Medical Director/Professional Practice Leader and Senior Medical Director shall discuss with the Medical Staff member their recommendations as to the appropriate action to be taken. If the Medical Staff member concurs, the action will be confirmed in writing to the Medical Staff member, with a copy to his/her file.

11.2.1.3 If the Medical Staff member objects to the proposed action, the Senior Medical Director shall forward the complaint to the Chair of the HAMAC to be dealt with under Article 11.2.2. The Chair may choose to delegate this to the AMAC.

11.2.2 Complaints or Concerns about Professional or Interpersonal Conduct, Ethical Conduct, or Medical Competence

11.2.2.1 Complaints or concerns about professional conduct, interpersonal conduct (where the member objects under 11.2.1.3), ethical conduct, or medical competence, which are not deemed to require a change in privileges at that time, may be managed by the Department Head or Medical Director who shall investigate the circumstances giving rise to the complaints or concerns and shall ensure that all findings, actions, and outcomes are documented.

- 11.2.2.2 If, in the opinion of the Department Head/Medical Director, the complaints or concerns are significant, but do not require immediate action to protect patients or staff, then these are to be reported to the Senior Medical Director within seventy-two (72) hours.
- 11.2.2.3 Critical incidents, as defined in VCHA policy, are to be reported immediately. The established processes concerning critical incidents will then be followed. The Senior Medical Director must be notified within twenty-four (24) hours.
- 11.2.2.4 In accordance with Article 11.2.1 of the Bylaws, where the COO or Senior Medical Director becomes aware of a serious problem or a potential problem with a specific member of the Medical Staff which adversely affects or may adversely affect the care of patients or the safety and security of patients or staff, and action is required to protect the safety and best interests of patients and staff, the process set out in Article 11.2.1 of the Bylaws will be followed.
- 11.2.2.5 For those complaints, which are being managed initially at the Department/Program level, as per Article 11.2.2.1 or 11.2.2.2, the member involved will be provided with details of the complaint in writing and will have the opportunity to submit to the Department Head/Medical Director, in writing, a response within ten (10) days of receipt of notice of the complaint.
- 11.2.2.6 During the course of investigation of the complaint, and within thirty (30) days of receipt of the complaint, the Department Head/Medical Director shall interview the member. The Department Head/Medical Director may obtain an internal or external review of the incident or practice of the member and/or advice of legal counsel where appropriate, upon consultation with the Chair of the AMAC and the Senior Medical Director.
- 11.2.2.7 If the matter is not resolved by the Department Head/Medical Director within thirty (30) days of the interview with the Medical Staff member, the Department Head/Medical Director will draw up a report for the Hospital's COO, Senior Medical Director and the Chair of the AMAC. This report may provide a recommendation on the remedial measures or further investigation that should be considered.
- 11.2.2.8 If the complaint is directed against a Department Head/Medical Director, the Senior Medical Director will appoint another Department Head/Medical Director to investigate the complaint.
- 11.2.2.9 A copy of the Department Head/Medical Director's report will be provided to the member under investigation. If the matters raised in the report are of sufficient gravity and potentially warrant disciplinary measures, then the report must be accompanied by a letter from the respective Senior Medical

Director, which explains the seriousness of the matter and potential consequences, including modification of privileges, unless it can be shown that the concerns are either mistaken or misplaced.

- 11.2.2.10 If the Senior Medical Director determines that complaints or concerns about the Medical Staff member warrant a change in status or privileges, then the Senior Medical Director shall request a review by the HAMAC in accordance with Article 11.2.2 of the Bylaws.
- 11.2.2.11 When a complaint is referred to the HAMAC, the Chair may strike a Medical Staff Member Review Subcommittee. This subcommittee will consist of the Chair of the HAMAC (who will chair the meeting), the chair of the Credentials Committee, the president of the Medical Staff Association, a Department Head/Program Medical Director/Professional Practice Leader, and an additional member of the Medical Staff Association. The Senior Medical Director will attend as an observer. The membership of the subcommittee will be chosen to avoid conflict of interest and to ensure the necessary expertise of the committee, and when necessary, alternatives will be selected from the permanent AMAC membership, the Department Head/Program Medical Director/Professional Practice Leaders, or from the elected officers of the Medical Staff Association.
- 11.2.2.12 The Medical Staff Member Review Subcommittee (the "Subcommittee") will examine the documentation, will receive input from the Department Head/Program Medical Director/Professional Practice Leader, who will present the report, and will also receive input from others, including external reviewers where appropriate, who can speak directly to concerns raised in the report.
- 11.2.2.13 The member of the Medical Staff and his/her counsel shall be permitted to make a presentation of their own, including references to any supporting materials they may wish to submit together with comments from others who can speak directly to the concerns raised in the report.
- 11.2.2.14 Following the investigation by the subcommittee, the Department Head/Program Medical Leader/Professional Practice Leader will make a recommendation to the Hospital Subcommittee on the action he/she feels to be appropriate. Similarly, the local Hospital, through the Senior Medical Director, will also make a recommendation.
- 11.2.2.15 The Subcommittee will deliberate and reach a conclusion and formulate recommendations to submit for consideration by the HAMAC.
- 11.2.2.16 A special meeting of the full HAMAC will be called within one (1) month of the subcommittee hearing and the report of the



Subcommittee and its recommendation will be presented for discussion. Only permanent members of the HAMAC will attend this special meeting. A quorum must be present to proceed with this meeting. If a quorum is not present, a second meeting must be called within one (1) month. Those HAMAC members who have a conflict of interest may attend the meeting and may be asked to contribute but will not vote.

- 11.2.2.17 The Department Head/Medical Director to which the member under investigation belongs will present his/her report, along with other supporting documents, and comments from other persons who can speak directly to the concerns raised in the report. The member of the Medical Staff and his/her counsel shall be permitted to make a full presentation of their own, including references to any supporting materials they wish to submit together with comments from others who can speak directly to the concerns raised in the Department Head/Medical Director's report and the subcommittee's report and recommendation.
  - 11.2.2.18 The HAMAC will develop recommendations to be forwarded to the Board of Directors. Those with a conflict will withdraw and a vote will be taken by secret ballot. A majority vote is sufficient to pass the recommendation. The recommendations are communicated by the Chair of the HAMAC to the Board of Directors and to the Senior Medical Administrator in writing.
  - 11.2.2.19 In accordance with Bylaw 11.2.2.2, the member must be given seven (7) days notice in writing of any recommendation of the HAMAC to the Board of Directors and of the date and time at which the recommendation will be considered in-camera by the Board of Directors.
  - 11.2.2.20 In accordance with Bylaw 11.2.2.1, if the privileges of the individual under investigation have been recommended for revocation, refusal, suspension, restriction, or non-renewal, the Board of Directors must consider the recommendations of the HAMAC and the COO or Senior Medical Administrator within sixty (60) days.
  - 11.2.2.21 The COO will present the case to the Board of Directors and the Chair of the local AMAC will report its recommendations. In accordance with Bylaw 11.2.2.3, the member of the Medical Staff has the right to be heard at this meeting and to bring legal representation.
  - 11.2.2.22 The Board of Directors will determine the action to be taken. In accordance with Bylaw 11.2.2.5, the Board of Directors must convey its decision in writing, within seven (7) days of its decision, to the member of the Medical Staff.
- 11.2.3 The Medical Staff member and his/her counsel will determine if they will appeal the decision and whether this appeal will be to the Board of Directors or directly to the Hospital Appeal Board. The member of the

Medical Staff has the right to appeal to the Hospital Appeal Board as per the *Hospital Act and Regulations*.

## **ARTICLE 12 – AMENDMENTS**

Amendments to the VCHA Medical Staff Rules shall be made by the HAMAC and approved by the Board of Directors.

### **12.1 Review of Medical Staff Rules**

The Rules are reviewed at least every three (3) years, revised as necessary and dated accordingly.

### **12.2 Powers of Board**

Notwithstanding anything to the contrary contained herein, the Board may, at any time and from time to time, modify or change these Rules.