



VCH MEDICAL STAFF RULES

APPENDICES

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Appendix A: HAMAC Terms of Reference

HEALTH AUTHORITY MEDICAL ADVISORY COMMITTEE (HAMAC) TERMS OF REFERENCE

1. AUTHORITY

An advisory committee to the Board of Directors and the CEO of the Vancouver Coastal Health (“VCH”) within the following authority as reflected in the VCH Medical Staff Rules and Bylaws:

- 1.1** Ensure compliance by the medical staff with the Hospital Act, the Health Authorities’ Act and relevant regulations, the Bylaws, these rules and the policies of VCH;
- 1.2** Appoint subcommittees of the HAMAC including Chair(s) of respective committees;
- 1.3** To exercise discipline within and up to the limitations of the authority delegated by the Board of Directors on any of the medical staff outlined in the Medical Staff Rules Article 3;
- 1.4** To require any member of the medical staff to appear before it whenever necessary to carry out its responsibilities.

2. FUNCTION

To make recommendations and provide advice to the VCH Board of Directors and CEO pertaining to:

- 2.1** Recommendations with respect to appointment, reappointment, cancellation, suspension, restriction, non-renewal, or maintenance of the privileges and appointments of all members of the medical staff to practice within the facilities and programs operated by VCH in accordance with the VCH Medical Staff Bylaws Article 4 and Article 8.3. The HAMAC also makes recommendations to the VCH Board on specific procedural privileges as described in VCH Medical Staff Rules 2.11;
- 2.2** Amendments to the VCH Medical Staff Rules and medical staff policies and procedures pertaining to medical care within the facilities and programs operated by VCH for approval by the Board of Directors as outlined in the VCH Medical Staff Rules Article 9 and the VCH Medical Staff Bylaws Article 8.3.1 and Article 12;
- 2.3** Advice to the VCH Board of Directors and the CEO on matters relating to the provision of health care, education, and research in the Authority’s facilities, programs, and areas as reflected in the VCH Medical Staff Bylaws Article 8. Specifically:
 - 2.3.1** The monitoring of the quality and effectiveness of medical care provided within the facilities and programs operated by VCH;
 - 2.3.2** To provide advice on the adequacy of medical staff resources required to meet the medical, dental, midwifery, and nurse practitioner care needs of the population served by VCH;
 - 2.3.3** To provide advice on the continuing education programs for members of the medical staff;
 - 2.3.4** To provide advice on planning goals for meeting the medical care needs of the population served by VCH;
 - 2.3.5** To provide advice on matters pertaining to clinical organization, medical technology, and other relevant medical administrative matters as described in VCH Medical Staff Bylaws Article 8.3.1.3;

- 2.3.6** Supporting and informing joint University of British Columbia (“UBC”) and VCH endeavors in undergraduate, graduate, and postgraduate training, research, and health service planning in order to meet the future needs of the Authority and the Province.
- 2.4** Supporting the resolution of non-emergent medical staff complaints pertaining to appointment, reappointment, cancellation, suspension, restriction, non-renewal, or maintenance of privileges through, but not limited to, striking a Peer Review Committee as outlined in the VCH Medical Staff Rules 3.13 and calling a Special meeting to determine disciplinary action within outlined HAMAC authority;
- 2.5** Participation in the search and selection process of AMAC chairs, with final appointment approved by the HAMAC.

3. HAMAC Meeting Protocols

- 3.1** Due to the nature of the HAMAC’s duties and responsibilities of reporting to the VCH Board, some meeting agenda items that are relevant for Board reporting may be held in camera.
- 3.2** HAMAC meeting agendas and minutes will document that applicable sections of the HAMAC meeting are in camera.
- 3.3** HAMAC will pass a resolution during the meeting confirming HAMAC’s decision to hold that section of the meeting in camera and will ensure that the resolution is recorded in the meeting minutes.
- 3.4** HAMAC members and any staff who attend a HAMAC meeting will maintain strict confidentiality of the in camera sessions.

4. MEMBER ROLES & RESPONSIBILITIES

- 4.1** Approach HAMAC work from a population health lens;
- 4.2** Contribute to HAMAC discussions from the perspective of a VCH medical leader;
- 4.3** Prepare for each HAMAC meeting by reviewing each meeting package prior to a HAMAC meeting, reaching out to the HAMAC Chair and/or support staff with any questions or concerns prior to the meeting;
- 4.4** Commit to attending all HAMAC meetings as reasonably able, notifying the HAMAC Chair and/or support staff to provide notice of your absence if unable to attend a scheduled meeting; Voting members should attend a minimum of 70% of meetings.
- 4.5** Members eligible to designate a delegate must notify the HAMAC Chair of the delegate’s attendance no fewer than 3 days prior to the scheduled meeting. The Chair may require the attendance of the regular member in lieu of a delegate where necessary for discussion of specific agenda items.
- 4.6** Assess, identify, and recuse oneself if a conflict of interest prevents a HAMAC member from fully participating in a specific committee decision;
- 4.7** Maintain confidentiality of HAMAC discussions identified as in-camera and/or confidential in nature;
- 4.8** Participate in HAMAC subcommittee work within a leadership capacity, as a member, and/or by supporting the procurement of membership among VCH medical staff;
- 4.9** Uphold HAMAC decisions and promote the visibility of the HAMAC as a VCH medical leader.

5. REPORTING

- 5.1** HAMAC subcommittee Chairs, including Chairs of the Area Medical Advisory Committees (AMACs), report to the HAMAC as outlined in the VCH Medical Staff Rules Article 7. Each appointed committee Chair shall be responsible for ensuring the committee functions effectively, including a record of minutes from meetings. Chair(s) shall be responsible for submitting reports a minimum of one week prior to a scheduled HAMAC meeting and shall contain the following information as applicable:
 - 5.1.1** Motions related to the credentialing, privileging, and medical leadership appointments of respective medical staff;
 - 5.1.2** Quality of medical care provision including, but not limited to, patient safety events, quality reviews, major complaints, and medical staff-led quality improvement projects;
 - 5.1.3** Human health resource status and impacts;
 - 5.1.4** Academic and research developments and opportunities;
 - 5.1.5** HAMAC requests for input and/or advice.
- 5.2** VP Medicine, VCH corporate, and regional reports shall be submitted a minimum of one week prior to HAMAC meetings and contain the following information:
 - 5.2.1** Updates and items of business pertaining to medical staff;
 - 5.2.2** VCH policy updates;
 - 5.2.3** HAMAC requests for input and/or advice.
- 5.3** Special reports based on situational and emerging events shall be submitted to HAMAC a minimum of one week in advance of a scheduled meeting upon the discretion of the Chair.
- 5.4** All committees and roles reporting to the HAMAC shall be provided with a template to help guide the reporting process.
- 5.5** The HAMAC Chair shall be responsible for the following reports after each HAMAC Committee meeting:
 - 5.5.1** To the VCH CEO via the Senior Executive Team meeting within one week;
 - 5.5.2** To the VCH Board via the Governance & HR subcommittee and the Safety, Quality & Performance Management subcommittee at their next scheduled meetings;
 - 5.5.3** Condensed meeting highlights for VCH staff and medical leaders at large for information sharing and transparency purposes.

6. DECISION MAKING

- 6.1** Decisions shall be made to best accommodate the nature and consequence of the decision. The HAMAC Chair shall exercise their discretion in selecting the appropriate process on a decision-by-decision basis. At the discretion of the HAMAC Chair, a legal consult may be sought to provide clarity on the level of natural justice and procedural fairness needed for a specific decision in question. The following shall apply to all HAMAC decision making:
 - 6.1.1** Decision making shall be disclosed in the meeting agenda in advance of the meeting to allow HAMAC membership to prepare and raise any issues with the proposed decision-making process to the HAMAC Chair;

- 6.1.2 Members must be present in order to contribute to a decision. Voting in absentia will not be permitted;
- 6.1.3 Unless specified, or a member holds a conflict of interest with the decision to be made, all HAMAC membership will contribute to decision making.

6.2 Consensus-based Decision Making

Consensus-based decision making will be used at the discretion of the HAMAC Chair using the following process:

- i. **Clarification:** The problem the HAMAC is trying to solve, the decision at hand, and that decision by consensus will occur is communicated in the HAMAC agenda;
 - ii. **Initial poll:** A poll in response to the decision at hand will occur to gauge the degree of alignment amongst HAMAC members;
 - iii. **Engagement:** Breakout room discussions will occur to create shared understanding, facilitate active participation, and mine group intelligence;
 - iv. **Making a decision:** Via polling, the HAMAC member responses to the decision will be determined through categories: “strongly agree/agree/disagree/strongly disagree.” The category with the most responses will carry the decision.
- 6.2.2 Consensus-based decision making shall not be used for decisions regarding motions pertaining to medical staff appointments or for decisions regarding the restriction, modification, suspension, or revocation of medical staff privileges at HAMAC Special meetings as prescribed by under the VCH Medical Staff Rules and Bylaws;
 - 6.2.3 For consensus-based decision making, both voting and non-voting HAMAC members, as outlined in the VCH Medical Staff Rules and Bylaws, are permitted to participate unless conflicted;
 - 6.2.4 For consensus-based decision making, the HAMAC Chair and Vice Chair are permitted to participate in the decision-making process;
 - 6.2.5 For consensus-based decision making, members holding dyad voting or non-voting HAMAC roles, as outlined in the VCH Medical Staff Rules and Bylaws are permitted to participate in decision making as individuals;
 - 6.2.6 In the event that consensus cannot be reached and the decision requires timeliness or is sensitive in nature, the decision will be moved to a majority vote or to the HAMAC Executive Committee for a decision at the discretion of the HAMAC Chair.

6.3 Decision Making By Vote

For HAMAC motions pertaining to VCH medical staff appointment, reappointment, cancellation, suspension, restriction, non-renewal, or maintenance of privileges, or at the discretion of the Chair, decision by vote will occur.

- 6.3.1 A motion for decision must first be tabled by a HAMAC member other than the Chair.
- 6.3.2 Once a motion is tabled, the motion can be discussed, amended, or passed if seconded by a different HAMAC member by which it was tabled.
- 6.3.3 In the event that there are dissenting opinions among the group, the tabled motion can be moved to a majority vote at the discretion of the HAMAC Chair. Unless specified as a Special HAMAC meeting, all HAMAC members will vote on the motion at hand. When a decision by majority vote is called, a quorum of 51% of voting HAMAC members must be

present to proceed. Where applicable, dyad roles will only be able to cast one vote per role.

- 6.3.4** Voting may occur in person, virtually, or via email, provided quorum is met. The process for email voting is outlined in *Appendix B: Email voting procedure*.

Any required clarifications on decision making by motion shall reference Robert's Rules of Order for guidance.

6.4 Decision Making at Special HAMAC Meetings

- 6.4.1** The HAMAC's processes outlined in this section follow the VCH Medical Staff Bylaws Article 11 and the Medical Staff Rules Article 3.14. For clarification, please refer to these sections.
- 6.4.2** A Special HAMAC meeting outside of the regular meeting schedule shall be called as soon as practical by the HAMAC Chair when an issue regarding the restriction, modification, suspension or revocation of medical staff privileges arises. HAMAC may become aware of an issue with medical staff privileging through a CEO recommendation to the VCH Board or notification from the respective Senior Medical Director.
- 6.4.3** The medical staff member in question has the right to appear before the HAMAC and be personally heard through in-camera proceedings. The Special HAMAC meeting shall be called within 14 days of the HAMAC being notified. The medical staff member has the right to bring their own legal representation and must notify the HAMAC of their intent to bring legal representation at least 10 days prior to the scheduled meeting.
- 6.4.4** The HAMAC is entitled to have their own legal representation present at Special HAMAC proceedings.
- 6.4.5** 51% of voting HAMAC members must be present to achieve quorum prior to meeting proceedings. HAMAC voting members shall make every reasonable effort to be in attendance to meet quorum. In the event that quorum cannot be achieved and postponing the meeting would go against procedural fairness and natural justice, voting members are able to delegate their vote to a medical staff member who can attend and vote from their position on their behalf.
- 6.4.6** Where dyad roles constitute one HAMAC voting membership position, only one vote is allotted per position.
- 6.4.7** Any HAMAC member holding a conflict of interest must declare this to the HAMAC Chair and must recuse themselves from voting.
- 6.4.8** The HAMAC Chair shall abstain from voting and only cast a vote in the event of a tie to establish a majority vote. In the case of dyad Chair roles, only a single shared vote shall be cast among HAMAC Chair.
- 6.4.9** For decision making by vote, non-voting membership are welcome to be in attendance or at the discretion of the Chair.
- 6.4.10** Decision making by majority vote from HAMAC voting members shall occur at HAMAC Special meetings. Secret ballot shall be used to count votes in response to the tabled motion. Secret ballot shall be carried out by each voting HAMAC member emailing their vote to the HAMACChair@vch.ca. Only HAMAC support staff shall access the 'HAMACChair' email for administrative vote-counting purposes; HAMAC Chair shall not access the email inbox once the motion has been tabled. Once votes are counted and the

decision determined, all voting emails shall be permanently deleted from the 'HAMACChair' inbox by HAMAC support staff within one hour of meeting close. The HAMAC Chair shall be notified by HAMAC support staff once all voting emails are deleted to permit accessibility to the 'HAMACChair' email as needed.

- 6.4.11** If the HAMAC Special meeting recommends a course of disciplinary action which, if implemented, would not amount to a refusal, restriction, modification, suspension or revocation of the medical staff member's privileges, then those disciplinary measures for resolution will be detailed in the recommendation to the VCH Board for decision. The HAMAC must receive Board approval on the recommended course of disciplinary action prior to proceeding. Once received, the disciplinary action will be detailed in the medical staff member's Medical Affairs file by the Senior Medical Director along with the course of disciplinary action, and will be implemented within and up to the limitations of the HAMAC's authority as delegated by the Board of Directors, including issuing reprimands, issuing a letter of expectation, requiring a letter of apology, or the completion of certain remedial processes as outlined in the VCH Medical Staff Rules Article 3.
- 6.4.12** Recommendations passed at the HAMAC Special meeting will be communicated by the HAMAC Chair to the Board of Directors in writing. All recommendations made by the HAMAC will be made available to the medical staff member at the time the Board provides notice of the date when HAMAC's recommendation will be reviewed. The Board of Directors shall be responsible to communicate HAMAC's decision upon their recommendation regarding the members' privileges to the medical staff member directly.

6.5 Decision-making Deferral

In the event that a decision cannot be reached by the HAMAC membership, decisions can be:

- 6.5.1** Deferred to an identified subject matter expert for recommendation back to the HAMAC;
- 6.5.2** Deferred to the HAMAC Executive Committee for decision if the decision is deemed emergent and/or time sensitive in nature.

Deferred decisions are under the discretion of the HAMAC Chair and can be requested by any HAMAC member on any decision-making matter.

7. VOTING MEMBERSHIP

Voting membership positions have no term end date and are automatically appointed to HAMAC members upon appointment to the position. Voting composition is outlined in the VCH Medical Staff Bylaws Article 8.2.1:

HAMAC Chair*
 AMAC Chairs, Communities of Care
 MAC Chair, Providence Health Care
 Senior Medical Directors, Communities of Care; one vote per Community of Care allotted
 Executive Director of Nurse Practitioners and Interdisciplinary Medical Providers
 Site Medical Staff Association Presidents or Delegate**
 Regional Medical Director, Indigenous Health, VCH
 Jointly Appointed VCHA & PHC Regional Department Heads
 VCH Regional Department Heads (Nurse Practitioners and Pathology & Laboratory Medicine)

Vice President, Public Health & Chief Medical Health Officer, VCH
 Vice President, Medicine & Academic Affairs, VCH
 Vice President, Medical Affairs, Providence Health Care
 Vice President, Quality & Safety, Providence Health Care

**Exception of HAMAC Chair as voting member during Special HAMAC meeting proceedings.*

*** In the absence of the MSA President, they may designate the elected MSA Vice President to act in their stead, with full rights to participate and vote on all matters. The applicable president is responsible for ensuring their Vice President has an appropriate understanding of HAMAC's mandate, vision, and mission.*

****where an individual may hold two positions listed above, that individual may not vote twice. If another individual fulfills one of those positions on an interim basis, they are entitled to vote in that role.*

*****for all roles listed above, the only permissible delegate to attend and vote in the absence of the regular voting member is a VCH or PHC-approved, as applicable, associate head connected to the role above.*

Recommendations to the VCHA Board of Directors on changes to the HAMAC voting membership can be made at any time upon the discretion of HAMAC Chair. Changes to voting membership must be approved by the VCH Board of Directors.

8. NON-VOTING MEMBERSHIP

HAMAC Vice Chair*
 President & CEO, VCH
 President & CEO, Providence Health Care
 Vice President, Research, VCH
 Vice President, Indigenous Health, VCH
 Dean or Associate Dean, UBC
 Vice President, Professional Practice, VCH
 Chief Medical Information Officer, VCH
 Chief Communication Officer or Delegate, VCH
 HAMAC Support Staff (non-decision making)

**In the absence of the HAMAC chair, the HAMAC Vice chair shall act as Chair and assume all associated responsibilities, including the right to vote on all matters in that capacity.*

Non-voting membership may be added to the HAMAC at any time under the discretion of HAMAC Chair.

9. CHAIR & VICE CHAIR

- 9.1 Chair:** An independent Chair will be recommended by the HAMAC and appointed by the Board. The Chair is appointed for a term of no more than three years and may be appointed for up to three consecutive terms upon recommendation by

the HAMAC. For clarification, please refer to the VCH Medical Staff Bylaws Article 8.2.

- 9.2 Vice Chair:** A Vice Chair (may or may not be selected from the membership of HAMAC) may be appointed by the HAMAC for a period of up to three years; the appointment year is to alternate with that of the chair. Alternatively, HAMAC members may be required to act as Vice Chair for periods of 12 months.

10. OTHER

- 9.1 Meetings:** A minimum of 10 scheduled meetings per fiscal year shall occur, each a minimum of two hours in duration. The HAMAC Chair shall make every reasonable effort to schedule annual HAMAC meetings with ample notice. The HAMAC Chair and/or support staff shall provide members with meeting materials one week in advance of scheduled meetings.
- 9.2 Review:** This Terms of Reference shall be reviewed every three years or at the discretion of the HAMAC Chair.

Appendix B: VCH owned and operated health care facilities designated by the *Hospital Act*

Acute Care Hospitals

1. Bella Coola General Hospital
2. G.F. Strong (Vancouver)
4. Lions Gate Hospital (North Vancouver)
5. qathet General Hospital
6. Āuxvlsuilas Heiltsuk Hospital (Bella Bella)
7. Richmond Hospital
8. Squamish General Hospital
9. Sechelt Hospital / shshlh Hospital
10. U.B.C. Health Sciences Centre Hospital

Diagnostic and Treatment Centres

11. Pemberton and District Health Centre
12. Whistler Diagnostic and Treatment Centre

Appendix C: VCH Standard Operating Procedure – Medical Staff Selection Process [Pending]

Appendix D: Mandatory Education Modules for Initial Appointment**Mandatory Educational Modules:**

1. [Infection Prevention and Control Practices for Direct/Professional Clinical Care Providers](#)
2. [Confidentiality Undertaking for VCH Medical Staff](#)
3. [Safe Medication Order Writing](#)
4. [Fluoroscopy Module](#) (Only If Fluoroscopy is part of your medical practice)
5. [BC Mental Health Act](#) (Required for all medical staff who admit and/or treat patients under the Mental Health Act)

Health Care Consent Modules

1. Course 1 - [Consent for Health Care 1: Capability and Informed Consent](#)
2. Course 2 - [Consent for Health Care 2 | Emergency or Urgent Care](#)

Appendix E: Investigation and Review Procedure
[Pending]

Appendix F: Crisis Intervention Process
[Pending]

Appendix G: Flow Chart of staged approach to complaint remediation
[Pending]

Appendix H: Flow Chart of Peer Review Committee Process
[Pending]

Appendix I: VCH Guidelines and Policies

VCH guidelines referred to in this Rules document can be located on the SHOP (Shared Online Platform) website. The most current versions of VCH policies, guidelines and standards are maintained electronically on SHOP and supersede any printed copies. Staff must refer to SHOP for authoritative policies and guidelines applicable to their role and responsibilities. VCH accepts no responsibility for reliance on outdated or locally stored versions of these documents.

Access SHOP at: <https://shop.vch.ca>

Appendix J: VCH Organizational Structure
[Pending]

Appendix K: Department Head Role Description
[Pending]

Appendix L: AMAC Model Terms of Reference
[Pending]