

LISTOWEL MEMORIAL **HOSPITAL**

PROFESSIONAL STAFF BY-LAWS

April 2005

A By-Law duly enacted by the Directors of the Corporation and confirmed by the Members of the Corporation.

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ARTICLE 1. DEFINITIONS, INTERPRETATION, PURPOSE AND APPLICATION

1.01 Definitions

In this By-Law, the following words and phrases shall have the following meanings, respectively:

- (a) "Board" means the governing body of the Corporation;
- (b) "By-Law(s)", unless otherwise specified, means the by-laws of the Corporation;
- (c) "Certification" means the holding of a certificate in a medical or surgical specialty issued by any professional body recognized by the Board after consultation with the Medical Advisory Committee;
- (d) "Chief Executive Officer" means, in addition to 'administrator' as defined in section 1 of the Public Hospitals Act, the employee of the Corporation who has been duly appointed by the Board as Chief Executive Officer of the Corporation;
- (e) "Chief of Staff", means the member of the Medical Staff appointed by the Board to be responsible for the professional standards of the Professional Staff and the quality of care rendered at the Hospital;
- (f) "Chief Nurse Executive" means the senior nurse employed by the hospital who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital;
- (g) "College" means, as the case may be, the College of Physicians and Surgeons of Ontario, the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario and/or the College of Nurses of Ontario;
- (h) "Corporation" means the Listowel Memorial Hospital;
- (i) "Credentialing Policy" means the Credentialing and Mid-Term Revocation Policy approved by the Board on (date), as amended from time to time;
- (j) "Dental Staff" means the Dentists to whom the Board has granted Privileges to treat patients of the Hospital;
- (k) "Dentist" means a member in good standing of the Royal College of Dental Surgeons of Ontario, to whom Privileges have been granted;
- (l) "Extended Class Nurse" means a member of the College of Nurses of Ontario who is a registered nurse and who hold an extended certificate of registration under the *Nursing Act, 1991*;
- (m) "Extended Class Nursing Staff" means those Extended Class Nurses in the Hospital, who are:
 - (i) employed by the Hospital and are authorized to diagnose, prescribe for or treat out-patients in the Hospital, and

- (ii) not employed by the Hospital and to whom the Board has granted privileges to diagnose, prescribe for or treat out-patients in the Hospital;
- (n) "Fellowship" means a fellowship in a professional medical college recognized by the Board after consultation with the Medical Advisory Committee;
- (o) "Healthcare Practitioners" means those regulated health professions recognized by the *Regulated Health Professions Act, 1991* and those unregulated health professions that may be designated by the Chief Executive Officer from time to time that are not included in the definition of Professional Staff. Without limiting the generality of the foregoing, the regulated and unregulated health professions may include, but are not limited to nursing (excluding the Extended Class Nurses), psychology (as legislatively recognized in psychological assessment and clinical interaction), pharmacy, occupational therapy, physiotherapy, audiology and speech-language, pathology, social work, stress management, addictions therapy, child and youth work, chaplaincy, recreation therapy, nutrition and laboratory and diagnostic services;
- (p) "Hospital" means the Listowel Memorial Hospital;
- (q) "Medical Advisory Committee" means the Medical Advisory Committee appointed by the Board, constituted in accordance with the Public Hospitals Act;
- (r) "Medical Staff" means the Physicians to whom the Board has granted Privileges to treat patients in the Hospital;
- (s) "Medical Staff Association" means the association of Medical Staff members that is required to meet quarterly, pursuant to the Public Hospitals Act;
- (t) "Midwife" means a member in good standing of the College of Midwives of Ontario to whom Privileges have been granted;
- (u) "Midwifery Staff" means the Midwives to whom the Board has granted Privileges of assessing, monitoring, prescribing for or treating patients in the Hospital;
- (v) "Nursing Staff" means those registered nurses employed by the Hospital who are not Extended Class Nurses;
- (w) "Patient" means, unless otherwise specified, any in-patient, out-patient or other patient of the Hospital;
- (x) "Physician" means a member in good standing of the College of Physicians and Surgeons of Ontario, to whom Privileges have been granted;
- (y) "Privileges" means those rights or entitlements conferred by the Board upon a Physician, Dentist, Midwife or Extended Class Nurse at the time of appointment or re-appointment;
- (z) "Medical Staff Rules and Regulations" means provisions approved by the Board concerning the practice and professional conduct of the members of the Medical Staff;

- (aa) “Professional Staff” means those Physicians, Dentists, Midwives and Extended Class Nurses who are appointed by the Board and who are granted specific privileges to practice medicine, dentistry, midwifery or extended class nursing, respectively, in the Hospital; and
- (bb) “*Public Hospitals Act*” means the *Public Hospital Act* (Ontario) and, where the context requires, includes the regulations made under it.

1.02 **Interpretation**

This By-Law shall be interpreted in accordance with the following unless the context otherwise specifies or requires:

- (a) the use of the singular number shall include the plural and vice versa and the use of any gender shall include the masculine and feminine genders.
- (b) unless expressly indicated otherwise in this By-Law, the Chief Executive Officer may appoint a delegate to perform any of his/her duties under this By-Law, but shall remain ultimately responsible for the performance of such duties.
- (c) the headings used in the By-Law are inserted for reference purposes only and are not to be considered or taken into account in construing the terms or provisions thereof or to be deemed in any way to clarify, modify or explain the effect of any such terms or provisions.
- (d) any references herein to any law, By-Law, rule, regulation, order or act of any government, governmental body or other regulatory body shall be construed as a reference thereto as amended or re-enacted from time to time or as a reference to any successor thereto.

1.03 **Purpose of the Professional Staff By-Laws**

Pursuant to the Board's obligations under the Public Hospitals Act, the Board has set out in these Professional Staff By-Laws the following:

- (a) the structure of the Professional Staff organization in order to define responsibility, authority and accountability of every component and in order to ensure that each Professional Staff member exercises responsibility and authority commensurate with the member's contribution to patient care and to the teaching and research needs of the Hospital, and fulfills like accountability obligations;
- (b) the duties and responsibilities of the members of the Professional Staff;
- (c) the procedures with respect to the election of the Medical Staff Association officers;
- (d) a quality assurance system to monitor the professional care rendered to patients by the members of the Professional Staff; and
- (e) a system to ensure the continuing improvement of the quality of professional care provided to the patients.

1.04 **Application of the Credentialing Policy**

All applications for Privileges shall be subject to the Credentialing Policy.

ARTICLE 2. APPOINTMENT AND REAPPOINTMENT OF THE PROFESSIONAL STAFF

2.01 **Appointment to the Professional Staff**

- (a) The Board shall appoint annually a Professional Staff for the Hospital in accordance with the requirements and procedures set out in the Credentialing Policy.
- (b) The Board shall establish from time to time criteria for appointment to the Professional Staff after considering the advice of the Medical Advisory Committee. The criteria shall be set out in the Credentialing Policy.
- (c) In making an appointment or re-appointment to the Professional Staff and in altering the Privileges of a Professional Staff member, the Board shall consider the Hospital's resources and whether there is a need for the services in the community.

2.02 **Reappointment to the Professional Staff**

Each year, the Board shall require each member of the Professional Staff to make written application for reappointment to the Professional Staff in accordance with the requirements and procedures set out in the Credentialing Policy.

2.03 **Application for Alteration in Privileges**

Where a member of the Professional Staff wishes to change his or her Privileges, an application shall be submitted and processed in accordance with the requirements and procedures set out in the Credentialing Policy.

2.04 **Suspension/Revocation of Privileges**

Subject to the Public Hospitals Act, the Board, at any time, may suspend or revoke any appointment of a Professional Staff member in accordance with the requirements and procedures set out in the Credentialing Policy.

ARTICLE 3. PROFESSIONAL STAFF DUTIES

3.01 **Duties, General**

- (a) Each member of the Professional Staff is accountable to and shall recognize the authority of the Board through and with the Chief of Staff
- (b) Every member of the Professional Staff shall work in collaboration with:
 - (i) the Board;
 - (ii) the Chief of Staff and the Medical Advisory Committee;
 - (iii) the Chief Executive Officer;

- (iv) the other members of the Professional Staff; and
- (c) Every member of the Professional Staff shall:
 - (i) attend and treat patients within the limits of the Privileges granted by the Board;
 - (ii) notify the Chief Executive Officer of any change in his or licence to practice with the College;
 - (iii) give such instruction as is required for the education of other members of the Professional Staff and Hospital staff;
 - (iv) abide by the Professional Staff Rules and Regulations, this By-Law, Hospital policies, the Public Hospitals Act and all other legislated requirements;
 - (v) respect the objects and mission statement of the Hospital;
 - (vi) use his or her best efforts to provide written notice of resignation to the Chief of Staff at least three (3) months prior to the departure date;
 - (vii) notify patients and/or their families or other appropriate persons about their options with respect to tissues and organ transplantation;
 - (viii) ensure a high professional standard of care is provided to patients under his/her care that is consistent with sound healthcare resource utilization practices;
 - (ix) practise within the limits of the Privileges provided and perform only those acts, procedures, treatments and operations for which the Professional Staff member is competent;
 - (x) maintain involvement in continuing medical and interdisciplinary professional education;
 - (xi) participate in quality, complaint and error management initiatives, as appropriate; and
 - (xii) perform such other duties as may be prescribed from time to time by, or under the authority of the Board, the Medical Advisory Committee. the Chief of Staff or the Chief of Department.

3.02 **Monitoring Aberrant Practices**

Where any member of the Professional Staff or Hospital staff believes that a member of the Professional Staff is attempting to exceed his or her Privileges or is temporarily incapable of providing a service that he or she is about to undertake, the concern shall be communicated immediately to the Chief of Staff, and to the Chief Executive Officer or his or her delegate.

3.03 **Viewing Operations and Procedures**

- (a) The following individuals have the authority to view any operation, procedure or therapeutic action without the permission of the Professional Staff member performing said operation or procedure:
 - (i) the Chief of Staff, or delegate
- (b) Any operation, procedure, or therapeutic action performed in the Hospital by an Associate Staff member may also be viewed without his or her permission by the supervising Professional Staff member to whom the Associate Staff member has been assigned.

3.04 **Transfer of Responsibility**

- (a) Pursuant to the Public Hospitals Act, whenever the responsibility for the care of a patient is transferred to another member of the Professional Staff, a written notation by the Professional Staff member who is transferring the care over to another shall be made and signed on the patient's record of personal health information and the name of the Professional Staff member assuming the responsibility shall be noted in the patient's record of personal health information and the Professional Staff member shall be notified immediately.
- (b) Pursuant to the Public Hospitals Act, where the Chief of Staff or delegate has cause to take over the care of a patient, the Chief Executive Officer or his or her delegate, the attending Professional Staff member and the patient shall be notified as soon as possible or, in the case where the patient is mentally incompetent, the patient's substitute decision-maker shall be notified as soon as possible.

3.05 **Chief of Staff**

- (a) The Board shall appoint a member of the Active Medical Staff to be Chief of Staff after giving consideration to the recommendations of a Selection Committee, which shall seek the advice of the Medical Advisory Committee.
- (b)
 - (i) Subject to annual confirmation by the Board, an appointment made under paragraph (a) above shall be for a term of up to three (3) years, but the Chief of Staff shall hold office until a successor is appointed ;
 - (ii) In the ordinary course, the maximum number of terms for Chief of Staff shall be two (2), provided that the Board can by resolution approved by two-thirds (2/3) majority extend the Chief of Staff's term of office.
- (c) The Board at any time may revoke or suspend the appointment of the Chief of Staff.
- (d) The membership of the Selection Committee shall consist of:
 - (i) two (2) members of the Medical Staff;
 - (ii) the Chief Executive Officer or his or her delegate;

- (iii) the Chief Nurse Executive; and
- (iv) two (2) Board members, one of whom shall be appointed as chair by the Board.
- (e) The Selection Committee shall invite applications from qualified persons.
- (f) The Board's Executive Committee shall annually review and evaluate the performance of the Chief of Staff, based on short term and long term goals and objectives established by the Board for the Chief of Staff, from time to time.

3.06 **Duties of the Chief of Staff**

The Chief of Staff shall:

- (a) be accountable to the Board;
- (b) organize the Professional Staff to ensure that the quality of the medical, dental, and midwifery care given to all patients of the Hospital is in accordance with policies established by the Board,
- (c) communicate with the Extended Class Nursing Staff care to ensure that the quality of the extended class nursing care, with respect to diagnosing, prescribing for or treating out-patients of the Hospital, is in accordance with policies established by the Board;
- (d) chair the Medical Advisory Committee;
- (e) advise the Medical Advisory Committee and the Board with respect to the quality of medical and dental diagnosis, care and treatment provided to the patients of the Hospital, and the quality of midwifery assessment, care and treatment provided to the patients of the Hospital, and the quality of extended class nursing staff care with respect to diagnosing, prescribing for or treating out-patients of the Hospital;
- (f) report regularly to the Board and Medical Staff Association about the activities, recommendations and actions of the Medical Advisory Committee and any other matters about which they should have knowledge;
- (g) assign, or delegate the assignment of, a member of the Professional Staff, as appropriate:
 - (i) to supervise the practice of another member of the Professional Staff, for any period of time, and
 - (ii) to make a written report to the Chief of Staff.;
- (h) assign, or delegate the assignment of, a member of the Professional Staff to discuss in detail with any other member of the Professional Staff, as appropriate, any matter which is of concern to the Chief of Staff;
- (i) supervise the professional care provided by all members of the Medical, Dental and Midwifery Staff in the Hospital, and supervise the professional care provided

by all members of the Extended Class Nursing Staff, with respect to diagnosing, prescribing for or treating out-patients of the Hospital;

- (j) be responsible to the Board through and with the Chief Executive Officer or his or her delegate for the appropriate utilization of resources by all Professional Staff members and Departments;
- (k) report to the Medical Advisory Committee on activities of the Hospital, including the utilization of resources and quality assurance;
- (l) participate in the development of the Hospital's mission, objectives and strategic plan;
- (m) work with the Medical Advisory Committee to develop a Professional Staff human resources plan for the Hospital in accordance with the Hospital's strategic plan;
- (n) have the opportunity to participate in Hospital resource allocation decisions;
- (o) ensure there is a process for participation in continuing education for the Professional Staff;
- (p) advise the Professional Staff on current Hospital policies, objectives and Professional Staff Rules and Regulations;
- (q) in consultation with the Chief Executive Officer, designate an alternate to act during an absence;
- (r) where necessary;
 - (i) assume or assign to any member of the Professional Staff, responsibility for the direct care and treatment of any patient in the Hospital; and
 - (ii) notify the attending Professional Staff member, the Chief Executive Officer, and where possible, the patient or substitute decision-maker of the patient.

ARTICLE 4. PROFESSIONAL STAFF CATEGORIES

4.01 Categories

The Professional Staff shall consist of the following groups:

- (a) Active;
- (b) Associate;
- (c) Courtesy;
- (d) Locum Tenens;
- (e) Temporary;

- (f) Consultant;
- (g) Senior
- (h) Honourary; and
- (i) Professional Staff in Training

4.02 **Active Staff**

- (a) The Active Staff shall consist of those Physicians, Dentists, Midwives and Extended Class Nurses who have been appointed to the Active Staff by the Board.
- (b) Every Physician, Dentist, Midwife and Extended Class Nurse applying for appointment to the Active Staff shall be assigned to the Associate Staff for a probationary period, unless specifically exempted by the Board.
- (c) All Physicians with Active Staff Privileges are responsible for assuring that appropriate medical care is provided to their patients in the Hospital;
- (d) All Dentists, Midwives and Extended Class Nurses with Active Staff Privileges are responsible for assuring that appropriate dental, midwifery or extended class nursing care, as the case may be, is provided to their patients in the Hospital;
- (e) Admitting Privileges shall be granted to members of the Active Staff as follows:
 - (i) Each Physician with active with Active Staff Privileges shall have admitting Privileges unless otherwise specified in his or her appointment to the Professional Staff.
 - (ii) Each Dentist with Active Staff Privileges who is an oral and maxillofacial surgeon shall have admitting Privileges, unless otherwise specified in his or her appointment to the Professional Staff. A Dentist with Active Staff Privileges shall be granted Admitting Privileges in association with a Physician who is a member of the Professional Staff with Active Staff privileges, unless otherwise specified in his/her appointment to the Professional Staff.
 - (iii) Each Midwife with Active Staff Privileges shall have admitting Privileges, unless otherwise specified in his or her appointment to the Professional Staff.
- (f) The Physicians on the Active Staff, who have paid their Medical Staff Association annual dues for the then current year, shall be eligible to vote at Medical Staff Association meetings, to hold office on the Medical Staff Association, and to sit on any subcommittee of the Medical Advisory Committee.
- (g) The Dentists on the Active Staff, who have paid their Medical Staff Association annual dues for the then current year, shall be eligible to vote at Medical Staff Association meetings, and to sit on any subcommittee of the Medical Advisory Committee.

- (h) Each member of the Active Staff:
 - (i) shall participate in on-call duty roster, unless otherwise exempted by the Chief of Staff ;
 - (ii) shall undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff or delegate to which the Professional Staff member has been assigned;
 - (iii) shall attend patients and undertake treatment and procedures only in accordance with the kind and degree of Privileges granted by the Board;
 - (iv) shall act as a supervisor of a member of the Professional Staff, as and when requested by the Chief of Staff or the Chief of Department;
 - (v) shall make himself or herself available for committee membership;
 - (vi) shall be a member in the Department most appropriate to his or her field of professional practice; and
 - (vii) may apply and be granted membership in other clinical Departments relevant to his or her professional practice.
- (i) except where approved by the Board, no Physician with an active staff appointment at another hospital shall be appointed to the Active Staff.

4.03 **Associate Staff**

- (a) The Associate Staff shall consist of Physicians, Dentists, Midwives and Extended Class Nurses appointed to the Professional Staff for a probationary period.
- (b) Admitting Privileges shall be granted to members of the Associate Staff as follows:
 - (i) Each Physician with Associate Staff Privileges shall have admitting Privileges unless otherwise specified in his or her appointment to the Professional Staff.
 - (ii) Each Dentist with Associate Staff Privileges who is an oral and maxillofacial surgeon shall have admitting Privileges, unless otherwise specified in his or her appointment to the Professional Staff. A Dentist with Associate Staff Privileges shall be granted Admitting Privileges in association with a Physician who is a member of the Professional Staff with Active Staff privileges, unless otherwise specified in his/her appointment to the Professional Staff.
 - (iii) Each Midwife with Associate Staff Privileges shall have admitting Privileges, unless otherwise specified in his or her appointment to the Professional Staff.
- (c) An Associate Staff member shall:

- (i) attend patients, and undertake treatment and procedures under supervision in accordance with the kind and degree of Privileges granted by the Board on the recommendation of the Medical Advisory Committee; and
 - (ii) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff, or delegate to which the Professional Staff member has been assigned.
- (d) An Associate Staff member shall work for a probationary period under the supervision of an Active Staff member named by the Chief of Staff, or delegate to which the Associate Staff member has been assigned.
 - (e) After six (6) months, the appointment of a Professional Staff member of the Associate Staff will be reviewed by the supervisor. The review will include assessment of the member's clinical performance. A report developed from the review will be provided to and reviewed with the applicant and will be copied to the Credentials Committee.
 - (f) After one (1) year, the appointment of a Professional Staff member to the Associate Staff shall be reviewed by the Credentials Committee (having received a written report about the Associate Staff member from the supervisor), which Committee shall report to the Medical Advisory Committee.
 - (g) The Medical Advisory Committee may recommend that the Professional Staff member be appointed to the Active Staff or may require the person to be subject to a further probationary period not longer than six (6) months.
 - (h) The Chief of Staff, upon the request of an Associate Staff member or a supervisor, may assign the Associate Staff member to a different supervisor for a further probationary period.
 - (i) At any time, an unfavourable report may cause the Medical Advisory Committee to consider making a recommendation to the Board that the appointment of the Associate Staff member be terminated.
 - (j) No member of the Professional Staff shall be appointed to the Associate Staff for more than eighteen (18) consecutive months unless specifically exempted by the Board.
 - (k) A member of the Associate Staff shall not vote at Medical Staff Association meetings, and is not eligible to hold office on the Medical Staff Association, but may be appointed to a subcommittee of the Medical Advisory Committee.

4.04 **Courtesy Staff**

- (a) Subject to paragraph (c) below, the Board may grant a Physician, Dentist, Midwife or Extended Class Nurse an appointment to the Courtesy Staff in one or more of the following circumstances:

- (i) the applicant has an active Professional Staff commitment at another hospital;
 - (ii) the applicant lives at such a remote distance from the Hospital that it limits full participation in Active Staff duties, but the applicant wishes to maintain an affiliation with the Hospital;
 - (iii) the applicant has a primary commitment to, or contractual relationship with, another community or organization;
 - (iv) the applicant requests access to limited Hospital resources or out-patient programs or facilities; or
 - (v) where the Board deems it otherwise advisable.
- (b) Subject to paragraph (c) below, the Board may grant a Physician, Dentist, Midwife or Extended Class Nurse an appointment to the Courtesy Staff with appropriate Privileges as the Board deems advisable. Privileges to admit patients shall only be granted under special circumstances.
 - (c) The Board shall ensure that the appointment of members to the Courtesy Staff does not result in inequitable access to the Hospital's resources or prejudice the Hospital's ability to recruit Active Staff members.
 - (d) The circumstances leading to an appointment to the Courtesy Staff shall be specified by the applicant on each application for reappointment.
 - (e) Each member of the Courtesy Staff may attend (but not vote at) Medical Staff Association and Department meetings but, unless the Board so requires, shall not be subject to the attendance requirements and penalties as provided by this By-Law or the Professional Staff Rules and Regulations.
 - (f) Members of the Courtesy Staff are not eligible to hold office on the Medical Staff Association and shall not be eligible for appointment to a subcommittee of the Medical Advisory Committee.

4.05 **Senior Medical Staff**

- (a) The Senior Staff category has been created by the Board to allow the Hospital to, where required by its Professional Staff Human Resources Plan, approve Privileges beyond the Active Staff retirement age of sixty-five (65), provided that:
 - (i) the impact of the applicant's expertise on the Hospital's reputation is considered;
 - (ii) the Hospital is unable to attract an applicant with like skills, training, and experiences and the retirement of the applicant would be prejudicial to the health and welfare of the members of the community; and
 - (iii) a human resources requirement exists within the Service Department, and the applicant's training, experience and qualifications fulfils the manpower requirement.

- (b) The Board's responsibility for putting in place a succession plan for members of its Professional Staff may require that, on an annual basis, a Senior Staff member's Privileges may be reduced or not renewed in favour of granting Privileges to new or existing Associate or Active Professional Staff members.
- (c) Senior Medical Staff:
 - (i) will consist of those members of the Medical Staff, as are appointed from time to time by the Board, who are over the age of sixty-five (65) after the thirtieth (30th) day of June and who maintain clinical activities within the Hospital;
 - (ii) will be subject to an enhanced review system which shall be developed by the Chief of Staff and approved by the Medical Advisory Committee with the express objective of ensuring ongoing competency of the Senior Staff members;
 - (iii) will be granted Admitting Privileges as approved by the Board, having given consideration to the recommendation of the Medical Advisory Committee;
 - (iv) will be entitled to apply for annual re-appointment; and
 - (v) will be eligible to attend and vote at Medical Staff Association meetings, to hold office on the Medical Staff Association, or to serve on a subcommittee of the Medical Advisory Committee.

4.06 **Locum Tenens**

- (a) The Medical Advisory Committee, upon the request of a member of the Professional Staff, may recommend to the Board the appointment of a locum tenens as a planned replacement for that member for a specified period of time, to be confirmed in a written agreement.
- (b) A locum tenens, subject to Board approval, shall:
 - (i) have admitting Privileges, unless otherwise specified;
 - (ii) work under the counsel of a member of the Active Staff who has been assigned this responsibility by the Chief of Staff or delegate;
 - (iii) attend patients assigned to his or her care by the Active Staff member for whom he or she is acting as a locum tenens, and shall treat them within the Privileges granted by the Board on the recommendation of the Medical Advisory Committee; and
 - (iv) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff or his or her delegate to which the member has been assigned.

4.07 **Temporary Professional Staff**

- (a) A temporary appointment of a Physician, Dentist, Midwife or Extended Class Nurse to the Professional Staff may be made only for one of the following reasons:
 - (i) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
 - (ii) to meet an urgent unexpected need for a professional service.
- (b) Notwithstanding any other provision in this By-Law, the Chief Executive Officer or delegate, after consultation with the Chief of Staff or delegate, may:
 - (i) grant a temporary appointment to a Physician, Dentist, Midwife or Extended Class Nurse who is not a member of the Professional Staff, provided that:
 - (1) such appointment shall not extend beyond the date of the next meeting of the Medical Advisory Committee, at which time the action taken shall be reported; and
 - (2) as soon as is practical, evidence is obtained that the applicant is in good standing with the appropriate College and has appropriate professional liability coverage or membership in the Canadian Protective Medical Association; and
 - (3) if applicable, a letter of recommendation is obtained from the applicant's Chief of Department; and
 - (ii) continue the appointment on the recommendation of the Medical Advisory Committee until the next meeting of the Board.
- (c) A Temporary Staff member shall not have admitting Privileges unless granted by the Chief Executive Officer or his or her delegate in consultation with the Chief of Staff.

4.08 **Consulting Staff**

- (a) The Consulting Staff shall consist of:
 - (i) specialists with a Fellowship in their specialty;
 - (ii) specialists with a Certification in their specialty; or
 - (iii) Physicians, Dentists, Midwives or Extended Class Nurses who have been appointed by the Board to the Consulting Staff because each one has:
 - (1) a reputation among the members of the Medical Professional Staff of the Hospital for performing work of high quality; and

- (2) has been recommended by the Medical Advisory Committee for appointment.
- (b) A member of the Consulting Staff shall be appointed either as an active consultant or an honorary consultant.
 - (i) An active consultant shall be:
 - (1) regularly active in the Hospital;
 - (2) eligible to vote at any Medical Staff Association meeting, but not bound by the attendance requirements for Medical Staff Association meetings; and
 - (3) eligible to hold office on the Medical Staff Association. And be eligible to serve on a subcommittee of the MAC.
 - (ii) An honorary consultant shall:
 - (1) occasionally be called in for consultation by the Active Medical Staff members, but not be regularly active in the Hospital;
 - (2) not be eligible to vote at Medical Staff Association meetings;
 - (3) not be eligible to hold office on the Medical Staff Association;
 - (4) not be bound by the attendance requirements for Medical Staff Association meetings; and
 - (5) not be eligible to serve on a subcommittee of the Medical Advisory Committee.

4.09 Honourary Staff

- (a) A member of the Professional Staff may be honoured by the Board with a position on the Honourary Staff because he or she:
 - (i) is a former member of the Medical Professional Staff who has retired from active practice; or
 - (ii) has an outstanding reputation or made an extraordinary contribution, although not necessarily a resident in the community.
- (b) Each member of the Honourary Staff shall be appointed by the Board on the recommendation of the Medical Advisory Committee.
- (c) Members of the Honourary Staff shall not:
 - (i) have regularly assigned duties or responsibilities;
 - (ii) be eligible to vote at Medical Staff Association meetings or to hold office on the Medical Staff Association;

- (iii) be bound by the attendance requirements for Medical Staff Association meetings; or
- (vi) be eligible to serve on a subcommittee of the Medical Advisory Committee; or
- (v) admit, treat, perform diagnostic procedures or discharge patients.
- (d) An Honorary Staff member shall not, unless specifically authorized by the Board, have access to Hospital resources.

4.10 **Professional Staff In Training**

- (a) The Board may appoint members to the Professional Staff in Training category. An appointment to the Professional Staff in Training shall be for a specified period of not more than one (1) year. Appointments, dismissals and promotions to the Professional Staff in Training shall be based on the recommendations of the Medical Advisory Committee in accordance with this By-Law and the Credentialing Policy.
- (b) Each member of the Professional Staff In Training shall:
 - (i) attend Medical Staff Association meetings (without a vote);
 - (ii) not be eligible to hold office on the Medical Staff Association;
 - (iii) not be eligible to serve on a subcommittee of the Medical Advisory Committee; and
 - (iv) not practice their profession outside the Hospital during the tenure of his or her appointment without the permission of the Board.

4.11 **Probationary Status**

The Medical Advisory Committee may recommend to the Board, in accordance with this By-Law and the Public Hospitals Act, that a member of the Professional Staff be put on probationary status. Probationary status will include, amongst other things, increased supervision and an expectation that the concerns that led to the imposition of probationary status will be remediated during the probationary period. In the event that the concerns are not satisfactorily addressed, the Medical Advisory Committee may make additional recommendations to the Board, including without limitation, restriction or revocation of Privileges.

ARTICLE 5. PROFESSIONAL STAFF COMMITTEES

5.01 **Committees**

- (a) The following Professional Staff Committees are hereby established sub-committees of the Medical Advisory Committee
 - (i) Credentials Committee;

- (ii) Medical Quality Assurance Committee;
 - (iii) Infection Control Committee.
 - (iv) Utilization Committee
 - (v) Pharmacy and Therapeutics Committee
 - (vi) Surgical Tissue and Audit Committee
 - (vii) Maternal and Newborn Care Committee
 - (viii) Emergency Services Committee
 - (ix) Anaesthesia and O.R. Committee
 - (x) Complex Continuing Care Committee
 - (xi) Continuing Medical Education Committee
- (b) The composition and terms of reference of any other ad hoc Professional Staff Committee shall be contained in the Medical Staff Rules and Regulations and shall include a reporting requirement from the Committee to the Medical Advisory Committee at least once annually.

5.02 **Appointment Professional Staff Committee Members and Chair**

- (a) The Medical Advisory Committee shall appoint the chairs of all subcommittees. The Chairs of subcommittees shall:
- (i) chair the subcommittee meetings;
 - (ii) call meetings of the subcommittee, as necessary or as required by this By-Law
 - (iii) at the request of the Medical Advisory Committee, be present to discuss all or part of any report of the subcommittee; and
 - (iv) carry out such further duties as may be prescribed by the Medical Advisory Committee from time to time.
- (b) Pursuant to the Hospital Management Regulations, the Medical Advisory Committee shall appoint the medical members of all Professional Staff Committees and the Chair of each such Professional Staff Committee.
- (c) Other members of the Professional Staff Committees will be appointed by the Board or otherwise in accordance with this By-law.
- (d) In addition to the specific duties of each subcommittee as set out in this By-Law, the subcommittees shall:

- (i) meet as directed by the Medical Advisory Committee or as otherwise established by this By-Law; and
 - (ii) present a written report including any recommendations of each meeting to the next meeting of the Medical Advisory Committee and/or the Medical Staff Association Committee.
- (e) A majority of subcommittee members entitled to vote and present in person shall constitute a quorum.

5.03 **Professional Staff Committee Duties**

In addition to the specific duties of each Professional Staff Committee as set out in this By-law, all Professional Staff Committees shall:

- (a) Meet as directed by the Medical Advisory Committee and as otherwise established in this By-law; and
- (b) Present a written report including any recommendations of each meeting to the next meeting of the Medical Staff Association as a Whole.

5.04 **Duties of the Chair of Professional Staff Committees**

The Chair of each Professional Staff Committee:

- (a) Shall call meetings of the Committee as required;
- (b) Shall chair each meeting of the Committee;
- (c) Shall, at the request of the Medical Advisory Committee, be present at a meeting of the Medical Advisory Committee to discuss all or part of any report of the Committee; and
- (d) May request meetings with the Medical Advisory Committee.

5.05 **Quorum**

A majority of the Professional Staff Committee members entitled to vote shall constitute a quorum at any meeting of a Professional Staff Committee.

5.06 **Credentials Committee**

- (a) The Credentials Committee shall consist of:
 - (i) the President of the Medical Staff Association
 - (ii) any two (2) other members of the Medical Staff deemed appropriate by the Chief of Staff.
- (b) The Medical Advisory Committee shall appoint the chair of the Credentials Committee.

- (c) The terms of reference of the Credentials Committee shall be set out in the Credentialing Policy.

Credentials Committee Duties

- (i) The Credentials Committee shall ensure that a record of the qualifications and professional career of every member of the Professional Staff is maintained.
- (ii) The Credentials Committee shall establish the authenticity of an investigate the qualifications of each applicant for appointment and re-appointment to the Professional Staff and each applicant for a change in privileges.
- (iii) The Credentials Committee shall ensure that:
 - (1) each applicant for appointment to the Professional Staff meets the criteria as defined in the Credentialing Policy
 - (2) each applicant for reappointment to the Professional Staff meets the criteria as defined in the Credentialing Policy
 - (3) each applicant for changes in Privileges continues to meet the criteria for reappointment as set out in the Credentialing Policy.
- (iv) The Credentials Committee shall consider reports of the interviews with the applicant.
- (v) The Credentials Committee shall receive notification from the Chief of Staff when the performance evaluations and the recommendations for reappointment have been completed.
- (vi) The Credentials Committee shall submit a written report to the Medical Advisory Committee at or before its next regular meeting. The report shall include the kind and extent of privileges requested by the applicant, and, if necessary, a request that the application be deferred for further investigation.
- (vii) The Credentials Committee shall perform any other duties prescribed by the Medical Advisory Committee.

5.07 **Medical Quality Assurance Committee**

- (a) The Medical Quality Assurance Committee shall be comprised of:
 - (i) any one member of the Medical Staff deemes appropriate by the Chief of Staff;
 - (ii) a Medical Records representative;

- (iii) a nursing representative is invited when studies are being done that do involve nursing.
- (b) The Medical Quality Assurance Committee shall recommend procedures to the Medical Advisory Committee to ensure that the provisions of the Public Hospitals Act Hospital Management Regulation 965, this By-Law and the Medical Staff Rules and Regulations are observed, including:
- (i) the development of rules to govern the completion of medical records;
 - (ii) a review of medical records for completeness and quality of recording and the results thereof, and any suggestions for improvements in record keeping; and
 - (iii) the names of members of the Professional Staff who are delinquent in completing the medical record of any patient who is or has been under his care in the Hospital, provided that disciplinary action will be recommended in respect of any Professional Staff member whose name appears on the list for the third time;
 - (iv) a review and revision of forms as they pertain to Professional Staff record keeping;
 - (v) the retention of medical records and notes, charts and other material relating to personal health information;
 - (vi) recommend, through the Medical Advisory Committee, that the Board grant permission to a Physician to inspect and remove case records from the Hospital for purposes of teaching, research or statistical analysis that has been approved by the Medical Advisory Committee and is compliant with the hospital "Ethics – Research Procedure";
 - (vii) develop a Medical Quality Assurance Program which includes mechanisms to:
 - (1) monitor trends and activities;
 - (2) identify potential problem areas; and
 - (3) develop action plans and provide follow-up;
 - (viii) review, evaluate and make recommendations on the following matters affecting the Professional Staff:
 - (1) privileges;
 - (2) human resources planning and impact analysis;
 - (3) departmental and service activities;

- (4) process for handling complaints; and
- (5) Hospital By-Laws, Medical Staff Rules and Regulations and policies of the Hospital;
- (ix) examine current charts on the wards, where necessary and meet monthly or as necessary to discuss problem cases;
- (x) recommend procedures to the Medical Advisory Committee to assure that an ongoing peer review process is established for assessment of the quality of patient care as follows:
 - (1) study, record, analyze and consider the agreement or disagreement between the pre-operative diagnosis shown on the Hospital records and the pathology reports on tissues removed from patients in the Hospital or post mortem reports;
 - (2) review or cause to be reviewed regularly, medical records;
 - (3) report, in writing, to each regular meeting of the Medical Advisory Committee
 - (4) prepare and submit an analysis of all deaths occurring in the Hospital to the Medical Advisory Committee for presentation quarterly at general Medical Staff Association meetings and analyse and report other medical statistics quarterly to the Medical Advisory Committee;
 - (5) identify the continuing professional educational needs of the Professional Staff and assure that actions are taken on the recommendations of the Committee; and
 - (6) assure that other department audits for Professional Staff be undertaken as necessary.
- (c) The Committee will perform such further duties as the Medical Advisory Committee may direct concerning the establishment and continuous operation of a perpetual inventory system of audit of the quality and quantity of professional work being performed in the Hospital.

5.08 **Infection Control Committee**

- (a) The Infection Control Committee shall be comprised of:
 - (i) any one (1) member of the Active Medical Staff deemed appropriate by the Chief of Staff;
 - (ii) the Chief Executive Officer or delegate;
 - (iii) the Infection Control Practitioner, and

(iv) Consulting Pathologist (receives minutes, attends once a year)

Other members of the Professional Staff and/or Hospital staff shall attend committee meetings as requested by the Chair of the Infection Control Committee.

(b) The Infection Control Committee shall:

(i) make recommendations to the Medical Advisory Committee on infection control matters related to:

(1) the occupational health and safety program;

(2) immunization programs for employees;

(3) visitor restrictions or instructions both in general terms and in special circumstances;

(4) patient restrictions or instructions;

(5) an educational program for persons carrying on activities in the Hospital

(6) isolation procedures;

(7) aseptic and antiseptic techniques; and

(8) environmental sanitation in the Hospital;

(ii) make recommendations to the Chief Executive Officer with respect to infection control matters related to the occupational health and safety program;

(iii) make recommendations to the Chief Executive Officer with respect to infection control matters related to the health surveillance program;

(iv) follow-up and evaluate the results of each of its recommendations made under (i) through (iii) above;

(v) develop, monitor and evaluate a reporting system by which all infections will come to its attention, including, wherever possible, post-discharge infections;

(vi) review reports from all departments and programs in the Hospital;

(vii) meet at least quarterly and at the call of the Committee chair as required.

(c) The Infection Control Committee shall perform such other duties relating to infection control as may from time to time be requested by the Medical Advisory Committee.

5.09 **Utilization Committee**

- (a) The Utilization Committee shall be comprised of:
 - (i) A member of the Medical Staff deemed appropriate by the Chief of Staff;
 - (ii) Chief Nurse Executive; and
 - (iii) Chief Financial Officer

Other members of the Professional Staff and/or Hospital staff shall attend committee meetings as requested by the Chair of the Utilization Committee.

- (b) The utilization Committee shall:
 - (i) review utilization patterns in the Hospital and identify where improvements in utilization patterns could be achieved;
 - (ii) monitor overall trends in admissions, length of stay and day program volumes;
 - (iii) report findings and make recommendations to the Medical Advisory Committee and Hospital management on a regular basis (at least quarterly);
 - (iv) monitor response to those Committee recommendations which are approved by the Medical Advisory Committee and Hospital management and report back on progress achieved;
 - (v) report annually to the Professional Staff on the Committee's activities;
 - (vi) comment on the resource implications of proposed additions to the Professional Staff;
 - (vii) ensure that Professional Staff are educated about utilization review issues and about their responsibility for reporting on utilization trends;
 - (viii) have the power to consult directly with the Chief Executive Officer where necessary.
- (c) The Utilization Committee shall perform such other duties relating to utilization as may from time to time be requested by the Medical Advisory Committee.

5.10 **Pharmacy and Therapeutics Committee**

- (a) The Pharmacy and Therapeutics Committee shall be comprised of:
 - (i) A member of the Medical Staff deemed appropriate by the Chief of Staff
 - (ii) Member of the Pharmacy Staff

Other members of the Professional Staff and/or Hospital staff shall attend committee meetings as requested by the Chair of the Pharmacy and Therapeutics Committee

- (b) The Pharmacy and Therapeutics Committee shall:
- (i) serve in an advisory capacity to the Professional Staff by assessing regularly the appropriateness and adequacy of medication-related policies and make policy recommendations to the Medical Advisory Committee regarding drug utilization to ensure safe, effective and economical use of drugs;
 - (ii) evaluate drug utilization, new drugs and current therapeutics and develop a formulary that is suited to the Hospital's needs, and periodically assess the effectiveness of and adherence to the formulary;
 - (iii) develop a procedure for the use of non-formulary drugs and a mechanism for their evaluation;
 - (iv) compile and, at least once yearly, review a pharmacopoeia for the Hospital's use;
 - (v) study drugs and medications and make recommendations to the Board and the Chief Executive Officer regarding their necessity, usefulness, duplication, toxicity and cost;
 - (vi) develop an adverse drug reaction reporting program, review all these reports and ensure that a summary is circulated to Professional and Nursing Staff when the need arises;
 - (vii) review all standing orders related to medications annually, or more often if deemed necessary;
 - (viii) develop protocols governing programs such as total parenteral nutrition, investigational drugs and self medication or ensure that such protocols have been developed after appropriate committee review;
 - (ix) identify and/or arrange appropriate educational programs for the Professional Staff and Hospital staff to enhance their knowledge of drug therapy and practices; and
 - (x) meet quarterly or more frequently at the call of the Committee chair.
- (c) The Pharmacy and Therapeutics Committee shall perform such other duties relating to pharmacy and therapeutics as may from time to time be requested by the Medical Advisory Committee.

5.11 **Surgical Tissue and Audit Committee**

- (a) The Surgical Tissue and Audit Committee shall be comprised of:

- (i) a representative from Medical Records;
- (ii) a consulting pathologist; and
- (iii) a member of the Medical Staff deemed appropriate by the Chief of Staff.

Other members of the Professional Staff and/or Hospital staff shall attend committee meetings as requested by the Chair of the Surgical Tissue and Audit Committee.

- (b) The Surgical Tissue and Audit Committee shall:
 - (i) review the surgical pathological specimen reports and ensure that cases that necessitate follow-up do get followed up;
 - (ii) review blood banking issues;
 - (iii) serve as a liaison between the Consulting pathologists and the Medical Staff;
 - (iv) review problematic cases or issues that arise with the surgical and pathologist staff.
 - (v) study, record, analyse and consider the agreement or disagreement between the preoperative diagnosis shown on the Hospital records, and the pathology reports on tissues removed from patients in the Hospital or post mortem reports.

5.12 **Maternal and Newborn Care Committee**

- (a) The Maternal and Newborn Care Committee shall be comprised of:
 - (i) a member of the Medical Staff deemed appropriate by the Chief of Staff and designated as the head off the Maternal and Newborn Service
 - (ii) two Obstetric Nurses
 - (iii) one Public Health representative
 - (iv) one Client representative
 - (v) Chief Nurse Executive

Other member of the Professional Staff and/or Hospital staff shall attend committee meetings as requested by the Chair of the Maternal/Newborn Care Committee.

- (b) The Maternal and Newborn Care Committee shall:

- (i) meet every two months, at least four times yearly
- (ii) report to the M.A.C. and Medical Staff Association at their monthly meetings
- (iii) review and renew Medical and Nursing protocols and procedures to ensure they are in keeping with current standards of care for Level 1 Obstetrics facilities (SGOC Guidelines and Perinatal Outreach Guidelines from London are the Terms of Reference for these standards)
- (iv) assess quality assurance via chart audits of accepted markers of obstetric standards of care (i.e. c-section rate, episiotomy rate, review of post partum hemorrhage, induction rates, maternal and neonatal transfers, etc.) as well as reviewing the results of patient satisfaction surveys
- (v) review problematic cases and deal with patient and staff concerns or complaints in view of affecting improvement in current procedures and protocols
- (vi) interface with external resources and agencies that are relevant to perinatal care issues, i.e.
 - Perinatal Outreach in London for medical and nursing education and case reviews
 - Public Health/Health Children, Healthy Babies Program to aid the implementation and integration of these programs
 - Other obstetric service providers, i.e. Obstetrics Department at Stratford General Hospital, midwifery groups
 - Education programs, i.e. NALS, ALARM program

5.13 **Emergency Services Committee**

- (a) The Emergency Services Committee shall be comprised of:
 - (i) a member of the Medical Staff deemed appropriate by the Chief of Staff and designated as the head of the Emergency Medicine Service
 - (ii) one representative from Emergency Preparedness Committee
 - (iii) Chief Nurse Executive
 - (ii) two Emergency Room staff nurses
 - (v) ad hoc members upon invitation are Pharmacy Department representative, Ambulance Services representative and Community Care Access Centre representative
- (b) The Emergency Services Committee shall:
 - (i) provide proper assessment leading to safe, competent, timely, efficient and cost effective treatment of the emergency/ambulatory client, in order that appropriate disposition of the client is achieved

- (ii) recommend policy and procedures to the Medical Quality Assurance Committee and administration as appropriate on any aspect related to the safety of patients, quality of care and the effective functioning of the Emergency Department
- (iii) review and implement appropriate Accreditation Standards and recommendations
- (iv) ensure that policies, procedures, the Public Health Act and all other relevant legislation are enforced
- (v) review and analyze incidents and make recommendations for action as appropriate
- (vi) develop quality assurance programs and monitor all quality improvement activities which involve the Emergency Department
- (vii) provide input on equipment and pharmaceutical utilization as well as utilization of other ancillary services and review the Emergency Department budget and provide input where appropriate
- (viii) support the Education Committee in coordinating and facilitating continuing education in the area of Emergency Medicine
- (ix) assist in planning the direction of any new or updated facilities related to Emergency Services
- (x) identify and prioritize capital equipment needs
- (xi) promote good relationships between the community and the hospital

5.14 **Anesthesia and O.R. Committee**

- (a) The Anesthesia and O.R. Committee shall be comprised of:
 - (i) a member of the Medical Staff deemed appropriate and appointed by the Chief of Staff
 - (ii) a nurse representing the Anesthesia and O.R. departments;
 - (iii) the members of specific Medical Staff, i.e. surgery or anesthesia are invited to the meetings if there is discussion to be held within their area.
- (b) The Anesthesia and O.R. Committee shall:
 - (i) review equipment requests;
 - (ii) review existing equipment and maintenance and upgrades;
 - (iii) review protocols;

- (iv) develop quality improvement initiatives;
- (v) monitor scheduling of patients and staff.

5.15 **Complex Continuing Care Committee**

- (a) The Complex Continuing Care Committee shall be comprised of:
 - (i) a member of the Medical Staff deemed appropriate and appointed by the Chief of Staff;
 - (ii) a nurse representing the Complex Continuing Care Unit;
 - (iii) a representative from Therapeutic Recreation;
 - (iv) a representative from Physiotherapy;
 - (v) Occupational Therapy invited when needed.
- (b) The Complex and Continuing Care Committee shall:
 - (i) review in-patient charts;
 - (ii) review protocols, both nursing and medical;
 - (iii) review charting protocols;
 - (iv) review equipment requirements;
 - (v) develop quality improvement initiatives

5.16 **Continuing Medical Education Committee**

- (a) The Continuing Medical Education Committee shall be comprised of:
 - (i) any one member of the Medical Staff
- (b) The Continuing Medical Education Committee shall:
 - (i) create a forum to provide continuing education

ARTICLE 6. MEDICAL STAFF ASSOCIATION ELECTED OFFICERS

6.01 **Purpose of the Medical Staff Association**

The Medical Staff Association fulfills the following purposes:

- (a) To serve as a liaison between the Medical Staff, the Medical Advisory Committee, the Chief Executive Officer and the Board with respect to all matters not assigned to the Medical Advisory Committee;

- (b) To provide an organization whereby the members of the Professional Staff participate in the Hospital's planning, policy setting, and decision-making through their elected officers;
- (c) To report on issues raised by the Medical Staff to the Medical Advisory Committee and, at the request of the Board or at the request of the Medical Staff Association, to the Board with respect to such issues; and
- (d) To be an advocate on behalf of the Medical Staff and advocate a fair process in the treatment of individual members of the Medical Staff.

6.02 Officers of the Medical Staff Association

Members of the Active Medical Staff who have paid their Medical Staff Association annual dues for the then current year shall hold elections on an annual basis to fill the following offices:

- (a) President;
- (c) Vice-President/Secretary/Treasurer

These officers shall be referred to as the Medical Staff Association Executive.

6.03 Duties of the President of the Medical Staff Association

The President of the Medical Staff Association shall:

- (a) be a voting member of the Board and, as a Director, fulfill his or her fiduciary duties to the Corporation by making decisions in the best interest of the Corporation;
- (b) be a member of the Medical Advisory Committee;
- (c) report to the Medical Advisory Committee and the Board on any issues raised by the Medical Staff Association;
- (d) be accountable to the Medical Staff Association and advocate fair process in the treatment of individual members of the Medical Staff;
- (e) preside at all meetings of the Medical Staff Association;
- (f) call special meetings of the Medical Staff Association;
- (g) assume the duties and responsibilities of the Chief of Staff in the absence of the Chief of Staff or in his or her inability to act; and
- (h) be a member of such committees as may be deemed appropriate by the Board.

6.04 Duties of the Vice-President/Secretary/Treasurer

The Vice-President/Secretary/Treasurer shall:

- (a) in the absence or disability of the President of the Medical Staff Association, act in the place of the President of the Medical Staff Association, perform his or her duties and possess his or her powers;
- (b) perform such duties as the President of the Medical Staff Association may delegate;
- (c) be a member of the Medical Advisory Committee;
- (d) keep the funds of the Medical Staff Association in a safe manner and be accountable, therefor;
- (e) disburse Medical Staff Association funds in accordance with the disbursement policies of the Medical Staff Association, if any, and in agreement of the President of the Medical Staff Association;
- (f) be present and entitled to vote at Medical Staff Association meetings;
- (g) attend to the correspondence of the Medical Staff Association;
- (h) ensure that minutes are kept of all Medical Staff Association meetings;
- (i) ensure that a record of attendance is made at Medical Staff Association meetings; and
- (j) post a written notice of Medical Staff Association meetings at least forty-eight (48) hours before the meeting.

ARTICLE 7. ELECTION OF MEDICAL STAFF ASSOCIATION OFFICERS

7.01 Eligibility of Office

Only a member of the Active Medical Staff who has paid his or her Medical Staff Association annual dues for the then current year, may be elected or appointed to any office of the Medical Staff Association.

7.02 Election Procedure

- (a) All nominations and elections will be conducted at the meetings of the Medical Staff Association.
- (b) The election of Medical Staff Association officers may be by a show of hands or by secret ballot, as determined by the vote of those members of the Medical Staff Association present at the annual meeting and entitled to vote.

ARTICLE 8. MEETINGS OF THE MEDICAL STAFF ASSOCIATION

8.01 Meetings of the Medical Staff Association

Pursuant to the provisions of the Public Hospitals Act, the Medical Staff Association shall hold at least four (4) meetings in each fiscal year. One of the meetings shall be identified as the annual meeting of the Medical Staff Association at which all members of the Medical Staff Association shall be invited to attend.

8.02 **Notice of Annual Meeting**

A written notice of each annual meeting of the Medical Staff Association shall be posted in the Hospital and circulated to the members by the Secretary of the Medical Staff Association at least fifteen (15) days before the meeting.

8.03 **Notice of Regular Meetings**

A written notice of each regular meeting of the Medical Staff shall be posted in the Hospital and circulated to the members by the Secretary of the Medical Staff Association at least five (5) days before the meeting.

8.04 **Special Meetings**

- (a) In case of emergency, the President of the Medical Staff may call a special meeting.
- (b) Special meetings shall be called by the President of the Medical Staff on the written request of any two (2) voting members of the Active Medical Staff.
- (c) Notice of such special meetings shall be as required for a regular meeting, except in cases of emergency, and shall state the nature of the business for which the special meeting is called.
- (d) The usual period of time required for giving notice of any special meeting shall be waived in cases of emergency, subject to ratification of this action by the majority of those members present and voting at the special meeting, as the first item of business at the meeting.

8.05 **Quorum**

- (a) Fifty percent (50%), plus one of the members of the Medical Staff Association entitled to vote shall constitute a quorum at any annual, general or special meeting of the Medical Staff Association.
- (b) Voting Members

Each Active Medical Staff member shall be entitled to vote at a meeting of the Medical Staff Association.

ARTICLE 9. DENTAL STAFF

9.01 **Appointment to the Dental Staff**

The Board, on the advice of the Medical Advisory Committee, may appoint annually one (1) or more Dentists to the Dental Staff of the Hospital and shall delineate the Privileges

for each Dentist, all in accordance with the requirements and procedures set out in the Credentialing Policy.

9.02 **Reappointment to the Dental Staff**

Each year, the Board shall require each member of the Dental Staff to make written application for reappointment to the Dental Staff in accordance with the requirements and procedures set out in the Credentialing Policy.

9.03 **Application for Alteration in Privileges**

Where a member of the Dental Staff wishes to change his or her Privileges, an application shall be submitted and processed in accordance with the requirements and procedures set out in the Credentialing Policy.

9.04 **Suspension/Revocation of Privileges**

Subject to the Public Hospitals Act, the Board, at any time, may suspend or revoke any appointment of a Dental Staff member in accordance with the requirements and procedures set out in the Credentialing Policy.

9.05 **Dental Staff Duties**

- (a) Each member of the Dental Staff is accountable to and shall recognize the authority of the Board.
- (b) In addition to the other duties of any Professional Staff member, each member of the Dental Staff shall provide consultations on patients as are required.

9.06 **Attendance by Dental Staff at Medical Staff Association and Department Meetings**

- (a) A member of the Dental Staff may attend Medical Staff Association meetings but shall not be eligible to vote.
- (b) A member of the Dental Staff shall not be required to attend Medical Staff Association meetings except as required by paragraph (c).
- (c) When the case of a patient who has been examined by, operated on by, or has received treatment from a member of the Dental Staff is to be presented at a Medical Staff Association meeting, the Dentist who examined, operated on or treated the patient shall be given forty-eight (48) hours notice by a Medical Staff officer and shall attend such meeting prepared to present and discuss the dental aspects of the case.
- (d) Failure of a member of the Dental Staff to appear and present the dental aspect of the case, for which he or she received notice under subsection (c), may result in disciplinary action being taken against him or her.

9.07 **Eligibility to Hold Office**

A member of the Dental Staff is not eligible to hold office on the Medical Staff Association.

ARTICLE 10 MIDWIFERY STAFF

10.01 Appointment to the Midwifery Staff

The Board, on the advice of the Medical Advisory Committee, may appoint annually one (1) or more Midwives to the Midwifery Staff of the Hospital and shall delineate the Privileges for each Midwife, all in accordance with the requirements and procedures set out in the Credentialing Policy.

10.02 Reappointment to the Midwifery Staff

Each year, the Board shall require each member of the Midwifery Staff to make written application for reappointment to the Midwifery Staff in accordance with the requirements and procedures set out in the Credentialing Policy.

10.03 Application for Alteration in Privileges

Where a member of the Midwifery Staff wishes to change his or her Privileges, an application shall be submitted and processed in accordance with the requirements and procedures set out in the Credentialing Policy.

10.04 Suspension/Revocation of Privileges

Subject to the Public Hospitals Act, the Board, at any time, may suspend or revoke any appointment of the Midwifery Staff member in accordance with the requirements and procedures set out in the Credentialing Policy.

10.05 Midwifery Staff Duties

Every member of the Midwifery Staff shall perform the duties of any other Professional Staff member and shall cooperate with:

- (a) the Chief of Staff and the Medical Advisory Committee;
- (b) the supervisor to whom the Midwife has been assigned;
- (c) the Chief Executive Officer or his or her delegate.

10.06 Senior Midwife

- (a) Where the Board has appointed more than one (1) Midwife to the Midwifery Staff, one of the members of the Midwifery Staff shall, subject to annual confirmation by the Board, be appointed by the Board annually for a term of three (3) years to be the Senior Midwife.

- (b) The Board may, at any time, revoke or suspend the appointment of the Senior Midwife.

10.07 **Duties of the Senior Midwife**

The Senior Midwife shall supervise the professional care given by all members of the Midwifery Staff and shall be responsible to the Chief of Staff for the quality of care rendered to patients by members of the Midwifery Staff.

10.08 **Attendance by Midwifery Staff at Medical Staff Association or Department Meetings**

- (a) A member of the Midwifery Staff may attend Medical Staff Association meetings but shall not be eligible to vote.
- (b) A member of the Midwifery Staff shall not be required to attend Medical Staff Association meetings except as required by paragraph (c).
- (c) When the case of a patient who has been examined by, or has received treatment from a member of the Midwifery Staff is to be presented at a Medical Staff Association meeting, the Midwife who examined, operated on or treated the patient shall be given forty-eight (48) hours notice by a Medical Staff officer and shall attend such meeting prepared to present and discuss the midwifery aspects of the case.
- (d) Failure of a member of the Midwifery Staff to appear and present the midwifery aspect of a case, for which he or she received notice under subsection (c), may result in disciplinary action being taken against him or her.

10.09 **Eligibility to Hold Office**

A member of the Midwifery Staff is not eligible to hold an office of the Medical Staff Association. A member of the Midwifery Staff may only hold the office of Senior Midwife.

ARTICLE 11. EXTENDED CLASS NURSING STAFF

11.01 **Appointment to the Extended Class Nursing Staff**

The Board, on the advice of the Medical Advisory Committee, may appoint annually one (1) or more Extended Class Nurses to the Extended Class Nursing Staff of the Hospital and shall delineate the Privileges for each Extended Class Nurse, all in accordance with the requirements and procedures set out in the Credentialing Policy.

11.02 **Reappointment to the Extended Class Nursing Staff**

Each year, the Board shall require each member of the Extended Class Nursing Staff to make written application for reappointment to the Extended Class Nursing Staff in accordance with the requirements and procedures set out in the Credentialing Policy.

11.03 **Application for Alteration in Privileges**

Where a member of the Extended Class Nursing Staff wishes to change his or her Privileges, an application shall be submitted and processed in accordance with the requirements and procedures set out in the Credentialing Policy.

11.04 **Suspension/Revocation of Privileges**

Subject to the Public Hospitals Act, Regulation 965 the Board, at any time, may suspend or revoke any appointment of an Extended Class Nursing Staff member in accordance with the requirements and procedures set out in the Credentialing Policy.

11.05 **Extended Class Nursing Staff Duties**

- (a) In addition to the other duties of Professional Staff members, each member of the Extended Class Nursing Staff shall refer out-patients for diagnostic procedures within the limits of his or her scope of practice and the Privileges granted to the Board;
- (b) Every member of the Extended Class Nursing Staff shall cooperate with:
 - (i) the Chief of Staff and the Medical Advisory Committee;
 - (ii) the supervisor to whom the Extended Class Nurse has been assigned; and
 - (iii) the Chief Executive Officer.

11.06 **Senior Extended Class Nurse**

- (a) Where the Board has appointed more than one (1) Extended Class Nurse to the Extended Class Nursing Staff, one (1) of the members of the Extended Class Nursing Staff shall, subject to annual confirmation by the Board, be appointed by the Board annually for a term of three (3) years to be the Senior Extended Class Nurse upon the recommendation of the Chief of Staff.
- (b) The Board may, at any time, revoke or suspend the appointment of the Senior Extended Class Nurse.

11.07 **Duties of the Senior Extended Class Nurse**

The Senior Extended Class Nurse shall supervise the professional care given by all members of the Extended Class Nursing Staff and shall be responsible to the Chief of Staff for the quality of care rendered to patients by members of the Extended Class Nursing Staff.

11.08 **Attendance by Extended Class Nursing Staff at Medical Staff Association Meetings**

- (a) A member of the Extended Class Nursing Staff may attend Medical Staff Association meetings but shall not be eligible to vote at a Medical Staff meeting.

- (b) Each member of the Active and Associate Extended Class Nursing Staff shall attend seventy (70%) percent of the Perinatal Committee meetings.

11.09 **Eligibility to Hold Office**

A member of the Extended Class Nursing Staff is not eligible to hold an office other than of the Medical Staff Association. A member of the Extended Class Nursing Staff may only hold the office of Senior Extended Class Nurse.

ARTICLE 12. PROFESSIONAL STAFF RULES AND REGULATIONS

12.01 **Board Requirement**

The Board shall require that appropriate Professional Staff Rules and Regulations are formulated as well as corresponding policies and procedures, as it deems necessary to supervise the patient care provided by the Professional Staff,

12.02 **Board Authority**

The Board shall consider the recommendations of the Medical Advisory Committee when establishing, modifying or revoking one or more Professional Staff Rules and Regulations.

12.03 **Medical Advisory Committee**

The Medical Advisory Committee shall be provided with an opportunity to make recommendations to the Board on the establishment of one or more Professional Staff Rules and Regulations to be applicable to a group or category of Professional Staff members, to a Department of the Hospital or to all members of the Professional Staff.

12.04 **Professional Staff**

The Medical Advisory Committee shall ensure that, prior to making any recommendation to the Board with respect to a Professional Staff Rule or Regulation, the members of the Professional Staff or the appropriate Department have an opportunity to comment on the proposed recommendation.

12.05 **President of the Medical Staff Association**

The President of the Medical Staff Association shall ensure that the Board is informed when a majority vote of the Medical Staff Association at any properly constituted meeting of the Medical Staff Association is opposed to a Professional Staff Rule or Regulation proposed or amended by the Medical Advisory Committee.

ARTICLE 13. AMENDMENTS TO MEDICAL PROFESSIONAL STAFF BY-LAWS

13.01 **Amendments to Professional Staff By-Laws**

Amendments to the Professional Staff By-Laws shall be made in accordance with the process established in section Article 11 of the Administrative By-Laws of the Corporation. However, prior to submitting the Professional Staff By-Laws to such process, the following procedures shall be followed:

- (a) a notice shall be sent to all members of the Professional Staff advising them of the proposed amendment(s) to the Professional Staff By-Laws sixty (60) days in advance of the matter being considered by the Board;
- (b) a copy of the proposed Professional Staff By-Laws or amendment(s) thereto shall be posted in the Professional Staff rooms and shall be made available on request fourteen (14) days in advance of the matter being considered by the Board;
- (c) the Professional Staff shall be afforded an opportunity to comment on the proposed Professional Staff By-Laws or amendment(s) thereto; and
- (d) the Medical Advisory Committee, following consideration of the Professional Staff members comments, shall make recommendations to the Board, concerning the proposed Professional Staff part of the By-Law or amendments thereto.

Date of Board Approval – May 25, 2005

Date of Corporation Approval – June 15, 2005