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# MEDICAL STAFF RULES

## FRASER HEALTH AUTHORITY

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June 23, 2022

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## PREAMBLE

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The following document comprises the Medical Staff Rules (“Rules”) pursuant to the Medical Staff Bylaws (“Bylaws”) of the Fraser Health Authority (hereinafter referred to as the “Fraser Health Authority or Fraser Health”).

The Rules apply to all members of the Medical Staff.

Regional Departments are the basis of the organization of the Medical Staff. Policies governing medical staff practice within Regional Departments may be developed by the Regional Departments. Regional Department policies are subsidiary to the Rules.

In the event of conflict or contradiction between the Rules or the Bylaws and subsidiary Medical Staff policies of a Regional Department, the Bylaws and Rules will prevail.

Singular and plural terms include both as the context implies. Similarly, the use, or lack of use, of capital letters does not change the interpretation of words which are specifically defined in this document.

## AUTHORITY TO PROPAGATE AND AMEND THE RULES

The Board of Directors is ultimately accountable for the quality of care and provision of appropriate resources in the facilities and programs operated by the Health Authority. This accountability is delivered via the Chief Executive Officer (CEO) who is the Board of Directors’ representative as outlined in the Hospital Act Regulation section 3.

The Board has the authority to approve the Rules on the recommendation of the Fraser Health Medical Advisory Committee.

Consistent with Article 9, amendments to the Rules may be made periodically to ensure the Rules reflect the contemporary organization of the Medical Staff as well as to ensure Medical Staff practices are in accordance with current standards of care.

## EFFECT OF COPY OF THE RULES

Once approved by the Board, a copy of these Rules shall be sent to all members of the Medical Staff, after which, all members shall be deemed to be conversant with them. A copy of the most recent approved revision of these Rules signed by the Chair of the Fraser Health’s Board and the Chair of HAMAC may be given in evidence without any further proof of authenticity.

## PURPOSE OF THE MEDICAL STAFF ORGANIZATION

In addition to the general purpose outlined in the Bylaws, the purpose of the Medical Staff Organization is to provide a structure for the organization, governance, management and administration of the physicians, dentists, midwives, and nurse practitioners who are granted privileges by the Board to practice within Fraser Health, and to maintain and support the rights and privileges of the Medical Staff as provided herein.

The Medical Staff Organization allows its members to provide advice to the Board in order to achieve the mission, vision, values and strategic directions of Fraser Health.

## ARTICLE 1 - DEFINITIONS

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**Affiliation Agreement:** An agreement between the Board of Directors of Fraser Health and the Board of Governors of a post-secondary educational institution.

**Appointment:** The process by which a Physician, Dentist, Midwife or Nurse Practitioner becomes a Member of the Medical Staff of the Fraser Health. Membership on the Medical Staff does not constitute employment by or a contractual relationship with Fraser Health.

**Board:** The Board of Directors of the Fraser Health which is the governing body of the Fraser Health.

**Bylaws:** The Medical Staff Bylaws promulgated by the Board pursuant to the Authority of the *Hospital Act* governing the relationship and responsibilities between the Board and Medical Staff, and the organization and conditions of practice of the Medical Staff in the facilities and Programs owned or operated by Fraser Health.

**Chief Executive Officer (CEO) / President:** The person designated by the Board as the “Administrator” under the *Hospital Act* Regulation to be the Board’s representative and who is vested to the extent authorized by the Board to exercise the functions of the Board at all times when it is inconvenient to call a meeting of the Board. The CEO acts as a liaison between the Medical Staff and the Board. The CEO is responsible for management of the hospitals and other facilities and Programs operated by the Fraser Health.

**Consultant:** A Member of the Medical Staff who has been appointed to the Consulting category and/or a practitioner who acts in a consulting capacity to a Most Responsible Practitioner or Emergency Physician.

**Credentials:** Refers to the qualifications, professional education and training, clinical experience and experience in leadership, research, education, communication and teamwork that contribute to the Medical Staff member’s competence, performance and professional suitability to provide safe, high quality healthcare services.

**Dentist:** A Member of the Medical Staff who is duly licensed by the College of Dental Surgeons of British Columbia and who is entitled to practice dentistry in British Columbia.

**Designate:** A Member of Medical Staff who has the appropriate credentials and privileges or is a Resident or Clinical Fellow under the direct supervision of the Most Responsible Practitioner.

**Evidence Act:** The *Evidence Act*, [RSBC 1996] Ch. 124, as amended or replaced from time to time.

**Executive Director:** The senior administrative leader appointed by Fraser Health and accountable to a Vice President to oversee or manage a Program or Network with a Program Medical Director or Regional Medical Director.

**Executive Medical Director:** The Physician appointed by Fraser Health, and accountable to the Vice President Medicine, for an assigned portfolio.

**Facility:** A health care site operated by Fraser Health.

**FOIPPA:** The Freedom of Information and Protection of Privacy Act, [RSBC 1996] Chapter 165, as amended or replaced from time to time.

**HAMAC:** Fraser Health Authority Medical Advisory Committee as described in Article 8 of the Bylaws.

**Health Professions Act:** The *Health Professions Act*, [RSBC 1996] Ch. 163, as amended or replaced from time to time.

**Hospital Act:** The *Hospital Act*, [RSBC 1996] Ch. 200 and associated Regulation, as amended or replaced from time to time.

**Human Tissue Gift Act:** The Human Tissue Gift Act, [RSBC 1996] Chapter 211, as amended and replaced from time to time.

**Learner:** A person in a midwifery, dental, nurse practitioner or physician training program.

**Medical Care:** The clinical services provided by Physicians, Dentists, Midwives and Nurse Practitioners.

**Medical Staff:** The Medical Staff Organization.

**Medical Staff Association:** The entity established pursuant to Article 10 of the Bylaws.

**Member:** A Physician, Dentist, Midwife or Nurse Practitioner appointed to the Medical Staff of Fraser Health.

**Midwife:** A Member who is duly licensed by the BC College of Nurses and Midwives (BCCNM) and who is entitled to practice midwifery in British Columbia.

**Most Responsible Practitioner (MRP):** The Physician, Midwife, Nurse Practitioner or Oral/Maxillofacial Dental Surgeon who is a Member of Medical Staff and has the overall responsibility for the management and co-ordination of care of the patient at any given time.

**Nurse Practitioner:** A Member who is duly registered as a Nurse Practitioner with the BC College of Nurses and Midwives (BCCNM).

**Oral and Maxillofacial Surgeon:** A Dentist who holds a specialty certificate from the College of Dental Surgeons of British Columbia authorizing practice in oral and maxillofacial surgery.

**Physician:** A Member who is duly licensed by the College of Physicians and Surgeons of British Columbia and who is entitled to practice medicine in British Columbia.

**Practitioner:** A duly qualified licensee in good standing of the College of Physicians and Surgeons of BC, the College of Dental Surgeons of BC, the College of Midwives of BC, or the BC College of Nursing Professionals.

**President of Medical Staff:** An elected officer of the Medical Staff Association.

**Primary Regional Department:** The Regional Department to which a Member is assigned according to their training, and within which the Member delivers the majority of care to patients.



**Primary Site:** The Fraser Health facility where, based on the recommendation of the Regional Department Head and HAMAC, a member of the Medical Staff has been assigned by the Board and holds privileges to provide patient care. A Member may only be assigned to one Primary site.

**Privileges:** The right granted by the Board to Members to provide specific types of medical care within the facilities and Programs of the Health Authority. Privileges are differentiated into:

- **Core Privileges:** Those activities or procedures which are permitted by virtue of possessing a defined set of credentials usually obtained as part of a standard training program.
- **Non-Core Privileges:** Those activities and procedures which are outside of the core privileges, that require specific training or certification or reflect advances in medical practice not currently reflected in core privileges

**Program:** An ongoing care delivery system under the jurisdiction of Fraser Health for coordinating a specified type of patient care.

**Resident:** A medical or dentistry learner in a postgraduate training program.

**Rules:** The Medical Staff Rules approved by the Board governing the day-to-day obligations of the Medical Staff in the facilities and Programs owned or operated by Fraser Health.

**Secondary Site:** Any facility, other than a Member's Primary Site, where the Member holds privileges to provide patient care. A Member may have more than one Secondary Site.

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

**Specialist:** A practitioner recognized by their licensing body as a specialist having completed advanced training in a field of medicine.

**Standing Committees:** Committees established by the Board on the advice of HAMAC, which report to HAMAC and undertake specific responsibilities that fall within the responsibility of the Medical Staff Organization pursuant to Article 9 of the Bylaws.

**Vice President (VP) Medicine:** The Physician, appointed by the CEO, responsible for the coordination and direction of the activities of the Medical Staff.

**Vital Statistics Act:** The *Vital Statistics Act*, [RSBC 1996] Ch. 479, as amended or replaced from time to time.

**Year:** Unless otherwise specified, the fiscal year adopted by the Fraser Health, defined currently as April 1 of a given year to March 31 of the following year.

## ARTICLE 2 - ORGANIZATION OF THE MEDICAL STAFF

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In accordance with Article 7 of the Fraser Health Bylaws, the Board, upon the recommendation of HAMAC, shall organize the Medical Staff into Regional Departments and Regional Divisions as deemed appropriate to meet the needs of the Fraser Health.

The purpose of organizing the Medical Staff into Regional Departments includes the following:

- engagement in quality improvement, quality assurance and peer review
- strategic medical staff resource planning
- promotion of professional development and continuing medical education
- the support of the Medical Staff through specific processes to promote Member well being

Members' well-being will be a focus of each Regional Department and the Regional Department Heads will work with the Vice President Medicine and Executive Medical Directors to:

- promote health and wellness amongst Members
- encourage a healthy, respectful workplace
- establish mechanisms to identify Members at risk of illness, substance use or severe professional fatigue
- develop strategies and supports for timely respectful intervention for medical professionals with compromised health and well-being
- support the Medical Staff through development of specific programs to promote Member well-being
- establish mechanisms to report impaired Members, to ensure that such Members promptly cease practice and to allow recovering Members to resume patient care responsibilities

### 2.1 HEALTH AUTHORITY MEDICAL ADVISORY COMMITTEE

2.1.1 The Health Authority Medical Advisory Committee (HAMAC) is described in Article 8 of the Bylaws.

### 2.2 MEMBERSHIP OF HAMAC

2.2.1 Consistent with Article 8.2 of the Bylaws, the membership of HAMAC shall include:

2.2.1.1 **Voting Members:**

- Regional Department Heads
- Site Medical Directors
- Program Medical Directors
- Regional Medical Directors

- three (3) presidents of the Facility chapters of the Medical Staff Association who have been elected pursuant to Article 10.1 of the Bylaws.
- the Chief Medical Health Officer of Fraser Health; and
- the Vice President Medicine who shall provide secretariat services to the HAMAC

2.2.1.1 **Non-Voting Members:**

- Executive Medical Directors
- the CEO of Fraser Health; and
- other senior administrative or medical staff of Fraser Health

2.2.2 The Chair and Vice-Chair of the HAMAC are appointed by the Board of Directors upon the recommendation of the HAMAC

2.2.3 The Chair and Vice-Chair will be selected from among the members of the Active Medical Staff.

2.2.4 The Chair of the HAMAC is appointed for a term of not more than three years and may be reappointed for up to three consecutive terms.

2.2.5 The Vice-Chair of the HAMAC is appointed for a term of not more than three years and may be reappointed for up to three consecutive terms.

2.2.6 The Chair or Vice-Chair of HAMAC shall provide a report to the Board of Directors and to the CEO on a regular basis. At the discretion of the Board, the Chair or Vice-Chair of HAMAC may attend meetings of the Board of Directors and the appropriate committee of the Board to participate in discussion pertaining to the purposes identified for the HAMAC under Article 8.1 of the Bylaws.

## 2.3 DUTIES OF HAMAC

2.3.1 The purpose, duties and composition of the HAMAC are delineated in Article 8 of the Bylaws.

2.3.2 The list of Standing Committees shall be reviewed annually by the HAMAC and recommendations for revision shall be presented to the Board as necessary.

2.3.3 Each Standing Committee shall review its Terms of Reference annually and make recommendations to the HAMAC for changes, if any. The Terms of Reference of a Standing Committee shall not be effective until approved by the Board.

2.3.4 In addition to these Standing Committees, HAMAC may recommend to the Board the formation of additional committees as it deems necessary.

## 2.4 REGIONAL DEPARTMENTS

Regional Departments will usually be structured to encompass all facilities and to reflect common clinical or specialty designations. Each Member shall be appointed to at least one Regional Department.

- 2.4.1 Individual Regional Departments may be further organized into Divisions of clearly defined (sub) specialty interests or specific clinical programs.
- 2.4.2 A Local Department Head will be appointed for every facility in which that Regional Department has Members. The Local Department Head of each Facility will be a member of the appropriate leadership, advisory or quality committee for that facility.
- 2.4.3 Members will be appointed to a Primary Regional Department based on the specialty and/or majority of their clinical practice.
- 2.4.4. Members of each Regional Department will be assigned a Primary Site. A member's participation in her/his organizational and service responsibilities, including on-call responsibilities, as described in Article 6 of the Medical Staff Bylaws, are limited to the Primary Site to which the Member is assigned, unless otherwise directed by Fraser Health. This will be a collaborative decision between the Fraser Health Authority, Local Department Head, Regional Department Head and any member involved.
- 2.4.5 In order to fulfill the Regional Department mandate, a Regional Department shall only be formed when it has a minimum of seven members of the Active or Provisional Medical Staff for whom the Regional Department will become their Primary Regional Department except in exceptional circumstances approved by the Board.
- 2.4.6 In the event that a Regional Department temporarily or permanently loses members such that its membership of Active or Provisional Members is less than seven, the Regional Department shall be re-assigned to another Regional Department of similar clinical specialties on a temporary or permanent basis as applicable. In some circumstances, a Division within the Regional Department may be created.
- 2.4.7 Formation of a new Regional Department or Regional Division must be recommended by HAMAC to the Board for approval.

## 2.5 REGIONAL DEPARTMENT MEETINGS

All meetings shall be conducted according to Robert's Rules of Order, as amended from time to time.

- 2.5.1 Each Regional Department shall hold a meeting of the Local Department Head(s) and the Regional Division Head(s) at least three (3) times a year and more frequently if required to conduct its affairs consistent with 2.5.2.

Attendance at Regional Department meetings may be in person or by video or teleconference. Regional Departments are encouraged to hold at least one in person meeting per year.

2.5.2 The Regional Department Meetings shall include as agenda topics:

- monitoring quality of care and patient safety;
- human resource plans;
- credentialing and privileging and discipline;
- education; and
- appropriate and efficient utilization of Fraser Health resources by Members of the Regional Department.

2.5.3 Notice of meetings shall be given to all Regional Department members and to *ex officio* members.

2.5.4 The voting on all motions shall be by a “show of hands” (or electronic facsimile) or by secret ballot if ordered by the Regional Department Head or, if requested, by a majority of those present. In case of a tie, the presiding officer shall have the deciding vote.

2.5.5 Records of all meetings shall be kept, including a summary of the meetings and meeting minutes which include a record of attendance. The minutes of each meeting shall be submitted to the Executive Medical Director and HAMAC Chair. Members of the Regional Department will receive a copy of the minutes and the summary.

2.5.6 The HAMAC Chair, the VP Medicine or delegate, relevant Program Medical Director/Regional Medical Director, and the President of the Medical Staff Association Presidents’ Council shall receive notice of and may attend Regional Department meetings as non-voting participants.

## 2.6 LOCAL MEETINGS OF REGIONAL DEPARTMENT MEMBERS

All meetings shall be conducted according to Robert's Rules of Order, as amended from time to time.

2.6.1 Regional Department members at each facility shall meet at least three (3) times per year, and more frequently if required, to meet the mandate of the Regional Department though addressing the following matters:

- monitoring quality of care and patient safety including morbidity and mortality rounds;
- administrative issues and service commitments;
- teaching/academics;
- human resource plans;
- credentialing and privileging and discipline;
- education; and

- appropriate and efficient utilization of Fraser Health resources by Members of the Regional Department.
- 2.6.2 The Local Department Head shall chair local meetings of the Regional Department.
- 2.6.3 The voting on all motions shall be by a show of hands (or electronic facsimile) or by secret ballot if ordered by the Regional Department Head or, if requested, by a majority of those present. In case of a tie, the Local Department Head chairing the meeting shall have the deciding vote.
- 2.6.4 All Active Staff and Provisional Staff members of the Regional Department are eligible to vote at local meetings at the Primary Site of the member's Primary Regional Department and additional Regional Departments.
- 2.6.5 Records of all meetings shall be kept, including a summary of the meeting and meeting minutes which include a record of attendance. The minutes of each meeting shall be submitted to the Regional Department Head and Site Medical Director. Members of the Regional Department at the Facility where the meeting was held will receive a copy of the minutes and the summary.
- 2.6.6 Notice of meetings shall be given to all Regional Department members at the facility.
- 2.6.7 Attendance at meetings may be in person or by video or teleconference.
- 2.6.8 The Regional Department Head, relevant Program Medical Director/Regional Medical Director, Site Medical Director and President of the local chapter of the Medical Staff Association shall receive notice of and may attend the meetings as non-voting participants.
- 2.6.9 Attendance
- 2.6.9.1 Provisional Staff Members shall attend at least 50% of the local meetings of their Primary Regional Department at the Member's Primary Site in a calendar year, unless excused by the Local Department Head for just cause. The Regional Department Head shall be notified of all exceptions and excusals.
  - 2.6.9.2 Active Staff Members shall attend at least 50% of the local meetings of their Primary Regional Department at the Member's Primary Site in a calendar year, unless excused by the Local Department Head for just cause. The Regional Department Head shall be notified of all exceptions and excusals.
- 2.6.10 Quorum
- A quorum for local meetings of the Regional Department shall be a simple majority of Active and Provisional members.

## 2.7 REGIONAL DEPARTMENT POLICIES

Subject to Article 2.7.2, each Regional Department, in consultation with its members, shall develop policies outlining the practice expectations and commitments of Regional Department members. These policies shall be reviewed and amended by the members of the Regional Department regularly.

2.7.1 Regional Department policies may, as required, describe Regional Department members' responsibilities and commitments with respect to:

- on call coverage
- adherence to corporate and clinical policies
- continuing professional education
- participation in Regional Department activities such as teaching rounds or quality improvement activities
- participation on Regional Departmental sub-committees

2.7.2 Regional Department decisions regarding policies of the Regional Department shall require the support of a simple majority of eligible Regional Department members for acceptance.

2.7.3 Regional Department policies shall be reviewed and recommended by HAMAC and signed into effect by the Vice President Medicine.

2.7.3.1 Regional Department policies that affect only one facility or affect the clinical operations of all facilities shall be reviewed by the Site Medical Director prior to review and approval in accordance with Article 2.6.3.

## 2.8 MONITORING PATIENT SAFETY AND QUALITY OF CARE

2.8.1 Regional Departments shall be responsible for monitoring and improving patient safety and the quality of care provided by its Members.

2.8.2 All Members of the Regional Department will participate in patient safety and quality of care monitoring and improvement activities of their Primary Department and/or Regional Division as required by the *Hospital Act* and established by the Regional Department.

2.8.3 Regional Departments shall constitute Regional Department Medical Quality Committees, and may constitute subordinate medical quality committees as appropriate, to support the patient safety and quality of care monitoring and improvement activities of the Regional Department. Regional Department Medical Quality Committees are established by the Board as a medical staff committee consistent with the definition in section 41 of the *Hospital Act*, and are Standing Committees of HAMAC.

2.8.4 Patient safety and quality of care monitoring and improvement activities of the Regional Department shall be conducted by committees designated by the Board consistent with the requirements of Section 41 of the *Hospital Act* and Section 51 of the *Evidence Act*.

- 2.8.5 Quality improvement activities of the Regional Department shall be reported to HAMAC through the Regional Department Medical Quality Committee.
- 2.8.6 Regional Department Medical Quality Committees are responsible for patient safety and continuous quality improvement and shall, at a minimum, include:
- clinical audits of clinical practice that are appropriate to the clinical functioning of the Regional Department and that will ensure the continuing improvement in the quality of medical care of the Regional Department;
  - reviews of inpatient clinical journeys and outcomes;
  - critical incident reviews and medical management reviews arising from Patient Safety Learning System investigations or other sources;
  - adverse clinical events arising from patient care (harmful or near-harmful);
  - reviews of morbidity and mortality including results of surgery and inpatient deaths;
  - reviews of methods of treatment and care provision;
  - utilization management including abnormal lengths of stay;
  - quality improvement projects.

## 2.9 MEDICAL STAFF RESOURCE PLANNING

- 2.9.1 Per Articles 7.1.5 and 8.3.4 of the Bylaws, Regional Departments will undertake human resource planning and present resource plans to HAMAC on an annual basis.
- 2.9.2 The principles to guide the development of human resource plans will be listed in Appendix 8 once developed.

## 2.10 REGIONAL DEPARTMENT HEAD

- 2.10.1 A Regional Department Head shall be an Active Staff Member unless the candidate is a practitioner recruited specifically for the role (in which case the candidate would be appointed to the Provisional category of the Medical Staff until such time as the practitioner is eligible for promotion to the Active category), and for whom the Regional Department is the Member's Primary Regional Department
- 2.10.2 A Regional Department Head shall be appointed by the Board upon the recommendation of HAMAC.
- 2.10.3 The Regional Department Head shall report to and be accountable to the Executive Medical Director or Program Medical Director/Regional Medical Director, for the activities of the Regional Department and its members.
- 2.10.4 All Members are eligible to hold the position of Regional Department Head for their Primary Regional Department. The Regional Department of Nurse Practitioners is subject to paragraph 6.10.5 of the Bylaws.



- 2.10.5 The Regional Department Head will be remunerated for services as the Regional Department Head.
- 2.10.6 The term of appointment for a Regional Department Head shall be five (5) years, renewable by the Board upon recommendation by the Executive Medical Director or relevant Program Medical Director/Regional Medical Director and the VP Medicine and approval by HAMAC.
- 2.10.7 In recommending re-appointment of a Regional Department Head to HAMAC and the Board, the Executive Medical Director and VP Medicine shall consider the results of annual performance reviews.

## 2.11 RESPONSIBILITIES OF THE REGIONAL DEPARTMENT HEAD

- 2.11.1 In addition to those responsibilities defined in the Bylaws, the detailed role description for the Regional Department Head can be found in Appendix 4.

## 2.12 SELECTION PROCESS FOR REGIONAL DEPARTMENT HEADS

- 2.12.1 Where a vacancy exists or following a resignation in the position of Regional Department Head, a search for a Regional Department Head shall be conducted.
- 2.12.2 The search for a Regional Department Head shall be undertaken by a duly appointed Search and Selection Committee.
- 2.12.2.1 For Regional Department Heads, the Search and Selection Committee will be established and be chaired by the appropriate Executive Medical Director and shall include:
- all the Local Department Heads for the relevant Regional Department at least two (2) of whom shall be present for interview;
  - one administrative representative from the relevant Program or Network;
  - one member of the Medical Staff from another Regional Department;
  - any others as determined necessary and appropriate by at least two of the described committee members, including those necessary in order to comply with a relevant Affiliation Agreement.
- 2.12.2.2 The members of the Regional Department may suggest names for consideration by the Search and Selection Committee.
- 2.12.2.3 The process used by the Search and Selection Committee shall comply with relevant corporate policies in force at Fraser Health.
- 2.12.3 The Executive Medical Director shall forward the recommendation of the Search and Selection Committee for a Regional Department Head candidate to HAMAC.

2.12.4 HAMAC shall review the recommendation of the Search and Selection Committee and, if in agreement, recommend to the Board the appointment of the Regional Department Head candidate.

## 2.13 SUSPENSION OR TERMINATION OF REGIONAL DEPARTMENT HEADS

2.13.1 The Board may, on the recommendation of HAMAC, VP Medicine and/or CEO, suspend or terminate the appointment of any Regional Department Head.

2.13.2 Suspension or termination of an appointment as Regional Department Head does not affect the practitioner's Medical Staff membership or privileges.

## 2.14 REGIONAL DIVISIONS

2.14.1 Regional Divisions will usually be created where the Regional Departments are large and include sub-specialties and may be structured to reflect common clinical or sub-specialty designations or interest among Members.

2.14.2 Regional Divisions will be structured to encompass all Facilities.

2.14.3 Regional Divisions may be created with a minimum of three Members with similar sub-specialty interests.

2.14.3.1 In the event that a Regional Division loses a member(s) such that there is a single remaining member, the Regional Division shall be suspended or eliminated on a temporary or permanent basis, based on the recommendation of HAMAC.

2.14.3.2 In the event that a Regional Division is temporarily or permanently suspended or eliminated, the remaining member(s) shall continue to be members of the Regional Department and the suspension or elimination of the Regional Division shall not be prejudicial to their ongoing membership on the Medical Staff as a Member of that Regional Department.

## 2.15 REGIONAL DIVISION MEETINGS

2.15.1 All meetings shall be conducted according to Robert's Rules of Order as amended from time to time.

2.15.2 Each Regional Division shall meet at least three (3) times a year and more frequently if required to conduct its affairs consistent with 2.15.3.

2.15.3 The Regional Division Meetings shall include as agenda topics:

- monitoring quality of care and patient safety;
- administrative issues and service commitments;
- teaching/academics;

- human resource plans; and
- appropriate and efficient utilization of Fraser Health resources by Members of the Regional Division.

2.15.4 The Regional Division Head shall chair the meetings of the Regional Division.

2.15.5 The voting on all motions shall be by a “show of hands” (or electronic facsimile) or by secret ballot if ordered by the Regional Division Head or, if requested, by a majority of those present. In case of a tie, the Regional Division Head shall have the deciding vote

2.15.6 All Active Staff and Provisional Staff members of the Regional Division are eligible to vote at meetings of the Regional Division.

2.15.7 Records of all meetings should be kept, including a summary of the meeting minutes which include a record of attendance. The minutes of each meeting shall be submitted to the Regional Department Head. Members of the Regional Division will receive a copy of the minutes and the summary.

2.15.8 Notice of meetings shall be given to all Regional Division members.

2.15.9 The Regional Department Head, Program Medical Director, Regional Medical Director, and the President of the Medical Staff Association Presidents’ Council shall receive notice of and may attend the meetings as non-voting participants.

2.15.10 Attendance

2.15.10.1 Provisional Staff and Active Staff Members shall attend at least 50% of their Regional Division meetings in a calendar year, unless excused by the Regional Division Head for just cause.

2.15.10.2 Attendance at Regional Division meetings may be in person or by video or teleconference.

2.15.11 Quorum

2.15.11.1 At Regional Division meetings a quorum shall consist of 50% of the voting members of the Regional Division.

## 2.16 REGIONAL DIVISION HEAD

2.16.1 A Regional Division Head shall be a Member of the Active Staff unless the candidate is a practitioner recruited specifically for the role (in which case the candidate would be appointed to the Provisional category of the Medical Staff until such time as the practitioner is eligible for promotion to the Active category) and a member of the Regional Division.

2.16.2 A Regional Division Head shall be appointed by the Board upon the recommendation of HAMAC.

- 2.16.3 The Regional Division Head shall report to and be accountable to the Regional Department Head for the activities of the Regional Division and its members.
- 2.16.4 The Regional Division Head may be remunerated for services as the Regional Division Head.
- 2.16.5 The term of appointment for each Regional Division Head shall be three years, renewable by recommendation of the Regional Department Head.

## 2.17 RESPONSIBILITIES OF THE REGIONAL DIVISION HEAD

- 2.17.1 The detailed role description for the Regional Division Head is set out in Appendix 4.

## 2.18 SELECTION PROCESS FOR REGIONAL DIVISION HEADS

- 2.18.1 Where a vacancy exists or following a resignation in the position of Regional Division Head, a search for a Regional Division Head shall be conducted.
- 2.18.2 Until a new Regional Division Head is appointed by the Board, the Regional Department Head may designate an Acting Regional Division Head from among the Active members of the Regional Division.
- 2.18.3 The search for a Regional Division Head shall be undertaken by a duly appointed Search and Selection Committee.
- 2.18.3.1 The Search and Selection Committee will be established by and include the Regional Department Head and shall include:
- at least three (3) members of the Regional Division providing representation from at least three (3) facilities in which the Regional Division members practice, and
  - any others determined necessary and appropriate by the committee members, including those necessary in order to comply with a relevant Affiliation Agreement.
- 2.18.3.2 The members of the Regional Division may suggest relevant names for consideration by the Search and Selection Committee.
- 2.18.3.3 The process used by the Search and Selection Committee shall comply with relevant corporate policies in force at Fraser Health.
- 2.18.4 The Regional Department Head shall forward the recommendation of the Search and Selection Committee for a Regional Division Head candidate to HAMAC.
- 2.18.5 HAMAC shall review the recommendation of the Search and Selection Committee and, if in agreement, recommend to the Board the appointment of the Regional Division Head candidate.

## 2.19 SUSPENSION OR TERMINATION OF REGIONAL DIVISION HEADS

- 2.19.1 The Board may, on the recommendation of the HAMAC, the Regional Department Head, VP Medicine and/or CEO, suspend or terminate the appointment of any Regional Division Head.
- 2.19.2 Suspension or termination of an appointment as Regional Division Head does not affect the practitioner's Medical Staff membership or privileges.

## 2.20 LOCAL DEPARTMENT HEAD

- 2.20.1 Regional Departments will select a Local Department Head for every Facility in which that Regional Department has Members.
- 2.20.2 The Local Department Head for each Facility will attend or participate on the appropriate committee for that Facility.
- 2.20.3 The Local Department Head shall be an Active Staff Member unless the candidate is a practitioner recruited specifically for the role (in which case the candidate would be appointed to the Provisional category of the Medical Staff until such time as the practitioner is eligible for promotion to the Active category), and who is assigned to the Regional Department and to that facility as the Member's Primary Site and a member of the Regional Department.
- 2.20.4 A Local Department Head shall be appointed by the Board upon the recommendation of HAMAC.
- 2.20.5 The Local Department Head shall report to and be accountable to the Regional Department Head for the activities of the Regional Department and its members.
- 2.20.6 The Local Department Head may be remunerated for services as the Local Department Head.
- 2.20.7 The term of appointment for each Local Department Head shall be three (3) years, renewable by the Regional Department Head.

## 2.21 RESPONSIBILITIES OF THE LOCAL DEPARTMENT HEAD

- 2.21.1 The detailed role description for the Local Department Head is set out in Appendix 4.

## 2.22 SELECTION PROCESS FOR LOCAL DEPARTMENT HEAD

- 2.22.1 Where a vacancy exists or following a resignation in the position of Local Department Head, a search for a Local Department Head shall be conducted within 3 months of vacancy being created.

2.22.2 Until a new Local Department Head is appointed by the Board, the Regional Department Head may designate an Acting Local Department Head from among the Active members of the Regional Department who are assigned to that site as their Primary Site.

2.22.3 The search for a Local Department Head shall be undertaken by a duly appointed Search and Selection Committee.

2.22.3.1 The Search and Selection Committee will be established by and include the relevant Regional Department Head and shall include:

- at least two (2) members of the Regional Department at the Facility;
- the Site Medical Director or delegate;
- individuals from the facility appointed by the facility administration; and
- any others as determined necessary and appropriate by the described committee members, including those necessary in order to comply with a relevant Affiliation Agreement.

2.22.3.2 The members of the Regional Department at the facility may suggest relevant names for consideration by the Search and Selection Committee.

2.22.3.3 The process used by the Search and Selection Committee shall comply with relevant corporate policies in force at Fraser Health.

2.22.4 The Regional Department Head shall forward the recommendation of the Search and Selection Committee for a Local Department Head candidate to HAMAC.

2.22.5 HAMAC shall review the recommendation of the Search and Selection Committee and, if in agreement, recommend to the Board the appointment of the Local Department Head candidate.

## 2.23 SUSPENSION OR TERMINATION OF LOCAL DEPARTMENT HEAD

2.23.1 The Board may, on the recommendation of the Regional Department Head, HAMAC, the VP Medicine, and/or CEO, suspend or terminate the appointment of any Local Department Head.

2.23.2 Suspension or termination of an appointment as Local Department Head does not affect the practitioner's Medical Staff membership or privileges.

## 2.24 SITE MEDICAL DIRECTOR

2.24.1 The Site Medical Director for a Facility will be accountable to the Vice President responsible for the individual Facility.

- 2.24.2 The Site Medical Director shall be a member of the Active category of the Medical Staff unless the candidate is a practitioner recruited specifically for the role (in which case the candidate would be appointed to the Provisional category of the Medical Staff until such time as the practitioner is eligible for promotion to the Active category), and assigned to the Facility as a site consistent with Article 4.3.6 of the Bylaws.
- 2.24.3 The President of the facility Medical Staff Association chapter at the Facility shall not be eligible for appointment to the role of Site Medical Director.
- 2.24.4 The Site Medical Director may be remunerated for services as the Site Medical Director.
- 2.24.5 The term of appointment as Site Medical Director shall be three (3) years, renewable for no more than three consecutive terms upon recommendation by the VP responsible for the Facility and the VP Medicine.

## 2.25 RESPONSIBILITIES OF THE SITE MEDICAL DIRECTOR

- 2.25.1 The Site Medical Director, based on shared accountabilities with the Executive Director, is responsible for budget and operational planning, coordination and direction of care, patient access and transitions, and building an inter-disciplinary team at the facility in order to deliver quality patient centered care across the care continuum.
- 2.25.2 The Site Medical Director is responsible and accountable for providing leadership in all aspects of planning, operation and evaluation for activities of Members within the hospital.
- 2.25.3 The Site Medical Director reports to the Vice President responsible for the individual Facility with professional accountability to the VP Medicine via the Executive Medical Director.
- 2.25.4 The detailed role description for the Site Medical Director is set out in Appendix 4.

## 2.26 SELECTION PROCESS FOR SITE MEDICAL DIRECTOR

- 2.26.1 Where a vacancy exists in the position of Site Medical Director, a search for a Site Medical Director shall be conducted by a duly appointed Search and Selection Committee.
- 2.26.1.1 The Search and Selection Committee will be established and chaired by the VP responsible for the Facility and shall include:
- at least two (2) Local Department Heads from the Facility;
  - the Executive Medical Director;
  - individuals in leadership roles from the Facility appointed by the Executive Director responsible for the Facility;

- any others as determined necessary and appropriate by the above described committee members, including those necessary in order to comply with a relevant Affiliation Agreement.

2.26.2.2 The process used by the Search and Selection Committee shall comply with relevant corporate policies in effect at Fraser Health.

## 2.27 PROGRAM MEDICAL DIRECTOR

- 2.27.1 A Program Medical Director will be appointed for each clinical Program.
- 2.27.2 Each Program Medical Director shall be a member of the Active Staff unless the candidate is a practitioner recruited specifically for the role (in which case the candidate would be appointed to the Provisional category of the Medical Staff until such time as the practitioner is eligible for promotion to the Active category).
- 2.27.3 The Program Medical Director shall report to and be accountable to the relevant Vice President.
- 2.27.4 The Program Medical Director may be remunerated for services as the Program Medical Director.
- 2.27.5 The term of appointment as Program Medical Director shall be five (5) years, renewable by the relevant Vice President and the VP Medicine.
- 2.27.6 In recommending re-appointment of a Program Medical Director the relevant Vice President and the VP Medicine shall consider the results of annual performance reviews.
- 2.27.7 The performance review shall be conducted jointly by the relevant Vice President and the VP Medicine and shall include, but not be limited to input from:
- Nursing leaders within the Program;
  - Members within the Program;
  - Regional Department Heads within the Program; and
  - Facility or community Program representatives.

## 2.28 RESPONSIBILITIES OF THE PROGRAM MEDICAL DIRECTOR

- 2.28.1 The Program Medical Director shall be jointly responsible with an Executive Director for the delivery of healthcare by the Program.
- 2.28.2 The detailed role description for the Program Medical Director is in Appendix 4.



## 2.29 SELECTION PROCESS FOR PROGRAM MEDICAL DIRECTORS

2.29.1 Where a vacancy exists in the position of Program Medical Director, a search for a Program Medical Director shall be conducted by a duly appointed Search and Selection Committee.

2.29.1.1 The Search and Selection Committee will be established and chaired by the relevant Vice President and shall include:

- the VP Medicine or delegate;
- two Regional Department or Regional Division Heads;
- one Executive Medical Director;
- one elected officer of the Medical Staff Association; and
- any others as determined necessary and appropriate by the above described members, including those necessary in order to comply with a relevant Affiliation Agreement.

2.29.1.2 The process used by the Search and Selection Committee shall be determined by relevant corporate policies in force at Fraser Health.

## 2.30 REGIONAL MEDICAL DIRECTOR

2.30.1 A Regional Medical Director will be appointed for each Network.

2.30.2 Each Regional Medical Director shall be a member of the Active Staff unless the candidate is a practitioner recruited specifically for the role (in which case the practitioner would be appointed to the Provisional category of the Medical Staff until such time as the practitioner is eligible for promotion to the Active category).

2.30.3 The Regional Medical Director shall report to and be accountable to an Executive Medical Director.

2.30.4 The Regional Medical Director may be remunerated for services as the Regional Medical Director.

2.30.5 The term of appointment as Regional Medical Director shall be five (5) years, renewable by the Executive Medical Director.

2.30.6 In recommending re-appointment of a Regional Medical Director the Executive Medical Director shall consider the results of annual performance reviews.

## 2.31 RESPONSIBILITIES OF THE REGIONAL MEDICAL DIRECTOR

2.31.1 The detailed role description for the Regional Medical Director is set out in Appendix 4.

## 2.32 SELECTION PROCESS FOR REGIONAL MEDICAL DIRECTORS

2.32.1 Where a vacancy exists in the position of Regional Medical Director, a search for a Regional Medical Director shall be conducted by a duly appointed Search and Selection Committee.

2.32.1.1 The Search and Selection Committee will be established and chaired by the Executive Medical Director and shall include:

- two Regional Department or Regional Division Heads;
- one Site Medical Director;
- two Local Department Heads from the Regional Department which relates to the Network;
- one elected officer of the Medical Staff Association; and
- any others as determined necessary and appropriate by the above described members, including those necessary in order to comply with a relevant Affiliation Agreement.

2.32.2 The process used by the Search and Selection Committee shall be determined by relevant corporate policies in force at Fraser Health.

## ARTICLE 3 – RECRUITMENT, MEMBERSHIP AND PRIVILEGES

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### 3.1 MEDICAL STAFF RESOURCE PLANNING

3.1.1 Pursuant to paragraph 7.1.5 of the Bylaws, all Members shall participate in and consult with Local Department Heads, Regional Division Heads, Regional Department Heads and Site Medical Directors regarding staffing resource planning.

3.1.2 Members intending to retire shall provide 6 months written notice of same to the Local Department Head or Regional Department Head.

3.1.3 Members intending to resign, modify their membership or privileges or take leaves of absence, will provide written notice as soon as reasonably possible and, minimally, consistent with Article 4.6 of the Bylaws.

3.1.4 In the context of long range medical staff resource planning, Members are encouraged to consult with their primary Regional Department Head regarding retirement planning by the time the Member reaches the age of sixty five (65), and to discuss their retirement plans with the Local Department Head annually thereafter.

### 3.2 RECRUITMENT AND SEARCH AND SELECTION

3.2.1 Recruitment to the Provisional/Active category of the Medical Staff will occur consistent with the following procedure:

- 3.2.1.1 Any Member may identify the need for a vacancy on the Medical Staff.
- 3.2.1.2 Before a vacancy is approved:
- it must be consistent with the Human Resource Plan of the relevant Regional Department, Program and/or site;
  - an analysis of Fraser Health resource impacts anticipated from the intended recruitment must be completed in the prescribed format and approved;
  - where appropriate, consultation with the community stakeholders must occur.
- 3.2.1.3 Pursuant to 3.2.1.2, a vacancy may be approved following agreement among the Local Department Head, the Site Medical Director and the Regional Medical Director/Program Medical Director/Regional Department Head.
- 3.2.1.4 Disagreement over whether a vacancy should be approved may be referred to the VP Medicine who will make a decision on the matter.
- 3.2.1.5 Once a vacancy has been approved, a Search and Selection Committee will be established and membership identified by the relevant Regional Department Head/Regional Medical Director/Program Medical Director in consultation with the Site Medical Director.
- 3.2.1.6 The Search and Selection Committee will include:
- Regional Department Head/Regional Medical Director/Program Medical Director or delegate;
  - Local Department Head;
  - Regional Division Head (where applicable);
  - Additional membership that reflects relevant Programs, Networks, facilities, multidisciplinary representatives of involved health professions and Fraser Health leadership, and academic interests.
- A Chair will be selected by the members of the Committee.
- 3.2.1.7 The Search and Selection Committee will conduct the process of recruitment consistent with Appendix 5.
- 3.2.1.8 Offer letters will be signed by Regional Department Heads or Regional Medical Directors, or in the absence of both, an Executive Medical Director.

3.2.1.9 HAMAC, upon review of the Search and Selection Committee's choice of candidate may not deny or change the selection but may order and conduct a review of the selection process and the credentials/references of the chosen candidate.

3.2.2 Application process when no vacancy is declared:

3.2.2.1 The procedure for appointment and process for application to the Medical Staff is as set out in Article 4 of the Bylaws.

3.2.2.2 A Practitioner who submits an unsolicited letter of intent to apply for membership on the Medical Staff will be provided with a copy of the *Hospital Act*, the Regulation, the Bylaws and these Rules and will be contacted in writing informing him/her that there is no vacancy.

3.2.2.3 If a practitioner submits an unsolicited application for appointment to the Medical Staff in compliance with Article 4.1.3 of the Bylaws, that application will be processed in accordance with Article 4.3 of the Bylaws.

### 3.3 APPOINTMENT TO THE MEDICAL STAFF

3.3.1 The terms of appointment, criteria for membership, procedure for appointment and process for application are addressed in Articles 3 and 4 of the Bylaws.

3.3.2 The process for application for appointment to the Medical Staff of Fraser Health involves the assessment of professional credentials, competence, performance, professional suitability and the assessment of Fraser Health service requirements and the capacity of the available resources to support an applicant's scope of practice.

3.3.3 Prior to recommending appointment to the Medical Staff and/or privileges to the Board, HAMAC will ensure that each applicant has the recommendation of the Local Department Head and Regional Department Head for:

- appointment to the Medical Staff; and/or
- the requested privileges in each facility; and /or
- assignment to the appropriate Staff category; and/or
- assignment to the appropriate Primary Regional Department and Secondary Departments as indicated; and/or
- assignment to the appropriate Primary Site and Secondary sites as indicated.

3.3.4 Applicants are required to provide proof of completion of Fraser Health training programs as listed in Appendix 6.

- 3.3.5 Newly appointed members who are physicians or nurse practitioners are strongly encouraged to apply for appointment to the clinical faculty at their relevant academic institutions.
- 3.3.6 Promotion to the Active category will be contingent upon completion of an in-depth performance review conducted consistent with Section 3.8 of the Medical Staff Rules.
- 3.3.7 Practitioners may be appointed to the Temporary Staff category to fill a vacancy created by the absence of an active member for up to 12 months and may be renewed upon the recommendation of the Regional Department Head.

### 3.4 TEMPORARY APPOINTMENTS AND TEMPORARY PRIVILEGES

- 3.4.1 Application for appointment to and renewal of membership in the Temporary category is governed by Articles 3 and 4 of the Bylaws.
- 3.4.2 A temporary appointment to the Medical Staff with temporary privileges or temporary privileges for Members may be granted by the relevant Regional Department Head, Executive Medical Director or CEO following consultation with the Local Department Head at the relevant facilities,
  - 3.4.2.1 to a practitioner without application under special or urgent circumstances such as a medical emergency, organ retrieval, infant and maternal transport, education, demonstration of medical equipment, or
  - 3.4.2.2 to a practitioner who has applied for an appointment to the Medical Staff or a Member who has applied for privileges at another facility or Program or in another Regional Department and there is a demonstrated need for the applicant/Member to begin to provide clinical services in advance of a Board meeting to consider the application.
- 3.4.3 The interim nature of the temporary appointment with temporary privileges shall be clearly indicated to the practitioner and, where applicable, indicated as such on all notices and correspondence regarding an applicant's appointment.
- 3.4.4 The granting of a temporary appointment with temporary privileges provides practitioner or Member no preferential access to an appointment to categories of the Medical Staff at a later time.
- 3.4.5 The temporary appointment with temporary privileges or temporary privileges must be ratified or terminated by the Board at its next meeting.
- 3.4.6 In the event that the Board terminates the temporary appointment with temporary privileges, the applicant shall cease all clinical activity in facilities and Programs and immediately transfer the ongoing care of any patient under their care to an appropriate Member.

### 3.5 LOCUM TENENS

- 3.5.1 Application for appointment to and renewal of membership in the Locum Tenens category is governed by Articles 3 and 4 of the Bylaws.
- 3.5.2 Members of the Locum Tenens category may be used to replace an absent member of the Active, Provisional or Consulting Staff or for the purpose of replacing the duties of a vacant position. Absent is defined as being away from hospital practice for vacation, attendance at an educational event, prolonged illness, or Board approved leave of absence.
- 3.5.3 Members of the Locum Tenens category may not cover the call shifts of a Provisional/Active Member who is not Absent as defined in paragraph 3.5.2, except in exceptional circumstances (e.g.: sudden acute illness or personal crisis) and with the Regional Department Head's or Site Medical Director's approval.
- 3.5.4 An appointment to the Locum Tenens Staff category provides no preferential or guaranteed access to the Provisional or Active categories at some later time.
- 3.5.5 Unless otherwise recommended by the Regional Department Head and approved by the Board, a member of the Locum Tenens category may only provide a total of 12 weeks (84 days) of service to the Regional Department in a 12 month period.
- 3.5.6 Practitioners may not be appointed to the Locum Tenens category until a completed application for appointment has been received, reviewed and found acceptable by all of the relevant Local Department Heads, Regional Division Head and Regional Department Head.

### 3.6 TEMPORARY APPOINTMENT CATEGORY

- 3.6.1 Application for appointment to and renewal of membership in the Temporary category is governed by Articles 3 and 4 of the Bylaws.
- 3.6.2 Members of the Temporary category may be appointed for the purpose of filling a temporary service need within a department. A temporary service need is defined as an unplanned increase in demand or volume, launch of a new initiative or directive, a prolonged Board approved leave of absence, or coverage for the parental leave of an Active, Provisional or Consulting member of staff.
- 3.6.3 Members of the Temporary category may not be appointed solely for the purpose of covering the call shifts of a Provisional/Active Member, however coverage for call shifts may be a part of the need that they are addressing as part of their appointment.
- 3.6.4 An appointment to the Temporary category provides no preferential or guaranteed access to the Provisional or Active categories at some later time.
- 3.6.5 Practitioners may not be appointed to the Temporary category until a completed application for appointment has been received, reviewed (including verbal

reference checks), and found acceptable by all of the relevant Local Department Heads, Regional Division Head and Regional Department Head.

- 3.6.6 Appointments can be made to the Temporary category to fill a temporary vacancy in a department created by demand, illness or parental leave for up to 12 months and may be renewed at the discretion of the Regional Department Head for another 12 months.

### 3.7 PRIVILEGES

- 3.7.1 Privileges are granted by the Board to members of the Medical Staff upon the recommendation of the Regional Department and HAMAC.
- 3.7.2 With the exception of admitting privileges, (clinical) privileges to be recommended by the Regional Department and granted by the Board will be derived exclusively from and interpreted consistent with the Provincial Privileges Dictionaries for each medical specialty, family practice, dentistry, midwifery and nurse practitioners.
- 3.7.3 With the exception of admitting privileges, (clinical) privileges to be granted will consist of Core Privileges and Non-Core Privileges.
- 3.7.4 Privileges will be recommended by a Regional Department consistent with the training, experience and qualifications of the applying practitioner or Member, the service needs of Fraser Health, and the ability of Fraser Health to provide adequate resources and staff to support the performance of any procedure to which the privileges relate.
- 3.7.5 Practitioners applying for an appointment to the Medical Staff or Members must specifically apply for privileges in the following circumstances:
  - 3.7.5.1 The introduction of new technology for which education and training has not previously been available to the specialty;
  - 3.7.5.2 A request for procedural privileges outside the applicant's specialty area;
  - 3.7.5.3 A request by a non-Specialist for privileges in a specialty area;
  - 3.7.5.4 A request by a Specialist for privileges in a specialty area other than those of his primary Regional Department or Division;
  - 3.7.5.5 A request for privileges generally not included in a specific staff category as defined in the Bylaws.
- 3.7.6 The Regional Department Head, in consultation with the applicable Regional Division Head, will ensure all Fraser Health corporate and clinical policies relating to new procedures are adhered to.
- 3.7.7 The Regional Department Head, in consultation with the applicable Regional Division Head, will determine and evaluate the training and experience required or gained by an applicant/Member to support the request for privileges. This may include supervision of the procedure by qualified Members for a number of cases.

- 3.7.8 In exceptional circumstances, the Regional Department Head, in consultation with the applicable Regional Division Head, may determine and evaluate the training and experience on an individual basis if the applicant does not meet the standard for new applicants but can demonstrate training and experience of a similar validity supportive of comparable competency.
- 3.7.9 In addition to privileges at a primary and secondary site, a member may provide consultations and other services, perform procedures including surgery and surgical assists, and provide locum services at another site with approval of the relevant Local Department Head and Regional Department Head. The Site Medical Director will be advised when a member is granted such access.

### 3.8 REVIEW FOR RENEWAL OF MEMBERSHIP AND PRIVILEGES/IN-DEPTH PERFORMANCE EVALUATION

- 3.8.1 Consistent with section 8(1) of the *Hospital Act* Regulation, and Articles 4.4 and 4.5 of the Bylaws, each Member shall apply to have their membership and privileges reviewed for renewal on a regular basis and will be subject to an in-depth performance evaluation.
- 3.8.2 The interval between regular reviews/renewals and in-depth performance evaluations will be three (3) years.
- 3.8.3 Members may be subject to *ad hoc* in-depth performance evaluations at the discretion of the Regional Department Head should evidence emerge that would reasonably indicate a concern about a member's practice or behavior.
- 3.8.4 The regular review of membership and privileges shall be conducted by the Regional Department Head of the Primary Regional Department to which the Member has been appointed, or by another Member delegated to do so on behalf of the Regional Department Head. The Regional Department Head or delegate should discuss the results of the regular review/in-depth performance evaluation with the Member in person.
- 3.8.5 The regular review/in-depth performance evaluation of membership and privileges shall include, but not necessarily be limited to:
- compliance with the Bylaws and the Rules;
  - compliance with policies and procedures;
  - participation in the quality improvement patient safety activities of the Regional Departments to which a Member is assigned and/or of the Program to which the member relates;
  - satisfactory dictation standards per the Rules;
  - satisfactory conduct;
  - patient care and utilization performance report cards;



- the presence of substantiated complaints;
  - the fitness, competence and capability of the member;
  - the strategic plan, allocation of resources, and staffing of the relevant Department or Division;
  - the member's short and long-term career plans, which may include plans relating to retirement;
  - the recruitment of new personnel;
  - the development of new technologies and clinical programs;
  - the need to encourage academic excellence and renewal in teaching Hospitals;
  - the allocation of facility resources;
  - the need for mentoring of junior colleagues;
  - Medical Staff Association meeting attendance and dues payment;
  - satisfactory completion of refresher orientation or training as defined in Appendix 1 of the Rules; and
  - such other topics or criteria as HAMAC may specify from time to time.
- 3.8.6 At each regular review/in-depth performance evaluation Members are required to provide proof of current completion of the Fraser Health training programs as listed in Appendix 6.
- 3.8.7 The Regional Department Head shall advise HAMAC directly of recommendations regarding renewal of membership and privileges.
- 3.8.8 In assessing the impact of complaints resulting in disciplinary action or repetitive complaints of a similar nature on the review, consideration should be given to input from the Medical Staff Association or Physician Health Committee, if applicable.
- 3.8.9 Subject to paragraphs 3.1.7, 4.4.5 and 4.5.8 of the Bylaws, changes in resource availability at the facility or in the Program, or different needs for services in the community, may also affect the decision to recommend renewal of membership and/or privileges.
- 3.8.10 Additional criteria for the regular review and renewal of membership and privileges and in-depth performance evaluation of Members shall be determined by HAMAC.

### 3.9 ANNUAL NOTIFICATION OF LICENCE, CMPA AND CONTACT INFORMATION

- 3.9.1 Members will be required to submit to Fraser Health on an annual basis proof of a valid BC License, professional liability coverage and current business contact information in a manner and through a medium specified by Fraser Health.
- 3.9.2 Members shall provide information within 30 days of receiving notification.
- 3.9.3 In the event of failure to provide the information set out in Article 3.9.1 within 30 days from receipt of the request, a written notification will be sent to the Member advising that the Member will have their privileges suspended if the information is not provided in seven days.

### 3.10 LEAVE OF ABSENCE

- 3.10.1 Pursuant to paragraph 4.7.1 of the Bylaws, a Member will apply to the Board for a leave of absence when the leave is to be greater than 3 months and up to 12 months.
- 3.10.2 The Board may delegate the authority to grant leave to the VP Medicine.
- 3.10.3 The Local Department Head, in consultation with the Site Medical Director and Regional Division Head, may recommend the leave to the Regional Department Head and HAMAC.
- 3.10.4 A leave of absence may be extended by the Board pursuant to an application from the Member and a recommendation per 3.10.2.
- 3.10.5 A leave of absence and any extensions may not exceed a total of 24 months. Exceptional circumstances may allow an extension beyond 24 months.
- 3.10.6 A member on approved leave of absence is exempt from the duties and requirements of a member of Medical Staff during the period of the leave.
- 3.10.7 A member returning from a leave of absence longer than 12 months may be subject to review by the Local Department Head and Regional Division Head to establish fitness to return to practice.
- 3.10.8 A member returning from a leave of absence that has involved the voluntary withdrawal from practice with their College for any period of time (subject to 3.10.4) will be subject to review by the Local Department Head and Regional Division Head to establish fitness to return to practice, and to recommend supervision or monitoring where indicated if recommended for return to practice. In such cases, the approval of the Regional Department Head and Site Medical Director is required before the returning member may commence practice.
- 3.10.9 Recognized reasons for consideration of a leave of absence by a member of the Medical Staff may include the following:
  - Bereavement leave
  - Compassionate care leave

- Critical care or injury leave
- Educational leave
- Leave related to death or disappearance of a child
- Maternal or parental leave
- Jury duty leave
- Personal illness or injury leave
- Reservists leave
- Other motives for a leave of absence by a member of the Medical Staff will be considered on a case by case basis pursuant to 3.10.3.

### 3.11 ALLIED HEALTH PRACTITIONERS

Health professionals who are employees of Fraser Health are not subject to section 7(7) of the *Hospital Act Regulation* and are not appointed to the Medical Staff.

Consistent with section 7(7) of the *Hospital Act Regulation*, non-employee regulated health care professionals other than physicians, midwives, nurse practitioners and dentists may apply for permission to practice in Fraser Health facilities. These “allied health practitioners” may not be appointed to the Medical Staff.

Fraser Health may permit allied health practitioners to provide health care services to patients in Fraser Health facilities or Programs provided the admission, medical care and discharge responsibilities for those patients rest with a Member with admitting privileges.

The process for onboarding allied health professionals is outlined in the Fraser Health policy titled Independent Service Providers (link below):

[http://fhpulse/clinical\\_resources/clinical\\_policy\\_office/Documents/0132/1.%20Independent%20Service%20Providers%20-%20Policy.pdf](http://fhpulse/clinical_resources/clinical_policy_office/Documents/0132/1.%20Independent%20Service%20Providers%20-%20Policy.pdf)

## ARTICLE 4 - LEARNERS

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- 4.1.1 A practitioner or learner with an educational license may not be appointed to the Medical Staff.
- 4.1.2 Learners may attend Fraser Health facilities and programs for educational experiences as part of their training program subject to an affiliation agreement between Fraser Health and the learner's academic institution.
- 4.1.3 Learners from academic institutions which do not have an affiliation agreement with Fraser Health may attend Fraser Health facilities and programs for educational experiences subject to Fraser Health policy, terms and conditions established by and with approval of the VP Medicine.

## ARTICLE 5 - RESPONSIBILITY FOR PATIENT CARE

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### 5.1 ADMISSION TRANSFER, AND DISCHARGE OF PATIENTS

#### 5.1.1 Pre-Admission requirements for elective patients

- 5.1.1.1 The admitting Member is responsible for pre-admission requirements for elective patients, the medical history, physical examination, diagnosis, investigations, appropriate consultations, special tests, documentation of special precautions and patient consent.

#### 5.1.2 Admission Requirements

- 5.1.2.1 The MRP is integral to the provision of quality health care, to the promotion of continuity of care and to the delivery of appropriate medical services. Every patient admitted for care and treatment in a Fraser Health acute care facility must have a MRP who holds appropriate Fraser Health credentials and privileges and whose name shall be clearly identified in the patient's health care record at all times during the patient's hospitalization period.
- 5.1.2.2 Patients shall be admitted to a facility for investigation or treatment only upon the order of a Member who holds the requisite appointment and privileges.
- 5.1.2.3 Members of the Dental Staff who are not registered as certified Oral/Maxillofacial Surgeons of BC may not admit patients.
- 5.1.2.4 General/Restorative Dental and Podiatry admissions: A physician Member, who will be the MRP, must admit patients and residents admitted for general/restorative dental or podiatry treatment. The attending dental surgeon or podiatrist shall be responsible for the patient's dental or podiatry care.
- 5.1.2.5 The admitting Member shall be deemed to be the MRP until a Clear transfer of care occurs (see below, Transfer of Care).
- 5.1.2.6 Where two (2) or more Members are involved with the care of the patient, one (1) Member must be identified as the MRP at all times.
- 5.1.2.7 Where the admitting Member is an ER physician, the ER physician shall be deemed to be the MRP until a clear transfer of care occurs (see below, Transfer of Care).
- 5.1.2.8 The current Fraser Health policy regarding the MRP shall be followed but is outlined in brief below:
  - 5.1.2.8.1 The MRP is accountable and shall assume responsibility for the overall care provided to patients under their care regardless of the patient's location and shall:

- Be aware of each patient for whom they are responsible;
- When accepting care from the transferring Member, if necessary, review with the transferring Member and/or nursing staff the current medical orders for care of the patient;
- Assess and examine the patient, document their findings on the chart and issue the applicable order(s) for the patient:
  - as warranted by the patient's initial condition;
  - within 10 hours of admission or acceptance of transfer of care or sooner. At the discretion of the Site Medical Director and Executive Medical Director of Medical Affairs, this may be extended based upon the local site's resource capacity, with the key consideration being that there is no compromise to the quality of patient care and patient safety;
- Communicate the patient's clinical status to the patient, the family/legal guardian and the other members of the health care team as appropriate;
- Ensure that each patient is seen by a Member or their designate as often as the patient's condition warrants but not less than once each day while the patient remains under their care until such time as the patient is no longer designated an acute care patient. With the approval of HAMAC and the Executive Medical Director a Regional Department policy may allow for less frequent visitation so long as quality of care and patient safety is not adversely affected;
- Complete daily progress notes in accordance with the Health Authority's documentation standards;
- Undertake transfer of care arrangements and initiate consultations as required and to communicate such arrangements to the patient, the family/legal guardian and the other members of the health care team;
- Be available, in person or by appropriate communication channels, 24 hours a day, seven (7) days a week or clearly articulate the delegation to a designate Member.

5.1.2.9 For all admissions, the MRP will document the severity of the patient's condition and any circumstances necessitating special consideration.

- 5.1.2.10 The admitting Member shall note special precautions regarding the care of the patient on the patient's health record. Precautionary notes are required for, but not limited to, chemical dependency, potential suicide, violence, epileptic seizures, psychiatric conditions, communicable infections, drug reactions and allergies.
- 5.1.2.11 All patients and residents must have a record or summary of their history and physical examination placed on the patient/resident health record within twenty-four (24) hours of admission.
- 5.1.2.12 All patients and residents admitted for surgery must have a history and physical examination recorded on the patient/resident health record before surgery takes place.

### 5.1.3 Delegation of Responsibility

- 5.1.3.1 The MRP may delegate responsibility for the care of a patient to another Member. The MRP shall advise the health care team of the delegation and document the delegate's name and position on the patient's health record unless the MRP is designated as a service. The MRP continues to have overarching responsibilities for the care of the patient.
- 5.1.3.2 The MRP can be designated as a service rather than an individual if it fulfills the criteria listed in terms of coverage and notification and is appropriate for the hospital and patient care.
- 5.1.3.3 For services where MRP responsibility is shared by a group and/or teaching practice, the Regional Department Head or their identified delegate for the service will be responsible for ensuring that a schedule of Member coverage is made readily available to the health care team.
- 5.1.3.4 The schedule of coverage will be posted in advance and will be made readily available to all Members and nursing staff and any changes updated immediately. The schedule of coverage will include the name of the Member who is covering during a specified period of time and their contact number(s).
- 5.1.3.5 It is the responsibility of the individual Member to find a replacement if they will not be available to cover their shift. The schedule will be kept on file in Fraser Health for the same period of time as medical records.
- 5.1.3.6 In the event that a Member on the schedule is not available for any reason, the Local or Regional Department Head or their identified delegate will be contacted and will be responsible for providing coverage for the service.

- 5.1.3.7 Routine coverage by the on-call group for the MRP will be documented and this information will be made readily available on the wards and to all Members and nursing staff within Fraser Health.

#### 5.1.4 Transfer of Responsibility

- 5.1.4.1 Members will ensure continuous coverage for their patients in the facility.
- 5.1.4.2 If a Member is away from practice (other than on-call) he/she shall indicate the name(s) of the Member(s) assuming responsibility for the patient's care on the health record and inform their Local Department Head or designate. This pertains to the MRP and to any Consultants actively involved in the patient's care.
- 5.1.4.3 If a Member wishes to withdraw from involvement in a patient's care when services are still required, the Member shall inform the patient and arrange for another Member with appropriate qualifications from within the same specialty to assume responsibility for the care of the patient prior to withdrawing from care.
- 5.1.4.4 A patient has the right to request a change in the MRP or Consultant. The MRP shall cooperate in transferring responsibility for care to another Member who can provide appropriate care and is acceptable to the patient. If an acceptable alternative Member cannot be found, the MRP will discuss the issue with the relevant Regional Department Head or designate, who shall ensure that care for the patient is provided until the patient can be transferred to a Member who agrees to accept responsibility for the care of the patient and who is acceptable to the patient.
- 5.1.4.5 When the transfer of a patient to another facility is initiated by the MRP, the MRP or Designate shall ensure, prior to the patient being transferred, that there is a Member of the medical staff at the receiving facility who is fully informed about the patient's condition and is prepared to assume responsibility for the patient's care. The discussion between the two Members along with the date and time of the conversation and name of the accepting Member will be documented in the chart by the transferring Member. The transferring Member shall identify relevant documentation from the patient's health record to be sent to the receiving facility.
- 5.1.4.6 When the transfer of a patient to another facility is initiated or facilitated by the Regional Department Head or Designate, the MRP or Designate shall ensure, prior to the patient being transferred, that there is a Member at the receiving facility who is fully informed about the patient's condition and is capable of providing for the patient's care. The discussion between the two Members and the Regional Department Head or designate along with the date and time of the conversation and the name of the accepting Member will be documented in the health record by the transferring Member. The



transferring Member shall identify relevant documentation from the patient's health record to be sent to the receiving facility.

#### 5.1.5 Transfer of Care after Admission

- 5.1.5.1 The transfer of a patient's care may be necessary to ensure continuity of care and access to appropriate medical care. This should occur only if necessary during the acute care stay.
- 5.1.5.2 When an in-patient transfer of care is deemed appropriate by the MRP or requested by the patient as per 5.1.4.4:
  - 5.1.5.2.1 The MRP shall personally contact the intended accepting Member to obtain an agreement to accept transfer of care. Personal notification is expected in all circumstances.
  - 5.1.5.2.2 The transfer of care takes place upon the acknowledgement of the accepting Member during a verbal discussion between the transferring Member and the accepting Member. The transferring Member is responsible to document in the chart the name of the Member who has accepted the transfer of care either for him/herself or on behalf of the Member group, along with the date and time of the verbal discussion that has occurred between the two Members. An order must be written in the patient's health care record by the transferring Member instructing registration staff to change the name of the MRP to the accepting Member's name or to the accepting service. The name of the Member who accepts the care of the patient for a service will be written on the order sheet to document the transfer of MRP care to the service and the registration will show the service name as MRP.
  - 5.1.5.2.3 For transfers that involve the BC Patient Transfer Network the transferring Member will dictate a priority discharge summary on the patient prior to the BC Patient Transfer Network being contacted for the transfer.
  - 5.1.5.2.4 The accepting Member or Designate shall assess and examine the patient, document the findings and issue applicable order(s) as soon as warranted by the patient's condition but not longer than 24 hours after accepting the transfer and not less than once a day thereafter for as long as the patient remains under their care while the patient is deemed an acute care patient. With the approval of HAMAC and the Executive Medical Director, a Regional Department policy may allow for less frequent visitation so long as quality of care and patient safety is not adversely affected.

5.1.5.2.5 The Member or Designate accepting the transfer of care of a patient awaiting long term care placement shall assess and examine the patient as soon as warranted by the patient's condition but not longer than 24 hours after accepting the transfer and thereafter at least once during a seven (7) day period while the patient remains admitted to an acute care facility.

5.1.5.3 A Member may decline to accept responsibility of MRP from a transferring Member if the patient's primary condition is not reasonably considered to be within their skills, training or scope of practice.

5.1.5.4 The accepting Member will become the MRP only after the transferring Member has documented the name of the Member, and the time and date of acceptance of the patient's care by that Member on the chart as an order.

5.1.5.5 There must be a recorded response from the Member accepting the transfer of care documented on the chart within 10 hours, either by writing an order or progress note or communicating the verbal order "I accept care" to the nursing staff. Notation of the receipt of all relevant clinical information known at time of transfer should be made where appropriate.

#### 5.1.6 Clinical Consultations

5.1.6.1 MRPs are encouraged to obtain clinical consultations that facilitate and enhance patient care. In the event a consultation is requested, the MRP shall:

5.1.6.1.1 Where possible, notify the patient and/or the patient's family/legal guardian of the purpose of the consultation and the name of the consulting practitioner.

5.1.6.1.2 Ensure that the reason(s) and purpose for the consultation request are clearly documented in the patient's health record.

5.1.6.2 The consultant practitioner or delegate shall, as soon as warranted by the patient's condition but not longer than 24 hours from receipt of the request for consultation, unless otherwise arranged, assess and examine the patient and document the findings, opinions and recommendations.

5.1.6.3 The consulting practitioner is encouraged to notify the MRP verbally after the consultation is complete.

5.1.6.4 Parameters for the role of consulting practitioners:

5.1.6.4.1 The consulting practitioner is a Member:

- 5.1.6.4.1.1 The consulting Member provides a consultation, does not assume the MRP role, may write appropriate orders on the “Orders and Directives” form in the patient’s health record and may follow up with the ongoing care of the patient as indicated. The referring Member remains as the MRP. Clarification of any orders from the consulting member will first be the responsibility of the Consultant with the MRP responsible for final clarification if necessary.
- 5.1.6.4.2 The consulting practitioner is not a Member:
  - 5.1.6.4.2.1 Documents findings in the patient’s health record;
  - 5.1.6.4.2.2 The MRP shall transcribe the consulting practitioner’s recommended orders on the “Orders and Directives” form in the patient’s health record before the consulting practitioner’s recommendations can be actioned.
- 5.1.6.5 If the referring MRP is no longer the MRP after a consultation, clarification of any orders will be the responsibility of the patient’s new MRP.
- 5.1.6.6 A consultation shall occur:
  - 5.1.6.6.1 At the request of the MRP;
  - 5.1.6.6.2 In accordance with any relevant Fraser Health policy, legislation, or a guideline of the Ministry of Health, the MRP’s Regulatory body; or
  - 5.1.6.6.3 Whenever requested by the Regional Department Head or Designate.
- 5.1.6.7 If a Member declines a consultation that is within their scope of practice, the matter will be elevated to the relevant Local Department Head or designate for resolution.

## 5.1.7 Emergency Department Consultations and Shift Change Transfer of Care

5.1.7.1 The members of the Department of Emergency Medicine remain responsible for the care of all patients in the Emergency Department until such time as:

5.1.7.1.1 The patient is discharged from the Emergency Department; or

5.1.7.1.2 Patient care is transferred to an accepting MRP.

5.1.7.2 For all patients in the Emergency Department that have not been discharged or transferred to an accepting MRP at the time of shift change for the Emergency physician, a transfer of care will occur between the Emergency physician completing their shift and the Emergency physician starting their shift.

This transfer of care will take place upon the acknowledgement of the accepting Emergency physician during a verbal discussion between the physicians.

The transferring Emergency physician is responsible to document in the patient's health record the name of the Emergency physician who has accepted the transfer of care of the patient in the Emergency Department, along with the date and time of the verbal discussion that has occurred between the two physicians.

5.1.7.3 Where a patient is admitted from the Emergency Department to an inpatient unit at the same site, the Emergency physician will be identified as the Admitting physician. The MRP will be identified as the Attending Member.

The Attending Member assumes MRP responsibility for the patient as soon as the transfer of care has been arranged with the Emergency Physician.

5.1.7.4 Where a patient is admitted from another hospital or from the community directly to an inpatient bed (or into the ER if no inpatient bed is available) for elective surgery or continued inpatient care in an acute care facility, the Member who has arranged the elective surgery or inpatient care, will be identified as both the Admitting and Attending Member.

5.1.7.5 If a patient requires transfer to another site for evaluation or admission, the appropriate local consultant will provide support to the emergency physician to facilitate said transfer.

5.1.7.6 If an Emergency Physician decides that a patient's condition warrants a consultation from a Member and possible admission for investigation and/or treatment, referral should be initiated by a telephone call, secure text, or in-person conversation.

- 5.1.7.7 If there is disagreement between the Emergency Physician and the Consultant regarding the appropriateness of the referral and the Consultant refuses to attend the patient the issue should be referred during the day to the Site Medical Director (SMD) and after hours to the Medical Director On Call (MDOC) for discussion and resolution.
- 5.1.7.8 If a Member agrees to admit a patient referred by an Emergency Physician, they become the MRP and assume responsibility for the patient at the time of the referral. The transfer of care should be documented in the health record. The Emergency Physician may write transitional care orders in consultation with the Member to facilitate admission.
- 5.1.7.9 If a Member agrees to become MRP the client/patient should be assessed within a time period appropriate to the patient's condition but no later than 10 hours.
- 5.1.8 Discharge
  - 5.1.8.1 Only the MRP or a Designate may authorize discharge of patients from the facility.
  - 5.1.8.2 In exceptional circumstances, a patient may be discharged by the Local or Regional Department Head.
  - 5.1.8.3 Discharge planning begins at the time the decision is taken to admit the patient. The MRP is responsible for identifying the estimated date of discharge (EDD) from acute care, which should be included in the initial orders and updated regularly throughout the stay. The reason for any change of EDD should be clearly documented for future audit.
  - 5.1.8.4 Members shall, when possible, flag the planned discharge on the day prior to discharge. Discharge orders shall be written for all patients or residents as early as possible on the day of discharge or, ideally by 1100 hours on the day of discharge or, where possible, on the day prior to discharge. All discharged patients and residents should normally leave the facility by 1200 hours. In unusual circumstances where additional information becomes available later that permits a patient to be discharged safely, the order should be written immediately to expedite the discharge no matter what time of day.
  - 5.1.8.5 Any alterations to the discharge plan following the discharge order must be documented on the health record, including new discharge orders.
  - 5.1.8.6 Should a patient demand to be allowed to leave the facility against MRP's advice, the patient shall be asked to sign a release on the prescribed form. Refusal to sign this release must be noted in the medical record. Patients who have been absent without a pass for

greater than six (6) hours past the end of an official pass period, are deemed “Discharged Against Medical Advice”. Involuntarily hospitalized psychiatric patients are excluded from this rule. If these psychiatric patients are absent without a pass for greater than six (6) hours and their whereabouts are unknown, notification should be given to the appropriate authorities.

5.1.8.7 A discharge summary shall be dictated within forty-eight (48) hours of a patient’s discharge. Issues significant to the patient’s immediate follow-up shall be communicated by the MRP at the time of discharge directly to relevant health care professionals who will be involved in care pending receipt of the discharge report.

5.1.8.8 A discharge summary is not required when a patient is being transferred between acute care sites provided the transfer occurs within 24 hours of admission and is accompanied by a dictated history and physical examination.

#### 5.1.9 Diagnostic Tests

The follow-up of test results and treatment is the responsibility of the ordering or treating Member, unless other Members involved in the patient’s care have been informed and have explicitly agreed to assume this responsibility. Any forms or documentation requirements are similarly the obligation of the MRP.

## 5.2 HEALTH RECORDS

The *Hospital Act* Regulation requires the Medical Staff to assist the Board of Directors in providing adequate documentation for the purpose of maintaining a health record for each patient.

The MRP involved in the patient's care shall be responsible for the preparation of the medical component of the health record for each patient.

A patient’s health record shall clearly indicate the name of the current MRP, including the time and date of any transfer of care among Members.

A health record shall include the following items, where applicable:

### 5.2.1 Admission History

5.2.1.1 The MRP shall ensure that every patient admitted to the facility shall have within twenty-four (24) hours after admission, and prior to every delivery or operation except in extreme emergency, an adequate clinical history and physical examination and provisional diagnosis recorded in the health record. If the admission history is dictated, then a brief written note must be placed in the chart indicating the relevant history and indicating a complete admission history has been dictated.

## 5.2.2 Progress Notes

5.2.2.1 The progress notes shall be legible and be sufficient to describe changes in the patient's condition, reasons for change of treatment and outcome of treatment and shall be written as frequently as the patient's condition warrants. In long term care facilities, progress notes shall be made upon each visit made by a Member.

## 5.2.3 Surgical/Procedure Notes

5.2.3.1 In elective or urgent surgical cases, the patient's history with a physical examination report and the signed operation consent shall be submitted to the booking clerk prior to the booking of the operation.

5.2.3.2 If such history and physical examination are not recorded before the time slated for operation, the operation shall be cancelled unless the Member states in writing that such delay would result in mortality or significant morbidity. Such cases shall be reviewed by the relevant Local Department Head or other appropriate body of the Medical Staff and if appropriate by the Regional Department Head.

5.2.3.3 A legible hand written note summarizing the surgical procedure, the findings and complications, and post-procedure orders must be placed on the chart prior to the patient leaving the post anaesthetic recovery unit.

5.2.3.4 Prior to any anaesthetic procedure, a pre-anaesthetic assessment must be recorded on the anaesthetic sheet by the anaesthetist. The anaesthetic record must be completed prior to the patient leaving the operating room or the post anaesthetic recovery unit.

5.2.3.5 All procedures shall be described fully by the surgeon performing the procedure and dictated within twenty-four (24) hours of surgery.

## 5.2.4 Prenatal Record

5.2.4.1 The prenatal record is considered to be an integral part of the health record, and the information will be submitted in accordance with the British Columbia Reproductive Care Program Guidelines.

## 5.2.5 Completion of Health Records

5.2.5.1 All health records must be completed according to policies that have been formally accepted by HAMAC, Fraser Health and Lower Mainland Health Information Management.

- 5.2.5.2 Prior to planned absences, the Member shall complete required dictations for all discharged patients. Records identified with incomplete dictations during a planned absence of a Member shall be completed within 14 days after that Member's return consistent with paragraph 5.2.5.7.
- 5.2.5.3 Members of the Locum Tenens staff are responsible for the completion of the health records of patients they have treated. The absent Member for whom they are covering, upon return, is responsible for completion of records left incomplete by the Locum Tenens Member.
- 5.2.5.4 Members are responsible to review in the digital health records management system (Meditech) incomplete health records assigned to them.
- 5.2.5.5 Following quantitative analysis of the health record by Records Management to determine deficiencies, a written notification will be sent to the Member with incomplete dictations advising that the dictations must be completed within 14 days of the date of the notification.
- 5.2.5.6 Should the records remain incomplete after 14 days, a second written notification will be sent to the Member advising that the Member will be at risk of having her/his privileges suspended if the dictations are not completed within seven days.
- 5.2.5.7 Failure to complete the dictations within seven days (per 5.2.5.7) shall result in the automatic suspension of the Member's privileges.
- 5.2.5.8 A letter advising of automatic suspension will be sent to the Member from the VP Medicine.
- 5.2.5.9 Three (3) automatic suspensions under this section for incomplete dictations during any 12-month period may result in a suspension of up to 30 days of all privileges following a review by the HAMAC.
- 5.2.5.10 Members whose privileges are suspended will be reported to the Member's licensing body.
- 5.2.5.11 A health record will be accepted for filing as "Incomplete" only under extenuating circumstances (i.e.: extended Leave of Absence, Resignation, Retirement, Death) where the Member is unable to complete the records assigned.

## 5.2.6 Ownership and Access

- 5.2.6.1 Health records are the property of the Fraser Health and are not to be printed, copied, or if hard copy, removed from the



facility by a Member except as directed by Health Records

Management, facility senior leaders, or ordered by a court of law.

5.2.6.2 Patient privacy is a legal requirement under the FOIPPA and a professional requirement for all health professions. Privacy is protected through maintaining the confidentiality of each patient's health record personal health information (considered "personal information" under FOIPPA).

5.2.6.3 Access to and copies of the health record or information contained therein must be strictly controlled with audit controls in place to track access and, aside from Members involved in the past or present care of the patient, can only be obtained by:

- The Coroner's office upon presentation of a warrant to seize;
- patient requests for their own record in accordance with FOIPPA;
- a court order, warrant, or subpoena;
- written patient authorization for release of information to third parties or as otherwise authorized in accordance with FOIPPA;
- a written request by the patient's MRP for transfer of medical care accompanied by a release signed by the patient or the patient's next of kin/guardian if there is no previous record of that Member's involvement in care of the patient or of that Member being consulted by a known involved Member;
- a request of the Fraser Health Legal Counsel;
- a written request of the College of Physicians and Surgeons of B.C., the College of Dental Surgeons of B.C., the College of Midwives of B.C., or the BC College of Nursing Professionals in accordance with applicable legislation;
- a written request of a Regional Department Head or Vice President Medicine for purposes of review;
- members who are actively providing care to the patient;
- residents involved in the care of the patient who are responsible to Members;
- members carrying on a *bona fide* study of research upon application and approval by the Research Committee or other appropriate body;
- members or administration carrying out quality management activities and utilization review, including a review of a Member's privileges and credentials and upon application to and approval of the Health Records Management;

- members/residents seeking information from Health Records for the purposes of medical rounds and other educational purposes upon authorization from the appropriate Regional Department Head.

#### 5.2.7 Storage and Transfer of Records

5.2.7.1 Health records are to be retained in Health Records Management unless otherwise approved by the CEO or Designate.

5.2.7.2 Whenever possible, a photocopy of a health record shall be made available rather than the original when the transfer of the health record is authorized under organizational policy, consistent with FOIPPA.

### 5.3 INFORMED CONSENT

5.3.1 Examination, treatment, procedure or operation other than in the case of an emergency which may be life, limb or organ threatening to the patient, may not be carried out on any patient unless a valid informed consent of the patient (or authorized decision maker) has been obtained, as per Fraser Health policy and governing legislation.

5.3.2 The MRP or relevant Consulting Practitioner is responsible for obtaining the informed consent of the patient prior to carrying out any medical care. Informed consent must be documented in accordance with Fraser Health policy.

5.3.3 The Fraser Health consent form and the procedures for obtaining consent from patients shall be developed in consultation with HAMAC.

### 5.4 QUALITY MANAGEMENT INFORMATION AND SECTION 51 OF THE EVIDENCE ACT

5.4.1 Access to information for quality management projects, research and preparation of publications, or administrative reasons shall comply with Fraser Health policy regarding ownership and applicable legislation such as FOIPPA, and may be restricted under Section 51 of the *Evidence Act*.

5.4.2 Access to information by individuals who are not members of a medical quality committee must be authorized by the Chair of the relevant quality committee and in accordance with FOIPPA and Section 51 of the *Evidence Act*.

5.4.3 In all circumstances, the communication of committee data shall avoid identifying the person or persons whose condition or treatment has been studied or reviewed and also avoid identifying the staff, Members and other personnel who were involved with the case unless required for the purposes of the committee.

5.4.4 Information gathered under Section 51 of the *Evidence Act* cannot be provided to individuals or organizations that request the information under FOIPPA.

## 5.5 EMERGENCY CARE

- 5.5.1 In an emergency, any Member is expected to provide Medical Care until a patient's MRP assumes responsibility.

## 5.6 MEDICAL ORDERS

- 5.6.1 All Members' orders for treatment shall be written and signed and must include the time and date of the order. Names and college ID number should be printed or a stamp used under the signature to ensure legibility.
- 5.6.2 Verbal or telephone orders will be given consistent with the MOW Policy.
- 5.6.3 Verbal or telephone orders must be (counter)signed by the ordering Member within 24 hours.
- 5.6.4 The Member who decides a patient requires admission shall provide orders necessary for the patient's care at the time of admission. Members are expected to comply with medication order policies.

## 5.7 PRE-PRINTED ORDERS

- 5.7.1 A Regional Department may establish pre-printed orders for patients under the care of Members in the Regional Department. The appropriate Regional Department Head shall review and approve the pre-printed order in accordance with the regional standards approved by the Regional Medication and Therapeutics Committee. A Member must sign the pre-printed order for each patient under their care.

## 5.8 RESPONSIBILITY FOR PROVISION OF MEDICAL CARE OF PATIENT

- 5.8.1 Each MRP has a duty to ensure that their patient(s) is/are continuously under appropriate and available care either by themselves or by a designated Member of the same Regional Department.
- 5.8.2 The Regional Department and/or Regional Division shall ensure that a Medical Staff Member is available to provide care twenty-four (24) hours per day, seven (7) days per week for new patients.
- 5.8.3 A member should not provide call more than one night in three except on a temporary basis. Where there are only two physicians in a group, arrangements should be made to have cross-coverage from another group or combine with another group to provide continuous call. Groups may be exempt from a cross-coverage obligation with approval of the VP Medicine.
- 5.8.4 Each Regional Department and/or Regional Division shall ensure a rotation of Members to provide emergency coverage at all times and shall routinely provide a list of such rotation to the Emergency Departments and the switchboard. The call list and any changes shall be entered in the electronic on call system on the

Fraser Health intranet which shall be up to date at all times. In the case of specialist Regional Departments and Regional Divisions, this coverage must be provided by Members with privileges to practice that specialty.

- 5.8.4.1 In some smaller facilities, providing an on-call rotation will not be possible unless there is collaboration with Regional Department Members in other nearby facilities to provide the coverage.
- 5.8.4.2 When a Regional Department includes Members whose practices are sufficiently distinct from those of other Members, either by reason of specialty of practice or by geographic distinction, as to preclude participation by all Members in a common on-call rota covering the practices of all Members, the Regional Department shall designate separate on-call rotations to assure the continuous availability of on-call services for the appropriate groupings of practices within the same maximum on call frequency.
- 5.8.4.3 When a Consultant has participated in the care of an inpatient, as per College requirements that Consultant must continue to be available to respond to care needs arising for that patient or must specify another Consultant with similar privileges to be available for any period that they themselves are not available.
- 5.8.5 Where Members share a common clinical specialty practice in different communities, a common on-call rotation may be established by the Regional Department, provided that a clinical service delivery model is established to ensure that patients have access to the on-call Member as necessary. All Members of the Provisional and Active categories are expected to participate equitably or proportionately in Regional Departmental weekday/night and weekend on-call rosters at their Primary Site, except in special circumstances as approved by the Regional Department Head and HAMAC.
- 5.8.6 If a Member intends to withdraw from or reduce their equitable share of call on the call roster at their Primary Site, the vacated call shifts created in the on-call rotation may only be assumed by another member of the Provisional or Active staff with appropriate privileges at that site.
- 5.8.7 A Member who intends to withdraw from or reduce participation in a call schedule must first discuss her/his intention to do so with the relevant Local/Regional Department leadership and obtain approval in the context of medical staff human resource planning, possible retirement, and a structured succession/transition process so that the vacant shifts on the call rotation can be filled with a Provisional/Active Member. If applicable, the Member must give notice to the Fraser Health in compliance with paragraph 4.6.2 of the Bylaws.
- 5.8.8 A Member who withdraws from or reduces their equitable share of call on a particular call roster shall have their assigned facility resources reduced

proportionately with the reduction of the share of call or may have their Category of membership changed pursuant to the process set out in the Bylaws unless otherwise approved by the Board.

- 5.8.9 The Provisional/Active Member assuming the vacated call shifts in the call rotation should be allocated an appropriate share of the resources, usually based on the allocation of the withdrawing or reducing Member.
- 5.8.10 Members will be expected to maintain acceptable levels of availability when on-call. Members may not limit their availability on call to day-time only but must be available for up to 24 hours of their assigned call shift as determined within their call rotation.
- 5.8.11 If a Member of a Regional Department which deals with life/limb/organ threatening emergencies cannot respond to an emergency in a timely manner because of active involvement in another life/limb/organ threatening case, (s)he or a delegate should make every effort to direct care to another Member of that Regional Department and same specialty by direct contact or through Patient Transfer Network.
- 5.8.12 Additionally, Members may enter into contractual arrangements (e.g. MOCAP) with the Fraser Health, which specify compensation for availability to respond to the emergency care needs of new and unassigned patients and required response times. Such contracts do not supersede the ethical and professional responsibilities of Members.
- 5.8.13 Members may, for the sake of expediency, fulfill their Regional Departmental on-call responsibilities for inpatients concurrently with their compensated availability (e.g. MOCAP) to respond to the emergency care needs of new and unassigned patients.

## 5.9 POST-OPERATIVE/POST PROCEDURAL CARE

- 5.9.1 Post-Operative or post procedural care is the responsibility of the Member (including the anaesthesiologist if relevant) who performed the procedure unless an alternate responsible Member(s) is/are identified on the order sheet and on an information sheet provided to the patient at the time of discharge, including discharge from Daycare Surgery.

## 5.10 DELEGATED FUNCTIONS

- 5.10.1 Members may delegate certain functions that have been approved by senior management. Medical functions may be delegated to a variety of health professionals following the process outlined below.
- 5.10.2 A delegated medical function is a medical act that, with the agreement of the relevant Regional Department, has been formally transferred to another health care professional, in the interest of good patient care and efficient use of health

care resources. The process of delegation to other health professionals must be consistent with the *Health Professions Act*.

## 5.11 ORGAN DONATION AND RETRIEVAL

### 5.11.1 Appointment and Privileges

5.11.1.1 A temporary appointment and temporary privileges may be granted consistent with Article 4.1.4 of Bylaws and section 3.4 of the Rules.

### 5.11.2 Transfer of Responsibility

5.11.2.1 In the event of possible organ donation, responsibility for the physiological maintenance of the organ donor remains the responsibility of the Most Responsible Physician (MRP).

### 5.11.3 Consultation

5.11.3.1 The declaration of brain death will be in accordance with provincial requirements. Only physicians knowledgeable in this process should engage upon declarations of brain death.

### 5.11.4 Identification of Potential Donors

5.11.4.1 In accordance with the *Human Tissue Gift Act* Regulations, all deaths or impending deaths of infants thirty-nine (39) weeks or more, children and adults up to and including seventy-five (75) years must be reported to the Donor Referral Line for the determination of medical suitability for organ and or eye donation. The referring Physician will be notified of the retrieval agency's decision.

5.11.4.1.1 The determination of appropriateness for organ donation will be determined by BC Transplant (BCT).

5.11.4.1.2 The determination of appropriateness for eye donation will be determined by Eye Bank of BC (EBBC).

5.11.4.2 All patients determined to either meet diagnosis of brain death or felt to be at risk of imminent death by the MRP will be evaluated as potential organ donors, in accordance with provincial guidelines for Neurological Determination of Death (NDD) or Donation after Cardio circulatory Death (DCD), respectively. All deaths will be screened as potential donors for eyes by the EBBC.

### 5.11.5 Designated Requestor (for organ donation only)

5.11.5.1 If BCT determines the patient is medically suitable for organ donation, the family will be approached by the attending physician to determine interest in discussing end of life options, including potential organ donation. BCT will be contacted to meet with family to discuss these

options and will be responsible for obtaining consent for organ donation.

#### 5.11.6 Consent

5.11.6.1 Written consent for organ donation shall be obtained from the next of kin by a BCT Organ Donation Specialist (ODS). Consent must be documented on the appropriate consent form. Telephone consent requires two witnesses (a Member or nurse).

5.11.6.2 In the event of eye donation only, consent shall be obtained from the next of kin by a Member of the medical staff, other hospital staff trained in this process, or an EBBC Coordinator. Consent must be documented on the appropriate consent form. Telephone consent requires two witnesses (a Member or nurse).

#### 5.11.7 Medical Orders

5.11.7.1 In the case of organ donation after NDD, after the declaration of brain death, standing orders (available from either Fraser Health or BCT) may be followed, and verbal orders may be given to a nurse or a respiratory therapist for the physiological maintenance of the donor. Any deviation from standing orders protocol will be discussed in consultation with the MRP or Consultant.

5.11.7.2 In the case of organ donation after DCD, the MRP will continue care as usual and be responsible for all orders including those defining withdrawal of life support. Standing orders are available from either Fraser Health or BCT to guide this process once consent is received from family for donation.

#### 5.11.8 Pronouncement of Death

5.11.8.1 In the case of organ donation after NDD, the criteria for the diagnosis of neurological death published by the Canadian Council for Donation and Transplantation (2003), will be followed in accordance with the Human Tissue Gift Act, Part 2, Section 7

5.11.8.2 In the case of organ donation after DCD, two qualified physicians will pronounce the death of the patient using standard criteria for cardiac death.

### 5.12 INFANT AND MATERNAL TRANSPORT TEAMS

5.12.1 The MRP may transfer responsibility to a Member of the Transport Team for the physiological maintenance of the patient while the patient remains under care within the facility. As the MRP caring for the patient, the Transport Team is authorized to give verbal orders to a nurse or respiratory therapist to ensure optimal physiological maintenance of the patient during preparation for transport.



## 5.13 PRONOUNCEMENT OF DEATH, AUTOPSY AND PATHOLOGY

- 5.13.1 A physician or, if a physician order is documented in the case of an expected death, a designate must pronounce death.
- 5.13.2 No autopsy shall be performed without order of the Coroner or written consent of the appropriate relative or legally authorized agent of the patient on the appropriate consent form.
- 5.13.3 Where an autopsy is appropriate, the MRP or Consultant shall make all reasonable efforts to obtain permission for the performance of an autopsy.
- 5.13.4 All tissue or material of diagnostic value shall be sent to the Department of Pathology/Laboratory Medicine for examination, storage, and/or disposal.
- 5.13.5 Pathology specimens including body tissues, organs, materials, and foreign bodies shall not be released to any agency or person without due authorization of the Regional Department Head of Laboratory Medicine and Pathology or Member of the Department.
- 5.13.6 The MRP shall comply with the Vital Statistics Act concerning the completion of the medical certificate of death or the medical certificate of stillbirth.
- 5.13.7 Unanticipated deaths shall be reported to the Coroner in accordance with the requirements of the Coroner's Act.

([https://www.bclaws.ca/civix/document/id/complete/statreg/00\\_07015\\_01#part2](https://www.bclaws.ca/civix/document/id/complete/statreg/00_07015_01#part2))

Under the act, deaths to be reported to the Coroners Service include:

- Deaths which appear to be the result of an accident, suicide or homicide.
- Deaths in which the cause of death is not clear.
- Deaths which appear to be the result of natural causes but in which the deceased person has not been previously diagnosed with a potentially fatal illness and/or has not been under the care of a physician.
- All deaths which occur in provincial jails, federal penitentiaries or other facilities where a person is held against their will, such as those committed under the *Mental Health Act*.
- All deaths of children under the age of 19 years.

## 5.14 ACCREDITATION

- 5.14.1 The Medical Staff shall be actively involved in Fraser Health's Accreditation Canada assessments of quality of its programs and services and patient safety in relation to all aspects of medical services provided within the organization's jurisdiction.

## 5.15 VACCINATIONS FOR COMMUNICABLE DISEASES

### 5.15.1 Record of Vaccination

- 5.15.1.1 Members are considered Health Care Providers for the purposes of and subject to the *BCCDC Immunization Manual, Section III, Immunization of Special Populations* which contains the current provincially recommended immunizations for Health Care Providers (<http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Part2/HealthCareWorkers.pdf>)
- 5.15.1.2 Applicants to the Medical Staff will be required to declare their history of immunizations and immunity status relative to the current provincially recommended immunizations for Health Care Providers and to those pathogens required by Fraser Health.
- 5.15.1.3 Applicants who do not declare their immunization status have their application process held until such a time that the applicant has reported this information to Fraser Health. Failure or refusal to report immunization status may result in the applicant being denied from appointment to the Medical Staff.
- 5.15.1.4 At the time of renewal of membership, Members will be required to update their history of immunizations and immunity status relative to the current provincially recommended immunizations for Health Care Providers, only if not declared with their initial application for appointment to Medical Staff

### 5.15.2 Influenza Control Program

- 5.15.2.1 All Members will comply with the Fraser Health Influenza Control Program Policy. This Policy requires all Health Care Providers to be vaccinated annually against influenza or wear a surgical/procedure mask during influenza season when in a patient care area.
- <https://pulse/clinical/dst/DST%20Library/Influenza%20Control%20Program%20-%20Policy/Policy.pdf>
- 5.15.2.2 During each influenza season, all Members are required to report to Fraser Health, in a manner prescribed by Fraser Health, the date of their influenza immunization or their intention to mask during the season.
- 5.15.2.3 Medical staff members who have not reported their immunization/decision to mask by December 1 will be notified and requested to report their status to Medical Affairs within 2 weeks.

### 5.15.3 Communicable Illness Outbreak Control

- 5.15.3.1 As part of the declaration of an outbreak by the Fraser Health Office of the Medical Health Officer, where applicable, the requirement to restrict non-immune Members from patient care areas affected by the outbreak will be stated.
- 5.15.3.2 When an outbreak is declared, the office of VP Medicine will notify Members practicing in areas affected by the outbreak for whom Fraser Health has no declaration and/or documented evidence of immunity to the outbreak disease. For these Members to continue to participate in patient care in Fraser Health Facilities affected by the outbreak, they will be required to produce documented declaration and/or documented evidence of immunity to the outbreak disease within 48 hours of being notified of the outbreak by the office of the VP Medicine.
- 5.15.3.3 Pursuant to Article 5.15.3.2, Members who have not produced a documented declaration and/or documented evidence of immunity to the outbreak disease within 48 hours of notification will not be permitted to participate in patient care in Fraser Health Facilities affected by the outbreak until they produce a declaration and/or documented evidence of immunity to the outbreak disease or the outbreak is declared over.
- 5.15.3.4 For their safety and the safety of patients, non-immune Members with medical or other reasons for not being immunized will not be permitted to participate in patient care in Fraser Health Facilities affected by the outbreak until the outbreak is declared over.
- 5.15.3.5 A Member contacted pursuant to 5.15.3.2 who has not produced a declaration and/or documented evidence of immunity within 48 hours of notification and continues to participate in patient care in Facilities affected by the outbreak will receive a written notice 7 days in advance of automatic suspension of privileges at the Facilities affected by the outbreak from the VP Medicine.
- 5.15.3.6 Provision of a declaration and/or documented evidence of immunity or written evidence of no longer participating in patient care in Facilities affected by the outbreak for the duration of the outbreak to the VP Medicine will cancel the advance notice of the suspension or the suspension.
- 5.15.3.7 The Member whose privileges have been suspended must arrange the transfer of their patients' care (including MRP if necessary) to an appropriate Member consistent with section 5.1.4 of the Rules.
- 5.15.3.8 Members whose privileges are suspended will be reported to the Member's licensing body.

#### 5.15.4 **Infection Prevention and Control Measures**

5.15.4.1 Members are required to follow all required infection prevention and control measures as directed by Fraser Health Infection Prevention and Control to prevent the transmission of communicable diseases.

5.15.4.2 Members are required to comply with all Fraser Health policies in force and effect regarding standards for the screening and follow-up of health care workers.

#### 5.15.5 **Hand Hygiene**

5.15.5.1 Members will be required to comply with the Fraser Health Hand Hygiene policy.

5.15.5.2 Applicants to the Medical Staff will be required to provide proof of completion of an approved online course in Hand Hygiene as a condition of appointment.

5.15.5.3 Members will be required to provide proof of completion of an approved online course in Hand Hygiene as part of their review for renewal of membership as a condition of continued membership.

## ARTICLE 6 - DISCIPLINE AND APPEAL

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### 6.1 AUTHORITY

6.1.1 The *Hospital Act Regulation*, Sec. 4(3)(h), requires the Medical Staff to “discipline any of its members in a manner it thinks fit and, if the circumstances in a case so warrant, recommend to the hospital’s Board the cancellation, suspension, restriction, or non-renewal of the member’s permit to practice in the hospital.

6.1.2 The Bylaws describe in Article 11 the general principles and process of disciplinary action (and appeal).

6.1.3 Members shall be compliant with Fraser Health Respectful Workplace policy.

<https://pulse/clinical/dst/DST%20Library/Respectful%20Workplace%20-%20Policy/Policy.pdf>

6.1.4 In October 2016, the B.C. Court of Appeal confirmed the scope of quality assurance protection pursuant to section 51 of the *Evidence Act*. Records produced while investigating a Member’s professional conduct at a hospital are barred from production in legal proceedings, even if those records are not ultimately produced before or submitted to a quality assurance hospital committee. Records may be produced as long as they are utilized for the purposes set out in section 51.

### 6.2 PURPOSE

6.2.1 Establish the right of Members to work in a safe, cooperative and respectful environment that supports the provision of safe patient care, by ensuring that Members conduct themselves in accordance with Respectful Workplace policy, other policies that apply to the Medical Staff, the Bylaws, and the Rules.

6.2.2 Encourage the prompt identification of behaviour that is non-compliant with the Respectful Workplace policy, other policies that apply to the Medical Staff and the Rules.

6.2.3 Provide a formal process for receiving and addressing complaints about Members to permit HAMAC to fulfill its duties under the Bylaws to:

- (a) monitor the quality and effectiveness of medical care provided by Members within the facilities and programs operated by Fraser Health;
- (b) make recommendations to the Board of Directors regarding disciplinary measures for violations of Bylaws, Rules or other policies that apply to the Medical Staff; and
- (c) review and report on any concerns related to the professional and ethical conduct of Members to the Board of Directors.

### 6.3 EFFECTS OF NON-COMPLIANT BEHAVIOUR

Disruptive, disrespectful, bullying, intimidating or abusive behaviour may affect the quality of care by:

- 6.3.1 Deflecting the Member's attention from the patient, therefore impairing clinical judgment and performance;
- 6.3.2 Increasing the likelihood of errors by leading others to avoid the disruptive Member, to hesitate to ask for help or clarification of orders or to make suggestions about patient care;
- 6.3.3 Undermining patient's confidence in the Member or Fraser Health;
- 6.3.4 Creating a working environment that undermines recruitment and retention efforts for Members and other staff; and/or;
- 6.3.5 Affecting the reputation of individual Members, the health professions and the stature of the Health Authority.

### 6.4 PROCESS TO MANAGE COMPLAINTS OF NON-COMPLIANT BEHAVIOUR

6.4.1 If a leader is notified of a report of non-compliant behaviour by a submission through the Respectful Workplace Policy the procedure as outlined in that should be followed.

If the leader receives a complaint directly from an employee, a member of administration, or another member of the medical staff the complainant can be referred to the Respectful Workplace Policy or the procedure below can be followed.

- 6.4.2 Where non-compliant behavior occurs, the matter will be addressed as outlined below in a consistent, equitable and timely manner. Confidentiality will be maintained to the degree permitted by law.
- 6.4.3 All reported non-compliant behaviours will be considered carefully and reviewed whether received orally or in writing. The individual receiving the complaint or the complainant will transcribe any oral complaint to a written format. The complainant should review and agree on the document.
- 6.4.4 When behaviour is observed or experienced which is perceived to be non-compliant, it should be reported immediately to the Local Department Head and, Site Medical Director, or Regional Department Head.
- 6.4.5 A report of non-compliant behaviour will be examined by the Local Department Head and Site Medical Director, or Regional Department Head for its validity as soon as possible to determine whether an investigation is warranted:
  - if an investigation is warranted, to conduct the investigation as soon as reasonably possible;
  - determine whether a complaint merits further action.

6.4.6 Individuals who are subject to non-compliant behaviour and/or those reporting non-compliant behaviour will be informed that reprisals or retaliation against them will not be tolerated, and in the event of a legal process, their names and statements may be disclosed.

6.4.7 Further details related to Respectful Workplace, Professional Conduct and Discipline Process available in Appendix 7.

#### **6.4.6 General Principles**

Interventions will follow a staged approach with the intention of remediation where possible:

6.4.6.1 **Stage One** interventions are warranted for first time non-compliant behaviours that are perceived as being of low severity.

6.4.6.2 **Stage Two** interventions are warranted for non-compliant behaviour that is of moderate severity or where stage one intervention has been ineffective.

6.4.6.3 **Stage Three** interventions are required for non-compliant behaviour that has continued despite previous interventions or where there is concern about self-injury or harm to others.

6.4.6.4 **Crisis Intervention** is required in the event of non-compliant behaviour that is too egregious for a staged response or which meets the test set out in Article 11.2.1.1 of the Bylaws.

#### **6.4.7 Documentation Requirements**

6.4.7.1 Any member who is the subject of a complaint may have, in addition to legal representation, the Medical Staff President, other medical staff leader or another member of the medical staff present during any meetings pertaining to the complaint.

6.4.7.2 Having met with the Member who is subject of the complaint, for those concerns warranting further action, the Local Department Head and/or Site Medical Director will document:

- A description of the behaviour;
- A description of the discussion with the Member;
- An indication that the Member has been informed that the behavior is perceived as being non-compliant;
- Evidence that mitigating factors have been considered;
- Specific documentation of resources offered or mandated to assist with changing behaviours;
- Reports from other professionals (therapists, coaches, etc.) who have been engaged as part of any remediation; and
- Documentation that the consequences of continued non-compliant behaviour and the prohibition on retaliatory action against any complainant have been openly and clearly outlined to the Member.

6.4.7.3 This documentation will be forwarded to the Member who is the subject of the complaint and through the Local Department Head and Site Medical Director to Executive Medical Director for inclusion in the Member's Fraser Health personal record in the Office of VP Medicine. All documentation received and produced in the course of investigating and addressing a Member's behavior pursuant to this Article 6 shall be kept in the Member's confidential file and shall form part of the record of any subsequent related disciplinary action before HAMAC, or other appropriate body, but shall not otherwise be disclosed except in accordance with the provisions of Section 51 of the *Evidence Act*.

## 6.5 STAGE ONE INTERVENTION

Stage One interventions are warranted for first time non-compliant behaviours that are perceived as being of low severity

6.5.1 Within a reasonable period of time of receiving a complaint, the Local Department Head and/or Site Medical Director will undertake the following:

6.5.1.1 Describe the incident to the Member and explain explicitly why the observed behaviour is considered non-compliant;

6.5.1.2 Provide the Member with an opportunity to respond;

6.5.1.3 Assist the Member to understand how others have interpreted the behaviour;

6.5.1.4 Offer supportive counselling either personally or through a third party;

6.5.1.5 In collaboration with the Member decide the format and substance of a response to the individual who reported the behavior in order to bring the complaint to resolution;

6.5.1.6 Document the discussion and intended follow up and provide same to the Member;

6.5.1.7 Submit a summary of the situation and actions taken to the Executive Medical Director.

## 6.6 STAGE TWO INTERVENTION

Stage Two interventions are warranted for non-compliant behaviour that is of moderate severity or where stage one intervention has been ineffective.

6.6.1 The Local Department Head and/or Site Medical Director will immediately inform the appropriate Executive Medical Director.

6.6.2 The Executive Medical Director in collaboration with the Local Department Head and/or Site Medical Director and/or Regional Department Head will:



- 6.6.2.1 Describe the complaint to the Member and explain explicitly why the observed behaviour is considered disruptive;
  - 6.6.2.2 Provide the Member with an opportunity to respond;
  - 6.6.2.3 Assist the Member to understand how others have interpreted the behaviour;
  - 6.6.2.4 Provide supportive counselling either personally or through a third party;
  - 6.6.2.5 In collaboration with the Member, decide the format and substance of a response to the reporter.
- 6.6.3 Develop a contract between the Member and Fraser Health or a letter of expectation which will include the following elements:
- 6.6.3.1 Method of redress (counselling, psychological testing, leadership training, substance abuse therapy, written project, tutorial sessions, etc.);
  - 6.6.3.2 Method of monitoring for change/progress;
  - 6.6.3.3 Description of behaviour benchmarks;
  - 6.6.3.4 Timeframe within which progress must be demonstrable;
  - 6.6.3.5 Consequences for lack of progress or non-compliance;
  - 6.6.3.6 Document the above in the Member's file.
  - 6.6.3.7 Notify the Member in writing that another incident may result in Article 11 of the Bylaws being invoked.
  - 6.6.3.8 Consider referring the Member to an external resource such as the Physician Health Program with regular reports to be received by the Executive Medical Director.

## 6.7 STAGE THREE INTERVENTION

Stage Three interventions are required for non-compliant behaviour that has continued despite previous interventions or where there is concern about harm to self or others.

- 6.7.1 The Local Department Head and/or Site Medical Director shall immediately inform the Executive Medical Director who will consider whether Article 11 of the Bylaws should be invoked.
- 6.7.2 The Executive Medical Director in collaboration with the Local Department Head and/or Site Medical Director and/or Regional Department Head will:
  - 6.7.2.1 Describe the complaint to the Member and explain explicitly why the observed behaviour is considered disruptive;
  - 6.7.2.2 Provide the Member with an opportunity to respond;

6.7.2.3 Assist the Member to understand how others have interpreted the behavior.

6.7.3 The Executive Medical Director will:

6.7.3.1 Review the behavioural history of the Member; and

6.7.3.2 Recommend other rehabilitation strategies or recommend disciplinary action as appropriate.

6.7.4 If further disciplinary action is recommended, Article 11 of the Bylaws will be invoked and followed.

## 6.8 CRISIS INTERVENTION

Crisis Intervention is required in the event of non-compliant behaviour that is considered by Fraser Health to be too egregious for a staged response.

6.8.1 Where behavior is deemed to require crisis intervention, the Local Department Head and /or Site Medical Director and/or Regional Department Head shall, in consultation with the Executive Medical Director, request the VP Medicine to consider acting pursuant to Article 11.2.1 of the Bylaws.

6.8.2 In such circumstances, the Local Department Head and /or Site Medical Director shall:

6.8.2.1 Arrange for an alternative practitioner to provide care for the suspended Member's patients as necessary; and

6.8.2.2 Arrange security as required.

## ARTICLE 7 - THE MEDICAL STAFF ASSOCIATION

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The Medical Staff Association of the Fraser Health shall consist of all Members. The Medical Staff Association is usually subdivided at the level of individual facilities or community programs. The operation and structure of the Medical Staff Association shall be in accordance with the Rules as approved and adopted by its members.

### 7.1 PURPOSE

- 7.1.1 The objectives of the Medical Staff Association include the promotion and advancement of Member involvement in the provision of the organization's medical services and to represent and advocate for the interests of the Medical Staff.
- 7.1.2 The operation and structure of the Medical Staff Association shall be in accordance with the Rules as approved and adopted by its members.

### 7.2 ELECTED OFFICERS OF THE MEDICAL STAFF ASSOCIATION

- 7.2.1 Each facility shall have elected officers of the Medical Staff Association.
- 7.2.2 The elected officers of the Medical Staff Association of each facility shall be the:
- President
  - Vice-President (may not be required at all sites)
  - Secretary Treasurer
- 7.2.3 All elected officers shall all be Members of the Active Staff.
- 7.2.4 The elected officers of the Medical Staff Association shall be responsible for:
- meetings – Regular, Annual and Special
  - appointing special subcommittees as needed

### 7.3 ELECTION PROCEDURE

- 7.3.1 A slate of nominated officers will be proposed by a committee constituted for this purpose; consisting of the immediate Past President of the Medical Staff Association (Chair) and two other members to be appointed by the elected officers of the Medical Staff Association .
- 7.3.2 The elected officers of the Medical Staff Association shall be elected at an annual meeting of the Medical Staff and shall hold office for a period of two (2) years. Officers may hold office for up to three (3) consecutive terms.
- 7.3.3 The elections shall be by acclamation or by a majority vote by all Active Members present and eligible to vote and casting ballots.

#### 7.4 DUTIES OF THE PRESIDENT OF THE MEDICAL STAFF ASSOCIATION

The President of the Medical Staff Association shall:

- convene and chair all meetings of the general Medical Staff;
- be a voting member of all committees of the Medical Staff of the facility;
- receive information as deemed appropriate from the HAMAC, regional programs, the Board, the CEO, Fraser Health or site senior management, the Program Medical Directors, the Regional Department Heads or others and disseminate this information to the Medical Staff and local community physicians;
- communicate all recommendations and matters of concern from the Medical Staff to the Program Medical Directors, the Regional Department Heads and/or the VP Medicine, HAMAC, the Presidents' Council (established under Article 7.8) and the Fraser Health senior management as appropriate;
- attend the Presidents' Council;
- represent the collective interests of Members;
- in the case of disciplinary action taken with respect to an individual member, inform that member of their rights under the Fraser Health Bylaws.

#### 7.5 DUTIES OF THE VICE-PRESIDENT OF THE MEDICAL STAFF ASSOCIATION

The Vice President of the Medical Staff, in the absence of the President or inability of the President to perform the duties of that office, shall assume all the duties and authorities of the President.

#### 7.6 DUTIES OF THE SECRETARY-TREASURER OF THE MEDICAL STAFF ASSOCIATION

The Secretary-Treasurer shall

- give notice and keep minutes of all meetings of the Medical Staff;
- attend to all correspondence of the Medical Staff Association;
- cause a financial statement of the Medical Staff Association funds to be prepared for presentation to the annual meeting, and ensure that an audit of the Medical Staff Association funds is conducted annually;
- perform such other duties pertaining to the office of the Secretary-Treasurer as may be required, including assumption of the duties and authorities of the Vice-President in the absence of the Vice-President or inability of the Vice-President to perform the duties of that office.

## 7.7 DUTIES OF THE PAST PRESIDENT OF THE MEDICAL STAFF ASSOCIATION

The Past President of the Medical Staff Association shall serve in an advisory capacity, along with the President of the Medical Staff Association, VP, and Secretary-Treasurer.

## 7.8 PRESIDENTS' COUNCIL

7.8.1 The Presidents' Council (composed of all Presidents of Medical Staff Association at each facility) shall meet quarterly or at the call of their chair to discuss issues pertinent to the Medical Staff.

7.8.2 A Chair of the Presidents' Council shall be elected by the Presidents' Council.

7.8.3 The Chair of the Presidents' Council, or delegate, shall be a Member of the HAMAC.

## 7.9 RECALL, REMOVAL AND FILLING OF VACANT OFFICES

7.9.1 Elected officers of the Medical Staff Association may be recalled and removed in accordance with the following:

- Upon receipt of a petition seeking recall of an elected officer, signed by one third of Members eligible to vote, the President shall call a special meeting of the Medical Staff to be held within thirty (30) days of receipt of the petition. In the case of recall of the President, the Past President shall call and chair this meeting. If at this meeting, with a quorum present, two-thirds of eligible voters present vote in favour of recall the office shall be declared vacant. An election for the vacant office may be held at the same meeting.
- In the event of death, removal or resignation of an elected officer during the term of office, another Member may be elected at a regular or special meeting to fill the balance of the expired term. Otherwise, the duties of that office shall be assumed by the remaining officers as specified in the duties of the officers.
- In the event of simultaneous removal or resignation of the entire elected officers of the Medical Staff Association, the Past President of the Medical Staff Association shall assume the duties and responsibilities of the President of the Medical Staff Association, will handle all urgent matters, and will immediately call an election for the vacant offices.

## ARTICLE 8 - MEETINGS OF THE MEDICAL STAFF ASSOCIATION

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All meetings of the Medical Staff Association shall be conducted according to Robert's Rules of Order, newly revised. Records of all meetings shall be kept.

### 8.1 ANNUAL MEETING

- 8.1.1 The annual meeting shall be the last meeting of each calendar year at which time elections shall be held for positions of officers whose terms are expiring.
- 8.1.2 The President shall post a notice for members of the Medical Staff Association at least ten (10) days prior to the annual meeting announcing the time and place of the meeting.
- 8.1.3 An annual report from the officers and committees of the Medical Staff Association shall be presented in writing.
- 8.1.4 The CEO and the VP Medicine shall be given notice of the meeting and they or their delegates may attend.
- 8.1.5 Representatives from the site senior administration shall be invited to attend.
- 8.1.6 Representatives from the Board may be invited to attend.

### 8.2 REGULAR MEETINGS

- 8.2.1 Regular meetings of the Medical Staff Association shall be held at least two (2) times in a calendar year, in addition to the Annual Meeting, or more frequently as deemed appropriate by the President or officers of the Medical Staff Association.
- 8.2.2 The President shall post a notice for members of the Medical Staff Association at least ten (10) days prior to a regular meeting announcing the time and place of the meeting.
- 8.2.3 The CEO and the VP Medicine shall be given notice of the meeting and they or their delegates may attend all meetings of the Medical Staff Association.
- 8.2.4 Representatives from the site senior administration shall be invited to attend.
- 8.2.5 The business of regular meetings shall include informing the Medical Staff Association of actions recommended by HAMAC. The chair of HAMAC, or their delegate, may be invited to attend the meeting.
- 8.2.6 Regional Department and committee reports may be presented at these meetings.

### 8.3 SPECIAL MEETINGS

- 8.3.1 A special meeting may be called at the sole discretion of the President of the Medical Staff Association for whatever reason including at the request of the Board, CEO or HAMAC. A special meeting shall be called by the President of the facility Medical Staff Association at the request of one-third of the facility's eligible voting members of the Medical Staff and shall be held within fourteen (14) days of receipt of the request.
- 8.3.2 At a special meeting, no business shall be transacted except as explicitly stated in the notice calling the meeting.
- 8.3.3 Notice shall be posted by the President at least five (5) business days before the special meeting and shall contain the purpose of the meeting.
- 8.3.4 No regular business shall be transacted at a special meeting.

### 8.4 ATTENDANCE

- 8.4.1 Active and Provisional Staff Members shall attend at least 50% of all the Medical Staff Association meetings in a calendar year.

### 8.5 QUORUM

- 8.5.1 Each facility should establish a quorum for their Medical Staff Association meetings. The quorum should be a minimum of 50% of the members of the Active Staff eligible to vote.

### 8.6 MEMBERSHIP DUES

- 8.6.1 Each Member of the Active and Provisional Staff shall pay annual membership dues at the Primary Site of the Member.
- 8.6.2 Dues may be recommended by the elected officers of the Medical Staff Association and determined by a simple majority of Members in attendance at the Annual Meeting.
- 8.6.3 This annual fee is due and payable each calendar year and is a requirement in order to maintain membership on the Medical Staff.

## ARTICLE 9 - AMENDMENTS

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- 9.1. The Board, upon the recommendation of HAMAC may make amendments to the Rules.
- 9.2. The Medical Staff shall be provided with any and all proposed amendments and afforded the opportunity to discuss and consult on any proposed amendments prior to the proposed amendments being forwarded to the Board for a final decision. The Board will be informed of the results of the consultation with the Medical Staff prior to making a final decision. The results of any vote taken by the Medical Staff in response to such a consultation shall be forwarded to the Board via the HAMAC. The amended Rules become effective when adopted by the Board.
- 9.3. The Rules shall be reviewed and amended periodically as necessary to maintain consistency with the Medical Staff organization structure and with provincial legislative and regulatory changes.
- 9.4. The Rules shall be reviewed no less frequently than every three years, revised as necessary and dated accordingly.



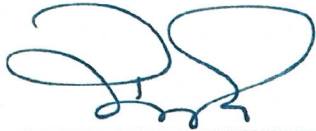
## ARTICLE 10 - APPROVAL OF RULES

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THIS IS TO CERTIFY:

Amendments to the Rules were recommended by the Fraser Health Authority Medical Advisory Committee on May 11, 2022 and approved by the Board of Directors on June 24, 2022.

Signed by:



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Chair, Fraser Health Medical Advisory Committee



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Chief Executive Officer, Fraser Health



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Chair, Fraser Health Authority Board of Directors

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## APPENDIX 1 - ORIENTATION AND REFRESHER PROGRAM

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The purpose of orientation is to ensure Members are provided with relevant information and training to support them in their provision of safe care in partnership with Fraser Health. The Orientation and Refresher Program is online on the Medical Staff Website:

Orientation Online:

<http://medicalstaff.fraserhealth.ca/Orientation-and-Training/>

The Orientation Program must be completed in order for a member of the Provisional category to be promoted to the Active category.

## APPENDIX 2 - REQUIREMENTS FOR IN DEPTH PERFORMANCE EVALUATION OF MEDICAL STAFF MEMBERS

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Pending.

## APPENDIX 3 – TERMS OF REFERENCE OF MEDICAL COMMITTEES

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<http://medicalstaff.fraserhealth.ca/getattachment/Quality-and-Safety/Strips/Medical-Advisory-Committee/Medical-Committees/HAMAC/Medical-Staff-Rules-Appendix-4-ToR-HAMAC-Feb-2014.pdf.aspx/>

## APPENDIX 4 – RESPONSIBILITIES OF MEDICAL LEADERS

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### 1 Regional Department Head

In addition to those responsibilities defined in the Bylaws, responsibilities of the Regional Department Head include (but are not limited to):

- developing annual operating objectives for the Regional Department;
- functioning as the channel of communication to and from the Regional Department to keep members of the Regional Department informed regarding Fraser Health, HAMAC and Departmental objectives, policies and general activities;
- maintaining a high degree of visibility by regular visits to each facility in which the regional department is active;
- serving as a member of the HAMAC;
- in collaboration with the HAMAC, recommending appointment of practitioners, renewal of Medical Staff membership and privileges;
- in collaboration with the HAMAC, recommending appointment of Clinical Fellows and Clinical Observers;
- authorizing temporary appointment and temporary privileges;
- developing, with the members of the Regional Department, standards of clinical practice for the Department and ensuring that the Department members work within established standards;
- encouraging and facilitating programs for the continuing medical education of Regional Department members;
- establishing a Regional Department Medical Quality Committee with responsibilities for quality assurance/improvement and review of morbidity and mortality;
- monitoring and evaluating the utilization of Fraser Health resources by members of the Regional Department in order to ensure effective and efficient use of these resources;
- arranging and chairing Regional Departmental meetings as required in these Rules;
- if applicable, working with universities to ensure that education programs and research activities are being sufficiently promoted and supported;
- assisting in the development and maintenance of specific job descriptions for each Regional Division Head in the Regional Department;
- advising the HAMAC regarding appointment of Division Heads;
- promoting health and wellness amongst Members;
- encouraging a healthy, respectful workplace;
- investigating and documenting complaints regarding care provided by Members within the Regional Department in collaboration with the Site Medical Director and/or Local Department Head where appropriate;
- considering and making recommendations to HAMAC regarding all applications for leave of absence by Regional Department members;
- reviewing with the Regional Department and the Program Medical Director and/or Executive Medical Director, the human resources requirements of the Regional Department and recommending a plan for the Regional Department to HAMAC;
- participating as a member of a Search and Selection Committee to fill a vacancy in the Regional Department;

- conveying the advice, opinions and duly passed motions of Regional Department members to the Fraser Health and the HAMAC and relevant information from the Fraser Health and HAMAC to the members of the Regional Department.

## 2 Regional Division Head

The responsibilities of the Regional Division Head include (but are not limited to):

- developing annual operating objectives for the Regional Division;
- functioning as the channel of communication to and from the Regional Division to keep members of the Regional Division informed regarding Division objectives, policies and general activities;
- developing, with the members of the Regional Division, standards of clinical practice for the Regional Division, recommending those standards to the Regional Department and ensuring that the Regional Division members work within established standards;
- encouraging and facilitating programs for the continuing medical education of Regional Department members;
- arranging and chairing Regional Division meetings as required in these Rules;
- if applicable, working with universities to ensure that education programs and research activities are being sufficiently promoted and supported;
- promoting health and wellness amongst Members;
- encouraging a healthy, respectful workplace;
- investigating and documenting complaints regarding care provided by Members within the Regional Division under the direction of the relevant Regional Department Heads or Program or Regional Medical Directors;
- reviewing with the Regional Division and the Regional Department Head and /or Program or Regional Medical Director, the human resource requirements of the Regional Division;
- contributing to the search and selection of applicants for vacancies in the Regional Division;
- establishing a quality assurance/quality improvement structure and program for the Regional Department, which carries out the functions of review, evaluation and analysis of the quality of Medical Care and utilization of Fraser Health resources.

## 3 Local Department Head

The responsibilities of the Local Department Head include (but are not limited to):

- participating in the Site Operations Committee or equivalent for the Facility;
- functioning as the channel of communication to and from the Regional Department to keep Members practicing within the Facility informed regarding Fraser Health, HAMAC and Departmental objectives, policies and general activities and to ensure Regional Departments are aware of issues specific to the Facility;
- in collaboration with the Regional Department Head, recommending appointment of practitioners, renewal of Medical Staff membership and privileges;
- ensuring the requirements of programs operating within the Facility are co-ordinated

- promoting health and wellness amongst Members;
- investigating and documenting complaints regarding care provided by Members within the Department at the Facility under the direction of the appropriate Regional Department Head and/or Site Medical Director where appropriate;
- encouraging a healthy, respectful workplace;
- reviewing with the Regional Department Head the human resource requirements of the Regional Department practicing within the Facility;
- contributing to the search and selection of applicants for vacancies in the Regional Department;
- conduct morbidity and mortality reviews.

## 4 Site Medical Director

### Quality, Standardization and Performance

In partnership with the Executive Director, the Site Medical Director will support clinical staff at the hospital to effectively meet quality and standardization deliverables.

Specifically:

- ensuring appropriate standards of care and practice, based on regional standards, are developed and implemented across the inter-disciplinary team;
- ensuring defined health outcomes are being achieved at the Facility as per the Fraser Health performance report card;
- ensuring effective quality improvement and patient safety activities occur within the Facility consistent with the mandates of the VP Patient Experience, HAMAC, Regional Departments and Regional Programs;
- establishing effective communication mechanisms (quality and performance improvement network) amongst the regional programs at the Facility to allow sharing of best practices and strategies for adoption of best practices;
- advocating for resources and other supports at the Facility (including but not limited to professional practice, quality, Systems Optimization) to support quality improvement and patient safety activities;
- supporting the development and adoption of information systems and information management systems that effectively support the standardization and quality of care;
- advising Regional Department, Regional Division and Local Department Heads of any concerns relating to the practice of Medical Staff members within the Facility.

### Recruitment and development

- collaborating with the appropriate Program Medical Director or Regional Medical Director for physician resource planning and recruitment of Medical Staff members at the Facility;
- working collaboratively with the appropriate Executive Medical Director to ensure that all contracts with physicians are managed effectively and in compliance with Fraser Health policies and procedures, and processes addressing credentialing and discipline of members of the Medical Staff are in place and complied with;
- ensuring that Medical Staff members understand and comply with the Medical Staff Bylaws, Rules, and Regional Department and Fraser Health policies;
- ensuring a process for orientation of Medical Staff members to the Facility.

## **Budget and Operational Planning and Control**

- In partnership with the Executive Director developing operational plans and budgets, including capital and operating budget, for the Facility to meet clinical needs of the population.
- In partnership with the Executive Director ensuring the effective, efficient utilization of program resources - human, financial, space, physical and clinical.
- Co-leading with the Executive Director and clinical leaders, mechanisms to monitor performance to budgets; developing and implementing mitigation strategies where required.
- Developing strategies to enhance Medical Staff members' understanding of the budget process and supporting involvement of Medical Staff members throughout the process.
- In partnership with the Executive Director and clinical leaders monitoring program utilization.

## **Leadership and Facility Operations**

- Providing leadership through mentoring, coaching, and modeling a collaborative working style and leading by influence and respect.
- With the Executive Director, share decision making and accountability for Facility operations and delivery of quality patient centred care.
- Providing leadership to support and coordinate the requirements of programs operating within the Facility (connecting with regional program leaders on a regular basis), and escalate clinical delivery issues as necessary.
- In collaboration with the Executive Director, identifying and advocating for Facility specific needs in partnership with Regional Medical Directors and community organizations.
- In collaboration with the Executive Director, and in conjunction with relevant regional program and regional medical leadership, ensuring that medical services at the Facility are delivered effectively within the established Clinical Service Plans and aligned with other Facility and program activities and initiatives.
- Ensuring issues related to the delivery of medical care within the Facility are identified and, where possible, managed locally or, where necessary, escalated through Local Department Heads to the relevant, Regional Department Head/Regional Medical Director/Program Medical Director for resolution.
- Overseeing and/or directing the investigation and documentation of complaints regarding care provided by Medical Staff members within the Facility in conjunction with the appropriate Local Department Head and Regional Department Head.
- Co-chairing with the Executive Director, Facility based committees including but not limited to Facility performance, access and flow and infection prevention and control and ensure its compliance with its terms of reference.
- Representing the Facility as requested by the VP responsible for the Facility.

## **Strategic and Policy Advice**

- Providing senior medical administrative leadership and decision making, in relation to professional and strategic matters at the Facility level.
- Advising the VP responsible for the Facility on medical matters within the Facility.

- In partnership with the Executive Director and regional programs, participating in the implementation of strategic and service delivery plans within the Facility.
- Attending HAMAC (voting member) and providing advice and consultation on strategic and policy matters.

## 5 Program Medical Director

The responsibilities of the Program Medical Director include (but are not limited to):

- co-leading the Program with the Executive Director to set standards / guidelines of healthcare delivery and develop systems for monitoring compliance with those standards;
- meeting regularly with the senior administrative team and the VP Medicine regarding ongoing issues of patient care and Member practice;
- ensuring that Member activities are consistent with the overall direction of the Fraser Health service delivery plan;
- liaising with Medical Directors of other Fraser Health Programs and Networks, and Site Medical Directors to ensure the services the Program provides are coordinated with the other Programs to provide a spectrum of care to the patients, residents and clients;
- meeting regularly with inter-disciplinary clinical leaders and administrators to ensure that Member practices are aligned with other activities and initiatives within the inter-disciplinary team;
- maintaining a high degree of visibility by regular visits to each Facility in which the Program is active;
- assisting Regional Department Heads in the identification of human resource needs and in the active recruitment of practitioners;
- assisting Regional Department Heads in dealing with quality of care issues including issues regarding performance, availability and the behaviours of individual Regional Department Members;
- in collaboration with Site Medical Director and Local Department Head ensuring new Members are adequately oriented to Facility and Program policies, procedures and practices to allow their smooth integration into the Medical Staff;
- investigating and documenting complaints regarding care provided by Members within the Program at the Facility in collaboration with the Site Medical Director and/or Local Department Head where appropriate;
- representing the Medical Staff in public on an as requested basis on issues of Medical Staff policies, procedures and quality of care;
- ensuring that Member academic activities (including education and research) are compliant with Fraser Health policies.

## 6 Regional Medical Director

The responsibilities of the Regional Medical Director include (but are not limited to):

- setting standards and guidelines of healthcare delivery and develop systems for monitoring compliance with those standards;
- meeting regularly with the senior clinical administrative team and the Executive Medical Director regarding ongoing issues of patient care and Member practice;

- ensuring that Member activities are consistent with the overall direction of the Fraser Health service delivery plan;
- liaising with other Regional Medical Directors, Program Medical Directors and Site Medical Directors to ensure the services provided are coordinated among other Programs to provide a spectrum of care to the patients, residents and clients;
- meeting regularly with inter-disciplinary clinical leaders and administrators to ensure that Member practices are aligned with other activities and initiatives within the inter-disciplinary team;
- maintaining a high degree of visibility by regular visits to each facility in which the service is active;
- assisting Regional Department Heads in the identification of human resource needs and in the active recruitment of practitioners;
- assisting Regional Department Heads in dealing with quality of care issues including issues regarding performance, availability and the behaviours of individual Regional Department Members;
- investigating and documenting complaints regarding care provided by Members within the Department at the Facility in collaboration with the Site Medical Director and/or Regional Department Head where appropriate;
- representing the Medical Staff in public on an as requested basis on issues of Medical Staff policies, procedures and quality of care;
- ensuring that Member academic activities (including education and research) are compliant with Fraser Health policies.



## APPENDIX 5 – PROCESS OF RECRUITMENT AND SEARCH AND SELECTION

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### Process Checklist for Search and Selection Committee

- Search and Selection Committee established consistent with Rules sections 3.2.1.5 and 3.2.1.6.
- Develop Terms of Reference – sample below.
- Posting developed and closing date determined.
- Posting publicized/distributed via Talent Acquisition for Physicians Portfolio (Physician Recruitment). Submitted by Regional Department Head's office.
- Additional external advertising arranged if necessary with Talent Acquisition for Physicians Portfolio.
- Acknowledgement of receipt of application to all applicants given by Regional Department Head's office.
- Applicants screened and "shortlisted" for interviews by Committee based on advertised criteria and other relevant criteria established by the Committee.
- Applicants not shortlisted to be advised in writing.
- Applicants shortlisted to be advised in writing and interview dates to be arranged based on committee members' and applicant's availability.
- Committee activity subject to the following principles:
  - "administrative fairness" to the candidates (e.g. due process applied to all, transparency, rigorous enough to be defensible when challenged, no secret information received or used, etc.);
  - quantitative evaluations of interview responses to the greatest extent possible;
  - all scoring by members to be documented;
  - voting process and rights of each committee member to be prescribed (consensus, secret ballot, show of hands);
  - business of the Committee shall be confidential until a decision is made by the committee and candidates contacted by the Chair or designate;
  - no contact between shortlisted candidates and committee members shall occur apart from the interviews;

- questions from candidates throughout the process will be directed to the committee Chair.
- Develop interview questions with numerical scores. Formal presentations by applicants permitted.
  - Interview questions to be used consistently for all interviewed applicants.
  - Committee members to record notes on question sheets for each candidate.
  - Questions sheets to be collected after interviews by Committee chair and retained by Regional Department Head's administrative assistant.
  - Decision of Committee documented as minutes and candidates ranked.
  - First choice candidate contacted and three references requested.
  - Written references obtained and verbal references checked.
  - Offer letter prepared by Regional Department Head based on Medical Affairs template and sent. Offer letter to be returned signed by selected candidate within prescribed period.
  - Unsuccessful candidates advised in writing.
  - Sponsorship/supervision letter to College signed by Regional Department Head if Conditional or Provisional license required.
  - Regional Department Head requests Credentials Office to release application for appointment package to candidate or recommends change in site privileges and/or category as applicable if an internal candidate.
  - Completed Application for Appointment triggers credentialing process.

### **Search and Selection Committee – Terms of Reference**

#### **1. Objectives**

- 1.1 To undertake the search and selection process as outlined in the Medical Staff Rules
- 1.2 To develop the criteria for screening (shortlisting) and selection.
- 1.3 To interview shortlisted candidates.
- 1.4 To recommend a candidate for each position

## **2. Membership**

The Search and Selection Committee membership will be consistent with the requirement in the Medical Staff Rules, section 3.2.1.6.

## **3. Meetings**

- 3.1 A record will be kept of the meetings of the committee and of the interviews.
- 3.2 Interviews will be scheduled with the consensus of the committee members.
- 3.3 The business of the committee will be conducted in accordance with Robert's Rules.

## **4. Quorum**

A quorum is a majority of appointed members of the committee.

## APPENDIX 6 – MANDATORY TRAINING PROGRAMS FOR MEMBERSHIP ON THE MEDICAL STAFF

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### For Appointment:

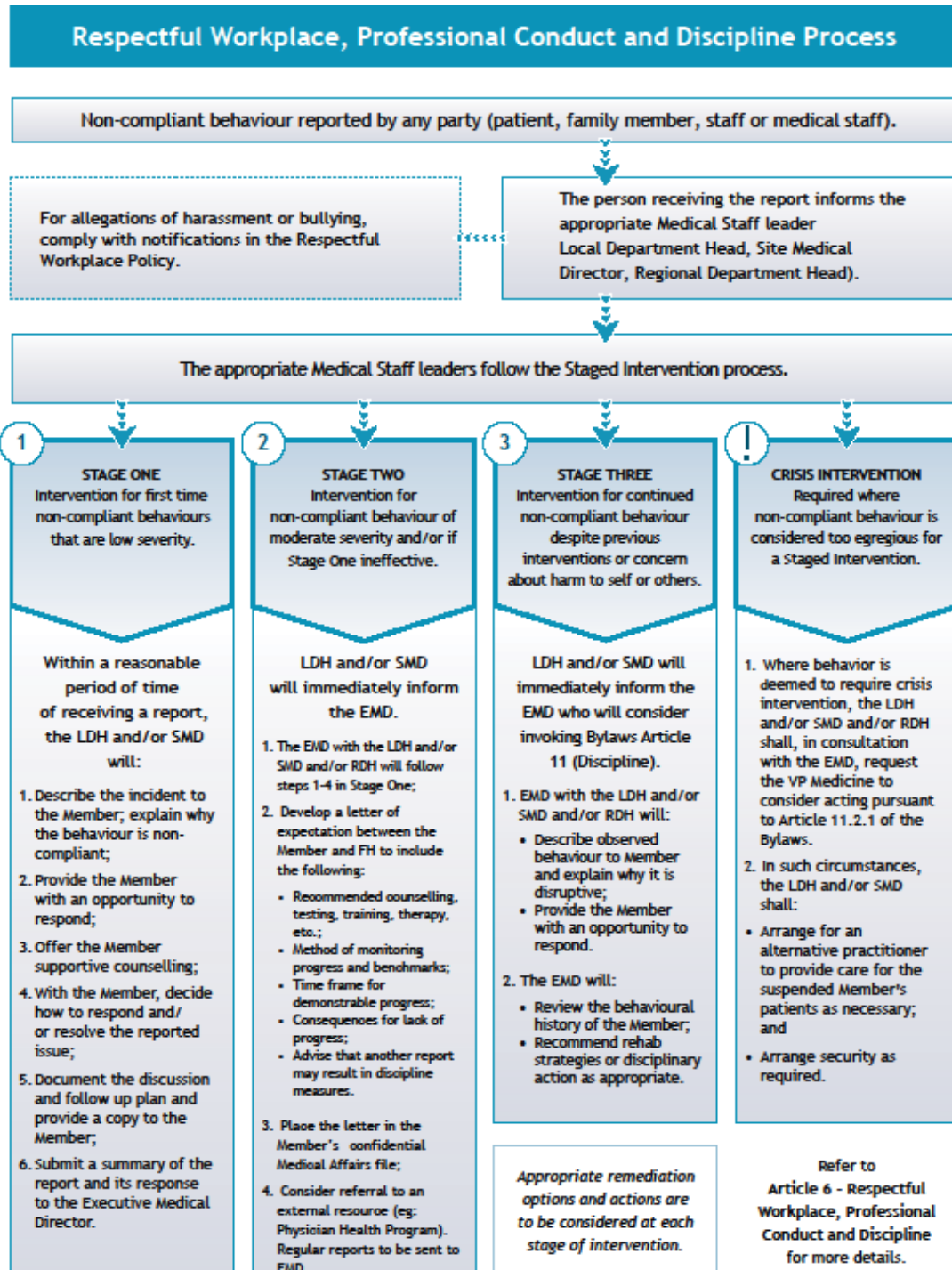
- Medical Staff Orientation
- Hand Hygiene
- Safe Medication Order Writing
- Fluoroscopy: Practical Radiation Protection (Fluoroscope Operators)
- Laser Safety (Laser Operators)
- Fetal Health Surveillance (all obstetrical practitioners)
- Neonatal Resuscitation Program (all obstetrical practitioners)
- Meditech Physician Workload/Care Manager Module(PWM/PCM) module
- Mental Health Act (MHSU Members Only)
- Advanced Pediatric Life Support/Pediatric Advanced Life Support or approved Pediatric simulation program (Emergency Medicine Members)
- Physician Discharge Summary (Family Practice, Hospital Medicine and other medical staff members as per regional department policy.)

### For Renewal:

- Hand Hygiene
- Safe Medication Order Writing
- Fluoroscopy: Practical Radiation Protection (Fluoroscope Operators)
- Laser Safety (Laser Operators)
- Fetal Health Surveillance (all obstetrical practitioners)
- Neonatal Resuscitation Program (all obstetrical practitioners)
- Mental Health Act (MHSU Members Only)
- Advanced Pediatric Life Support/Pediatric Advanced Life Support or approved Pediatric simulation program (Emergency Medicine Members)
- Physician Discharge Summary (Family Practice, Hospital Medicine and other medical staff members as per regional department policy.)

Members are also required to complete any other training deemed necessary by the relevant department and approved by HAMAC.

# APPENDIX 7 – RESPECTFUL WORKPLACE, PROFESSIONAL CONDUCT AND DISCIPLINE PROCESS



## APPENDIX 8 – HUMAN RESOURCES PLANNING GUIDE

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Pending.