



The Bays Hospital

“Your Community Owned Hospital”

By-Laws, Rules and Regulations

of the

Medical Staff

**BY-LAWS RULES AND REGULATIONS
OF THE MEDICAL STAFF ASSOCIATION**

INDEX

	Page
Mission Statement.....	3
Definitions.....	4
Article I Name	5
Article II Purpose.....	5
Article III Medical staff membership	5
Article IV Categories of the medical staff.....	7
Article V Procedures for appointment and reappointment	8
Article VI Determination of clinical privileges	12
Article VII Corrective action	14
Article VIII Medical Advisory Committee.....	16
Article IX Meetings	21
Article X Confidentiality	22
Article XI Implementation of By-Laws, Rules and Regulations, Immunity from Liability.....	22
Article XII Amendments	22
Article XIII Adoption.....	23
Rules and Regulations	24



MISSION STATEMENT

The Bays is a community owned health care organisation providing quality acute hospital and residential aged care services to the residents of the Mornington Peninsula and delivering a material community dividend.

We achieve these objectives by:-

- Providing a workplace environment and encouraging a culture that allows us to attract and retain the best people*
- Meeting the service expectations of our patients, residents, doctors and family members*
- Maintaining the highest ethical standards in our dealings with all stakeholders*
- Operating within a framework that allows the best possible environmental outcome*
- Generating sufficient funding to maintain payment of a community dividend and appropriate levels of investment in our buildings, equipment and people.*

DEFINITIONS

1. "Board of Directors" means the governing authority of The Bays Hospital Group Incorporated.
2. "Board" means the Board of Directors of the Hospital.
3. "Chief Executive Officer" means the individual appointed by the Board, to act on behalf of the Board in the overall management of the Hospital.
4. "Medical staff" means the formal association of all registered medical and dental practitioners, who have been granted privileges by the Board to attend patients in the Hospital.
5. "Medical Advisory Committee" means the Executive committee of the Medical Staff Association.
6. "Doctor" means an individual who is fully registered to practice medicine in the state of Victoria, pursuant to the provisions of the Medical Practitioner Act 1970 (as amended).
7. "Practitioner" means, unless otherwise limited, any doctor or dentist appointed to and granted clinical privileges in the Hospital.
8. "Clinical privileges" means the permission granted to a practitioner by the Board to render specific diagnostic, therapeutic, medical, dental or surgical services.
9. "Medical staff year" means the period from the 1st July through to 30th June.
10. "Ex-officio" means service as a member of a body by virtue of an office or position held and unless otherwise expressly provided, means without voting rights.
11. "Special notice" means written notification sent by certified or registered mail, facsimile, telegram or other means to an address previously provided, return receipt requested.
12. "Hospital" means The Bays Hospital Group Incorporated.
13. "Department" means a department of the Medical Staff Association.
14. References to one gender shall include the other.

ARTICLE I

NAME

The name of this organisation shall be the Medical Staff Association of The Bays Hospital Group Incorporated.

ARTICLE II

PURPOSE

The purpose of the Medical Staff Association is to ensure that all patients admitted to the hospital receive high quality care, and to ensure a high level of professional performance of all medical practitioners authorised to practice in the hospital.

In addition, the purpose of this association is to provide a means of self-government, and a forum to discuss issues concerning the medical staff with management and to ensure a good working relationship between the hospital and its medical staff.

ARTICLE III

MEDICAL STAFF MEMBERSHIP

Membership of the medical staff of the hospital shall only be extended to professionally competent, qualified medical and dental practitioners who continuously meet the qualifications set forth in these By-Laws. Membership is granted by the Board of Directors after receiving recommendations from the Medical Advisory Committee, which is charged with responsibility of reviewing the formal applications, together with copies of degrees.

The Chief Executive Officer is responsible for efficient communication with members and application for membership.

A. Qualification

Only practitioners legally licensed to practice in Victoria who can document their experience, background, training and ability, and who pledge to abide by the code of ethics set forth by the Australian Medical Association and guidelines set forth by the Australian Dental Association, will be considered for membership.

B. Conditions

Every practitioner granted membership of the Medical staff shall abide by the Medical Staff By-Laws, Rules and Regulations in addition to providing continuous care and supervision of their patients.

C. Duration

All appointments to the medical staff shall be made by the Board of Directors after recommendation by the Medical Advisory Committee. All initial appointments and re-appointments shall be of a period of time not to exceed five (5) years.

ARTICLE IV

CATEGORIES OF THE MEDICAL STAFF

The medical staff shall include active and associate categories.

A. Active Staff

The active staff shall include medical and dental practitioners who regularly admit patients to, or are otherwise regularly involved in the care of patients of the hospital. Active staff members shall be eligible to vote on all matters presented at general and special meetings of the medical staff, to hold office and to serve on committees of the medical staff.

Departments, if established, are responsible for the determination of guidelines for classification in this category.

B. Associate Staff

The associate staff shall include the approved locum of the medical practitioners and those practitioners who occasionally admit patients to the hospital. The associate staff members will not be eligible to vote or hold office in the Medical Staff Association

The Medical Advisory Committee is responsible for the determination of guidelines for classification in this category.

C. Consultant & Retired Staff

These may be medical and dental practitioners who are of outstanding reputation, not necessarily residing in the community.

The consultant staff shall not be burdened with the responsibility of active staff duties.

ARTICLE V

PROCEDURES FOR APPOINTMENT AND RE-APPOINTMENT

A. Application for Appointment

Applications for appointment to the medical staff shall be submitted on an application form and will be approved by the Board of Directors of the hospital on the recommendation of the Medical Advisory Committee.

Applications for appointment signify the applicants' willingness to appear for interviews in regard to the application and authorises the hospital to consult with other members of medical staff of other hospitals about the application. The applicant consents to the hospital's inspection of all records and documents that may be material to an evaluation of professional qualifications and competence to carry out the clinical privileges requested, as well as moral and ethical qualifications for staff membership.

For appointment with unrestricted clinical privileges in surgery, dentistry, anaesthetics, gynaecology, obstetrics, medicine and other specialist branches of medicine and surgery the following will be necessary but not necessarily sufficient:

- a) Registration number in the state of Victoria or Dental Board of Victoria.
- b) Appropriate post graduate degree(s)
- c) Recognition by the Commonwealth Minister of Health as a specialist or Specialist Recognition Advisory Committee for the purposes of consultant physician pursuant to the Health Insurance Act 1973.
- d) Two (2) appropriate references as to professional ability.
- e) Adequate and current medical defence coverage.
- f) Provision for cover when unavailable.

All applicants not meeting these requirements must present a list of procedures that they wish to undertake so that their clinical privileges can be delineated

General practitioner admitting privileges are as follows:

- a) Registration number in the state of Victoria.
- b) Two (2) appropriate references as to professional qualifications and ability.
- c) A medical defence coverage
- d) Provision for cover when unavailable.

Appointments and re-appointments to the medical staff as a general practitioner are to routinely exclude clinical privileges in specialties. Applications from general practitioners seeking clinical privileges in specialties must be supported by sufficient evidence of training and experience relevant to the extent of specialist privileges requested and are to be individually evaluated by the Medical Advisory Committee.

B. Processing the Application

- a) The applicant shall deliver a completed application to the Chief Executive Officer of the hospital, who shall seek to collect or verify references.
- b) The Medical Advisory Committee shall review the application, supporting documents and other relevant information available. The Medical Advisory Committee shall transmit to the Board its report and recommendation for or against an appointment.
- c) The Board upon receipt of the report and recommendation of the Medical Advisory Committee, will make the final determination to the Chief Executive Officer regarding the granting of medical staff membership. The applicant will be notified by the Chief Executive Officer as soon as possible after the determination of the Board has been made.
- d) If the decision of the Board is contrary to the recommendation of the Medical Advisory Committee with regard to the application, then the officers of the Medical Advisory Committee and Board will meet jointly to further discuss the matter prior to the Board rendering a final determination.
- e) If the Board is adverse to the applicant being granted membership and applying for appointment, then the applicant has the right of appeal as outlined under Article V Section D of the By-Laws.

C. Re-Appointment Process

The Chief Executive Officer shall, at least ninety (90) days prior to the expiration date of the present staff appointment for each medical staff member, provide the staff member with a re-application for clinical privileges form. It will be the responsibility of the staff member desiring re-appointment to send the completed re-application for clinical privileges form to the attention of the Chief Executive Officer prior to the expiration date of the present appointment.

The re-application for clinical privileges form shall be a form approved by the Board and will contain information necessary to maintain up to date information with regard to medical/dental staff.

Upon receipt and verification of information contained in the re-application for clinical privileges form, the Chief Executive Officer will transmit the information to the Medical Advisory Committee. The process followed by the Medical Advisory Committee and the Board is the same as the procedure outlined in Article V Section B.

D. Appeal Process

The Chief Executive Officer will notify the practitioner as to the decision of the Board regarding the application for medical staff membership.

1. Request for Appeal

If the recommendation of the Medical Advisory Committee and/or the Board is adverse to the applicant, the applicant may, within thirty (30) days, request a hearing with the Medical Advisory Committee and Board representatives. A request for the hearing shall be submitted in writing and sent to the attention of the Chief Executive Officer.

Upon the receipt of the written request from the applicant for a formal hearing, the Chief Executive Officer will schedule within ninety (90) days a date for the hearing. Failure of the applicant to be present for the hearing will constitute a withdrawal of the request for approval.

If no written notification for appeal is received within thirty (30) days of the notification of the recommendation of the Board, the applicant waives the right of appeal and accepts the recommendation of the Board.

2. Hearing Process

The hearing process provided in these By-Laws is for the purpose of resolving, on a collegial basis, matters concerning professional competence and conduct.

As such, the hearing is not a court of law and neither the affected practitioner or hospital shall be represented by legal counsel.

The Medical Advisory Committee and/or Board has an obligation at the hearing to present appropriate evidence and reasoning in support of the adverse recommendation or decision affecting the practitioner. The practitioner shall thereafter be responsible for supporting any challenge to the adverse decision by evidence showing that the charges or grounds involved lack any factual basis or such basis is either arbitrary, unreasonable or capricious.

Upon conclusion of the presentation of oral and/or written evidence, the hearing shall be closed. The Medical Advisory Committee and/or Board at a time convenient to itself, will conduct its deliberation outside the presence of the practitioner for whom the hearing was convened and

transmit its report and recommendation to the Board within thirty (30) days after the final adjournment of the hearing.

Within thirty (30) days after the final adjournment of the hearing, the decision of the Board will be sent to the affected practitioner.

The decision by the Board upon conclusion of the hearing will be considered final. Notwithstanding any other provisions of these By-Laws, no practitioner shall be entitled as to more than one hearing on any matter which shall have been the subject of action by the Medical Advisory Committee or the Board

ARTICLE VI

DETERMINATION OF CLINICAL PRIVILEGES

Every practitioner practising at this hospital by virtue of medical staff membership, shall, in connection with such practice, be entitled to exercise only those clinical privileges specifically granted by the Board (Article V Section A of these By-Laws.)

A. Delineation of Privileges

Each application for appointment and reappointment to the medical staff must contain a request for specific clinical privileges desired by the applicant, which must be supported by documentation of training and experience supportive of this request.

Request for clinical privileges shall be evaluated on the basis of practitioner's education, training, and performance. Clinical privileges granted or modified on initial appointment or otherwise shall also be based on pertinent information concerning clinical performance from other sources, especially from other institutions or health care settings where the practitioner exercises clinical privileges.

All requests for clinical privileges will be evaluated, granted, modified or denied, pursuant to and as part of the procedures outlined in Article V.

B. Temporary Privileges

Medical practitioners may be granted temporary or emergency privileges by the Chief Executive Officer after consultation with the chairman of the Medical Advisory Committee or deputy. In exercise of such privileges the applicant shall act under the supervision of the chairman or deputy. Such temporary privileges shall be granted until application has been approved.

Temporary privileges shall be immediately terminated by the Chief Executive Officer upon notice of any failure by the practitioner to comply with Medical Staff By-Laws, Rules and Regulations.

C. Emergency Privileges

In the case of an emergency, any medical or dental practitioner member of the medical staff, to the degree permitted by his/her registration and regardless of service or status or lack thereof, shall be permitted and assisted to do everything possible for the life of a patient, using every facility of the hospital necessary including the calling of any consultation necessary or desirable.

When the emergency position no longer exists, such members of the medical staff must request privileges necessary to continue to treat the patient. For the purpose of this section, an 'emergency' is defined as a condition in which serious permanent harm could result to the patient or in which the life of the patient is in immediate danger or where any delay in administering treatment would add to that danger.

ARTICLE VII

CORRECTIVE ACTION

A. Routine Corrective Action

Whenever the activities or professional conduct of any practitioner with clinical privileges or medical staff membership are detrimental to patient safety or to the delivery of adequate patient care, or are disruptive to the hospital operation, corrective action against such a practitioner may be initiated by any two members of the Medical Advisory Committee, or of the Board or the Chief Executive Officer.

All requests for corrective action shall be in writing, and submitted to the Chief Executive Officer. Upon receipt of the request for corrective action the Chief Executive Officer will notify the Medical Advisory Committee.

The Medical Advisory Committee shall ask the practitioner concerned to present their case within thirty (30) days to a meeting of the committee consisting of a quorum of at least three quarters of the voting membership of the committee. After this meeting, if the committee by a majority vote (the chairman having a casting vote in the event of a tied vote) recommends to reduce or suspend medical/dental staff membership and/or clinical privileges then such a recommendation will be made in writing and forwarded to the Board. If the practitioner fails to present his/her case the committee may take action as it sees fit.

Following receipt of the recommendation and at the next regular scheduled meeting of the Board a decision pursuant to the recommendation shall be made and notification of the decision shall be sent by the Chief Executive Officer to the practitioner involved.

If the decision of the Board is contrary to the recommendation of the Medical Advisory Committee, then the two (2) members of the Medical Advisory Committee and Board will meet jointly to discuss the matter. The Board will delay any final decision in this regard until after this meeting has been held.

If the decision of the Board adversely affects the medical staff membership or clinical privileges of the practitioner involved, then the practitioner shall have the right of appeal as outlined under Article V, Section D.

B. Summary Suspension

The Chairman of the Medical Advisory Committee or the Chief Executive Officer, preferably in consultation has the authority whenever action must be taken immediately in the best interest of patient care in the hospital, to

suspend all or any portion of clinical privileges of a practitioner and such summary suspension shall become effective immediately upon imposition.

Immediately upon the imposition of the summary suspension, the chairman or deputy chairman of the Medical Advisory Committee and/or the Chief Executive Officer shall have the authority to arrange alternative medical cover for any patient(s) of the suspended practitioner still in the hospital at the time of the suspension.

As soon as possible after a summary suspension has been imposed, the Chairman or Chief Executive Officer will notify the Medical Advisory Committee of such action. Within seven (7) days following receipt of such notification the Medical Advisory Committee will have a hearing to determine whether the affected practitioner should be re-instated.

If the action taken results in the recommendation of the Medical Advisory Committee to reduce or suspend medical staff membership and/or clinical privileges, then such recommendation will be made in writing and forwarded to the Board.

If the final decision of the Board supports the recommendation of the Medical Advisory Committee, then the affected practitioner has the right of appeal as outlined under Article V Section D.

C. Automatic Suspension

Automatic suspension of medical staff membership and/or clinical privileges shall be imposed on any member of the medical staff whose registration has been revoked or suspended. Should the professional registration of the suspended member be re-instated during the period of time of the appointment to the medical staff, clinical privileges may be re-instated by the Board.

If the action results in the recommendation of the Medical Advisory Committee to reduce or suspend medical staff membership and/or clinical privileges, such recommendation will be made in writing and forwarded to the Board. If the final decision of the Board supports the recommendation of the Medical Advisory Committee, then the affected practitioner has the right of appeal as outlined under Article V Section D.

ARTICLE VIII

MEDICAL ADVISORY COMMITTEE

A. Establishment, Functions and Power of the Committee

The Medical Advisory Committee shall be established in accordance with the provisions of these By-Laws. In addition to those activities outlined elsewhere in these By-Laws the Medical Advisory Committee shall represent and act on behalf of the medical staff in fulfilling vital functions of the medical staff including:

- a) To advise the Board of Directors and Chief Executive Officer on policy issues relating to patient care.
- b) To encourage quality improvement and participation in the hospital accreditation and peer review programs for the medical staff and monitor the standard of patient care.
- c) To advise the Board and Chief Executive Officer on matters relating to credentials review and make recommendations regarding medical staff membership and the granting of clinical privileges.
- d) Ensure the provision of continuous post graduate medical education responsive to the needs of the medical staff.
- e) Monitoring and reviewing the appropriateness of the medical and other related records within the hospital.
- f) To participate in the following by membership, support and advice to the relevant hospital committees (shown in brackets): -
 - i) To develop and maintain a system of surveillance of drug utilisation (The Pharmacy Committee).
 - ii) Review and co-ordination of investigation in prevention of Hospital infections (The Infection Control Committee).
 - iii) To monitor the standard of patient care in the hospital, co-operating where appropriate with other committees of the hospital (The Patient Services Committee).
 - iv) Operating room service, utilisation and administration. (Operating Room Committee).
 - v) Review of medical records. (Information Management Committee).

- g) To advise the Board and the Chief Executive Officer on organisational matters including review of these By-Laws. Rules and Regulations, committee nominations and medical staff administration.

Regular attendance by members of the Medical Advisory Committee is highly desirable, therefore members who fail to attend meetings on three (3) consecutive occasions without just cause and leave having been granted by the Medical Advisory Committee shall be replaced on the Medical Advisory Committee. The Chairman of the Medical Advisory Committee shall be empowered to fill the vacancy until the next Annual General Meeting of the Medical Advisory Committee.

The Medical Advisory Committee shall have no power to enter into any contract or arrangement on behalf of, or otherwise bind the hospital.

The Committee may from time to time form and disband sub-committees to assist it in their carrying out of its functions. Such sub-committees can consist of members of the active and associate medical staff and may include, where appropriate representation from the hospital administration, nursing service and other departments of the hospital.

B. Ex Officio Members

The Chief Executive Officer and Director of Patient Services of the hospital are ex officio members of the Medical Advisory Committee.

C. Election of Members of Committee

The following procedure shall be followed in conducting a ballot for the Medical Advisory Committee:

- a) Notices calling for nominations (with written acceptance of the nomination) to the committee shall be issued to all active staff members by the Chief Executive Officer seven (7) weeks prior to the Annual General Meeting.
- b) Nominations to the committee shall be lodged with the Chief Executive Officer not later than four (4) weeks prior to the annual general meeting.
- c) Notices for the annual general meeting and ballot papers for election of committee members shall be issued by the Chief Executive Officer not later than three (3) weeks prior to the annual general meeting.
- d) Ballot papers for the election of committee members shall be lodged with the Chief Executive Officer not later than three (3) days prior to the annual general meeting.

- e) Votes recorded by ballot shall be counted at the annual general meeting.
- f) The Medical Advisory Committee shall consist of no more than fifteen (15) and not less than eight (8) medical practitioners who are active members of the medical staff.

Representatives from the major divisions of medicine may include the following:

- Anaesthesia
- Surgery
- Medicine
- Obstetrics and Gynaecology
- General Practice
- Paediatrics
- Medical Imaging
- Pathology

Interested persons may be called as needed. These people will be ex officio ie no voting power.

The accidental omission to give any notice or to forward a ballot paper to, or the non receipt of, a notice or ballot paper by any active staff members shall not invalidate the proceedings of any annual general meeting.

D. Term of Office

Subject to this section, at each of the first three (3) annual general meetings after these by-laws come into force, the number of members nearest to but not exceeding one third of the number of committee members shall retire from office. The order of retirement of these initial committee members shall be determined by agreement by those committee members and in default of agreement by lot. A committee member retiring pursuant to this by-law shall hold office until the conclusion of the annual general meeting at which he retires but shall be eligible for re-election.

- a) The ex officio members of the committee shall not be taken into account for the purpose of determining the number of members due to retire pursuant with the above by-law.
- b) Subject to the above provisions, each committee member shall hold office until the conclusion of the third annual general meeting after election but shall be eligible for re-election at that annual meeting.

E. Resignation or Removal of Committee Member

A committee member may resign at any time by tendering a resignation in writing to the committee. The resignation shall become effective upon acceptance by the Medical Advisory Committee.

F. Vacancies

Any casual vacancy on the committee may be filled by a resolution of the committee and any person appointed pursuant to such resolution shall hold office until the time when the committee member whom he replaced would have retired but shall be eligible for re-election. In filling a casual vacancy the committee shall appoint a person who is a member of the medical staff.

G. Meetings of Committee

The committee will hold a minimum of six (6) business meetings per annum. A quorum for a meeting of the committee shall be 4 members. The Chief Executive Officer shall, upon the request of the chairman or any two committee members, convene a meeting of the committee. At least ten (10) days notice of the extraordinary meeting of the committee shall be given to each committee member. However, if not less than three fourths (3/4) of the committee members so agree, no notice of a meeting need be given.

Each voting committee member shall be entitled to one (1) vote at meetings of the committee. In the case of an equality of votes the chairman of the meeting shall have a second or casting vote.

H. Officers

The officers of the Medical Advisory Committee shall be: -

- a) Chairman
- b) Deputy Chairman
- c) Secretary

At the first meeting of the committee after these by-laws come into force and thereafter at the first meeting of the committee held after each annual general meeting, the committee member shall elect one of their number (other than the Chief Executive Officer or Director of Patient Services) as chairman and one as deputy chairman of the committee to hold office until the conclusion of the first meeting of the committee held after the next ensuing annual general meeting. A retiring chairman or deputy chairman shall be eligible for re-election.

The chairman of the committee shall be entitled to take the chair at all meetings of the committee and at general meetings of the medical staff. If at any such meeting the chairman of the committee shall not be present

the deputy chairman shall be chairman. If neither the chairman or the deputy chairman of the Medical Advisory Committee are present at any such meeting then the committee members of the active medical staff present shall elect one of their number to be chairman of the meeting.

If the chairman of the committee shall cease to be a committee member he shall there upon cease to be the chairman of the committee provided that, if the chairman of the committee shall retire at the annual general meeting pursuant to these By-Laws, he shall nevertheless remain chairman of the committee until after such annual general meeting.

I. Duties of Officers

a) Chairman of Medical Advisory Committee

The chairman shall aid in co-ordinating the activities of concern to the hospital administration. He shall be responsible to the board for enforcement of medical staff by-laws, rules and regulations, for the implementation of sanctions where these are indicated and for the medical staff compliance of procedural safeguards in all instances where corrective action has been requested against a practitioner.

The chairman should also call, preside at and be responsible for the agenda of all meetings of the medical staff through the office of the Chief Executive Officer.

b) Deputy Chairman of Medical Advisory Committee

The deputy chairman shall, in the temporary absence of the chairman assume all duties and have authority of the chairman. He shall also perform additional duties as may be assigned to him by the chairman of the Medical Advisory Committee or the Board.

c) Minute Secretary

The minute secretary shall be appointed by the Chief Executive Officer and be responsible to give proper notice of all staff meetings and maintenance of accurate and complete minutes of all meetings. In addition the minute secretary will be responsible for other duties as may be assigned by the chairman of the Medical Advisory Committee.

ARTICLE IX

MEETINGS

A. Annual General Meeting

There shall be an annual staff meeting of all active medical staff chaired by the Chairman of the Medical Advisory Committee. The purpose of this meeting shall be the announcement of the result for election of members to the Medical Advisory Committee and to receive reports from the Chief Executive Officer, Chairman of the Medical Advisory Committee and other persons and committees responsible for the fulfilment of required staff functions.

Other business in relationship to the Medical Staff Association may be brought up at this meeting.

B. Special Meetings

Special meetings of the medical staff may be called at any time by the Board of Directors/Chief Executive Officer, the Chairman, the Medical Advisory Committee or not less than twenty percent (20%) of the active medical staff and shall be held at a time and place designated in the meeting notice. In the event that it is necessary for the staff to act upon a question without being able to meet, voting staff may be presented with a question by mail and their votes returned to the Chairman of the Medical Advisory Committee by mail. Such a vote shall be binding as long as the question is voted on by the majority of the staff eligible to vote. No business shall be transacted in a special meeting except that stated in the meeting notice.

C. Notice of Meeting

Written or printed notice of meeting stating the place, day and hour for any staff meeting shall be mailed to each member of the active medical staff not less than seven (7) days prior to the meeting.

D. Minutes

Minutes of all meetings shall be prepared by the secretary and shall include a record of attendance and vote taken on each matter. Copies of the minutes shall be signed by the chairman, approved by attendees, and forwarded to the Medical Advisory Committee and made available to all members of the medical staff. A permanent file of the minutes of each meeting shall be maintained.

E. Attendance

All active staff members are urged to attend the annual general meeting.

ARTICLE X

CONFIDENTIALITY

Information with respect to any practitioner submitted, collected or prepared by any representative of this or any other health care facilities organisation of medical staff, for the purpose of achieving and maintaining the quality of patient care, to the fullest extent permitted by law, will remain confidential and not be disseminated to anyone except where provided by these By-Laws.

ARTICLE XI

IMPLEMENTATION OF BY-LAWS, RULES AND REGULATIONS, IMMUNITY FROM LIABILITY

No representative of the hospital or medical staff should be liable in any judicial proceeding for damages or other relief for any action taken or statement or recommendation made within the scope of duties of a representative, if such representative's action is in good faith and without malice, after a reasonable effort under the circumstances to obtain the truthfulness of fact and in reasonable belief that the action, statement, or recommendations is warranted by such facts. Regardless of the provision for the state law, truth shall be an absolute defence in all circumstances.

ARTICLE XII

AMENDMENTS

These By-Laws, Rules and Regulations may be amended by the Board of Directors at its discretion. Recommendation from the medical staff may be made after medical staff acceptance of proposed amendments at any annual or special meeting of the medical staff. The proposed amendments shall be referred to the Medical Advisory Committee to report on it at the next annual or special meeting of the medical staff. Written notification of the amendment must be given at least thirty (30) days prior to the next annual or special meeting. To be adopted, the recommendation shall require 75% of those members of the active staff present and eligible to vote. Amendments so made shall only be effective when approved by the Board of Directors.

ARTICLE XIII

ADOPTION

These By-Laws together with the appended Rules and Regulations shall be adopted by a majority at any annual or special meeting of the active staff members of the medical staff and shall replace any previous By-Laws, Rules and Regulations and shall become effective only when approved by the Board.

RULES AND REGULATIONS

These rules are designed for the care, safety and well-being of patients treated in the hospital.

If a conflict exists between the authority and/or interpretations of one of these rules and a by-law of the Hospital, the relevant by-law has precedence.

Part A

Clinical Responsibilities

1. A patient may be admitted to the hospital only by a member of the medical staff. All practitioners shall be governed by the official admitting policy of the hospital.
The medical staff member admitting the patient will be regarded as the member responsible for the care of the patient until a notation covering transfer of responsibility of the patient's care to another medical staff member is entered in the patient's record.
2. The hospital shall accept patients for care and treatment according to the criteria laid down from time to time by the Chief Executive Officer after consultation with the Medical Advisory Committee and approved by the Board of Directors.
The hospital reserves the right to refuse access to medical practitioners who are not members of the medical staff.
3. A member of the medical staff shall be responsible for the medical care and treatment of each patient in the hospital, for the prompt completeness and accuracy of the patients medical record, for necessary special instructions and for transmitting reports on the condition of the patient to the referring doctor (if applicable) and relatives of the patient. Whenever these responsibilities are transferred to another medical staff member, a note covering the transfer of responsibility shall be entered on the progress sheet of the medical record.
4. Medical staff are expected to visit patients in hospital with reasonable frequency, as judged by the needs of the case. Where a second medical practitioner has been asked to consult in the case, this would normally be regarded as a patient visit, but it is important in most cases for the patient's own doctor or medical staff member in charge of the case to maintain normal communication with the patient.
5. In an emergency case, in which it appears the patient will have to be admitted to the hospital, the practitioner shall, when possible, first contact the booking clerk/supervisor to ascertain whether there is an available bed.
Each member of the medical staff of the hospital if unavailable will name a member of the medical staff who may be called to attend his patients in an emergency or until he/she is available.

Except in an emergency no patient shall be admitted to the hospital until a provisional diagnosis or valid reason for admission has been stated. In the case of an emergency such statement shall be recorded as soon as possible.

6. In cases of emergency the hospital is authorised to take such action as it deems fit in the interests of the patient. This may include a request for attention by an available medical practitioner.

In such cases, the following provisions apply:

- (a) The patient's medical practitioner will be advised of the circumstances of the patient, and the action taken, at the earliest possible opportunity.
- (b) The care of the patient will be resumed by the medical staff member in charge of the case as soon as possible.
- (c) When the patient has not been seen by a doctor prior to admission, the responsible doctor must visit the patient within twelve (12) hours.

The hospital assumes willingness upon the part of the medical practitioners of the medical staff to assist the hospital where possible and necessary in cases of emergency.

7. All orders for treatment shall be in writing by the attending practitioner. A verbal order shall be considered to be in writing if dictated to a duly registered nurse functioning within his/her sphere of competence and signed by a responsible practitioner within (twenty-four) 24 hours. Exceptions to this procedure may occur in times of emergency, in which case the order shall be signed by the appropriately authorised person to whom dictated, with the name of the practitioner per his/her own name. Responsible practitioner shall authenticate such orders at the next visit or within twenty-four (24) hours and repeated failure to do so shall be brought to the attention of the Medical Advisory Committee for appropriate action.
8. Detailed record of the essential features of the patient's condition and treatment will be maintained in the clinical notes to render them helpful and of proper value for the purposes of any subsequent investigation or inquiry into the patient's medical history. The admitting practitioner shall be held responsible for giving such information to the hospital as may be necessary to ensure the protection of the patient from self-harm and to ensure the protection of other patients.
9. The hospital's 'pre-admission' summary will be completed and presented on admission in elective cases and within twenty-four (24) hours in emergency cases.
10. The attending practitioner is primarily responsible for requesting

consultation when indicated and for calling in a qualified consultant.

He/she will provide written authorisation to permit another attending practitioner to attend or examine his/her patient except in an emergency.

Consultations shall show evidence of a review of the patients' record by the consultant, pertinent findings on examination of the patient, the consultants' opinion and recommendations. When operative procedures are involved the consultation note shall, except in emergency situations, be verified on the record and be recorded prior to the operation.

11. Consultation request forms for allied health practitioners, radiology and pathology shall be filled out completely and signed by the attending practitioner. The attending practitioner is responsible for providing necessary clinical data. All x-ray and pathology reports are to be included in the patients' medical record within twenty-four (24) hours after being received.
12. Patients shall be discharged only on the order of the attending practitioner or his designee. Should the patient leave the hospital against the advice of the attending practitioner, or without proper discharge, a notation of the incident shall be made in the patients' medical record and the patient asked to sign the notation. In the event the patient refuses to sign the notation the staff member making the notation should record the fact on the medical record also.
13. In the event of the patients death the deceased shall be certified dead by the attending practitioner or his designee as soon as possible. The body shall not be released until a record of death form is completed and placed in the medical record of the deceased. Refer to medical services policy and procedure manual "Notification of Death of a Patient". Policies with respect to release of cadavers shall conform to local and state law.

Part B

Operating Room Management

1. Allocation of Theatre Session - General Principles
 - (a) Surgeons who are allocated sessions will be expected to make the maximum use of their sessions. Where utilisation drops below a reasonable level of the total time allocated, the right is reserved to re-allocate some or all of the session time.
 - (b) Cancellation - When a surgeon wishes to cancel a session (e.g., conferences, holidays, etc.), it is requested that maximum notice be given. This will enable the hospital every opportunity to re-allocate the time thus made available.
 - (c) Emergency operations are accepted on a seven (7) day a week,

twenty-four (24) hour basis, and in cases of dire emergency, a surgeon with a prior booked session may be asked to give priority to the emergency.

2. Operative reports shall include a detailed account of the findings at surgery as well as the details of the surgical technique. Operative reports shall be written (or dictated) immediately following surgery when possible, but always within twenty-four (24) hours post surgery for out patients as well as in patients and the report promptly signed by the surgeon and made a part of the patients medical record.
3. All specimens removed at operation shall be sent to a pathologist who shall make examination as he may consider necessary to arrive at a tissue diagnosis. His authenticated report shall be made part of the patients' record. Refer to medical services policy and procedure manual for policy "Tissue for Pathological Examination" for exceptions.
4. In the case of a patient scheduled for an operative procedure, relevant history, examination, investigation reports, appropriate consent and consultations when requested shall be recorded. In the case of an extreme emergency when the operating surgeon is willing to state that a delay in obtaining the above would be detrimental to the life and well being of the patient, the operating room unit manager will accept the patient for surgery. However, a report of the incident shall be made to the Chief Executive Officer and the Chairman of the Medical Advisory Committee as soon as possible.
5. Written, signed, informed, surgical consent shall be obtained by the attending practitioner prior to the operative procedure except in those situations where the patients life is in jeopardy and suitable signatures cannot be obtained due to the condition of the patient. In emergencies involving a minor, an unconscious patient or any other patients for which consent for surgery cannot be immediately obtained from the patients parents, a guardian, next of kin, or other appropriate personal representative, these circumstances should be fully recorded on the patients medical record.
6. Where possible, the signature of two registered practitioners should be obtained on the consent attesting to the fact that in both their opinions the situation at hand is considered an emergency. An emergency exists when the patient is in immediate danger of permanent injury of loss of life and any delay in the judgement of the attending practitioner in administering treatment would increase the danger.
7. Medical assistance or other personnel not employed or appointed by the hospital but required or requested by medical staff to assist them must be reviewed and approved by the Chief Executive Officer.
8. Out patient surgical procedures may be performed in the treatment room

of the Hastings facility. Records necessary for these procedures shall include pertinent history, physical findings, diagnosis and description of the procedure. These records are the responsibility of the operating surgeon and should be completed on completion of the procedure.

Part C

Anaesthetics

1. General anaesthetics may only be administered by practitioners registered as specialist anaesthetists by the Commonwealth Medical Registration Board, except where the medical executive rules otherwise in terms of Article V, Section A.
2. The anaesthetist shall maintain a complete anaesthesia record to include evidence of pre anaesthetic evaluation and post anaesthetic follow up of the patients' condition.
3. The anaesthetist is responsible for checking anaesthetic equipment before use, to ensure that all necessary items and medications are present and in working order.
4. The anaesthetist, before leaving the hospital, will ensure that the patient's post-operative condition is satisfactory to be handed over to the care of a registered nurse.

Part D

Medical Record Responsibilities

1. Medical officers must document the following for each admission:
 - an admitting/provisional diagnosis (the proposed operation does not constitute a diagnosis);
 - any relevant history for the patient (medical, surgical, family, etc);
 - the results of a relevant physical examination;
 - the proposed treatment plan.

This may be provided by way of forwarding a copy of the letter to the referring doctor to the hospital prior to admission.

When pre-admission summaries are completed prior to admission any change in the patient's status must be documented in the medical record within twenty-four (24) hours after admission.

2. Signed request for treatment forms indicating informed advice by a medical officer must be completed for all patients.
The request for treatment form forms part of the pre-admission summary, thereby enabling completion at the time of consultation in the medical officer's rooms.

The admitting nurse may witness the patients' signature on request for treatment form.

In the case of a patient refusing to sign the request for treatment or requiring more information re: surgery and investigations, the charge nurse is to notify the doctor.

3. The anaesthetic record must be completed by the anaesthetist, including the results of the pre-anaesthetic assessment.
4. The operation record must be completed by the surgeon at the time of surgery.
5. All pathology, radiology and consultation reports must be included in the medical record.
6. Progress notes shall be recorded at the time of observation and shall be sufficiently detailed to permit continuity of care and transferability. Whenever possible each of the patients' clinical problems should be clearly identified and correlated with specific orders as well as results of test and treatments. Routine surgical cases with length of stay less than forty-eight (48) hours do not require a progress note if post-operative orders are complete and contain a discharge plan.

All entries in the record must be dated, signed and include designation.

7. All medication orders must be clearly documented by the medical officer. In urgent circumstances telephone orders to a registered nurse will be accepted if the doctor clearly identified himself and the patient and signs the order at his/her next visit or within twenty-four (24) hours.

Medication charts MR/168 allow for (7) seven days administration of drugs. The attending doctor is responsible for new medication chart being prepared before expiration of the 7 (seven) days if patient to continue with medication.

Medications the patient is to receive on admission including continuing medications may be documented on the pre-admission summary, and transcribed as soon as possible onto a medication administration chart MR/168.

Pre-operative medication orders by the anaesthetist will not be accepted per telephone, except in emergencies.

The practitioners' orders must be written clearly, legibly and completely. Orders which are illegible or improperly written will not be carried out until re-written or understood by the nurse.

There shall be an immediate 'stop-order' after seven (7) days of administration unless the duration of the order is specifically designated for the following drug categories:

- all narcotics,
- antibiotics,
- anticoagulants,
- oxytocins, and
- cortisone.

Every effort shall be made by the nursing staff to notify the physician before exercising the automatic 'stop-order'.

It is the responsibility of the attending practitioner to supply prescriptions for every drug ordered while in hospital. Before discharge, medication which is to be continued at home, should have PBS prescriptions written to be filled by community pharmacy.

8. Consultations shall show evidence of a review of the patients record by the consultant, pertinent findings on examination of the patient, the consultant's opinion and recommendations.
9. On discharge, the medical officer must document the following:
 - discharge note (i.e., acknowledge that the patient is ready for discharge
 - any relevant follow-up or therapeutic orders.
 - discharge summary including final diagnosis except for elective same day surgical patients (within 14 days of discharge).

10. Records may be removed from the hospitals jurisdiction and safekeeping only in accordance with a court order, subpoena or statute. All records are the property of the hospital and shall not otherwise be taken away without permission of the Chief Executive Officer, Director of Patient Services or Health Information Officer. In any case of re-admission of a patient, all previous records shall be available for the use of the attending practitioner. This shall apply whether the patient be attended by the same practitioner or by another. Unauthorised removal of charts from the hospital is grounds for suspension of the practitioner for a period to be determined by the Medical Advisory Committee.
11. Requests for access to a patient history after fourteen (14) days from discharge are to be made to the Chief Executive Officer, Director of Nursing, or Health Information Manager.
12. Written consent of the patient and verbal consent of the treating medical officer is required prior to release of medical information contained in the patients record (except under court order).