



Professional Staff Bylaws

June 2017

Kemptonville District Hospital
Board-Appointed Professional Staff By-law

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**KEMPTVILLE DISTRICT HOSPITAL (KDH) BOARD-APPOINTED
PROFESSIONAL STAFF BY-LAW**

(Hereinafter referred to as the “**Corporation**”)

PREAMBLE

A By-law relating to the medical, dental, midwifery and extended class nursing staff of the [Kemptville District Hospital (KDH)] (the “**Corporation**”).

Be it enacted as the Professional Staff By-law of the Corporation:

ARTICLE 1 DEFINITIONS AND INTERPRETATION

1.1 Definitions

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

- (a) “**Board**” means the Board of Directors of the Corporation;
- (b) “**Chair of the Medical Advisory Committee**” means the member of the Professional Staff appointed to serve as Chair of the Medical Advisory Committee pursuant to section 9.2; also referred to as ‘Chief of Medical Staff’;
- (c) “**Chief Executive Officer**” means, in addition to ‘administrator’ as defined in the, the President and Chief Executive Officer of the Corporation;
- (d) “**Chief Nursing Executive**” means the senior nurse employed by the Hospital who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital;
- (e) “**Credentials Committee**” means the committee established by the Medical Advisory Committee to review applications for appointment and reappointment to the Professional Staff and to make recommendations to the Medical Advisory Committee and if no such committee is established it shall mean the Medical Advisory Committee;
- (f) **Chief of Staff**” means the member of the Professional Staff appointed by the Board to serve as Chief of Staff in accordance with the regulations under the *Public Hospitals Act*;
- (g) “**Extended Class Nursing Staff**” means those Registered Nurses in the Extended Class who are:
 - (i) Nurses that are employed by the Hospital and are authorized to diagnose, prescribe for or treat out-patients in the Hospital; and
 - (ii) Nurses who are not employed by the Hospital and to whom the Board has granted Privileges to diagnose, prescribe for or treat out patients in the Hospital;
- (h) “**Hospital**” means the Public Hospital operated by the Corporation;
- (i) “**Impact Analysis**” means a study to determine the impact upon the resources of the Corporation of the proposed appointment of an applicant for appointment to the Professional Staff or an application by a member of the Professional Staff for additional privileges;
- (j) “**Medical Advisory Committee**” means the committee established pursuant to Article 10;
- (k) “**Medical Staff**” means those Physicians who are appointed by the Board and who are granted Privileges to practice medicine in the Hospital;
- (l) “**Patient**” means, unless otherwise specified or the context otherwise requires, any in-patient or out-patient of the Corporation;
- (m) “**Physician**” means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;

- (m) “**Policies**” means the administrative, human resources, clinical and professional policies of the Hospital and includes policies and procedures adopted by the Board pursuant to Article 2;
- (n) “**Professional Staff**” means the Medical Staff, and members of Extended Class Nursing Staff who are not employees of the Corporation;
- (o) “**Professional Staff Human Resources Plan**” means the plan developed for each Department under section 8.4;
- (p) “**Public Hospitals Act**” means the *Public Hospitals Act* (Ontario), and, where the context requires, includes the regulations made there under;
- (q) “**Registered Nurse in the Extended Class**” means a member of the College of Nurses of Ontario who is a registered nurse and who holds an extended certificate of registration under the *Nursing Act, 1991*; and
- (r) “**Rules and Regulations**” means the Rules and Regulations governing the practice of the Medical, and Extended Class Nursing Staff in the Hospital, and includes Rules and Regulations which have been approved by the Board after considering the recommendation of the Medical Advisory Committee.

1.2 Interpretation

In this By-law and in all other by-laws of the Corporation, unless the context otherwise requires, words importing the singular number shall include the plural number and vice versa, and references to persons shall include firms and corporations and words importing one gender shall include the opposite.

ARTICLE 2 RULES AND REGULATIONS AND POLICIES

2.1 Rules and Regulations and Policies and Procedures

- (1) The Board, after consulting with the Professional Staff Association (Medical Staff) and considering the recommendation of the Medical Advisory Committee, may make Rules and Regulations as it deems necessary, including rules and regulations for patient care and safety and the conduct of members of the Medical Staff and Extended Class Nursing Staff.
- (2) The Board, after considering the recommendation of the Medical Advisory Committee, may adopt policies and procedures applicable to the Medical Staff and Extended Class Nursing Staff, including policies and procedures that are consistent with Rules and Regulations and support the implementation of Rules and Regulations.

ARTICLE 3 HONOURARY STAFF DESIGNATION

3.1 Honourary Staff

- (1) An individual may be honoured by the Board by being designated as a member of the Honourary Staff of the Corporation, for such term as the Board deems appropriate, because he or she:

- (a) Is a former member of the Professional Staff who has retired from active practice; and/or
 - (b) Has contributed to the Hospital and has an outstanding reputation or made an extraordinary accomplishment.
- (2) Members of the Honourary Staff:
- (a) Shall not have privileges or provide patient care;
 - (b) Shall not have regularly assigned clinical, academic or administrative duties or responsibilities;
 - (c) May attend, but shall not vote at, Professional Staff meetings, and shall not be eligible to hold elected or appointed offices in the Professional Staff; and
 - (d) Shall not be bound by the attendance requirements of the Professional Staff.

ARTICLE 4 APPOINTMENT AND REAPPOINTMENT TO PROFESSIONAL STAFF

4.1 Appointment and Revocation

- (1) The Board, after considering the recommendations of the Medical Advisory Committee, shall appoint annually a Medical Staff and may appoint the non-employed members of the Extended Class Nursing Staff and shall grant such privileges as it deems appropriate to each member of the Professional Staff so appointed.
- (2) All applications for appointment and reappointment to the Professional Staff shall be processed in accordance with the provisions of this By-law and the *Public Hospitals Act*.
- (3) The Board may, at any time, make, revoke or suspend any appointment to the Professional Staff or restrict the privileges of any member of the Professional Staff in accordance with the provisions of this By-law and the *Public Hospitals Act*.

4.2 Term of Appointment

- (1) Subject to subsection 4.1(3), each appointment to the Professional Staff shall be for a term of up to one (1) year.
- (2) Where a member of the Professional Staff has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
 - (a) Unless subsection 4.2(2)(b) applies, until the reappointment is granted or not granted by the Board; or
 - (b) In the case of a member of the Medical Staff and where the reappointment is not granted by the Board and there is a right of appeal to the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

4.3 Qualifications and Criteria for Appointment to the Professional Staff

- (1) Only applicants who meet the qualifications and satisfy the criteria set out in this By-law are eligible to be a member of, and appointed to, the Professional Staff of the Corporation.
- (2) An applicant for appointment to the Professional Staff must meet the following qualifications:
 - (a) Have adequate training and experience for the privileges requested;
 - (b) Have a demonstrated ability to:
 - (i) Provide patient care at an appropriate level of quality and efficiency;
 - (ii) Work and communicate with, and relate to, others in a co-operative, collegial and professional manner;
 - (iii) Communicate with, and relate appropriately to, patients and patients' relatives and/or substitute decision makers;
 - (iv) Participate in the discharge of staff, committee and, if applicable, teaching responsibilities, and other duties appropriate to staff category;
 - (v) Meet an appropriate standard of ethical conduct and behavior; and
 - (vi) Govern himself or herself in accordance with the requirements set out in this By-law, the Hospital's mission, vision and values, Rules and Regulations and Policies;
 - (c) Have maintained the level of continuing professional education required by the applicable College
 - (d) Have up-to-date inoculations, screenings and tests as may be required by the occupational health and safety policies and practices of the Hospital, the *Public Hospitals Act* or other legislation or by the Board from time to time;
 - (e) Demonstrate adequate control of any significant physical or behavioral impairment affecting skill, attitude or judgment that might impact negatively on patient care or the operations of the Corporation; and
 - (f) Have current membership in the Canadian Medical Protective Association or other professional practice liability coverage appropriate to the scope and nature of the intended practice.
- (3) In addition to the qualifications set out in subsection 4.3(2), an applicant for appointment to the Medical Staff must meet the following qualifications:
 - (a) Be qualified to practice medicine and licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Physicians and Surgeons of Ontario or an equivalent certificate from their most recent licensing body; and
 - (b) Have a current Certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario or the equivalent certificate from their most recent licensing body.
- (4) In addition to the qualifications set out in subsection 4.3(2), an applicant for appointment to the Extended Class Nursing Staff must meet the following qualifications:

- (a) Be qualified to practice as a nurse in the extended class and hold a current, valid Annual Registration Payment Card as a registered nurse in the extended class with the College of Nurses of Ontario; and
 - (b) Have a letter of good standing from the Ontario College of Nurses or their most recent licensing body.
- (5) All appointments may require an Impact Analysis demonstrating that the Hospital has the resources to accommodate the applicant and that the applicant meets the needs of the respective Department as described in the Professional Staff Human Resources Plan.
- (6) In addition to any other provisions of the By-law, including the qualifications set out in subsections 4.3(2), 4.3(3) and 4.3(4), the Board may refuse to appoint any applicant to the Professional Staff on any of the following grounds:
- (a) The appointment is not consistent with the need for service, as determined by the Board from time to time;
 - (b) Professional Staff human resources planning and/or and impact analysis of the Corporation and/or Department does not demonstrate sufficient resources to accommodate the applicant; or
 - (c) The appointment is not consistent with the strategic plan and mission of the Corporation.

4.4 Application for Appointment to the Professional Staff (See Appendix I)

- (1) The Chief Executive Officer or delegate shall supply a copy of, or information on how to access a form of the application and the mission, vision, values and strategic plan of the Corporation, the by-laws and the Rules and Regulations and appropriate Policies, to each Physician or Registered Nurse in the Extended Class who expresses in writing an intention to apply for appointment to the Professional Staff.
- (2) An applicant for appointment to the Professional Staff shall submit to the Chief Executive Officer one (1) application in the prescribed form together with signed consents to enable the Hospital to make inquiries of the applicable College and other hospitals, institutions, and facilities where the applicant has previously provided professional services or received professional training to allow the Hospital to fully investigate the qualifications and suitability of the applicant.
- (3) Prior to the consideration of an applicant for appointment, each applicant may be required to visit the Corporation for an interview with the Chief of Staff/Chair of the Medical Advisory Committee or delegate, the Chief Executive Officer or delegate and other appropriate members of the Professional Staff.

4.5 Procedure for Processing Applications for Appointment to the Professional Staff

- (1) Upon receipt of a complete application, the Chief Executive Officer shall deliver each application forthwith to the Medical Advisory Committee through the Chair of the Medical Advisory Committee or delegate, who shall keep a record of each application received and then refer the application forthwith to the chair of the Credentials Committee.

- (2) The Credentials Committee shall review all materials in the application, receive the recommendation of the Chief of Staff, ensure all required information has been provided, investigate the professional competence and verify the qualifications of the applicant, consider whether the qualifications and criteria required by section 4.3 are met and shall submit a recommendation with report to the Medical Advisory Committee at its next regular meeting.
- (3) The Medical Advisory Committee shall:
 - (a) Receive and consider the recommendation and report of the Credentials Committee;
 - (b) Consider the application with reference to Professional Staff human resources planning and impact; and
 - (c) Send, within sixty (60) days of the date of receipt by the Chief Executive Officer of a complete application, notice of its recommendations to the Board and the applicant, in accordance with the *Public Hospitals Act*.
- (4) Notwithstanding subsection 4.5(3)(c), the Medical Advisory Committee may make its recommendation later than sixty (60) days after receipt of the application if, prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and to the applicant that a final recommendation cannot be made within such sixty (60) day period and gives written reasons therefore.
- (5) Where the Medical Advisory Committee recommends the appointment, it shall specify the category of appointment and the specific privileges it recommends the applicant be granted.
- (6) Where the Medical Advisory Committee does not recommend appointment or where the recommended appointment or privileges differ from those requested, the Medical Advisory Committee shall inform the applicant that he or she is entitled to:
 - (a) Written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the receipt by the applicant of notice of the recommendation; and
 - (b) A hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the applicant of the written reasons referred to in subsection 4.5(6)(a).
- (7) Where the applicant does not request a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
- (8) Where an applicant requests a hearing by the Board, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and Article 6.
- (9) The Board shall consider the Medical Advisory Committee recommendations within the time frame specified by the *Public Hospitals Act*.
- (10) The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant.
- (11) The Board, at their discretion, can allow for an abbreviated credentialing process, specifically ‘The Letter of Good Standing Option’ (Appendix 1). This option is

specifically for those physicians who hold current staff privileges in another hospital or professional staff services organization operating within Ontario.

(a) Abbreviated Credentialing Process:

- (i) Upon receipt of a Letter of Good Standing, the Chief Executive Officer or delegate shall deliver each Letter to the Medical Advisory Committee through the Chair of the Medical Advisory Committee or delegate, who shall keep a record of each Letter received.
- (ii) The Chair of the Medical Advisory Committee shall review the Letter of Good Standing, confirm the circumstances to allow for an abbreviated credentialing process and submit recommendation with report to the Medical Advisory Committee at its next regular meeting.
- (iii) The Medical Advisory Committee shall:
 - (a) Receive and consider the recommendation and report of the Chair of the Medical Advisory Committee.
 - (b) Consider the application with reference to Professional Staff human resources planning and impact; and
 - (c) Send, within sixty (60) days of the date of receipt by the Chief Executive Officer of the Letter of Good Standing, notice of its recommendations to the Board and the applicant, in accordance with the *Public Hospitals Act*.

4.6 Temporary Appointment

- (1) Notwithstanding any other provision of this By-law, the Chief Executive Officer or delegate, after consultation with the Chief of Staff/Chair of the Medical Advisory Committee or delegate may:
 - (a) Grant a temporary appointment and temporary privileges to a Physician, or Registered Nurse in the Extended Class provided that such appointment shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported; and
 - (b) Continue a temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee, until the next meeting of the Board.
- (2) A temporary appointment of a Physician or Registered Nurse in the Extended Class may be made for any reason including:
 - (a) To meet a specific singular requirement by providing a consultation and/or operative procedure; or
 - (b) To meet an urgent unexpected need for a medical, dental, midwifery or extended class nursing service.
- (3) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted pursuant to section 4.6(1) for such period of time and on such terms as the Board determines.
- (4) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.

- (5) The temporary appointment shall specify the category of appointment and any limitations, restrictions or special requirements.

4.7 Application for Reappointment to the Professional Staff (See Appendix II)

- (1) Each year, each member of the Professional Staff desiring reappointment to the Professional Staff shall make written application on the prescribed form to the Chief Executive Officer before the date specified by the Medical Advisory Committee.
- (2) Each application for reappointment to the Professional Staff shall contain the following information:
 - (a) A restatement or confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Rules and Regulations from time to time;
 - (b) For those re-applicants that identify KDH as their 'primary' location, an attestation from the respective Chief of Service that: (1) a performance review has been conducted, and (2) recommendation for reapplication.
 - (c) Either:
 - (i) A declaration that all information on file at the Hospital from the applicant's most recent application is up-to-date, accurate and unamended as of the date of the current application; or
 - (ii) A description of all material changes to the information on file at the Hospital since the applicant's most recent application, including without limitation: any additional professional qualifications acquired by the application since the previous application and information regarding any completed disciplinary or malpractice proceedings restriction in privileges or suspensions during the past year;
 - (d) The category of appointment requested and a request for either the continuation of, or any change in, existing privileges;
 - (e) If requested, a current Certificate of Professional Conduct or equivalent from the appropriate college or licensing body;
 - (f) Confirmation that the member has complied with the disclosure duties set out in S.7.7(d); and
 - (g) Such other information that the Board may require, respecting competence, capacity and conduct, having given consideration to the recommendation of the Medical Advisory Committee.
- (3) In the case of any application for reappointment in which the applicant requests additional privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.
- (4) Application for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and section 4.5 of this By-law.

4.8 Qualifications and Criteria for Reappointment to the Professional Staff

- (1) In order to be eligible for reappointment:

- (a) The applicant shall continue to meet the qualifications and criteria set out in section 4.3;
- (b) The applicant shall have conducted himself or herself in compliance with this By-law, the Hospital's and values, Rules and Regulations and Policies; and
- (c) The applicant shall have demonstrated appropriate use of Hospital resources in accordance with the Professional Staff human resources planning and the Rules and Regulations and Policies of the Corporation; and

4.9 Application for Change of Privileges

- (1) Each member of the Professional Staff who wishes to change his or her privileges, shall submit, on the prescribed form, to the Chief Executive Officer, an application listing the change of privileges requested, and providing evidence of appropriate training and competence and such other matters as the Board may require.
- (2) The Chief Executive Officer shall refer any such application forthwith to the Medical Advisory Committee through the Chief of Staff/Chair of the Medical Advisory Committee or delegate, who shall keep a copy of each application received and shall then refer the application forthwith to the chair of the Credentials Committee.
- (3) The Credentials Committee shall investigate the professional competence, verify the qualifications of the applicant for the privileges requested and shall submit its recommendation with report to the Medical Advisory Committee at its next regular meeting. The report shall contain a list of privileges, if any, that it recommends that the applicant be granted.
- (4) The application shall be processed in accordance with and subject to the requirements of sections 4.8 and subsections 4.5(3) to 4.5(10) of this By-law.

4.10 Leave of Absence

- (1) Upon request of a member of the Professional Staff, to the Chief of Staff, a leave of absence of up to twelve (12) months may be granted after receiving the recommendation of the Medical Advisory Committee by the Chief of Staff/Chair of the Medical Advisory Committee or delegate by the Board in the event of extended illness or disability of the member, or in other circumstances acceptable to the Board, upon recommendation of the Chair of the Medical Advisory Committee or delegate.
- (2) After returning from a leave of absence granted in accordance with subsection 4.10(1), the member of the Professional Staff may be required to produce a medical certificate of fitness from a physician acceptable to the Chief of Staff/Chair of the Medical Advisory Committee or delegate and/or provide authorization for the release of any healthcare treatment records if requested and the Chair of the Medical Advisory Committee or delegate may impose such conditions on the Privileges granted to such member as he or she feels appropriate.
- (3) Following a leave of absence of longer than twelve (12) months, a member of the Professional Staff shall be required to make a new application for appointment to the Professional Staff in the manner and subject to the criteria set out in this By-law.

ARTICLE 5 MONITORING, SUSPENSION AND REVOCATION

5.1 Monitoring Practices and Transfer of Care

- (1) Any aspect of patient care or Professional Staff conduct being carried out in the Corporation may be reviewed without the approval of the member of the Professional Staff responsible for such care by the Chair of the Medical Advisory Committee or delegate.
- (2) Where any member of the Professional Staff or Corporation staff reasonably believes that a member of the Professional Staff is incompetent, attempting to exceed his or her privileges, incapable of providing a service that he or she is about to undertake, or acting in a manner exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury, such individual shall communicate that belief forthwith to one of the Chief of Staff/Chair of the Medical Advisory Committee (or delegate) and the Chief Executive Officer (or delegate), so that appropriate action can be taken.
- (3) If the Chief of Staff/Chair of the Medical Advisory Committee or delegate becomes aware that, in his or her opinion a serious problem exists in the diagnosis, care or treatment of a patient, the officer shall forthwith discuss the condition, diagnosis, care and treatment of the patient with the attending member of the Professional Staff. If changes in the diagnosis, care or treatment satisfactory to the Chief of Staff/Chair of the Medical Advisory Committee or delegate, as the case may be, are not made, he or she shall forthwith assume the duty of investigating, diagnosing, prescribing for and treating the patient.
- (4) Where the Chief of Staff/Chair of the Medical Advisory Committee or delegate has cause to take over the care of a patient, the Chief Executive Officer, or the Chief of Staff/Chair of the Medical Advisory Committee as the case may be, and one other member of the Medical Advisory Committee, the attending member of the Professional Staff, and the patient or the patient's substitute decision maker shall be notified in accordance with the *Public Hospitals Act*. The Chief of Staff/Chair of the Medical Advisory Committee or delegate shall file a written report with the Medical Advisory Committee within forty eight (48) hours of his or her action.
- (5) Where the Medical Advisory Committee concurs in the opinion of the Chair of the Medical Advisory Committee or delegate who has taken action under subsection 5.1(3) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer and the Board of the problem and the action taken.

5.2 Suspension, Restriction or Revocation of Privileges

- (1) The Board may, at any time, in a manner consistent with the *Public Hospitals Act* and this By-law, revoke or suspend any appointment of a member of the Professional Staff or revoke, suspend, restrict or otherwise deal with the Privileges of a member of the Professional Staff.
- (2) Any administrative or leadership appointment of the member of the Professional Staff will automatically terminate upon the restriction, revocation or suspension of privileges or, revocation of appointment, unless otherwise determined by the Board.

- (3) Where an application for appointment or reappointment is denied or, the privileges of a member of the Professional Staff have been restricted, suspended or revoked, by reason of incompetence, negligence or misconduct, or the member resigns from the Professional Staff during the course of an investigation into his or her competence, negligence or misconduct, the Chief Executive Officer shall prepare and forward a detailed written report to the member's regulatory body as soon as possible, and not later than thirty (3) days.

5.3 Immediate Action

- (1) The Chief Executive Officer or delegate or Chief of Staff / Chair of the Medical Advisory Committee or delegate or Chief of a Department or delegate may temporarily restrict or suspend the privileges of any member of the Professional Staff in circumstances where in their opinion the member's conduct, performance or competence:
 - (a) exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury; or
 - (b) is or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within the Hospital;

and immediate action must be taken to protect patients, health care providers, employees and any other person at the Hospital from harm or injury.

- (2) Before the Chief Executive Officer or delegate, the Chief of Staff/Chair of the Medical Advisory Committee or delegate, or Chief of a Department or delegate takes action authorized in subsection 5.3(1), they shall first consult with one of the other of them. If such prior consultation is not possible or practicable under the circumstances, the person who takes the action authorized in subsection 5.3(1) shall provide immediate notice to the others. The person who takes the action authorized in subsection 5.3(1) shall forthwith submit a written report on the action taken with all relevant materials and/or information to the Medical Advisory Committee.

5.4 Non-Immediate Action.

- (1) The Chief Executive Officer or delegate, the Chief of Staff/Chair of the Medical Advisory Committee or delegate, or Chief of a Department or delegate, may recommend to the Medical Advisory Committee that the privileges of any member of the Professional Staff be restricted, suspended or revoked in any circumstances where in their opinion the member's conduct, performance or competence:
 - (a) fails to meet or comply with the criteria for annual reappointment; or
 - (b) exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury; or
 - (c) is or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Hospital or impact negatively on the operations of the Hospital; or
 - (d) fails to comply with the Hospital's by-laws, Rules and Regulations, or Policies, the *Public Hospitals Act* or any other relevant law.

- (2) Prior to making a recommendation as referred to in subsection 5.4(1) an investigation may be conducted. Where an investigation is conducted it may be assigned to an individual within the Hospital other than the Medical Advisory Committee or an external consultant.

5.5 Referral to Medical Advisory Committee for Recommendations

- (1) Following the temporary restriction or suspension of privileges under section 5.3, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a member of the Professional Staff under section 5.4, the following process shall be followed:
 - (a) the Chair of the Department of which the individual is a member or an appropriate alternate designated by the Chief of Staff/Chair of the Medical Advisory Committee or delegate or Chief Executive Officer or delegate shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation, as the case may be, with all relevant materials and/or information;
 - (b) a date for consideration of the matter will be set, not more than ten (10) days from the time the written report is received by the Medical Advisory Committee;
 - (c) as soon as possible, and in any event, at least forty-eight (48) hours prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of,
 - (a) the time and place of the meeting;
 - (b) the purpose of the meeting; and
 - (c) a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation.
- (2) The date for the Medical Advisory Committee to consider the matter under s.5.5(1)(b) may be extended by,
 - (a) an additional five (5) days in the case of a referral under s.5.3; or
 - (b) any number of days in the case of a referral under s.5.4,

If the Medical Advisory Committee considers it necessary to do so.

- (3) The Medical Advisory Committee may:
 - (a) set aside the restriction or suspension of privileges; or
 - (b) recommend to the Board a suspension or revocation of the appointment or a restriction, suspension or revocation of privileges on such terms as it deems appropriate. Notwithstanding the above, the Medical Advisory Committee may also refer the matter to a committee of the Medical Advisory Committee.
- (4) If the Medical Advisory Committee recommends the continuation of the restriction or suspension or a revocation of privileges or recommends a revocation of appointment and/or makes further recommendations concerning the matters considered at its meeting, the Medical Advisory Committee shall within twenty-four (24) hours of the Medical Advisory Committee meeting provide the member with written notice of the Medical Advisory Committee's recommendation.
- (5) The written notice shall inform the member that he or she is entitled to:

- (a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the member's receipt of the notice of the recommendation; and
 - (b) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the member of the written reasons requested.
- (6) If the member requests written reasons for the recommendation under s.5.5(5), the Medical Advisory Committee shall provide the written reasons to the member within forty-eight (48) hours of the receipt of the request.

ARTICLE 6 BOARD HEARING

6.1 Board Hearing

- (1) A hearing by the Board shall be held when one of the following occurs:
 - (a) The Medical Advisory Committee recommends to the Board that an application for appointment, reappointment or requested privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or
 - (b) The Medical Advisory Committee makes a recommendation to the Board that the privileges of a member of the Professional Staff and be restricted, suspended or revoked or an appointment be revoked and the member requests a hearing.
- (2) The Board will name a place and time for the hearing.
- (3) In the case of immediate suspension or revocation of privileges, the Board hearing shall be held within seven (7) days of the date the applicant or members requests the hearing under s.6.1(1). In the case of non-immediate suspension or revocation of privileges, subject to subsection 6.1(4), the Board hearing will be held as soon as practicable but not later than twenty eight (28) days after the Board receives the written notice from the member or applicant requesting the hearing.
- (4) The Board may extend the time for the hearing date if it is considered appropriate.
- (5) The Board will give written notice of the hearing to the applicant or member and to the Medical Advisory Committee at least five (5) days before the hearing date.
- (6) The notice of the Board hearing will include:
 - (a) The place and time of the hearing;
 - (b) The purpose of the hearing;
 - (c) A statement that the applicant or member and Medical Advisory Committee will be afforded an opportunity to examine prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;
 - (d) A statement that the applicant or member may proceed in person or be represented by counsel, call witnesses and tender documents in evidence in support of his or her case;

- (e) A statement that the time for the hearing may be extended by the Board on the application of any party; and
 - (f) A statement that if the applicant or member does not attend the meeting, the Board may proceed in the absence of the applicant or member, and the applicant or member will not be entitled to any further notice in the hearing.
- (7) The parties to the Board hearing are the applicant or member, the Medical Advisory Committee and such other persons as the Board may specify.
 - (8) The applicant or member requiring a hearing and the Medical Advisory Committee shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be used in evidence.
 - (9) Members of the Board holding the hearing will not have taken part in any investigation or consideration of the subject matter of the hearing and will not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.
 - (10) The findings of fact of the Board pursuant to a hearing will be based exclusively on evidence admissible or matters that may be noticed under the *Statutory Powers Procedure Act*.
 - (11) No member of the Board will participate in a decision of the Board pursuant to a hearing unless they are present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board will be given unless all members so present participate in the decision.
 - (12) The Board shall make a decision to follow, amend or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to, the considerations set out in section 4.3, 4.8 and 4.9 respectively.
 - (13) A written copy of the decision of the Board will be provided to the applicant or member and to the Medical Advisory Committee.
 - (14) Service of a notice to the parties may be made personally or by registered mail addressed to the person to be served at their last know address and, where notice is served by registered mail, it will be deemed that the notice was served on the third (3rd) day after the day of mailing unless the person to be served establishes that they did not, acting in good faith, through absence, accident, illness or other causes beyond their control, receive it until a later date.

ARTICLE 7 PROFESSIONAL STAFF CATEGORIES AND DUTIES

7.1 Professional Staff Categories

- (1) The Medical Staff shall be divided into the following groups:
 - (a) Active;
 - (b) Associate;
 - (c) Courtesy;
 - (d) Locum Tenens; and
 - (e) Such categories as may be determined by the Board from time to time having given consideration to the recommendation of the Medical Advisory Committee.
- (2) The Extended Class Nursing Staff may be divided into such categories as the Board may from time to time determine having given consideration to the recommendation of the Medical Advisory Committee.

7.2 Active Staff

- (1) The Active Staff shall consist of those Physicians appointed to the Active Staff by the Board and who have completed satisfactory service as Associate Staff of at least one (1) year or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.
- (2) Except where approved by the Board, no Physician with an active staff appointment at another Hospital shall be appointed to the Active Staff.
- (3) Each member of the Active Staff shall:
 - (a) Have admitting privileges unless otherwise specified in their appointment;
 - (b) Attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - (c) Act as a supervisor of other members of the Medical Staff or Extended Class Nursing Staff when requested by the Chief of Staff/Chair of the Medical Advisory Committee or delegate;
 - (d) Fulfill such on-call requirements as may be established by each clinical service (emergency, inpatient, interim long term care, etc.) and in accordance with the Professional Staff Human Resource Plan and the Rules and Regulations and Policies;
 - (e) Perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff/Chair of the Medical Advisory Committee from time to time;
 - (f) Be entitled to attend and vote at meetings of the Professional Staff and be eligible to be an elected or appointed officer of the Professional Staff;

7.3 Associate Staff

- (1) Physicians who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Associate Staff. In no event shall an appointment to the Associate Staff extend beyond two (2) years.
- (2) Each member of the Associate Staff shall:
 - (a) Have admitting privileges unless otherwise specified in their appointment;
 - (b) Work under the supervision of an Active Staff member named by the Chair of the Medical Advisory Committee or delegate;
 - (c) Undertake such duties in respect of patients as may be specified by the Chair of the Medical Advisory Committee or delegate;
 - (d) Fulfill such on call requirements as may be established by each clinical service (emergency, inpatient, interim long term care) and in accordance with Professional Staff human resources Planning and the Rules and Regulations and Policies;
 - (e) Perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff/Chair of the Medical Advisory Committee or delegate from time to time;
 - (f) Be entitled to attend and vote at Professional Staff meetings but shall not be eligible to be an elected or appointed officer of the Professional Staff; and
- (3) (a) At time of reapplication of an Associate Staff member to the Professional Staff, the Active Staff member by whom the Associate Staff member has been supervised shall complete a performance evaluation and shall make a written report to the Chair of the Medical Advisory Committee or delegate, concerning:
 - (i) The knowledge and skill that has been shown by the Associate Staff member;
 - (ii) The nature and quality of his or her work in the Corporation; and
 - (iii) His or her performance and compliance with the criteria set out in subsection 4.3(2).

The Chief of Staff/Chair of the Medical Advisory Committee or delegate shall forward such report to the Credentials Committee.

- (b) Upon receipt of the report referred to in subsection 7.3(3)(a), the appointment of the member of the Associate Staff shall be reviewed by the Credentials Committee, which shall make a recommendation to the Medical Advisory Committee.
- (c) If any report made under subsections 7.3(3)(a) or 7.3(3)(b) is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend the appointment of the Associate Staff member be terminated.
- (d) No member of the Associate Staff shall be recommended for appointment to the Active Staff unless they have been a member of the Associate Staff for at least one (1) year. In no event shall an appointment to the Associate Staff be continued for more than two (2) years.

7.4 Courtesy Staff

- (1) The Courtesy Staff shall consist of those Physicians appointed by the Board to the Courtesy Staff in one or more of the following circumstances:
 - (a) The applicant meets a specific service need of the Corporation; or
 - (b) Where the Board deems it otherwise advisable and in the best interests of the Corporation.
- (2) Members of the Courtesy Staff shall:
 - (a) Have such limited privileges as may be granted by the Board on an individual basis;
 - (b) Attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - (c) Be responsible to the Chair of the Medical Advisory Committee for all aspects of patient care; and
 - (d) Be entitled to attend Professional Staff meetings but shall not have a vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office of the Professional Staff.

7.5 Locum Tenens Staff

- (1) Locum Tenens Staff consist of Physicians who have been admitted to the Locum Tenens Staff by the Board in order to meet specific clinical needs for a defined period of time in one or more of the following circumstances:
 - (a) To be a planned replacement for a Physician for specified period of time; or
 - (b) To provide episodic or limited surgical or consulting services.
- (2) The appointment of a Physician as a member of the Locum Tenens Staff may be for up to one (1) year subject to renewal for a further period of up to one (1) additional year. The Board, having considered the recommendation of the Medical Advisory Committee may permit renewal beyond two (2) years in exceptional circumstances.
- (3) A Locum Tenens Staff shall:
 - (a) Have admitting privileges unless otherwise specified in their appointment;
 - (b) Work under the supervision of an Active Staff member assigned by the Chair of the Medical Advisory Committee or delegate; and
 - (c) Attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board.
- (4) Locum Tenens Staff shall not, subject to determination by the Board in each individual case attend or vote at Professional Staff meetings or be elected or appointed to any office of the Professional Staff.

7.6 Extended Class Nursing Staff

- (1) The Board, having given consideration to the advice of the Medical Advisory Committee, will delineate the privileges for each member of the Extended Class Nursing Staff who is not an employee of the Corporation.
- (2)
 - (a) Each new applicant for appointment to the Extended Class Nursing Staff shall be appointed for an initial probationary period of one (1) year.
 - (b) Prior to completion of the one (1) year probationary period, a performance evaluation for a member of the Extended Class Nursing Staff shall be completed by the Chair of Medical Advisory Committee or delegate, concerning the knowledge and skill that has been shown by the Extended Class Nursing Staff member, the nature and quality of his or her work and his or her performance and compliance with the criteria set out in subsection 4.3(2) and such report shall be forwarded to the Credentials Committee.
 - (c) The Credential Committee shall review the report referred to in subsection 7.6(2)(b) and shall make a recommendation to the Medical Advisory Committee which shall in turn make a recommendation to the Board.
- (3) A member of the Extended Class Nursing Staff shall be entitled to attend but not vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office in the Professional Staff.

7.7 Duties of Professional Staff

Each member of the Professional Staff:

- (a) Is accountable to and shall recognize the authority of the Board through and with the Chair of the Medical Advisory Committee and Chief Executive Officer.
- (b) Shall co-operate with and respect the authority of:
 - (i) The Chief of Staff/Chair of the Medical Advisory Committee and the Medical Advisory Committee;
 - (ii) The Chief Executive Officer; and
- (c) Shall perform the duties, undertake the responsibility and comply with the provisions set out in this By-law including those duties outlined in Appendix III and the Rules and Regulations and Policies.
- (d) Shall forthwith advise the Chief of Staff/Chair of the Medical Advisory Committee of the commencement of any college disciplinary proceeding, proceedings to restrict or suspend privileges at other hospitals, or malpractice actions. provide two (2) months notice prior to resigning their position.

ARTICLE 8 DEPARTMENTS AND DIVISIONS

8.1 Professional Staff Departments

- (1) The Professional Staff may be organized into such Departments as may be approved by the Board from time to time.

- (2) Each Professional Staff member will be appointed to a minimum of one (1) of the Departments. Appointment may extend to one (1) or more additional Departments.

8.2 Divisions Within a Department

A Department may be divided into such Divisions as may be approved by the Board from time to time.

8.3 Changes to Departments and Divisions

The Board may at any time, after consultation with the Medical Advisory Committee, create such additional Departments or Divisions, amalgamate Departments or Divisions, or disband Departments or Divisions.

8.4 Professional Staff Human Resources Plan

Each Department shall develop a Professional Staff Human Resources Plan in accordance with the Hospital Strategic Plan. The Plan shall be developed by the Chief of the Department, after receiving and considering the input of the members of the Professional Staff in the Department, and shall be approved by the Board. Each Department's Plan shall include,

- (a) the required number and expertise of the Professional Staff;
- (b) reasonable on-call requirements for members of the Professional Staff of the Department;
- (c) a process for equitably distributing changes of resources to the members of the Professional Staff within the Department;
- (d) a process for making decisions with respect to changes in the Department resources, and
- (e) a dispute resolution process regarding decisions made under subsection (d) above.

ARTICLE 9 LEADERSHIP POSITION

9.1 Professional Staff Leadership Position

- (1) The following position shall be appointed in accordance with this By-law:
 - (a) Chief of Staff;
 - (b) Chair of the Medical Advisory Committee, and
 - (c) where the Professional Staff has been organized into Departments, Chiefs of Department.
- (2) Notwithstanding any other provision in this By-law, in the event that the term of office of any person referred to in this section shall expire before a successor is appointed; the appointment of the incumbent may be extended.
- (3) An appointment to the position referred to in subsections 9.1(1) may be made on an acting or interim basis where there is a vacancy in the office referred to in this section or while the person holding such office is absent or unable to act.

- (4) An appointment to the position referred to in subsections 9.1(1) may be revoked at any time by the Board.
- (5) The Board shall receive and consider the input of the appropriate Professional Staff before it makes an appointment to a Professional Staff leadership position

9.2 Appointment of Chair of the Medical Advisory Committee

The Board shall appoint a member of the Medical Advisory Committee as Chair of the Medical Advisory Committee (Chief of Staff). The term of this appointment will be determined by the Board.

9.3 Responsibilities and Duties of Chair of the Medical Advisory Committee

- (1) The Chair of the Medical Advisory Committee shall:
 - (a) Be a member of the Board;
 - (b) Be the Chair of the Medical Advisory Committee;
 - (c) Be an *ex-officio* member of all Medical Advisory Committee sub-committees; and
 - (d) Report regularly to the Board on the work and recommendations of the Medical Advisory Committee.
- (2) The Chair of the Medical Advisory Committee shall, in consultation with the Chief Executive Officer, designate an alternate to act during his/hers absence, if any.
- (3) The Chair of the Medical Advisory Committee may assume or assign the responsibilities for other duties.

ARTICLE 10 MEDICAL ADVISORY COMMITTEE

10.1 Composition of Medical Advisory Committee

- (1) The Medical Advisory Committee shall consist of the following voting members one of whom shall be the Chair in accordance with Section 9.1(a):
 - (a) The member of the Medical Staff who is appointed by the Board as Chair of the Medical Advisory Committee (Chief of Staff);
 - (b) The President, Vice President and Secretary of the Professional Staff; and
 - (c) The Chair/Chief of the Emergency Services Committee
(The above noted members will be considered 'compulsory members' for the purposes of establishing Quorum.)
 - (d) The Chief of Radiology. He/she will be notified of all KDH MAC meetings together with all MAC related diagnostic imaging information and shall have the right but not the obligation to attend (whether in person or by phone) any meeting of the KDH MAC.
 - (e) The Chair/Chief of Surgical Services Committee
 - (f) Chief of Anaesthesiology

- (g) All other members of the active Medical Staff.
- (2) In addition, the following shall be entitled to attend the meetings of the Medical Advisory Committee without a vote:
 - (a) The Chief Executive Officer;
 - (b) The Chief Nursing Executive.

10.2 Accountability of Medical Advisory Committee

The Medical Advisory Committee shall consider and make recommendations and report to the Board, in accordance with the *Public Hospitals Act* and the regulations pertaining thereto.

10.3 Medical Advisory Committee Duties and Responsibilities

The Medical Advisory Committee shall, perform the duties and undertake the responsibilities set out in the *Public Hospitals Act*, including:

- a) Make recommendations to the Board concerning the following matters:
 - i. Every application for appointment or reappointment to the Professional Staff and any request for a change in privileges;
 - ii. The privileges to be granted to each member of the Professional Staff;
 - iii. The by-laws and Rules and Regulations respecting the Medical Staff and Extended Class Nursing Staff;
 - iv. The revocation, suspension or restrictions of privileges of any member of the Professional Staff; and
 - v. The quality of care provided in the Hospital by the Medical Staff and Extended Class Nursing Staff.
- b) Supervise the clinical practice of medicine and extended class nursing in the Hospital;
- c) Appoint the Medical Staff members of all committees established under section 10.4;
- d) Receive reports of the committees of the Medical Advisory Committee; and
- e) Advise the Board on any matters referred to the Medical Advisory Committee by the Board and where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under subsection 2(a)(v) of the Hospital Management Regulation (965) under the *Public Hospitals Act*, the Medical Advisory Committee shall make recommendations about those issues to the Hospital's quality committee established under subsection 3(1) of the *Excellent Care for All Act*.

10.4 Establishment of Committees of the Medical Advisory Committee

- (1) The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special sub-committees of the Medical Advisory Committee as may be necessary or advisable from time to time for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or the by-laws of the Hospital.

- (2) The terms of reference and composition for any standing or special sub-committees of the Medical Advisory Committee may be set out in the Rules and Regulations or in a resolution of the Board, on recommendation of the Medical Advisory Committee. The Medical Staff members of any such sub-committee of the Medical Advisory Committee shall be appointed by the Medical Advisory Committee and other committee members may be appointed by the Board.
- (3) The existing Medical Staff Committees are outlined in Appendix III.

10.5 Quorum for Medical Advisory Committee and Sub-Committee Meeting

A quorum for any meeting of the Medical Advisory Committee shall be a majority of 'compulsory members', as noted above. A quorum for meetings of a sub-committee shall be a majority of the members entitled to vote.

ARTICLE 11 MEETINGS – PROFESSIONAL STAFF

11.1 Regular, Annual and Special Meetings of the Professional Staff

- (1) At least four (4) meetings of the Professional Staff will be held each year, one of which shall be the annual meeting.
- (2) The President of the Professional Staff may call a special meeting of the Professional Staff. Special meetings shall be called by the President of the Professional Staff on the written request of any members of the Active Staff.
- (3) A written notification of each meeting of Professional Staff (including the annual meeting or any special meeting) shall be given by the Secretary of the Professional Staff to the Professional Staff at least fourteen (14) days in advance of the meeting by posting a notice of the meeting in a conspicuous place in the Hospital. Notice of special meetings shall state the nature of the business for which the special meeting is called.
- (4) The period of time required for giving notice of any special meeting may be waived in cases of emergency by the majority of those members of the Professional Staff present and entitled to voting at the special meeting, as the first item of business of the meeting.

11.2 Quorum

Fifty percent of the members of the Professional Staff entitled to vote and present in person shall constitute a quorum at any annual, regular, or special meeting of the Professional Staff.

11.3 Rules of Order

The procedures for meetings of the Professional Staff not provided for in this By-law or the Rules and Regulations or Policies shall be governed by the rules of order adopted by the Board.

11.4 Medical Staff Meetings

Meetings of the Professional Staff held in accordance with this Article shall be deemed to meet the requirement to hold meetings of the Medical Staff pursuant to the *Public Hospitals Act*.

ARTICLE 12 OFFICERS OF THE PROFESSIONAL STAFF

12.1 Officers of the Professional Staff

- (1) The provisions of this Article 12 with respect to the officers of the Professional Staff shall be deemed to satisfy the requirements of the *Public Hospitals Act* with respect to officers of the Medical Staff. For greater certainty, the President, Vice President and Secretary of the Professional Staff shall be deemed to be the President, Vice President and Secretary of the Medical Staff.
- (2) The officers of the Professional Staff will be:
 - (a) The President;
 - (b) The Vice President;
 - (c) The Secretary; and
 - (d) The Chair/Chief of the Emergency Services Committee;
 - (e) The Chair/Chief of Surgical Services Committee; and
 - (e) Such other officers as the Professional Staff may determine.
- (3) The officers of the Professional Staff shall be elected annually for a term of one (1) year by a majority vote of the voting members of the Professional Staff in attendance and voting at a meeting of the Professional Staff.
- (4) The officers of the Professional Staff may be removed from office prior to the expiry of their term by a majority vote of the voting members of the Professional Staff in attendance and voting at a meeting of the Professional Staff called for such purpose.
- (5) If the position of any elected Professional Staff officer that becomes vacant during the term may be filled by a vote of the majority of the members of the Professional Staff present and voting at a regular meeting of the Professional Staff or at a special meeting of the Professional Staff called for that purpose. The election of such Professional Staff member shall follow the process in section 12.3. The Professional Staff member so elected to office shall fill the office until the next annual meeting of the Professional Staff.

12.2 Eligibility for Office

Only Physicians who are members of the Active Staff may be elected or appointed to any position or office of the Professional Staff.

12.3 Nominations and Election Process

- (1) A nominating committee shall be constituted through a process approved by the Professional Staff on recommendation of the officers of the Professional Staff.
- (2) At least twenty-one (21) days before the annual meeting of the Professional Staff, the nominating committee shall circulate or post in a conspicuous place at each site of the Corporation, a list of the names of those who are nominated to stand for the offices of the Professional Staff that are to be filled by election, in accordance with the Regulations under the Public Hospitals Act and this By-law.

- (3) Any further nominations shall be made in writing to the Secretary of the Professional Staff up to seven (7) days before the annual meeting of the Professional Staff.

12.4 President of the Professional Staff

- (1) The President of the Professional Staff shall:
- (a) Preside at all meetings of the Professional Staff;
 - (b) Act as a liaison between the Professional Staff, the Chief Executive Officer, and the Board with respect to matters concerning the Professional Staff;
 - (c) Support and promote the values and strategic plan of the Corporation.
- (2) The President of the Professional Staff shall:
- (a) Be a member of the Medical Advisory Committee; and
 - (b) Be an *ex-officio* Director of the Board and as a Director, fulfill fiduciary duties to the Corporation.

12.5 Vice President of the Professional Staff

- (1) The Vice President of the Professional Staff shall:
- (a) In the absence or disability of the President of the Professional Staff, act in place of the President, perform his or her duties and possess his or her powers as set out in subsection 12.4(1);
 - (b) Perform such duties as the President of the Professional Staff may delegate to him or her, and
 - (c) Be a member of the Medical Advisory Committee.

12.6 Secretary of the Professional Staff

The Secretary of the Professional Staff will:

- (a) Attend to the correspondence of the Professional Staff;
- (b) Ensure notice is given and minutes are kept of Professional Staff meetings;
- (c) Maintain the funds and financial records of the Professional Staff and provide a financial report at the annual meeting of the Professional Staff;
- (d) Disburse funds at the direction of the Professional Staff, as determined by a majority vote of the Professional Staff members entitled to vote who are present and vote at a Professional Staff meeting;
- (e) Be a member of the Medical Advisory Committee; and
- (f) In the absence or disability of the Vice President of the Professional Staff perform the duties and possess the powers of the Vice President as set out in subsection 12.5(1).

12.7 Chair/Chief of the Emergency Services Committee

The Chair/Chief of Emergency Services Committee will:

- (1) Ensure that our emergency room patients receive high quality, efficient medical care.
- (2) Follow the process whereby this will be achieved as follows:
 - (i) ensure that a physician schedule exists to provide 24/7 coverage for both first and second on-call
 - (ii) review policies/procedures from time to time ensuring the smooth operation of the emergency room and to assist in the development of new ones as required
 - (iii) ensure that the emergency room is current with respect to the necessary equipment, supplies, medications or devices in order to meet or exceed recognized industry standards
 - (iv) promote and/or facilitate ongoing continuing medical education amongst those physicians providing coverage
 - (v) assist in quality assurance initiatives within Emergency Services.

12.8 Chief of Radiology

(1) The Chief of Radiology will:

- (a) Advise the Chief of Staff, the Medical Advisory Committee (MAC) of the KDH and the CEO on the quality of medical diagnosis provided by the Radiologists to the patients of KDH.
- (b) Advise the Chief of Staff, the Medical Advisory Committee (MAC) of KDH and the CEO on new Diagnostic Imaging programs, services and equipment.

(2) The Chief of the Radiology shall:

- (a) Be a member of Radiation Safety Committee.
- (b) Act as Liaison, when needed, between the KDH and Radiology Service.
- (c) Assist and promote quality assurance initiatives within the department.
- (d) Advise Radiation Protection Office on policies, procedures, protocols, test, etc., as needed.

(2) Except as specifically set out in s.10.1(1)(d), the Chief of Radiology will not be required to participate in medical committees of KDH.

12.9 Chair/Chief of Surgical Services Committee

The Chair/Chief of Surgical Services Committee will:

- (1) Ensure that our surgical patients receive high quality, efficient surgical care.
- (2) Follow the process whereby this will be achieved as follows:
 - (i) review policies/procedures from time to time ensuring the smooth operation of the operating rooms and to assist in the development of new ones as required
 - (ii) ensure that the operating rooms are current with respect to the necessary equipment, supplies, medications or devices in order to meet or exceed recognized industry standards
 - (iii) assist in quality assurance initiatives within the surgical care unit.
 - (iv) promote and/or facilitate ongoing continuing education amongst the surgical staff.
 - (v) participate in trial and evaluation of new surgical equipment and offer recommendations as required.

12.10 Chair/Chief of the Anaesthesia Services Committee

The Chair/Chief of Anaesthesia Services Committee will:

- (1) Ensure that our patients requiring anaesthesia receive high quality, efficient medical care.
- (2) Follow the process whereby this will be achieved as follows:
 - (i) aid in the recruitment of Anaesthesiologists as needed
 - (ii) assist in scheduling of anaesthesiologists if need
 - (iii) review policies/procedures from time to time ensuring the high quality of anaesthesia services and to assist in the development of new ones as required
 - (iv) ensure that anaesthesia services and medical staff are current with respect to recognized industry standards
 - (v) report annually to KDH Board through MAC and Chief of Staff on quality and efficiency of the Anaesthesia services
 - (vi) promote and/or facilitate ongoing continuing medical education amongst those physicians providing anaesthesia coverage
 - (vii) assist in quality assurance initiatives within the group

ARTICLE 13 AMENDMENTS

13.1 Amendments to Professional Staff By-law

Prior to submitting amendments to this By-law to the approval processes applicable to the Corporation's by-laws;

- (a) notice specifying the proposed By-law or amendments thereto shall be made available for review by the Professional Staff;
- (b) The Professional Staff shall be afforded an opportunity to comment on the proposed amendment(s); and
- (c) The Medical Advisory Committee may make recommendations to the Board concerning the proposed amendment.

13.2 Repeal and Restatement

This By-law repeals and restates in its entirety the by-laws of the Corporation previously enacted with respect to the Professional Staff.

Appendix I

Letter of Good Standing

This letter is to certify that the following physician is a member of the Medical Staff in good standing at

_____.

NAME:

CPSO#:

DEPARTMENT:

SPECIALTY:

CATEGORY OF APPOINTMENT:

RE-APPOINTMENT PERIOD:

Please check (✓) the following documents are on file:

Completed application form

Curriculum vitae

Three letters of reference

Proof of membership with the Canadian Medical Protective Association

Proof of licensure with the College of Physicians and Surgeons of Ontario

Certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario

(Title of signature)

Date

APPENDIX II APPLICATION FOR REAPPOINTMENT

The following is a list of matters that could be included in the annual review conducted as part of the reappointment process. The review would assess:

1. The skills, attitude and judgment of the applicant with reference to their professional responsibilities.
2. The applicant's participation in continuing education.
3. The ability of the applicant to communicate with patients, their families and substitute decision makers and staff, together with information with respect to patient or staff complaints regarding the applicant, if any.
4. The applicant's ability to work and cooperate with, and relate to, in a collegial and professional manner, the Board, the Chief Executive Officer, the Chair of the Medical Advisory Committee, and other members of the Medical Advisory Committee, other members of the Professional Staff, the nursing staff, other healthcare practitioners and students within the Hospital and other employees of the Corporation.
5. The applicant's performance and discharge of:
 - (i) "On call" responsibilities;
 - (ii) Staff and committee responsibilities;
 - (iii) Clinical and, if applicable, academic responsibilities;
 - (iv) Attendance requirements, if any, Professional Staff meetings; and
 - (v) Monitoring patients, together with evidence of appropriate, timely and completed clinical record documentation.
6. Any quality of care or patient safety issues.
7. The applicant's health during the past year.
8. The applicant's plans for any changes in type or level of service provided and the reasons therefore.
9. The applicant's succession plans and/or retirement plans, if any.
10. The applicant's ability to supervise Professional Staff.
11. The applicant's appropriate and efficient use of Hospital resources.
12. The applicant's compliance with the *Public Hospitals Act* and the regulations there under, the Hospital's by-laws, Rules and Regulations and Policies and applicable legislation.

APPENDIX III

updated: March 2012

ARTICLE 1. MEDICAL STAFF COMMITTEES**Appointment of Standing Committee**

At the first regular meeting of the Medical Advisory Committee following the annual meeting, the Medical Advisory Committee shall appoint the following standing committees and name the Chair and Vice-Chair of each committee where necessary:

- (viii) Credentials Committee;
- (ix) Medical Committee;
 - (a) Medical Records Committee
 - (b) Infection Control Committee
 - (c) Utilization Review and Management Committee
 - (d) Medical Quality Assurance, Audit and Tissue Committee
- (x) Pharmacy and Therapeutics Committee;
- (xi) Emergency Services Committee;
- (xii) Surgical Services Committee, and
- (xiii) such other committees as the Medical Advisory Committee may determine.

Rules Governing Meetings

Meetings of the Medical Advisory Committee and the Medical Staff, as well as any subcommittees of these parent committees, shall be governed by Robert's Rules of Order, Revised, 1915 version, Public Domain.

Credentials Committee

- (3) The purpose of the Credentials Committee is to establish a clear and reasonable system that allows the Board to process an application or re-application by a physician or other professional for appointment to the Medical or Professional Staff of the Hospital in a manner that ensures that the Board is capable of managing the quality of care offered in the Hospital and minimizing the attendant risks to patients.
- (4) The process whereby this will be achieved is as follows. The Credentials Committee shall:
 - (i) review each and every application or re-application for privileges to the Medical or Professional Staff of Kemptville District Hospital in a timely manner as outlined in the Credentialing Policy;

- (ii) evaluate each application in terms of completeness, information supplied, adherence to other hospital policies and recommendations, and evaluations undertaken by the Chief of Staff ;
 - (iii) consider the recommendation of the Chief of Staff with respect to the Letters of Reference, as applicable;
 - (iv) evaluate each appointment in terms of the stated Hospital Goals, Objectives, and Mission Statement;
 - (v) evaluate each new application, or change in application, as per an Impact Analysis and how same affects the stated Hospital Goals, Objectives, and Mission Statement ;
 - (vi) present its recommendations regarding appointment to the MAC at the next scheduled meeting of the MAC;
- (5) The Credentials Committee shall be composed of
- (i) an appointed member of the Medical Staff (Chair)
 - (ii) the Chief of Staff
 - (iii) the Chief Executive Officer (non-voting)
- (6) The Credentials Committee shall meet at least once annually, or more frequently as necessary at the call of the Chair;
- (7) The Credentials Committee is accountable to the Medical Advisory Committee.

Medical Records Committee

- (8) The purpose of the Medical Records Committee is to promote a high standard of patient care by continuing review, evaluation and reporting of the format, completeness, promptness, data processing and safeguarding of all medical records.
- (9) The process whereby this will be achieved is as follows. The Medical Records Committee shall:
- (i) develop rules to govern the completion of medical records;
 - (ii) review medical records for completeness and quality;
 - (iii) review the retention of medical records and notes, charts, and other material relating to patient care;
 - (iv) review and revise forms as they pertain to medical staff record keeping;
 - (v) prepare and submit charts of all deaths occurring in the hospital since the previous general staff meeting to the next scheduled medical staff meeting;
 - (vi) analyze and report other medical statistics on a monthly basis;
 - (vii) perform any other duties pertaining to medical record keeping as may be requested by the Medical Advisory Committee;

- (viii) report to each regular meeting of the Medical Advisory Committee with respect to:
 - (a) the review of the medical records and the results thereof, and
 - (b) the names of delinquent members of the medical staff.
- (10) The Medical Records Committee shall consist of 1 physician and advisory personnel from Hospital staff.
- (11) The Medical Records Committee shall meet at least twice annually, or more frequently as necessary at the call of the Chair.
- (12) The Medical Records Committee is accountable to the Medical Advisory Committee.

Infection Control Committee

- (13) The purpose of the Infection Control Committee is to reduce nosocomial infections to a minimum and to provide a safe environment for hospital patients, employees and visitors through prevention, control and surveillance (identification) of hospital and community acquired infections.
- (14) The process whereby this will be achieved is as follows.
 - (i) The Infection Control Committee shall make recommendations to the Medical Advisory Committee on infection control matters related to:
 - (a) the Occupational Health and Safety Program;
 - (b) immunization programs;
 - (c) visitor restrictions or instructions both in general terms and in special circumstances;
 - (d) patient restrictions or instructions;
 - (e) educational programs for all persons carrying on activities in the Hospital;
 - (f) isolation procedures;
 - (g) aseptic and antiseptic techniques;
 - (h) environmental sanitation in the Hospital;
 - (i) and shall perform such other duties as may from time to time be requested by the Medical Advisory Committee.
 - (ii) The Infection Control Committee shall make recommendations to the Executive Director with respect to infection control matters related to:
 - (c) the Occupational Health and Safety Program;
 - (d) the Health Surveillance Program.
- (15) The Infection Control Committee shall be composed of
 - (i) one physician;
 - (ii) Hospital Infection Control personnel;
 - (iii) various Hospital staff in an advisory capacity.

- (16) The Infection Control Committee shall meet at least quarterly or at the call of the Committee Chair.
- (17) The Infection Control Committee is accountable to the Medical Advisory Committee and the Executive Director.

Utilization Review And Management Committee

- (18) The purpose of the Utilization Review and Management Committee is to encourage the delivery of cost-effective health care at Kemptville District Hospital.
- (19) The process whereby this will be achieved is as follows. The Utilization Review and Management Committee shall:
 - (i) review patterns of resource utilization at Kemptville District Hospital and determine which of these patterns it will subject to specific monitoring;
 - (ii) suggest appropriate performance indicators to enable monitoring of resource utilization and ensure that these indicators are being adequately applied;
 - (iii) identify the appropriate standards against which resource utilization at Kemptville District Hospital will be compared;
 - (iv) assess the resource implications of proposed additions to the medical staff;
 - (v) assess the resource implications of proposed new programs or expansions to existing programs;
 - (vi) report findings and make recommendations to the Medical Advisory Committee on a regular basis;
 - (vii) regularly re-evaluate its performance of its mandate, and,
 - (viii) perform such other duties as may be requested from time to time by the Medical Advisory Committee
- (20) The Utilization Review and Management Committee shall be composed of
 - (i) Medical Chief of Staff (Chair)
 - (ii) one other member of Medical Staff, if available
 - (iii) Chief Executive Officer
 - (iv) Director of Patient Services
 - (v) Manager of Health Records
 - (vi) Continuing Care Coordinator/Discharge Planning
 - (vii) Lab Manager
 - (viii) Manager – Financial Services
- (21) The Utilization Review and Management Committee shall meet twice annually or more frequently at the call of the Chair.
- (22) The Utilization Review and Management Committee is accountable to the Medical Advisory Committee.

Medical Quality Assurance, Audit And Tissue Committee

- (23) The purpose of the Medical Quality Assurance, Audit and Tissue Committee is to ensure that the standards of patient care, as set out in the Canadian Council on Hospital Accreditation Standards Manual, are met.
- (24) The process whereby this will be achieved is as follows. The Medical Quality Assurance, Audit and Tissue Committee shall:
- (i) develop a Medical Quality Assurance Program which includes mechanisms to:
 - (a) monitor trends and activities;
 - (b) identify potential problem areas;
 - (c) develop action plans and provide follow-up.
 - (ii) report to the Medical Advisory Committee
 - (iii) review, evaluate, and make recommendations on the following matters affecting the medical staff:
 - (a) medical human resources planning and impact analysis;
 - (b) complaints directed towards the medical staff;
 - (c) the Hospital By-Laws and Medical Staff Policies.
 - (iv) recommend procedures to the Medical Advisory Committee to ensure that an on-going peer review process is established for the assessment of the quality of patient care, as follows:
 - (a) regularly review, or cause to be reviewed, medical records;
 - (b) report at each regular meeting of the Medical Advisory Committee;
 - (c) identify the continuing medical education needs of the medical staff and ensure that actions are taken on the recommendations of the Committee.
 - (v) Review Infection Control Reports
 - (vi) Review concerns and recommendations pertaining to hospital accreditation.
- (25) The Medical Quality Assurance, Audit and Tissue Committee shall be composed of:
- (i) Medical Chief of Staff (Chair)
 - (ii) One (1) designated physician
 - (iii) Chief Executive Officer
 - (iv) Director of Patient Services
 - (v) Manager of Nursing Unit
- (26) The Medical Quality Assurance, Audit and Tissue Committee shall meet twice annually, or more often at the call of the Chair.

Pharmacy And Therapeutics Committee

- (27) The purpose of the Pharmacy and Therapeutics Committee is to serve in an advisory capacity to the medical staff by assessing regularly the appropriateness and adequacy of medication-related policies and make policy recommendations to the Medical Advisory Committee regarding drug utilization to ensure safe, effective and economical use of drugs.
- (28) The process whereby this will be achieved is as follows. The Pharmacy and Therapeutics Committee shall:
- (i) evaluate drug utilization, new drugs and current therapeutics and develop a formulary which is suited to the Hospital's needs, and periodically assess the effectiveness of and adherence to the formulary;
 - (ii) develop a procedure for the use of non-formulary drugs and mechanisms for their evaluation;
 - (iii) periodically analyze a summary of medication errors and their causative factors and make appropriate recommendations regarding prevention to the medical, nursing and/or pharmacy staffs;
 - (iv) develop an adverse drug reaction reporting program, review all these reports and ensure that a summary is circulated to medical and nursing staffs when the need arises
 - (v) review all standing orders annually, or more often if deemed necessary;
 - (vi) develop protocols governing programs such as total parenteral nutrition, investigational drugs, self-medication, or ensure that such protocols have been developed after appropriate committee review;
 - (vii) identify and/or arrange appropriate educational programs for the medical, dental and Hospital staff to enhance their knowledge of drug therapy and practices;
 - (viii) perform such other duties as the Medical Advisory Committee may direct.
- (29) The Pharmacy and Therapeutics Committee shall be composed of
- (i) Medical Chief of Staff (ex-Officio)
 - (ii) one member of Medical Staff (Chair)
 - (iii) the Hospital Pharmacist
- (30) The Pharmacy and Therapeutics Committee shall meet twice annually or more frequently at the call of the Chair.
- (31) The Pharmacy and Therapeutics Committee is accountable to the Medical Advisory Committee.

Emergency Services Committee

- (32) The purpose of the Emergency Services Committee is to ensure that our emergency room patients receive high quality, efficient medical care.

- (33) The process whereby this will be achieved is as follows. The Emergency Services Committee shall
- (i) ensure that a physician schedule exists to provide 24/7 coverage for both first and second on-call
 - (ii) review policies/procedures from time to time ensuring the smooth operation of the emergency department and to assist in the development of new ones as required
 - (iii) ensure that the emergency department is current with respect to the necessary equipment, supplies, medications or devices in order to meet or exceed recognized industry standards
 - (iv) promote and/or facilitate ongoing continuing medical education amongst those physicians providing coverage
 - (v) assist in quality assurance initiatives within the department.
- (34) the Emergency Services Committee shall consist of
- (i) an appointed member of the Medical Staff(Chief/chair)
 - (ii) the Nurse Manager in Emergency
 - (iii) chief Nurse Manager
 - (iv) other appointed staff nurses
 - (v) other representatives as indicated i.e., lab, pharmacy, diagnostic imaging
- (35) The Emergency Services Committee will meet at least annually, or more frequently as necessary at the call of the Chief/Chair.
- (36) The Emergency Services Committee is accountable to the Medical Advisory Committee.

Surgical Services Committee

- (37) The purpose of the Surgical Services Committee is to ensure that our surgical patients receive high quality, efficient surgical care.
- (38) The process whereby this will be achieved is as follows. The Surgical Services Committee shall:
- (i) review policies/procedures from time to time ensuring the smooth operation of the operating rooms and to assist in the development of new ones as required
 - (ii) ensure that the operating rooms are current with respect to the necessary equipment, supplies, medications or devices in order to meet or exceed recognized industry standards
 - (iii) assist in quality assurance initiatives within the surgical care unit.
 - (iv) promote and/or facilitate ongoing continuing education amongst the surgical staff.
 - (v) participate in trial and evaluation of new surgical equipment and offer recommendations as required.

- (39) The Surgical Services Committee shall consist of:
- (i) The Chief of Surgical Services
 - (ii) Manager of Clinical Programs
 - (iii) Team Leader, Operating Room
 - (iv) Representative of the Anaesthesia team.
 - (v) other representatives as indicated
- (40) The Surgical Services Committee will meet at least annually, or more frequently as necessary at the call of the Chief/Chair.
- (41) The Surgical Services Committee is accountable to the Medical Advisory Committee.