

## MEDICAL STAFF RULES UPDATES

**To be read in conjunction with Fraser Health Medical Staff Rules DECEMBER 21, 2020, this document highlights the changes since the May 2013 edition.**

### ARTICLE 2 -ORGANIZATION OF MEDICAL STAFF

#### Section 2.5 Regional Department Meetings

2.5.1 – each regional department shall hold a meeting of the Local Department Heads and Regional Division heads at least 3 times per year (Previously 4 times)

2.5.2 – Now includes a description for the Regional department Meeting Agenda Topics.

#### Section 2.6. Local Meetings and Regional Department Members

NEW section, see Rules Document.

#### Section 2.7 – Regional Department Policies

This section has been updated, see Rules Document.

#### Section 2.8 – Monitoring Patient Safety and Quality of Care

This whole section has been updated, see Rules Document.

#### Section 2.9 – Medical Staff Resource Planning

NEW section, see Rules Document.

#### Section 2.10 – Regional Department Head

2.10.1 – This Position can now be held by someone recruited from outside of the existing Active Staff.

2.10.3 – Now report to Executive Medical Director Rather than VP Clinical Operations

2.10.6 – The term of Appointment for a Regional Department head has increased from 3 years to 5 years.

#### Section 2.11 – Responsibilities of regional Department Head

This has been updated and moved to Appendix 4, see Rules Document.

#### Section 2.15 Regional Division Meetings

2.15.2 – Number of annual meeting has gone down from 4 to 3 per year.

2.15.3 – Now includes a description for the Regional division Meeting Agenda Topics.

2.15.4 – 2.15.9 – Include detailed information on how meetings should be run, that minutes now need to be kept etc. see Rules Document.

### **Section 2.16 Regional Division Head**

2.16.1 - This Position can now be held by someone recruited from outside of the existing Active Staff.

2.16.2 – A regional Division head shall be appointed by the board of recommendation of HAMAC.

### **Section 2.17 – Responsibilities of Regional Division Head**

2.17.1 – This has been updated and moved to appendix 4, see Rules Document.

### **Section 2.18 - Selection process for a Regional Division Head**

2.18.2 – Until a new Regional Division Head is appointed by the board, The Regional Department Head may designate an Acting Division head from among the Active Members of Regional Division

### **Section 2.20 – Local Department Head (Changed from Head of Department -Local)**

2.20.3 - This Position can now be held by someone recruited from outside of the existing Active Staff.

2.20.7 – The term of appointment has increased from 2 years to 3 years.

### **Section 2.21 – Responsibilities of Local Department Head**

This has been moved to appendix 4, see Rules Document.

### **Section 2.22. – Selection process for Local Department Head**

2.22.1 – A search for a Local department head shall be conducted within 3 months of vacancy being created.

2.22.2 – Until a new Local Department Head is appointed by the board the regional department head may designate an Acting Local Department Head from among the Active Members of the Regional department who are assigned to that site as their primary site.

### **Section 2.24 – Site Medical Direction (Formerly – Hospital Medical Coordinator)**

2.24.1 – The site medical Director for a facility will report to the Ice President Responsible for that Facility – (Previously they reported to the Executive Director)

2.24.2 - This Position can now be held by someone recruited from outside of the existing Active Staff.

2.24.4 – NEW - Site Medical Director may be remunerated for services as Site Medical Director

2.24.5. – NEW – The term of appointment for the Site Medical Director shall be 3 years, renewable for no more than 3 consecutive terms.

### **Section 2.25 – Responsibilities of Site Medical Director**

This section has been updated and has a lot of supplementary information in Appendix 4, see Rules Document.

### **Section 2.26 – Multidisciplinary Healthcare Coordinating Committee**

This section has been removed.

### **Section 2.27 – Program Medical Director**

2.27.2 - This Position can now be held by someone recruited from outside of the existing Active Staff.

2.27.4 – The Program Medical Director may (Previously said “will”) be remunerated for services as the Program Medical Director.

### **Section 2.28 – Responsibilities of Program Medical Director**

2.28.2 – The detailed role description for the Program medical Director is in Appendix 4.

### **Section 2.30 – Regional Medical Director**

NEW section, see Rules Document.

### **Section 2.31 – Responsibilities of the Regional Medical Director**

NEW section, see Rules Document.

### **Section 2.32 – Selection process for Regional Medical Director**

NEW section, see Rules Document.

## **ARTICLE 3 – RECRUITMENT, MEMBERSHIP, AND PRIVILEGES**

NEW - This entire Article has been massively updated, see Rules Document.

### **Section 3.1 – Medical Staff Resource Planning**

3.1.2 – Members intending to retire shall provide 6 months written notice to Local Department head or Regional Department Head

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

### **Section 3.2 – Recruitment and Search and Selection**

3.2.1.1 – Any member may identify the need for a vacancy on the Medical Staff.

3.2.1.3 – Pursuant to 3.2.1.2, a vacancy may be approved following agreement among the local department head, the site medical director and the regional medical director/program medical director in consultation with site medical director.

3.2.1.4 – Disagreement over whether a vacancy should be approved may be referred to the VP of Medicine.

3.2.1.7 – The search and selection committee will conduct the process of recruitment consistent with appendix 5 – (this has been expanded and updated, see Rules Document).

3.2.2 – Application process where no vacancy is declared.

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

### **Section 3.3 – Appointment to the Medical Staff**

3.3.5 – 3.3.7 - NEW sections have been added, see Rules Document.

### **Section 3.4 – Temporary Appointments and Privileges – (This section has been separated out Temporary and Locum and is now more detailed)**

### **Section 3.5 – Locum Tenens**

3.5.3 –NEW - Members of the Locum Tenens Category may not cover the call shifts of a provisional/active member who is not absent, except in exceptional circumstances (e.g.- sudden acute illness/personal crisis)

3.5.5- NEW - Unless otherwise recommended by the regional department head and approved by the board, a member of the Locum Tenens category may only provide a total of 12 weeks (84 days) of service to a regional department in a 12-month period (previously it was a 12 month term of service)

### **Section 3.6 – Temporary Appointment Category**

3.6.3 – NEW - Members of the Temporary Category may not be appointed solely for the purpose of covering the call shifts of a provisional/active member, however coverage for call shifts may be a part of the need that they are addressing as part of their appointment.

### **Section 3.7 – Privileges**

3.7.2 – New exception – With the exception of Admitting privileges, (clinical) privileges to be recommended by the regional department and granted by the board will be derived exclusively from and interpreted consistent with the provincial privileges dictionaries for each medical speciality, family practice, dentistry, midwifery, and nurse practitioners

3.7.3 – New exception – With the exception of Admitting privileges, (clinical) privileges to be granted will consist of core privileges and non-core privileges.

### **Section 3.6 – HAMAC- Appointments and Review processes – SECTION REMOVED**

### **Section 3.8 – Review for Renewal of Membership and Privileges/In-depth Performance Evaluation**

3.8.2 – The interval between regular reviews/renewals and in-depth performance evaluations will be 3 year (Previously 2 years)

3.8.3 – NEW – members may be subject to adhoc in-depth performance evaluations at the discretion of the Regional Department Head, should evidence emerge that would reasonably indicate a concern about a member’s practice or behaviour.

3.8.5 – 3.8.10 – A lot of new detail has been added here, see Rules Document

**Section 3.9 -NEW SECTION- Annual Notification of License , CMPA, and contact information,** see Rules Document

**Section 3.10 -NEW SECTION- Leave of Absence,** see Rules Document

#### **ARTICLE 4 – LEARNERS**

This section is now much briefer, see Rules Document.

#### **ARTICLE 5- RESPONSIBILITY FOR PATIENT CARE**

##### **Section 5.1.2- Admission Requirements**

5.1.2.8 - Mostly the same except that the time frame has decreased

- Assessment and examine the patient, document their findings on the chart and issue the applicable orders for the patient:

- Within 10 hours of admission or acceptance of transfer of care (previously 24hrs)

##### **Section 5.1.5 – Transfer of Care after Admission**

5.1.5.5 – There must be a recorded response from the member accepting transfer of care documented on the chart within 10 hours (previously 24hours)

##### **Section 5.1.6 – Clinical Consultations**

5.1.6.1.2 – REMOVED the requirement for members to communicate directly with consulting member.

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

5.1.6.4 – Parameters for the role of Consulting Practitioners

This has been massively updated, see Rules Document

##### **Section 5.1.7 – Emergency department Consultations and Shift Changes Transfer of Care**

5.1.7.6 – 5.1.7.9 – NEW sections added, see Rules Document

##### **Section 5.1.8 – Discharge**

5.1.8.2 – NEW In exceptional circumstances, a patient may be discharged by the Local or Regional Department Head

### **Section 5.2 – Health Records**

The Hospital Act Regulation requires medical staff to assist the board of directors in providing adequate documentation for the purpose of maintaining a health record for each patient.

5.2.5.5 – NEW – members are responsible to review in the digital health records management system (meditech) incomplete health records assigned to them.

5.2.5.8 – NEW - Failure to complete the dictations within seven days shall result in the automatic suspension of the members privileges.

5.2.5.9 – NEW – A letter advising of automatic suspension will be sent to the member from the VP of medicine.

5.2.5.11 – NEW – Members whose privileges are suspended will be reported to the members licensing body.

5.2.6.2 – NEW Wording- Patient privacy is a legal requirement under the FOIPPA and a professional requirement for all health professionals. Privacy is protected through maintaining the confidentiality of each patients health record personal health information (considered “persona information” under the FOIPPA).

### **Section 5.6 – Medical Orders**

5.6.1 – NEW requirement – All members’ orders for treatment shall be written and signed and must include the time and date of the order. Names and college ID number (New) should be printed, or a stamp used under the signature to ensure legibility.

5.6.3 – NEW – Verbal or telephone orders must be (counter) signed by the ordering member within 24 hours.

5.6.4 – Section Removed – that said Residents may write orders and prescribe controlled drugs.

### **Section 5.8 - Responsibility for the Provision of Medical Care**

5.8.3 – NEW – A member should not provide call more than 1 night in 3 except on a temporary basis. Where there are only two physicians in a group, arrangements should be made to have cross coverage from another group or combine with another group to provide continuous call. Groups may be exempt from a cross coverage obligation with approval of the VP of medicine.

5.8.6 – 5.8.13 – ALL NEW Sections see Rules Document.

### **Section 5.11 – Organ Donation and Retrieval**

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

5.11.4.1 – NEW Contact name – No longer BC Transplant society, now need to contact Donor Referral Line.

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

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

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

5.11.6 - Consent

5.11.6.1 – Changed – Written consent for organ donation shall be obtained from the next of kin by a BCT Organ Donation Specialist (ODS) – (previously Members were able to obtain consent) – Consent must be documented on the appropriate consent form. Telephone consent requires two witnesses (a Member or Nurse).

5.11.7 – Medical Orders

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

5.11.8 – Pronouncement of Death

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

### **Section 5.13 – Pronouncement of Death, Autopsy and Pathology**

5.13.7 – This Section has been expanded, see Rules Document – regarding Unanticipated deaths.

### **Section 5.15 – Vaccinations for Communicable Diseases**

5.15.1 – Record of Vaccination

This section has been updated and has several new additions - see Rules Document. The main addition is below:

5.15.1.3 – Applicants who do not declare their immunization status have their application process held until such a time that this applicant has reported this information to Fraser Health. Failure or refusal to report immunization status may result in the applicant being denied from appointment to the medical staff.

5.15.2 – Influenza Control Program

NEW Section, see Rules Document.

5.15.3 – Communicable Illness Outbreak Control

NEW Section, see Rules Document.

5.14.4 – Infection Prevention and Control Measures

NEW Section, see Rules Document.

5.15.5 – Hand Hygiene

NEW Section, see Rules Document.

#### **ARTICLE 6 – DISCIPLINE AND APPEAL**

NEW Article, see Rules Document.