

Medical Staff Rules

Revised December 2017



northern health
the northern way of caring

Table of Contents

Foreword	3
Preamble	4
ARTICLE 1 – Definitions.....	5
ARTICLE 2 – Membership and Appointment	11
2.1 Appointment to the Medical Staff.....	11
2.2 Privileges.....	11
2.3 Temporary privileges for Medical Staff	12
2.4 Credentials Committee	13
2.5 Facility Privilege Process.....	13
2.6 Review of Appointment and Privileges (Re-appointment)	14
2.7 Performance Appraisal (Comprehensive Review)	14
2.8 Formal Practice Review.....	16
2.9 Allied Health Care Practitioners.....	16
ARTICLE 3 – Medical Staff Appointments for Medical Trainees and Medical Assesseees	18
3.1 Resident Staff.....	18
3.2 Clinical Fellows.....	18
3.3 Clinical Trainees.....	18
3.4 Medical Students.....	19
3.5 Medical Assesseees	19
ARTICLE 4 – Organization of the Medical Staff	21
4.1 Departments.....	21
4.2 Department Policies and Procedures	22
4.3 Department Responsibilities for Monitoring the Quality of Patient Care	23
4.4 Department Head	24
4.5 Division Heads	26
4.6 Chief of Staff	26
4.7 Deputy Chief of Staff	27
4.8 Programs.....	27
ARTICLE 5 – Medical Staff Complaints, Discipline and Appeal Processes.....	29
5.1 Medical Staff Complaints Process	29
5.2 General Discipline/Suspension of Privileges.....	29
5.3 Summary Suspension/Restriction of Privileges.....	29
5.4 Automatic Suspension of Privileges.....	30
5.5 Appealing a Decision of the Board.....	30

Medical Staff Rules

ARTICLE 6 – Responsibility for Patient Care.....	31
6.1 Most Responsible Practitioner (MRP).....	31
6.2 Admission, Transfer, and Discharge of Patients	31
6.3 Medical Consultations	34
6.4 Health Records.....	35
6.5 Informed Consent.....	38
6.6 Emergency Care	39
6.7 Medical Orders.....	39
6.8 Pre-printed Orders.....	39
6.9 Responsibility for Provision of Medical Care of Patient	40
6.10 Organ Donation and Retrieval	42
6.11 Patients Requiring Transfer to another Facility	43
6.12 Pronouncement of Death, Autopsy and Pathology	43
6.13 Accreditation	44
ARTICLE 7 – Officers of the Medical Staff Association (Representation).....	45
ARTICLE 8 – Northern Health Medical Advisory Committee (NH MAC) and Standing and Other Committees of the Medical Staff	46
8.1 Northern Health Medical Advisory Committee (NH MAC)	46
8.2 Subsidiary Medical Advisory Committees	46
8.3 NH MAC Standing Committees	47
8.4 Quorum	47
8.5 Approval of NH Policies Concerning Care of Patients.....	47
ARTICLE 9 – Amendments	48
ARTICLE 10 – Approval of Rules	Error! Bookmark not defined.

Foreword

The Hospital Act states that the "constitutions and bylaws or rules of a hospital, including medical staff bylaws, are not effective until approved by the Minister", whereas medical staff rules do not require the minister's approval.

The Board of Northern Health approves the Medical Staff Rules (Rules) on the recommendation of the Northern Health Medical Advisory Committee (NH MAC) and the medical staff. Revisions to the Rules will be made periodically to ensure that the Rules reflect the organization of the medical staff as well as to ensure that governance of medical staff practices is in accordance with current standards of care.

Preamble

The following document comprises the Rules pursuant to the current Bylaws of Northern Health (NH). These Rules outline the medical staff's obligations to patient care provided within NH's domain. In return, NH's obligation to patient care includes support of the medical staff through the provision of sufficient and appropriate resources that are consistent with contemporary medical care.

NH Rules must be consistent and align with the current NH Medical Staff Bylaws. The Rules must reflect NH Board's Strategic Plan to provide the highest possible quality of health care for its citizens through exceptional integrated and coordinated health care services.

The Rules are applicable to all members of medical staff practicing in NH facilities. NH is organized into three Health Service Delivery Areas (HSDAs) for the delivery of clinical services. Clinical departments are organized to reflect the organization of clinical service delivery. Clinical departments will be organized where appropriate and at a level to best reflect the organization of clinical service delivery which aligns the department structure with the clinical services delivered.

The Rules apply equally to all members of the medical staff. Clinical departments or facilities may develop policies governing medical staff members within that department. Individual facilities or clusters of facilities may have individualized policies governing aspects of medical staff practice which are specific to the facility or cluster of facilities. Policies are subsidiary to the Rules in this document. In the event of conflict or contradiction between the Rules, embodied in this document, and subsidiary medical staff policies of a department or facility, NH Rules will prevail.

Gender neutral language has been used wherever possible in the Rules. In the event that gender specific language is used, the relevant article shall apply equally to both genders. Words implying the singular will mean the plural and vice versa. Similarly, the use or lack of use, of capital letters does not change the interpretation of words which are specifically defined in this document.

The name 'Northern Health', and its abbreviation NH, is the commonly used name for the Northern Health Authority and in this document is used instead of 'Northern Health Authority' and its abbreviation, NHA. Both terms refer to the same entity.

ARTICLE 1 – Definitions

Affiliation Agreement: The agreement between the Board of Directors of NH and the Board of Governors of the University or other post-secondary educational institutions.

Allied Health Care Practitioner: A health care practitioner other than a physician, dentist or midwife who is granted permission by the NH Board of Directors to render health care services to patients in NH facilities or programs.

Attending Practitioner: The physician or midwife who is primarily responsible for the care of the patient during the patient's stay in a facility under the control of NH.

Appointment: The process by which a physician, dentist, or midwife becomes a member of the medical staff.

BC Medical Quality Initiative (BCMQUI): A provincial governance and operational structure comprising representatives from Ministry of Health, BC Health Authorities, College of Physicians and Surgeons of BC, other regulatory colleges, Doctors of BC, and other partners, committed to developing, implementing, and monitoring consistent high quality medical care across British Columbia.

Board: The Board of Directors of NH, which is the governing body of NH.

Bylaws: The [Northern Health Medical Staff Bylaws](#)

Chief Executive Officer (CEO): The person engaged by NH to provide leadership to NH and to carry out the day-to-day management of the facilities and programs operated by NH.

Chief of Staff (COS): The physician, appointed by the HSDA Medical Director in consultation with the NH VP Medicine who is responsible for the facility or community medical staff and for ensuring the compliance of members of the facility or community medical staff with the bylaws and rules with respect to their practice in the facility.

Chief Operating Officer (COO): The person appointed by the CEO to be the senior administrator for one of the three Health Service Delivery Areas of NH.

Clinical Fellows: Physicians who are temporarily engaged by or attached to NH for the purpose of post graduate training in a medical or scientific discipline for further training in a clinical discipline through a postgraduate training program.

Clinical Trainees: Members of the medical staff temporarily attached to NH for the educational purpose of gaining additional experience in a medical/dental or scientific discipline.

Community Cluster: A grouping of community facilities as a subgroup within an HSDA.

Consultant: A member of the medical staff who has been asked to give an opinion.

Core Privileges: Those activities as defined in the provincial privileging dictionaries that a recently graduated member of the discipline can reasonably be expected to perform and which are granted to all members of that discipline unless specifically identified as not requested or not granted.

Coroner's Act: The *Coroner's Act*, [RSBC 1996] Ch. 72, as amended and replaced from time to time.

Credentials Committee: The committee established pursuant to Article 2.4 of these rules.

Dentist: A member who is duly licensed by the College of Dental Surgeons of British Columbia and who is entitled to practice dentistry in B.C.

Department: A major component of the medical staff composed of members with a common clinical or specialty interest.

Department Head: The member appointed by the board and responsible to the VP Medicine to be in charge of, and responsible for, the operation of a department.

Deputy Chief of Staff (DCOS): The physician, appointed by the HSDA Medical Director in consultation with the NH Vice-President Medicine and the Chief of Staff, who has the same responsibilities and duties as those of the Chief of Staff, and who either stands in for the Chief of Staff, when required, or carries out his/her responsibilities and duties under the direction of the Chief of Staff to whom he/she directly reports.

Division: A component of a department composed of members with a clearly defined sub-specialty interest.

Division Head: The member appointed by the department Head to be in charge of, and responsible for, the operation of a division under the direction and supervision of the department Head.

Doctors of BC: An association of physicians that advocates on behalf of its members and the public for access to high-quality health care, and provides leadership and guidance to physicians.

Evidence Act: The [Evidence Act, \[RSBC 1996\]](#) Ch. 124, as amended and replaced from time to time.

Facility: A health care facility as defined by the Hospital Act and Regulations of British Columbia.

Facility Medical Staff: A sub-component of NH medical staff composed of all members of the medical staff with privileges approved for practice in a specific NH facility

Facility Privilege Process: The process by which the NH Credentials Committee and NH MAC are informed of the local support for specific privileges for a physician, midwife or dentist in a specific facility or facilities.

Facilities Engagement Agreement: A provincial initiative to provide facility-based physicians with a meaningful voice with their health authorities to improve patient care and their work environments.

FIPPA: The [Freedom of Information and Protection of Privacy Act, \[RSBC 1996\]](#) Ch. 165, as amended and replaced from time to time.

General Practice Services Committee (GPSC): A joint committee of the BC Ministry of Health, the Doctors of BC, and the Society of General Practitioners of BC. The General Practice Services Committee consists of tri-lateral representation from the Ministry of Health, the Doctors of BC and the Health Authorities.

GPSC Divisions of Family Practice: Community-based groups of family physicians working together to achieve common health care goals.

Health Care Practitioner: A person trained in a clinical discipline who provides health care services within the scope of their training and professional practice.

Health Service Administrator (HSA): The person appointed by NH to be the administrator responsible for all aspects of health care in a community or cluster of communities.

Health Service Delivery Area (HSDA): A subdivision of NH for administrative and service delivery purposes. There are three HSDAs: the Northeast (NE), Northern Interior (NI), and Northwest (NW).

HSDA Medical Advisory Committees (HSDA MAC): The advisory committees to HSDA senior management and to NH MAC representing the Northeast (NEMAC), the Northern Interior (NIMAC) and the Northwest (NWMAC). HSDA MACs will be supported by facility MACs where appropriate.

Hospital Act and Regulations: The [Hospital Act, \[RSBC 1996\]](#) Ch. 200 and associated *Regulations*, as amended and replaced from time to time.

House Staff: Members of the medical staff temporarily engaged by or attached to NH for the purpose of post graduate training in a medical, dental or scientific discipline.

Human Tissue Gift Act: The [Human Tissue Gift Act, \[RSBC 1996\]](#) Ch. 211, as amended and replaced from time to time.

Inpatient: An individual who receives health services from a hospital for medically-necessary diagnosis and/or treatment while assigned to an inpatient bed and under the care of a designated attending practitioner.

Medical Assesseees: Members of the medical staff temporarily attached to NH for the purpose of undergoing a time limited competency based assessment to determine their readiness to enter independent medical practice.

Medical Care: For the purposes of this document, medical care includes the clinical services provided by physicians, dentists and midwives.

Medical Director: The physician, appointed by the Vice-President Medicine, responsible for the coordination and direction of the activities of the medical staff of an HSDA. The Medical Director is the medical administrator for an HSDA to whom the Chiefs of Staff and department Heads report and are accountable.

Medical Staff: The physicians, dentists, and midwives who have been appointed to the medical staff, and who hold a permit to practice medicine, dentistry, or midwifery in the facilities and programs operated by NH. The various categories of the medical staff are set out in the bylaws.

Medical Staff Association: The Medical Staff Association of NH consists of all members of the medical staff and represents the individual and collective interests of members of the medical staff. The Medical Staff Association may be subdivided into or replaced by Medical Staff Associations with elected officers of the medical staff at the level of individual facilities or community clusters.

Medical Staff Organization: The Medical Staff Organization of NH consists of all members of the medical staff and is the branch through which members of the medical staff are accountable for providing quality care within the mandate of the department(s) to which they are appointed.

Medical Staff Rules (“Rules”): The rules approved by the board governing the day-to-day management of the medical staff in the facilities and programs operated by NH.

Medical Students: Undergraduate medical students attached to NH for the educational purpose of gaining practical clinical experience during a specified rotation.

Medical Trainees: Includes medical student, postgraduate resident, and clinical trainee members of the medical staff temporarily attached to NH for the educational purpose of gaining practical clinical experience during a specified period of time.

Member: A physician, dentist, or midwife appointed to the medical staff of NH.

Membership: The status of being a member.

Midwife: A member who is duly licensed by the [College of Midwives of British Columbia](#) and who is entitled to practice midwifery in B.C.

Ministry of Health (MOH): A provincial government department responsible for British Columbia's health system, with a mandate to guide and enhance the province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health

Most Responsible Practitioner (MRP): The physician or midwife who has overall responsibility for the management and coordination of care of the patient at any given time.

The MRP is a member of medical staff and may be a physician or midwife. Dentists may not be MRP.

Non-Core Privileges: those activities as defined in the Provincial Privileging Dictionaries which are outside of the core privileges, and therefore have required further training or demonstration of skill.

Northern Health (NH): one of six British Columbia health authorities, providing health services including, but not limited to, acute (hospital) care, mental health and addictions care, chronic diseases management, public health, long-term care homes, and home and community care for Northern and rural populations.

Northern Health Medical Advisory Committee (NH MAC): The advisory committee to the NH Board on medical, dental and midwifery matters, as described in Article 8 of the bylaws.

Northern Health Medical Staff Bylaws (“Bylaws”): The bylaws promulgated by the Board for the governance of the Medical Staff pursuant to the authority of the *Hospital Act*. The bylaws describe the provisions concerning the organization and manner of functioning of the medical staff and the relationship between the Board and the medical staff.

Outpatient: A patient who does not meet the criteria to be defined as an inpatient but who accesses care in an NH facility for medical or surgical care.

Performance Appraisal: A periodic appraisal of the practice of members within NH facilities and programs, including peer evaluation, for the purpose of quality assurance.

Formal Practice Review: A specific, mandated review of the practice of a member, conducted for the purpose of investigation of serious quality concerns or complaints.

Permit: A document based on the Board’s resolution authorizing a member to practice medicine, dentistry or midwifery, and perform specific procedures within the facilities governed by the Board pursuant to the authority of the Hospital Act (also referred to as “Privileges”), or authorizing an Allied Health Practitioner to render care within a facility governed by the Board.

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

Practitioner: A Physician, Dentist or Midwife who is a member.

President of Medical Staff: The representative of the facility or community medical staff elected to that office.

Primary Department: The department to which a member may be assigned if appropriate according to his/her training, and where the member delivers the majority of care to patients.

Privileges: A permit granted by NH Board to a member, describing and authorizing the scope and limits of the member’s discipline-specific clinical practice and activities, in the facilities and programs operated by NH as set forth in the Provincial Privileging Dictionaries.

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

Provincial Privileging Dictionaries: Define the British Columbia provincial core and non-core privileges and standards for privileging medical staff affiliated with BC health authorities as developed by the BC MQI.

Resident Staff: The physicians and dentists in postgraduate training programs who are providing patient care, under the supervision of a member of the active or provisional medical staff, as part of their training.

Section: A component of a division composed of members with clearly defined sub-specialty interests.

Section Head: The member of medical staff appointed by the Division Head to be in charge of, and responsible for, the operation of a section, under the direction and supervision of the Division Head.

Signature: The authentic signature of a member and/or appropriate electronic sign off as adopted by Northern Health.

Specialist: A physician with fellowship or certificate status with the Royal College of Physicians and Surgeons of Canada and/or recognized as a specialist by the [College of Physicians and Surgeons of B.C.](#)

Specialist Services Committee (SSC): The committee that facilitates collaboration between the government of British Columbia and Doctors of BC regarding the delivery of services by specialist physicians to British Columbians and supports the improvement of the specialist care system.

Temporary Privileges: A permit to practice in the facilities and programs operated by NH that is granted to a member for a specified period of time in order that he/she may provide a specific service.

University: The University of British Columbia, the University of Victoria and/or the University of Northern British Columbia as it pertains to the registration of house staff and clinical fellows

Vice-President Medicine (VP Medicine): The senior medical administrator for NH, appointed by the CEO, who is responsible for the coordination and direction of the activities of the medical staff, and to whom the medical directors report and are accountable.

Vital Statistics Act: The [Vital Statistics Act, \[RSBC 1996\]](#) Ch. 479, as amended and replaced from time to time.

Year: The fiscal year adopted by NH, defined as April 1 of a given year to March 31 of the following year.

ARTICLE 2 – Membership and Appointment

2.1 Appointment to the Medical Staff

The terms and conditions and the procedures and processes for appointment to the NH medical staff are outlined in Articles 3 and 4 of the Bylaws and involve the assessment of professional credentials and the granting of privileges to practice in NH facilities. The basic criteria for membership on the NH medical staff are contained in the Bylaws (Articles 3.2 and 4.1.3).

Members of the medical staff are appointed to the NH medical staff with membership in the appropriate clinical department(s) within facilities where such departments exist or under the authority of the facility's Chief or Deputy Chief of Staff where such departments do not exist. Privileges are approved in conjunction with membership on the medical staff. Authorization to exercise some or all of a member's privileges in a specific facility is granted based on the recommendation of the local privileging process to ensure that there is a local need for the member to exercise those privileges and that the member's practice will complement the local medical services, consistent with Article 3.1.5 of the Bylaws.

2.2 Privileges

Northern Health, in collaboration with other British Columbia health authorities, will use the provincial privileging dictionaries developed through the BCMQI, when reviewing each member's training, experience, qualifications, and currency before granting the member core and non-core privileges to practice in NH facilities.

- 2.2.1 Physicians, dentists and midwives who are being, or have been appointed to the medical staff, or allied health care practitioners who are applying for or have been granted a permit to render care in an NH facility, may apply for privileges. All privileges require documentation of training, experience, and qualifications of the member or health care practitioner requesting such privileges. Privileges will be granted pursuant to the provincial privileging dictionaries and may be core or non-core.
- 2.2.2 Certain privileges may be defined in the provincial privileging dictionaries as core privileges and may be automatically granted to all members within the defined specialty, unless the individual chooses not to apply for those privileges.
- 2.2.3 The granting of privileges to a member is dependent on NH service needs, the existing service delivery model within NH, and the ability of NH to provide adequate resources and staff to support such privileges. For the most part privileges are facility based, and therefore the facility must be able to support such privileges.
- 2.2.4 Non-core privileges are those privileges for which additional training is required as defined by the provincial privileging dictionaries.

- 2.2.5 Privileges are granted by the NH Board upon the recommendation of NH MAC in consultation with the Medical Director, department Head or the Chief or Deputy Chief of Staff.
- 2.2.6 A member's request for additional or new core or non-core privileges requires an individual application process with documentation to support that application submitted to the NH Credentials Committee.
- 2.2.7 Privileges may be granted to a member on the basis of adequate documentation provided by another British Columbia health authority or facility where that physician has obtained such privileges.
- 2.2.8 Where specific individual core or non-core privileges have been granted to a member, the NH Board, in consultation with NH medical leadership will define and monitor the member's current experience for maintaining these privileges consistent with the provincial privileging dictionaries.

2.3 Temporary privileges for Medical Staff

Pursuant to Article 4.1.4 of the Bylaws, temporary privileges, including core and non-core privileges, may be granted to an applicant for membership on the medical staff where there is a demonstrated need for the applicant to begin to provide clinical services in advance of a NH Board meeting to consider the application. Temporary privileges may be granted to a physician duly qualified and licensed in B.C. under special or urgent circumstances, such as a medical emergency or to ensure adequate provision of patient care.

- 2.3.1 Under such circumstances, the applicant may be granted temporary membership on the medical staff by the CEO in consultation with the VP Medicine and/or appropriate medical director.
 - 2.3.1.1 The interim nature of the temporary appointment to the medical staff shall be clearly indicated to the applicant and indicated as such on all notices and correspondence regarding the applicant's appointment.
 - 2.3.1.2 The temporary appointment to the medical staff must be ratified or terminated by the NH Board at its next available meeting, which must not be more than 6 months from the date of temporary privileges.
 - 2.3.1.2.1 In the event that the NH Board terminates the appointment to the medical staff, the applicant or temporary member shall cease all clinical activity in NH facilities and immediately transfer the ongoing care of any patient under his/her care to another member, consistent with the provisions contained in Article 6.2.3 of the Rules.
- 2.3.2 Temporary privileges may be granted, without application, to physicians for limited situations including, but not limited to organ retrieval, education, and demonstration of medical equipment.

- 2.3.2.1 Temporary privileges granted without application shall be granted by the CEO on the advice of the VP Medicine and/or HSDA Medical Director based on his/her assessment of the need to grant such privileges and of the appropriate training and experience of the individual.
- 2.3.3 Qualified physicians, dentists or midwives may apply for appointment to the temporary medical staff to fill a specific service delivery need for a defined time period. Applications for temporary membership on the medical staff and temporary privileges to render care are to be completed on the prescribed forms before being processed according to the Bylaws.
- 2.3.4 The granting of a temporary appointment provides no preferential access to an appointment at a later time.

2.4 Credentials Committee

The Credentials Committee is structured as a standing committee of NH MAC as described in Articles 8.3.1 and 8.3.2 of the Rules.

- 2.4.1 The Credentials Committee reviews all applications for appointment and re-appointment to the NH medical staff made by physicians, dentists, and midwives as per the Bylaws and subsequently makes recommendations to the NH MAC.
- 2.4.2 The Credentials Committee, in conjunction with the relevant department Head(s) and with recommendations from the local facility privilege process recommends the core and non-core privileges for which the applicant has demonstrated competency and which the applicant may exercise in NH facilities with the endorsement of one or more facility privilege processes.
- 2.4.3 The Credentials Committee recommends the assignment of an applicant to a primary department, additional departments and divisions where they exist and to a facility or facilities where departments do not exist.
- 2.4.4 The Credentials Committee will ensure that each applicant has the recommendation of at least one facility privilege process to exercise the recommended core, and some or all of the non-core privileges in that facility prior to recommending appointment to the medical staff.

2.5 Facility Privilege Process

Each NH facility, community cluster, and HSDA will have a process for recommending local privileges, consistent with the provisions contained in Article 2.1 of the Rules. This process may involve a local or HSDA committee(s), department Head(s), Chief of Staff or Medical Director and must show adequate consideration of the local facility, cluster or HSDA manpower needs, and training requirements for core and non-core privileges.

- 2.5.1. Facility privilege process will be locally defined and approved by NH MAC or HSDA

or local MACs and be consistent with the provisions of Article 4.3.2 of the Bylaws.

- 2.5.1.1 The process utilized will ensure that the recommended candidates are filling a recognized service need through the exercise of their privileges and have the appropriate skills and personal qualities to practice effectively and safely in that facility or community cluster. In exercising this responsibility, it is acknowledged that not all members of the medical staff can exercise their clinical privileges in all NH facilities.

2.6 Review of Appointment and Privileges (Re-appointment)

Each member shall have his/her appointment and privileges reviewed on an annual basis, or as otherwise determined by the NH Board, but no less often than every two (2) years. The procedure and process for review are outlined in Articles 4.4, 4.5, and 4.6 of the Bylaws.

- 2.6.1 As part of the regular review of appointment process, each member must undergo a confirmation of his/her privileges.
 - 2.6.1.1 The regular review of privileges shall be conducted by the department Head of the primary department to which the member has been appointed, or by another member delegated to do so on behalf of the department Head. The department Head or delegate shall advise the Credentials Committee directly, of his/her recommendations. In local facilities or community clusters where no formal department structure exists, the review of privileges shall be conducted by the Medical Director, Chief of Staff or Deputy Chief of Staff, following the same process.
 - 2.6.1.2 The review of privileges shall include, but not necessarily be limited to, compliance with the Bylaws and Rules, compliance with departmental policies and procedures, satisfactory chart completion, satisfactory conduct, and the presence or absence of complaints resulting in disciplinary action or of repetitive complaints of a similar nature.
 - 2.6.1.2.1 In assessing the impact of complaints resulting in disciplinary action or repetitive complaints of a similar nature on the privileges review, consideration should be given to input from the medical staff or peer wellness committee, if applicable.
 - 2.6.1.3 Additional criteria for the regular review of privileges shall be determined by the Credentials Committee.

2.7 Performance Appraisal (Comprehensive Review)

Article 4.4.4 of the Bylaws includes an in-depth performance evaluation as part of the procedure for review of the privileges of all members of the medical staff. The performance appraisal shall consist of an evaluation of the member's practice.

- 2.7.1 Every member is required to undergo a performance appraisal as required by the NH MAC and informed by the approved provincial process. The purpose of a performance appraisal is the periodic, or ongoing, comprehensive evaluation of the practice and performance of a member, within the context of NH facilities and programs. The intent of a performance appraisal is quality assurance and the process is designed to inform educational goals and provide opportunity for correction if needed. A performance appraisal should be performed under the auspices of the primary department to which the member has been appointed or through the office of the Chief (COS) or Deputy Chief of Staff (DCOS) where there is no departmental structure.
- 2.7.2 The process of performance appraisals shall be defined by the policy of the NH MAC.
- 2.7.2.1 The performance appraisal may be completed by any of the following:
- the department Head
 - a departmental subcommittee
 - a delegated representative of the department Head
 - a performance appraisal subcommittee of the facility, HSDA or NH MAC
 - another appropriate body of the medical staff, or
 - external reviewers appointed by the department, on the recommendation of the department Head, HSDA Medical Director, or VP Medicine
- 2.7.3 The performance appraisal may include, among other criteria and elements, any or all of the following:
- chart review and audit
 - complications review
 - morbidity and mortality review
 - patient satisfaction data
 - admission/discharge data
 - privileges evaluation including, but not limited to, frequency of procedures done
 - direct observation of procedural skills (e.g. surgical and obstetrical skills)
 - interview(s) with the member(s) and/or health care team personnel
 - utilization or quality management information
- 2.7.4 The results of the performance appraisal are to be discussed with the member by the department Head of the primary department to which the member has been appointed and/or the head(s) of other department(s) to which the member has been appointed, and the chair of the appropriate subcommittee, or the Chief or Deputy Chief of Staff, if applicable. The results of the appraisal may inform performance enhancement processes.

- 2.7.5 Where the performance appraisal raises concerns about the conduct and/or professional practice of the member, the disciplinary process as outlined in Article 11 of the Bylaws and Article 5 of the Rules must be followed.
- 2.7.6 The department Head or delegate, or the Chief or Deputy Chief of Staff as appropriate, will discuss the results and recommendations of the comprehensive performance appraisal with the member and will advise the HSDA MAC of recommendations prior to any report being sent to NH MAC.
- 2.7.7 NH MAC, and subsequently the NH Board and CEO, are to be informed of the results of the performance appraisal of the member with respect to specific recommendations that may impact the individual's privileges.
- 2.7.8 The process of performance appraisal as carried out shall be monitored and audited by the Credentials Committee for consistency, validity and process and the results of such audit shall be reported to NH MAC.

2.8 Formal Practice Review

A member may be required to undergo a formal review of their practice within NH facilities and programs through a quality assurance process, as part of the investigation of a complaint or complaints regarding the member's quality of practice or conduct. Such a review may be ordered by the VP Medicine or the HSDA Medical Director, in collaboration with the department Head or Chief or Deputy Chief of Staff, as appropriate.

- 2.8.1 A practice review shall be conducted in accordance with the process of the performance appraisal as outlined in Articles 2.7.2 through 2.7.7 of the Rules.
- 2.8.2 Quality reviews are protected under Section 51 of the Evidence Act as described in Articles 4.3.2 and 4.3.5 of the Rules.
- 2.8.3 The documentation and information produced and recommendations generated through a practice review may be made available for a disciplinary process arising from the investigation of the complaint or complaints of which the peer review is a component.

2.9 Allied Health Care Practitioners

- 2.9.1 All modes of health care and treatment for patients within NH facilities and programs shall be provided only by employees of NH or by allied health care professionals with a permit to practice granted by the NH Board . Allied health care practitioners other than those prescribed in the Hospital Act and Regulations may apply for a permit to render care to patients in NH facilities.
- 2.9.2 Article 5.2.5 of the Bylaws provides an opportunity for the NH Board to designate individuals other than physicians, dentists and midwives to render health care services to patients. This provision allows allied health care practitioners to provide

treatment and patient care within the scope of their professional practice to patients admitted to NH facilities. The VP Medicine shall be responsible for the administration of allied health care practitioners, including all aspects of their application for a permit to provide health care services, and for quality assurance activities concerning these health care practitioners.

- 2.9.3 Services provided by an allied health care practitioner may be requested by a patient. The allied health care practitioner may then apply for a permit to render such care to the requesting patient. The NH Board may, on the recommendation of NH MAC, also consider an application by an allied health care practitioner to provide treatments which are complementary to services provided by NH medical staff and NH employees.
- 2.9.4 All care provided to patients by allied health care practitioners shall be under the direction, and at the professional discretion of a member of the medical staff who shall maintain overall responsibility for the patient at all times. Allied health care practitioners may only provide treatments or therapies within the scope of their professional training and experience and consistent with the member's overall direction of patient care.
- 2.9.5 The NH Board shall determine in each case whether an allied health care practitioner should have, or continue to have, any ability to treat a patient or patients in NH facilities, following recommendations of NH MAC based on the value of the service provided to the patient and the ability of NH to provide that service within a facility or program.
- 2.9.6 The VP Medicine may delegate the assessment of allied health care practitioner applications to the Credentials Committee. The application process for allied health care practitioners shall be described in policies of NH MAC.

ARTICLE 3 – Medical Staff Appointments for Medical Trainees and Medical Assesseees

All members of the medical staff must be appointed by the NH Board as defined in Article 6 of the Bylaws and Article 2 of the Rules. Medical trainees and medical assesseees are members of the temporary staff and must hold an appropriate class of registration/licensure from the College of Physicians and Surgeons of BC and provide evidence of current and appropriate membership in the Canadian Medical Protective Association (CMPA) or other professional liability insurance satisfactory to the NH Board.

Medical trainees and medical assesseees may attend patients under the supervision of a member of the active or provisional medical staff responsible for supervision of their work in NH facilities and programs. They may carry out any such duties as directed to them by the member(s) to whom they have been assigned.

Medical trainees and medical assesseees are not entitled to vote at medical staff or department meetings or hold elected office as a member of the NH medical staff.

3.1 Resident Staff

Postgraduate residents applying to a designated training position in a Northern Health facility or program shall do so through the office of Medical Postgraduate Education within the UBC Faculty of Medicine. All residents must hold an appropriate educational license from the College of Physicians and Surgeons of BC.

3.2 Clinical Fellows

Clinical fellows must be registered with UBC's Faculty of Medicine through the Office of Medical Postgraduate Education and hold an appropriate educational license from the College of Physicians and Surgeons of BC. Clinical fellows shall be accepted with demonstrated support from the department Head concerned (or appropriate medical leaders where there is no department structure) in conjunction with Credentials Committee and NH MAC recommendations and subsequent NH Board approval.

3.2.1 Scope of Activity

Clinical fellows may carry out such duties as are assigned to them by the appropriate medical leader to whom they have been assigned.

3.3 Clinical Trainees

Clinical trainees must have adequate professional liability insurance and be licensed by the College of Physicians and Surgeons of B.C., the College of Dentistry of B.C. or the College of Midwives of B.C. Clinical trainees shall be accepted with demonstrated support by the

department Head or appropriate medical leader concerned in conjunction with Credentials Committee and NH MAC recommendations and subsequent NH Board approval.

3.3.1 Clinical Traineeships

The purpose of a clinical traineeship is to provide a licensed physician, dentist or midwife an opportunity to maintain or enhance their clinical skills through observing and job shadowing activities. Clinical trainees may attend patients under the supervision of a member of the active or provisional medical staff responsible for supervision of their work in the facility. They may carry out such duties as are assigned to them by the department Head or appropriate medical leader to whom they have been assigned.

3.4 Medical Students

All medical students applying to undertake training within a facility, program or department in NH must hold an appropriate educational license. Medical students applying to a designated training position in a Northern Health facility or program shall do so through the office of Medical Postgraduate Education within the UBC Faculty of Medicine. Medical students applying outside of these UBC designated positions must make application as outlined in the College of Physicians and Surgeons of BC's Application for Visiting Medical Student Elective Licensure and must hold an appropriate educational license from the College of Physicians and Surgeons of BC.

Medical students may attend patients and may undertake clinical procedures while in the company of their supervising physician who will maintain ultimate authority and responsibility for care of the patient.

3.5 Medical Assesseees

All medical assesseees applying to undertake an assessment of competency within a facility, program or department in NH must hold an appropriate assessment class of registration/ licensure from the College of Physicians and Surgeons of BC. Medical assesseees shall be accepted with demonstrated support from the department Head concerned in conjunction with Credentials Committee and NH MAC recommendations and subsequent NH Board approval.

3.5.1 Scope of Activity

The purpose of a medical assesseee-ship is to provide a licensed physician with a competency based assessment for a specified period of time to determine whether or not the medical assesseee is ready to safely enter sponsored and supervised independent medical practice as a Most Responsible Practitioner and provisional registrant of the College of Physicians and Surgeons of BC.

Medical assesseees may attend patients and may undertake clinical procedures while

under the supervision of their assessing physician who must be a member of the active or provisional medical staff responsible for the supervision of their work in the facility. The supervising physician will maintain ultimate authority and responsibility for care of the patient.

ARTICLE 4 – Organization of the Medical Staff

In accordance with Article 7 of the Bylaws, the NH Board, upon the recommendation of the NH MAC and the medical staff, shall organize the medical staff into departments, divisions, and sections as deemed appropriate to meet the needs of NH. NH shall provide, without cost to the medical staff, sufficient secretarial and administrative services in order that the functions of NH MAC, the HSDA Medical Advisory Committees, and the departments, divisions, and sections may be carried out effectively. Where it is not reasonable to organize medical staff into departments by discipline the facility medical staff will be considered a department “of the whole” with department Head duties assumed by the Chief of Staff and/or Deputy Chief of Staff. The purpose of organizing the medical staff includes the following:

- the support of quality improvement, quality assurance and practice review
- participation in strategic medical staff resource planning
- promotion of continuing professional development and medical education of its members
- support of the medical staff through specific activities and plans to promote the well-being of members

Medical staff well-being will be a focus of NH Medical Leadership at all levels, who will work with the VP Medicine, to:

- promote health and wellness amongst its members
- encourage a healthy, respectful workplace
- establish mechanisms to identify members at risk of mental illness, substance dependency or severe professional fatigue
- develop strategies, programs and supports for timely and respectful intervention for medical staff members with compromised health and well-being
- establish mechanisms to report impaired members to ensure that such members promptly cease practice, and to allow recovered members to resume patient care responsibilities

4.1 Departments

Departments shall be structured at the level determined as appropriate by NH MAC and as approved by the Board

- 4.1.1 Individual departments may be further organized into divisions of clearly defined specialty interests.
- 4.1.2 Divisions may also be further organized into sections.
- 4.1.3 Members will be assigned to a primary department or a facility medical staff.
- 4.1.4 In order to fulfill the department mandates as defined above, a department, division, or section shall only be formed when it has a minimum of three (3) members of the

active or provisional medical staff for whom the department, division, or section is their primary department, division, or section. In the event that a department, division, section or facility medical staff loses a member(s) such that there is not sufficient membership, the NH MAC and the appropriate senior NH medical leader(s) will determine the best solution for organization of the members.

4.1.5 Each department, facility medical staff “department of the whole,” and each division and section, if applicable, shall meet at least four (4) times per year, and more frequently if required, as determined jointly by the appropriate NH medical leadership and the members, to conduct the appropriate tasks of the department and its members including:

- develop policies and procedures
- administrative tasks
- service commitments
- clinical reviews
- clinical teaching if appropriate
- supply and appointment of members
- quality of medical care
- continuing professional education of members

4.1.5.1 Minutes shall be kept of each meeting and shall include a record of attendance. The minutes of each meeting shall be submitted to the HSDA MAC.

4.1.5.2 Voting on all motions shall be by a show of hands or by secret ballot if ordered by the department Head or by a majority of those present. A motion shall pass by a simple majority of those present and eligible to vote. In the case of a tie vote, the chair or his/her designate shall cast the deciding vote.

4.1.5.3 At department and division and/or section meetings, where applicable, a quorum shall consist of 50% of the voting members of the department/division/section for whom membership in the department/division/section is their primary medical staff appointment.

4.2 Department Policies and Procedures

Each department or “department of the whole” (i.e. facility medical staff), in consultation with its members, shall develop policies and procedures outlining the practice expectations and commitments of department members. Policies and procedures shall be reviewed and amended periodically, but no less often than every two (2) years. Where this article describes “department” the same is applicable to the “facility department of the whole.”

4.2.1 Department policies and procedures shall, at a minimum, describe department members’ responsibilities and commitments with respect to:

- departmental processes such as meetings and attendance
 - on-call coverage
 - clinical service delivery and participation in the department's service delivery plan
 - notification of, and requests for prolonged leave
 - continuing professional education
 - participation in department activities such as teaching rounds
 - participation in departmental sub-committees
- 4.2.2 Decisions regarding policies and procedures of the department shall require the support of a simple majority of eligible voting department members present, as defined in the Bylaws, at the department meeting, for acceptance.
- 4.2.2.1 All members of the department, irrespective of whether it is the primary department to which they are appointed, or an additional department in which they hold membership, are eligible to vote at department meetings if the Bylaws deem them eligible to vote.
- 4.2.2.2 Departmental policies and procedures must be approved at one level above the departmental level, such as the HSDA MAC or the University Hospital of Northern BC MAC, and subsequently by the NH MAC.

4.3 Department Responsibilities for Monitoring the Quality of Patient Care

Departments shall be responsible for monitoring the quality of patient care provided by its members.

- 4.3.1 Departments shall participate in a program of structured quality assurance and quality improvement regarding the care provided to patients by its members which shall at a minimum include reviews of:
- patients' clinical outcomes
 - adverse clinical events and mortality arising from members' provision of patient care
- The aforementioned may, from time to time, include legislatively mandated reviews.
- 4.3.2 Quality assurance and quality improvement activities of the department shall be performed strictly in accordance with Section 51 of the Evidence Act.
- 4.3.3 The results of all departmental quality assurance and quality improvement activities shall be reported to the HSDA MAC and ultimately to the NHMAC.
- 4.3.4 The specific quality assurance and quality improvement activities of the department will be described in further detail in the department's policies and procedures, and

may include, amongst other criteria and elements, those activities utilized for the members' performance reviews as listed in Article 2.7.3 of the Rules.

4.3.5 Confidentiality of Quality Assurance Information

Medical staff quality assurance committees are protected under Section 51 of the Evidence Act. All standing quality assurance committees and ad hoc committees formed for the purpose of a specific quality assurance exercise shall be structured and shall function in a manner that ensures protection under Section 51 of the Evidence Act.

- 4.3.5.1 All written communication between medical staff quality assurance committees, and between members of such committees pertaining to the activities of the committee, shall be identified specifically as being for the purpose of the committees involved.

4.4 Department Head

The Head of each NH department shall be a member of the active staff of the department and shall be appointed by the NH Board upon the recommendation of the search committee in consultation with the VP Medicine to NH MAC. The department Head shall report to, and be accountable to, the appropriate Medical Director for the activities of the department and its members.

- 4.4.1 All members of the active medical staff of NH with membership in a department are eligible to hold the position of department Head, whether it is their primary department or an additional department in which they hold membership.
- 4.4.2 Eligibility of active staff members for the position of department Head, the terms of such appointment or re-appointment, the process of conducting a performance review of an existing department Head nominated for re-appointment, and contracts signed between the department Head and NH Board, including but not limited to describing the role description, position responsibilities, accountability and remuneration for the position shall be determined through policy established by the NH MAC in consultation with the VP Medicine.
- 4.4.2.1 The term of the appointment for each department Head shall be determined by the NH Board on the recommendation of the department in consultation with the VP Medicine to NH MAC and shall not be less than one (1) year and shall not exceed three (3) years. The board may reappoint a department Head for additional terms upon the recommendation of the department in consultation with the VP Medicine to NH MAC.
- 4.4.2.2 In recommending reappointment of a department Head to the NH Board, NH MAC shall consider the results of a performance review.

4.4.2.2.1 The review process shall be contained in a contract outlining the role description, position responsibilities and accountability of the department Head.

4.4.2.2.2 The performance review shall be conducted by the HSDA Medical Director and shall include, but not be limited to input from:

- the Chief Operating Officer (COO) of the HSDA
- nursing leaders of the facilities in the HSDA
- members of the department

4.4.2.3 The department Head will be remunerated at a rate determined and set by NH.

4.4.3 Selection process for department Heads

4.4.3.1 Where a vacancy exists in the position of department Head and the NH Board has expressed a desire that the vacant position be filled, a search for a department Head shall be conducted.

4.4.3.2 The selection process for department Heads shall be conducted by a search committee whose members will be determined by the department in consultation with the HSDA Medical Director, and the VP Medicine, but whose members must include at least two (2) members of the department and the HSDA Medical Director. The search committee shall consult with nursing, other professional, clinical, and administrative leadership, as well as with the HSDA MAC.

4.4.3.3 The search committee shall nominate a department Head candidate to the NH MAC who will review the recommendation and recommend a candidate for the department Head to the NH Board.

4.4.4 Delegation of department Head Responsibilities

In the event of failure of the department Head selection process to identify and recommend a candidate for department Head suitable to the NH Board for appointment, the board shall delegate the responsibilities of the department Head to the VP Medicine, or another member recommended by the VP of Medicine, on an interim basis.

4.4.5 Suspension or Termination of department Heads and assistant department Heads

The NH Board may, on the recommendation of NH MAC, or in its sole discretion, suspend or terminate the appointment of any department Head. Prior to such suspension or termination, notice must be given to such department Head, and to NH MAC.

4.4.6 Acting department Heads

Following the selection by a departmental search committee of a candidate for appointment as department Head, and pending the Board's appointment of the candidate to the position of department Head, the VP Medicine may designate the candidate as the acting department Head.

- 4.4.6.1 The acting department Head shall fulfill all the duties of the department Head position.
- 4.4.6.2 The VP Medicine or designate shall retain the accountability for the department Head role, pending board appointment of the department Head.
- 4.4.6.3 A member of the provisional medical staff may be designated as the acting department Head.

4.5 Division Heads

4.5.1 Appointment of division and section Heads

Division and section Heads, where divisions and sections exist, shall be appointed by the HSDA Medical Director, on the recommendation of the department Head and the membership of the division or section in consultation with the VP Medicine.

4.5.2 Responsibilities of division and section Heads

Division and section Heads shall be accountable to the department Head for any responsibilities, as outlined in department policy and shall retain overall accountability for the operation and functioning of divisions and sections.

4.6 Chief of Staff

Each NH facility or community cluster shall have a Chief of Staff and may have a Deputy Chief of Staff. The Chief of Staff is the physician who is responsible for ensuring the compliance of members with the Bylaws, Rules and policies with respect to their practice in the facility. The Chief of Staff shall oversee the quality of medical care provided in the facility by medical staff who may be appointed to different departments. Where there are no departments, the Chief of Staff and/or the Deputy Chief of Staff, if applicable, have the same responsibilities as the Department Head. The Chief of Staff shall report to, and be accountable to, the HSDA Medical Director.

- 4.6.1 The Chief of Staff is appointed by the HSDA Medical Director in consultation with the NH VP Medicine.
- 4.6.2 The Chief of Staff will be remunerated at a rate determined and set by NH.
- 4.6.3 Appointment as Chief of Staff and remuneration for the position shall be contingent

on the Chief of Staff signing a contract with NH, outlining the role description, position responsibilities and accountability to NH.

4.6.4 The term of appointment as Chief of Staff shall be two (2) years.

4.6.4.1 Terms of appointment other than two (2) years will be considered in exceptional circumstances on the advice of the HSDA Medical Director in consultation with the NH VP Medicine.

4.6.5 The Chief of Staff may be reappointed at the conclusion of the term of appointment.

4.6.5.1 Reappointment shall be contingent on the current Chief of Staff receiving a satisfactory performance review.

4.6.5.2 The performance review shall be conducted by the HSDA Medical Director and shall include, but not be limited to input from:

- the Health Service Administrator of the facility or community cluster
- nursing leaders of the facility or community cluster
- medical staff of the facility or community cluster

4.7 Deputy Chief of Staff

A Deputy Chief of Staff may be appointed by the HSDA Medical Director in consultation with the Chief of Staff and the VP Medicine to a NH facility or community cluster.

4.7.1 The specific role description, position responsibilities, accountability, term of appointment and reappointment, performance review and remuneration shall be determined by the HSDA Medical Director in consultation with the Chief of Staff and the VP Medicine, and defined in a signed contract between the Deputy Chief of Staff and NH.

4.7.2 The Deputy Chief of Staff may stand in for the Chief of Staff as required and report to, and be accountable to, the HSDA Medical Director or carry out his/her responsibilities and duties under the direction of the Chief of Staff, in which case the Deputy Chief of Staff will initially report to, and be accountable to, the Chief of Staff.

4.8 Programs

A program is the NH organizational framework that aligns the clinical practices and the operational activities of Northern Health staff and medical staff to achieve common goals of quality patient health care and clinical services within Northern Health. Programs are co-led by an Executive Lead and a Medical Lead.

4.8.1 Policies and procedures developed by programs that affect clinical practice shall be developed in consultation with relevant clinical departments.

4.8.2 Program Medical Leads

Program Medical Leads shall be appointed from among the medical staff to act as program co-leads. Medical Leads shall work in consultation with the relevant Department Heads, Executive Leads, Medical Directors, administration and staff to facilitate quality improvement by medical staff providing clinical services within the mandate of the program. Program Medical Leads are appointed by, report to, and are accountable to the VP Medicine or other medical leader such as the Chief Medical Health Officer (CMHO).

ARTICLE 5 – Medical Staff Complaints, Discipline and Appeal Processes

The specific processes and procedures concerning medical staff discipline and appeal matters are outlined in Article 11 of the Bylaws. More details regarding medical staff complaints processes are outlined in the Medical Staff Complaints Policy (Complaints Regarding the Conduct or Professional Practice of Members of NH Medical Staff, September 2013). At the outset, medical staff leaders involved in addressing and resolving medical staff complaints and discipline matters should take into account Section 51 of the Evidence Act (protection for quality assurance reviews) related to these processes and procedures. Medical staff leaders are advised to seek legal counsel when involved in addressing and resolving a medical staff complaint or disciplinary matter.

5.1 Medical Staff Complaints Process

Northern Health's Medical Staff Complaints Policy (Complaints Regarding the Conduct or Professional Practice of Members of NH Medical Staff, September 2013) outlines four different stages of intervention (if necessary) for medical staff leadership to address and resolve patient and staff complaints regarding medical staff.

The different steps in the process and levels of intervention, and linkages to the discipline and appeal processes, are outlined in the companion resource: [Medical Staff Complaints, Discipline and Appeal Process Toolkit, February 2016](#).

5.2 General Discipline/Suspension of Privileges

A medical practice incident involving a member of NH medical staff may result in the initiation of the general discipline or suspension of privileges process outlined in Sections 11.1.1 & 11.1.2 of Article 11 of the Bylaws.

- 5.2.1 The processes and procedures that NH MAC and the NH Board must follow in the general discipline process are outlined in Article 11 of the Bylaws.
- 5.2.2 Additional steps and considerations for medical staff leaders, VP Medicine, Chief Executive Officer, NH MAC and the NH Board are outlined in the companion resource: Medical Staff Complaints, Discipline and Appeal Process Toolkit.

5.3 Summary Suspension/Restriction of Privileges

A medical practice incident which may warrant the summary restriction or suspension of privileges is defined as “a serious problem or potential problem which adversely affects or may adversely affect the care of patients, or the safety and security of patients or staff, and action is required to protect the safety and best interests of the patients or staff” (Bylaws, Section 11.2.1.1).

- 5.3.1 The processes and procedures that NH MAC and the NH Board must follow in the summary suspension/restriction of privileges process are outlined in Article 11 of the Bylaws.
- 5.3.2 Additional steps and considerations for medical staff leaders, VP Medicine, Chief Executive Officer, NH MAC and the NH Board are outlined in the companion resource: Medical Staff Complaints, Discipline and Appeal Process Toolkit.

5.4 Automatic Suspension of Privileges

The circumstances for initiating an automatic suspension of privileges process are outlined in Article 11.3 of the Bylaws.

- 5.4.1 A member of the medical staff shall automatically have his/her privileges suspended under circumstances including, but not limited to:
- abandonment of a patient admitted to an NH facility under the care of the member
 - the alleged commission by the member of a criminal offence related to the exercising of the member's privileges, as evidenced by the laying of criminal charges
 - the provision of clinical care, the exercising of clinical privileges, or the fulfillment of contractual arrangements for the provision of patient care by the member while impaired, including but not limited to impairment by drugs or alcohol

When the privileges of a member of medical staff are automatically suspended, the processes and procedures that NH MAC and the NH Board must follow are outlined in Article 11 of the Bylaws. Additional steps and considerations for medical staff leaders, VP Medicine, Chief Executive Officer, NH MAC and the NH Board are outlined in the companion resource: Medical Staff Complaints, Discipline and Appeal Process Toolkit.

5.5 Appealing a Decision of the Board

Medical staff or an applicant may appeal the decision regarding their application for appointment or re-appointment to the medical staff in certain circumstances (Bylaws, Section 11.4.1.1 & 11.4.1.2).

- 5.5.1 A member of the medical staff may appeal the decision regarding the cancellation, suspension, restriction or non-renewal of his or her privileges (Bylaws, Section 11.4.3 and Hospital Act).
- 5.5.2 The procedural requirements and timelines for the appeal process are outlined in Article 11 of the Bylaws and in the companion resource: Medical Staff Complaints, Discipline and Appeal Process Toolkit.

ARTICLE 6 – Responsibility for Patient Care

6.1 Most Responsible Practitioner (MRP)

- 6.1.1 In accordance with Article 5 of the Bylaws and through policy developed by NH MAC, members of the medical staff are responsible for providing their patients with the best possible health care services within the available resources, delivered through a patient and family-centered approach, while their patients are admitted as inpatients or outpatients to NH facilities or community programs.
- 6.1.2 Every patient admitted as an inpatient or as an outpatient to a NH facility or community cluster must remain under the care of the identified physician or midwife who is defined as the Most Responsible Practitioner (MRP) for the whole patient and all aspects of that patient's care.
- 6.1.3 The following principles apply to the MRP:
 - 6.1.3.1 The MRP is the physician or midwife who admits the patient and remains in this role until he/she arranges transfer of the patient's care to another practitioner and the new practitioner accepts this care and becomes the new MRP, or until the patient is discharged.
 - 6.1.3.2 The MRP's identified designate must be clearly documented in the physician's orders section of the patient's health record or in some other manner through policy developed by NH MAC.
 - 6.1.3.3 The MRP or clearly identified designate must be reachable at all times during the patient's course of care while an inpatient or outpatient.
 - 6.1.3.4 The health care team will be able to determine quickly and easily, in any situation, who is the MRP and who is on call.
 - 6.1.3.5 Patients, while an inpatient in an acute care setting, will be visited daily by the MRP or their clearly identified designate.

6.2 Admission, Transfer, and Discharge of Patients

- 6.2.1 Admission
 - 6.2.1.1 Patients shall be admitted to a facility for investigation or treatment only upon the order of a member practitioner with appropriate privileges. The admitting practitioner is, and remains, MRP until care is accepted by another practitioner.
 - 6.2.1.2 The admitting practitioner shall provide a provisional diagnosis at the time of admission.

- 6.2.1.3 For elective admissions, NH shall specify the hour in order to make most effective use of the facility.
- 6.2.1.4 For emergency admissions, the admitting practitioner will document the severity of the patient's condition and the circumstances necessitating special consideration.
- 6.2.1.5 The admitting practitioner shall note special precautions regarding the care of the patient on the patient's health record. Precautionary notes are required for, but not limited to, chemical dependency, potential for suicide, violence, epileptic seizures, psychiatric conditions, infections, drug reactions, immune system compromise and allergies.

6.2.1.6 Dental admissions

For patients admitted for dental treatment, the practitioner on the medical staff who admitted the patient shall be the MRP for the patient's medical care. The attending dental surgeon shall be responsible for the patient's dental care. The patient shall be discharged by the MRP following consultation with the attending dental surgeon.

6.2.2 Admission requirements for patients

The admitting practitioner is responsible for obtaining and documenting the patient's medical history, physical examination, diagnoses, investigations and special tests, and consultations in addition to documenting special precautions, and the patient's consent.

6.2.3 Transfer of Responsibility

The duties and responsibilities of the Most Responsible Practitioner (MRP) of the medical staff are described in Article 6.1 of the Rules.

- 6.2.3.1 The MRP will ensure continuous coverage of care for their patients while in a NH facility.
- 6.2.3.2 Transfer of patient care from the current MRP to the new MRP must be successfully communicated to the new practitioner, accepted by the new practitioner or their designate (may refer to resident or other learner working with the new practitioner, or a member covering for that practitioner) through direct practitioner to practitioner communication, and clearly documented in the patient's health record for all care providers to see. Many forms of communication are acceptable although transfer is not complete until the new practitioner confirms his/her designation as the new MRP, and this is clearly documented contemporaneously in the patient's health record. Communication without two way confirmation does not result in transfer of responsibility.

- 6.2.3.3 Any member involved in the care of a patient and especially the MRP, who is away from practice, shall indicate who has assumed the care of the patient.
- 6.2.3.4 If a practitioner wishes to withdraw from involvement in a patient's care when services are still required, the practitioner shall inform the MRP and arrange for another member with appropriate qualifications to assume responsibility for the patient's care. If the practitioner wishing to withdraw from the patient's care is the MRP, the MRP shall inform the patient and arrange for another member with appropriate qualifications to become MRP. The member's department Head, Chief of Staff, and/or HSDA Medical Director may be required to provide assistance, in accordance with Article 6.1 in the Rules. Until the new MRP agrees to assume the patient's care, the existing MRP must not withdraw from the patient's care.
- 6.2.3.5 A patient has the right to request a change in MRP or consultant. The MRP or consultant shall co-operate in transferring responsibility for care to a new member acceptable to the patient in accordance with the provisions of Article 6.1 of the Rules. If an acceptable alternative member cannot be found, the relevant Chief of Staff, Deputy Chief of Staff, department Head and/or HSDA Medical Director shall ensure that care for the patient is provided until he/she can arrange for the patient to be transferred to a member who agrees to accept responsibility for the care of the patient as the new MRP or consultant and who is acceptable to the patient, in accordance with the provisions of Article 6.1 of the Rules.
- 6.2.3.6 When the transfer of a patient to another facility, either within NH or elsewhere, is required, the MRP or designate shall ensure, prior to the patient being transferred, that there is a MRP at the receiving facility who is fully informed about the patient's condition and is prepared to assume responsibility for the patient's care. The member shall identify relevant documentation from the patient's clinical record to be sent to the receiving facility.
- 6.2.4 Discharge
- 6.2.4.1 Discharge planning shall begin at the time of admission.
- 6.2.4.2 All patients should be discharged as soon as it is safe to do so. Ideally, all patients should have their discharge order written by 12:00 p.m., if possible, on the day of discharge. Members of the medical staff shall, whenever possible, indicate the planned discharge on the day prior to discharge.
- 6.2.4.3 Patients will be discharged only on the order of a member involved in the care of the patient, or his/her designate.

- 6.2.4.4 The attending MRP shall be responsible for ensuring that a discharge summary is completed for all patients. A written or dictated discharge summary must be completed within fourteen (14) days. The NH facility is responsible for ensuring that a transcribed discharge summary is placed in the discharged patient's health record within 24 hours following the completion of the dictated report.

6.3 Medical Consultations

Any member of the medical staff, permanent or temporary, shall provide a consultation to a patient at the request of another member of the medical staff. For the purposes of this article, designate may refer to a resident or another learner working with the MRP, or a member covering for the MRP. The member remains responsible for the work carried out by the designate if that designate is a resident or other learner.

- 6.3.1 Consultation shall be initiated via direct member-to-member communication to the member being consulted or their designate. If the consultation is initiated by a member involved in the patient's care who is not the MRP, the MRP must also be notified.
- 6.3.1.1 The member consulted by the MRP, when requested must attend the patient or arrange for his /her designate to attend the patient within the expected and defined response times established by Northern Health policy. Before or after the consultation is complete and in the best interests of the patient, both members must mutually agree to the most appropriate ongoing MRP, in keeping with Articles 6.3.3 of the Rules.
- 6.3.1.1.1 The member consulted must attend the patient or have his/her designate attend the patient. If the consulted member refuses to attend the patient then the matter must be referred immediately to the department Head, the NH facility's Chief or Deputy Chief of Staff, or to the HSDA Medical Director. Ultimately, the matter must be referred to the NH VP Medicine if no satisfactory resolution is achieved that is in the best interest of the patient. Once the patient has been seen and the consultation completed, usual NH avenues of complaint can be utilized if the consultation was felt to be unnecessary.
- 6.3.2 The consultant or his/her designate shall examine the patient and record the findings, opinions, and recommendations on the consultation record. The medical record should not be used to express the opinion that the consultation was not necessary if this is the case.
- 6.3.3 Consultation requests made by the attending MRP must describe the type of consultation requested. Three (3) types of consultation can be requested:
1. Consultation only
 2. Consultation and directive care

3. Consultation and transfer of care

6.3.3.1 Consultation Only

The consultant provides his/her opinion only, with recommendations to the attending MRP who continues to have overall responsibility for the management and coordination of the patient's care at any given time.

6.3.3.2 Consultation and Directive Care

The consultant provides his/her opinion, directs those aspects of the patient's care which require their expertise, and co-manages the patient with the attending MRP, by visiting the patient as often as required, but no less often than two (2) times per week until it is mutually agreed between the members that the consultant's clinical services are no longer required. The attending MRP continues to have the overall responsibility for the management and coordination of the patient's care at any given time.

6.3.3.3 Consultation and Transfer of Care

The consultant provides his/her opinion with recommendations, and following direct communication with the current attending MRP, and through mutual agreement of the members, assumes the patient's care as the new MRP, in accordance with the provisions of Articles 6.1 and 6.2.3 of the Rules. The previous attending MRP may assume the role of the designated member to provide supportive care to the patient. The original MRP must not unreasonably refuse to reassume the role of the patient's MRP once the patient's medical condition has stabilized and a transfer back to the original MRP is mutually agreed to be appropriate and safe. Such patient MRP transfer must follow the provisions of Articles 6.1 and 6.2.3 of the Rules.

6.4 Health Records

The health record must contain adequate and appropriate documentation for the purposes of maintaining a record of the quality of the medical care provided to each patient in the facilities and programs of NH. The health record shall not be used to express opinions such as the appropriateness of previous care, the inappropriateness of a requested consultation or other non-clinically relevant opinions.

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

6.4.1 Admission History

The MRP shall ensure that every patient admitted to the NH facility shall have within twenty-four (24) hours after admission, and prior to every delivery or operation, except in an extreme emergency, an adequate clinical history and physical

examination and provisional diagnosis recorded in the health record, consistent with the provisions of Article 6.2.2 in the Rules. If the admission history is dictated, then the facility has an obligation to have the admission history transcribed and placed in the patient's record, or otherwise made available, within twenty-four (24) hours of dictation.

6.4.2 Progress Notes

The progress notes shall be legible and sufficient to describe changes in the patient's condition, reasons for change of treatment and outcome of treatment. The progress notes shall be written as frequently as the patient's condition warrants, but must be written at least daily for patients admitted to acute care as outlined in Article 6.9.1 of the Rules. In long term care facilities, progress notes shall be made by a member upon each visit.

6.4.3 Operative Notes

- 6.4.3.1 In elective or urgent surgical cases, the patient's history with a physical examination report, and the signed operation consent shall be submitted to the booking clerk prior to the booking of the operation.
- 6.4.3.2 If such history and physical examination are not recorded before the time slated for operation, the operation shall be cancelled unless the attending practitioner states in writing that such delay would result in mortality or significant morbidity. Such cases shall be reviewed by the surgical committee or other appropriate body of the medical staff at its next regular meeting.
- 6.4.3.3 A legible written note summarizing the operative procedure, the operative findings and complications, and post-operative orders must be placed on the patient's health record prior to the patient leaving the post anesthetic recovery unit.
- 6.4.3.4 Prior to any anesthetic procedure, a pre-anesthetic assessment must be recorded on the anesthetic sheet by the anesthesiologist. The anesthetic record must be completed prior to the patient leaving the operating room or the post anesthetic recovery unit.
- 6.4.3.5 All operations shall be described fully by the operating surgeon or delegate within twenty-four (24) hours of surgery. Such reports will be processed and delivered to the patient's health record, or otherwise be made available by the facility, if dictated by the operating surgeon or delegate, within twenty-four (24) hours of being recorded.

6.4.4 Prenatal Record

The prenatal record is considered to be an integral part of each patient's health record, and the information will be submitted in accordance with the B.C.

Reproductive Care Program guidelines.

6.4.5 Completion of Health Records

- 6.4.5.1 Health records must be completed according to NH's record policies that have been formally accepted by NH MAC. If the attending practitioner is no longer available to sign orders, the clinical record will be reviewed by the appropriate department Head, or absent a department Head, the facility's Chief or Deputy Chief of Staff
- 6.4.5.2 After thirty (30) days, unsigned health records are deemed to be authorized by the attending practitioner.
- 6.4.5.3 Non-compliance with NH record policies may result in suspension of membership, once processes regarding notification to the member as described in the policy are fulfilled. The suspension is removed as soon as the records are complete.
- 6.4.5.4 Members of the medical staff who are suspended as per Article 6.4.5.3 more than three (3) times in a consecutive twelve (12) month period will be interviewed by the appropriate department Head, or absent a department Head by the facility's Chief or Deputy Chief of Staff. Repeated suspensions may be grounds for discipline up to and including recommendation to NH MAC and the NH Board of revocation of membership on the medical staff.
- 6.4.5.5 Locum Tenens

Locum tenens members of the medical staff are responsible for completion of the patient's health record and are subject to the same disciplinary consequences as other members of the medical staff when health records are not completed as prescribed above. Should the locum tenens fail to complete the health records as required, the member arranging for the locum tenens is responsible for reviewing any outstanding patient health records to ensure continuity of care, but shall not be responsible for completing the deficient health records.

6.4.6 Health Records Ownership and Access

6.4.6.1 Ownership

Health records are the property of NH and are not to be removed from the facility except as directed by management or ordered by the courts.

- 6.4.6.2 Confidentiality of patient medical information is paramount. Access to and copies of the patient's health record or information contained therein must be strictly controlled, with audit controls in place, to track access and, aside from members involved in the past or present care of the patient,

can only be obtained by:

- The Coroner's office upon presentation of an order to seize;
- A patient request for their own health record in accordance with FIPPA;
- A court order or subpoena;
- A written patient authorization for release of information to third parties in accordance with FIPPA;
- A written request by the patient's physician for transfer of medical treatment and patient care information;
- A request of a NH solicitor/lawyer;
- A written request of the College of Physicians and Surgeons of B.C., the College of Dental Surgeons of B.C., or the College of Midwives of B.C. in accordance with applicable legislation;
- A written request of a department Head, Chief of Staff, Deputy Chief of Staff, HSDA Medical Director or NH VP Medicine for purposes of review;
- Members who are actively providing care to the patient;
- House staff who are responsible to members of the medical staff involved in the care of the patient;
- Members carrying on a bona fide study of research upon application and approval by the research committee or other appropriate body;
- Members carrying out medical quality assurance, medical audits and utilization review upon application and signed approval of the Manager of Health Records;
- In accordance with an enactment of British Columbia, other than FIPPA, that authorizes or requires disclosure (e.g. MCFD); and
- Members of the medical staff / house staff seeking information from a patient's health records for the purpose of medical rounds and other educational purposes upon authorization from the appropriate department Head or delegate.

6.4.7 Storage and Transfer of Records

6.4.7.1 Health records are to be retained in the NH facility's Health Records department unless otherwise approved by the CEO or delegate.

6.4.7.2 Whenever possible, a photocopy of the health records shall be made available when the transfer of the health record is authorized under organizational policy, consistent with FIPPA.

6.5 Informed Consent

6.5.1 The examination of, or the treatment, procedure or operation rendered to a patient, other than in the case of an emergency which may be life, limb or organ threatening to the patient, may not be carried out on any patient in the facility unless the informed

consent of the patient or the patient's authorized representative has been obtained, as per appropriate NH policy and governing legislation.

- 6.5.2 The attending most responsible practitioner (MRP) is responsible for obtaining the informed consent of the patient prior to carrying out any examination, treatment, procedure or operation. Informed consent must be documented in accordance with NH policy.
- 6.5.3 NH consent forms and the procedures for obtaining consent from patients shall be developed in consultation with the medical staff and approved by NH MAC and NH Board.

6.6 Emergency Care

In an emergency, any member is expected to provide medical care until a patient's MRP assumes responsibility.

6.7 Medical Orders

- 6.7.1 All orders for treatment must be legibly written and signed by a member and must include the time and date of the order.
- 6.7.2 A member may give verbal orders for treatment to a registered nurse, a licensed practical nurse, a respiratory therapist, a perfusionist, or a pharmacist, who shall transcribe the order onto the chart under the name of the member and with the writer's printed name and signature. Such orders must be countersigned by the member or designate as soon as possible.
- 6.7.3 The admitting member shall provide orders necessary for the patient's care at the time of admission. Members are expected to comply with medication order policies.
- 6.7.4 House staff and other clinical trainees and medical assesseses may write orders and prescribe controlled drugs according to NH's guidelines, developed in conjunction with the University of British Columbia or other appropriate body. (See Article 3 of these Rules)

6.8 Pre-printed Orders

A department may establish pre-printed orders for patients under the care of members of the department. Such pre-printed orders must be developed in consultation with the local or facility MAC where appropriate, HSDA MAC where appropriate, and NH program council or structure where appropriate, following input from the appropriate department head or program medical lead, and formally approved by the NH MAC prior to implementation.

- 6.8.1 The attending member must date and sign the pre-printed orders for each patient.

- 6.8.2 Pre-printed orders must be reviewed by the local or facility MAC where appropriate, HSDA MAC where appropriate, NH program council or structure where appropriate, and by the NH MAC periodically, but not less often than every two (2) years, to ensure their relevancy and currency to the ongoing provision of quality patient care. The NH MAC or designate such as VP medicine in consultation with users must approve all revisions to existing pre-printed orders prior to their implementation.

6.9 Responsibility for Provision of Medical Care of Patient

Each member has a duty to ensure that their patient remains under appropriate and available care by a member, as described in the Bylaws and as outlined in Article 6 of the Rules.

In the case where a NH facility does not have a specific department, the facility's Chief or Deputy Chief of Staff will ensure each member's duty to provide continuous and appropriate patient care.

6.9.1 Daily Care of Patients

- 6.9.1.1 A patient in acute care must be seen or reviewed on the ward by the MRP or designate, at least daily, and more frequently as required.
- 6.9.1.2 Whenever the patient in acute care is seen, a progress note shall be written. The progress note shall provide sufficient detail to allow the formulation of a reasonable picture of the patient's clinical status at the time of observation and shall reflect the care provided.

6.9.2 On-call Rotation

Each member has a duty to ensure that their patient(s) is continuously under appropriate and available care by a member.

Each facility medical staff or department has some responsibility to ensure that care is available to patients that present to the NH program or facility.

- 6.9.2.1 Each department and/or division and/or facility, provided there are sufficient members to meet on-call commitments, shall assure that an on-call service is available at all times.
- 6.9.2.2 When a department includes members whose practices are sufficiently distinct from those of other members, either by reason of specialty of practice or by geographic distinction, as to preclude participation by all members in a common on-call rota covering the practices of all members, the department shall designate separate on-call rotas to assure the continuous availability of on-call services. Call may be shared across neighbouring communities and facilities.
- 6.9.2.3 The Department Head, or Chief or Deputy Chief of Staff of a NH facility

shall assign each member to a reasonable on-call schedule. No member shall be required to be on-call more frequently than one-in-three (3) unless the member specifically agrees otherwise.

6.9.2.4 All members shall participate in departmental on-call rosters, except in special circumstances as set out below and only with the agreement of the NH VP Medicine.

6.9.2.4.1 Department Heads, with the agreement of department members, shall have the right to excuse an individual member of the department from on-call responsibilities in special circumstances according to criteria listed in policy developed by the department and acceptable to the HSDA Medical Director in consultation with the VP Medicine.

6.9.2.4.2 When a member or member(s) are excused from on-call responsibilities, the NH facility's department members shall be responsible for ensuring that on-call coverage is maintained. If on-call coverage cannot be maintained by the remaining department members, the Department Head shall be responsible for the development of alternate arrangements for maintaining on-call coverage, through the development of a plan acceptable to the HSDA Medical Director in consultation with the VP Medicine.

6.9.2.4.3 If on-call coverage cannot be maintained in a facility where no department exists, the facility's Chief or Deputy Chief of Staff shall be responsible for the development of alternate arrangements for maintaining on-call coverage, through the development of a plan acceptable to the HSDA Medical Director in consultation with the VP Medicine.

6.9.2.5 When on-call, members of departments which deal with life/limb/organ threatening emergencies will be expected to maintain acceptable levels of availability. These departments shall delineate the method of obtaining assistance when the first member on-call cannot respond within these time frames.

6.9.2.6 Medical staff members may enter into contractual arrangements with NH for the provision of on-call availability to respond to the emergent care needs of new and unassigned patients within contractually defined anticipated response times. Such contracts do not supersede the responsibilities of members as described in Article 6.9.2 of the Rules and its subsidiary Articles 6.9.2.3 and 6.9.2.5 of the Rules. Medical staff members may, for the sake of expediency, fulfill their departmental on-call responsibilities concurrently with their contracted availability.

6.9.2.7 Remuneration for on-call availability shall be based on a contract with NH

and shall be in accordance with contractual rates for on-call availability as may be established from time to time through the negotiation of a provincial medical on-call availability program (MOCAP).

6.9.3 Post-Operative Care

The operating member or surgeon is responsible for the post-operative care of the patient as MRP unless otherwise indicated on the order sheet in the patient's health record. Transfer of post-operative care of a patient requires the same communication for transfer as described in Article 6.2.3 of the Rules. Otherwise, the attending MRP operating member or surgeon must remain responsible for the patient's post-operative care as described in Articles 6.1 and 6.2.3 of the Rules.

6.9.4 Delegated Functions

There shall be processes for delegated functions as appropriate, reviewed by NH MAC and approved by the NH Board.

6.10 Organ Donation and Retrieval

6.10.1 Membership and Appointment

Temporary privileges may be granted by the CEO or delegate to members of the medical staff for situations such as organ retrieval as per Article 2.3.2 of the Rules.

6.10.2 Responsibility for Patient Care

6.10.2.1 Transfer of Responsibility

In the event of organ donation, responsibility for the physiological maintenance of the organ donor after the declaration of neurological death may be transferred, at the discretion of the MRP, to a member of the organ retrieval team.

6.10.2.2 Consultation

In the declaration of neurological death for organ donation, consultation shall be held with a neurosurgeon, neurologist, or the medical practitioner representing the highest level of neurological skills available at the facility if no neurosurgeon or neurologist are on staff or readily available.

6.10.2.3 Matters Requiring Consent

Written consent for organ donation shall be obtained, after the declaration of neurological death, following appropriate provincial and health authority policies, on the appropriate consent form by a member of the medical staff, or if requested and logistically possible, by a member of the organ

retrieval team.

- 6.10.2.4 In the event of eye and/or tissue donation only, written consent on the appropriate consent form shall be obtained following the appropriate provincial and health authority policies, after cardiac death, by a member, or an employee of the Eye Bank or the Tissue Bank of British Columbia.

6.10.2.5 Medical Orders

In the case of organ donation, after the declaration of brain death, and in the event that the MRP has transferred responsibility of care to the organ retrieval team, standing orders (available from the organ retrieval team) may be followed, and verbal orders may be given to a registered nurse or a respiratory therapist for the physiological maintenance of the donor. Any deviation from standing orders protocol will be discussed in consultation with the MRP.

6.10.2.6 Pronouncement of Death

In the case of organ donation, the criteria for the diagnosis of neurological death published by the Canadian Congress of Neurological Sciences (1986), and available from the Organ Retrieval Team, will be followed in accordance with the *Human Tissue Gift Act*, Part 2, Section 7.

6.11 Patients Requiring Transfer to another Facility

When in the opinion of the MRP, clinical resources are not available for the appropriate and safe care of the patient, the attending member shall be responsible to identify the patient who requires transfer, the resources needed, provide relevant medical information and ensure appropriate communication with the accepting physician. This must be in keeping with clinical policies and procedures where they apply (e.g. "life, limb, or threatened organ", or other "no refusal" policies), and in conjunction with appropriate agencies (e.g. BC Patient Transfer Network).

6.12 Pronouncement of Death, Autopsy and Pathology

- 6.12.1 A member of the medical staff or his/her designate, or a registered nurse employed by a NH facility or program must pronounce death.
- 6.12.2 The death certificate must be signed by a physician member of the medical staff, usually the MRP. A copy of the signed death certificate must be placed in the patient's health record.
- 6.12.3 No autopsy shall be performed without order of the coroner or written consent of the appropriate relative or legally authorized agent of the patient on the appropriate consent form.

- 6.12.4 Where autopsy is appropriate, the attending member shall make all reasonable efforts to obtain permission for the performance of an autopsy from the appropriate relative or legally authorized agent of the patient.
- 6.12.5 All tissue or material of diagnostic value must be sent to the Department of Pathology for examination, storage, and/or disposal.
- 6.12.6 Pathology specimens including body tissues organs, materials, and foreign bodies must not be released without due authorization of the Department Head of Pathology or delegate.
- 6.12.7 The attending practitioner must comply with the Vital Statistics Act concerning the completion of the medical certificate of death or the medical certificate of stillbirth.
- 6.12.8 Death must be reported to the Coroner in accordance with the requirements of the Coroner's Act.

6.13 Accreditation

- 6.13.1 The medical staff shall be involved in a meaningful manner in the accreditation process as it pertains to all aspects of medical services provided within the jurisdiction of NH.

ARTICLE 7 – Officers of the Medical Staff Association (Representation)

The Medical Staff Association of NH, in keeping with Article 10 of the Bylaws, shall consist of all members of the medical staff. The Medical Staff Association may be subdivided into medical staff associations at the level of individual NH facilities or community clusters.

The medical staff association of each NH facility or community cluster shall be organized in accordance with the Bylaws which shall be the basis for the interpretation of the Rules with respect to the duties, obligations, responsibilities and rights of the medical staff. The medical staff associations may be organized in accordance with the Facilities Engagement Agreement between Northern Health, the BC Ministry of Health, and the Doctors of BC.

ARTICLE 8 – Northern Health Medical Advisory Committee (NH MAC) and Standing and Other Committees of the Medical Staff

Articles 8 and 9 of the Bylaws mandate the appointment of the NH MAC by the NH Board and describe additional Medical Advisory Committees and other committees established and approved by NH Board which report to the NH MAC.

In addition to committees contained in the terms of reference of NH MAC, NH MAC may recommend to the NH Board the appointment of additional committees it deems necessary.

Minutes of all committee meetings must be kept and attendance must be recorded for all medical staff committees.

8.1 Northern Health Medical Advisory Committee (NH MAC)

The purpose, composition, and duties of NH MAC are delineated in Article 8 of the Bylaws and in its Terms of Reference approved by the NH Board.

8.2 Subsidiary Medical Advisory Committees

8.2.1 HSDA MACs are mandated and defined in the terms of reference of NH MAC as subsidiary committees reporting to NH MAC. The terms of reference of HSDA MACs must be consistent with the terms of reference of NH MAC.

8.2.2 Additional NH facility and community cluster MACs are not required in order to fulfill the requirements of the Bylaws and these Rules. However, they are permitted and encouraged to be structured at the level of each facility or community cluster provided that the additional MACs have terms of reference consistent with and approved by NH MAC. These additional MACs report to the HSDA MAC.

8.2.2.1 The composition of members on NH facility or community cluster MACs shall be determined locally and may include all members of the local medical staff.

8.2.2.2 Where the NH facility or community cluster MAC membership does not include all members of the local medical staff, the voting membership will be defined by its terms of reference acceptable to and approved by NH MAC.

8.2.2.3 The NH facility or community cluster MAC membership shall be consistent with the HSDA MAC and NH MAC memberships with respect to the inclusion of non-voting members representing the appropriate administrative leads and as approved by NH MAC.

- 8.2.2.4 NH facility and community cluster MAC meetings may be held in conjunction with facility and community cluster medical staff meetings, if they exist, as long as:
- the agendas of the two meetings are distinct and separate
 - the two meetings are conducted appropriately to ensure compliance with these Rules

8.3 NH MAC Standing Committees

- 8.3.1 Standing committees are listed in the terms of reference of NH MAC and report to the NH MAC. The list of standing committees shall be reviewed annually by NH MAC and recommendations for revision shall be presented to the NH Board as necessary.
- 8.3.2 Each standing committee shall review its terms of reference annually and make recommendations to NH MAC for changes, if any. The terms of reference of a standing committee shall not be effective until approved by NH Board.
- 8.3.3 In addition to committees contained in the terms of reference of NH MAC, NH MAC may recommend to NH Board the appointment of additional committees as it deems necessary.

8.4 Quorum

At the NH MAC and all other committees of the medical staff, a quorum shall consist of 50% of the voting members of the committee.

8.5 Approval of NH Policies Concerning Care of Patients

All NH forms and policies associated with, but not restricted to, the care of patients by the medical staff must be brought before the appropriate medical staff committee or medical advisory committee for consultation and input prior to becoming NH Board approved policy of the relevant NH facility or community cluster, NH program or other NH operational unit proposing the policy or amendment.

ARTICLE 9 – Amendments

The NH Board, upon the recommendation of NH MAC, shall at its discretion make amendments to the Rules. The NH medical staff shall be provided with any and all proposed amendments and afforded the opportunity, through the NH medical staff association structure, and local medical advisory structures, including HSDA medical advisory structures to discuss and consult on any proposed amendments prior to the proposed amendments being forwarded to the NH Board for a final decision. The NH Board will be informed of the results of the consultation with the medical staff prior to making a final decision. The results of any vote(s) taken by any medical staff association or local medical advisory structure in response to such a consultation shall be forwarded to the NH Board via the NH MAC. The amended rules become effective when adopted by the NH Board.

The Rules shall be reviewed and amended periodically as necessary to maintain consistency with the medical staff organization structure and with provincial legislative and regulatory changes.

The Rules shall be reviewed no less frequently than every five (5) years, revised as necessary and dated accordingly.

ARTICLE 10 – Approval of Rules

These Rules become effective only when first adopted by NH MAC and subsequently approved by the NH Board of Directors.

THIS IS TO CERTIFY:

The Rules of the Medical Staff of NH were adopted by NH Medical Advisory Committee on _____, 2017

Signed by:



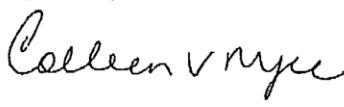
Chair, NH Medical Advisory Committee



Chief Executive Officer, NH

The Rules of the Medical Staff of NH were approved by the NH Board of Directors on December 3, 2017.

Signed by:



Chair, NH Board of Directors