7.11 MEDICAL STAFF DUTIES

7.11.1 Duties, General

(1) Each member of the medical staff is accountable to and shall recognize the authority of the Board through and with their Chief of Service, the Chief of Staff, and the Chief Executive Officer.

(2) Each member of the medical staff shall,

(a) attend and treat patients by practising at the highest possible professional and ethical standards within the limits of the privileges granted by the Board, unless the privileges are otherwise restricted;

(b) ensure a high professional standard of care is provided to patients under his/her care that is consistent with sound healthcare resource utilization practices;

(c) provide care, which is within the Physician’s scope of competence to provide, to Patients in emergency situations to the best of the Physician’s ability, whether the Physician is privileged to perform the procedure or treatment or not;

(d) notify the Board in writing through the Chief Executive Officer of any additional professional degrees or qualifications obtained by the member or of any change in the license to practice medicine made by the College or change in professional liability insurance;

(e) forthwith advise the Chief of Staff / Chair of the Medical Advisory Committee of the commencement of any College disciplinary proceeding, proceedings to restrict or suspend privileges at other hospitals, or malpractice actions;

(f) give such instruction as is required for the education of other members of the medical, dental, extended class nursing staff and Hospital staff;

(f) comply with the Act, the Hospital’s By-laws, Mission, Vision, Values, Policies and Procedures and all other legislated requirements;

(g) co-operate with and respect the authority of,

the Chief of Staff and the Medical Advisory Committee,

the Chiefs of Service, and

the Chief Executive Officer.

(h) notify patients and/or their families or other appropriate persons about their options with respect to tissue and organ transplantation;
(i) advise the Service Chief and/or Chief of Staff immediately of any material changes to the information required to be provided by the Physician to the Hospital upon re-application;

(j) maintain involvement in continuing medical and interdisciplinary professional education;

(k) participate in quality improvement and patient safety initiatives;

(l) prepare and complete records of personal health information in accordance with the Hospital’s Policies as may be established from time to time, the Legislation and accepted industry standards;

(m) comply with any specific conditions attached to the exercise of the member’s privileges;

(n) provide timely communication with all patients’ referring physicians;

(o) work and cooperate with others in a collegial manner consistent with the Hospital’s mission, vision and core values;

(p) serve as required on various Hospital and Medical Staff committees;

(q) obtain consultations on patients where appropriate;

(r) when requested by a fellow Medical Staff member, provide timely consultations;

(s) not undertake any conduct that would be disruptive to the Service or adversely affect Hospital operations or the Hospital’s reputation or standing in the community, including making prejudicial or adverse public statements with respect to the Hospital’s operations which have not been first addressed through the proper communication channels identified above and such official channels have not satisfactorily resolved the Medical Staff member’s concern;

(t) cooperate with any request that his/her practice be monitored pursuant to section 7.6.1 of this By-Law;

(u) perform such other duties as may be prescribed from time to time by, or under the authority of the Board, the Medical Advisory Committee or the Chief of Staff.

(v) provide the Chief of Staff with three (3) months’ notice of the member’s intention to resign, modify or restrict the member’s privileges;

(w) in undertaking clinical research or clinical investigation, abide by the policies of the Research Ethics Committee / Ethics Committee.

(x) fulfill the “on call” requirements of the Service as scheduled or approved by the Chief of Service or the Chief of Staff as applicable.
(y) participate in annual and any enhanced periodic performance evaluations and provide such releases and consents as will enable such evaluations to be conducted.

(z) maintain professional practice liability insurance satisfactory to the Board and notify the Board in writing through the Chief Executive Officer of any change in professional liability insurance.

(aa) ensure that any concerns relating to the operations of the Hospital are raised through the proper channels of communication within the Hospital such as the Chair of the Medical Advisory Committee, Chiefs of Service, Medical Advisory Committee, Chief Executive Officer and/or the Board.

(3) Each member of the active and associate medical staff groups and the courtesy staff where required shall attend 50 percent (50%) of the regular staff meetings and 70 percent (70%) of the meetings of the Service of which he or she is a member.

7.11.2 Chief of Staff

(1) The Board shall appoint a member of the active medical staff to be the Chief of Staff after giving consideration to the recommendations of a Selection Committee, which shall seek the advice of the Medical Advisory Committee.

(2) The membership of a Selection Committee may include,

(a) a Director, who shall be chair;

(b) two (2) members of the Medical Advisory Committee, one of whom shall be the President of the Medical Staff;

(c) the Chief Nursing Executive;

(d) the Chief Executive Officer, and

(e) such other members as the Board deems advisable.

(3) Subject to annual confirmation by the Board, an appointment made under subsection 7.9.2(1) of this By-law shall be for a term of three (3) years, but the Chief of Staff shall hold office until a successor is appointed.

(4) The maximum number of terms under subsection 7.9.2(3) of this By-law shall be two (2), provided however that following a break in the continuous service of at least one (1) year the same person may be re-appointed.

(5) The Board may at any time revoke or suspend the appointment of the Chief of Staff.
7.11.3 Duties of the Chief of Staff

The Chief of Staff shall,

(a) be accountable to and be a member of the Board and (shall not be entitled to vote at meetings; – beginning January 2011)

(b) organize the medical and dental staff to ensure that the quality of the medical and dental care given to all patients of the Hospital is in accordance with policies established by the Board, and organize the extended class nursing staff care to ensure that the quality of the extended class nursing care, with respect to diagnosing, prescribing for or treating out-patients of the Hospital, is in accordance with policies established by the Board;

(c) chair the Medical Advisory Committee;

(d) advise the Medical Advisory Committee and the Board with respect to the quality of medical and dental diagnosis, care and treatment provided to the patients of the Hospital, and the quality of extended class nursing staff care with respect to diagnosing, prescribing for or treating out-patients of the Hospital;

(e) report regularly to the Board and medical staff about the activities, recommendations and actions of the Medical Advisory Committee and any other matters about which they should have knowledge;

(f) assign, or delegate the assignment of a member of the medical, dental, or extended class nursing staff,

(i) to supervise the practice of medicine of any other member of the medical staff, the practice of dentistry of any other member of the dental staff, or the practice of registered nurses in the extended class with respect to diagnosing, prescribing for or treating out-patients of any other member of the extended class nursing staff, as appropriate for any period of time, and

(ii) to make a written report to the Chief of the appropriate service;

(g) assign, or delegate the assignment of, a member of the medical, dental, or extended class nursing staff to discuss in detail with any other member of the medical, dental, or extended class nursing staff as appropriate, any matter which is of concern to the Chief of Staff and to report the discussion to the Chief of the appropriate service;

(h) in consultation with the Chief Executive Officer, designate an alternate to act during an absence;
(i) supervise the professional care provided by all members of the medical and dental staff in the Hospital, and supervise the professional care provided by all members of the extended class nursing staff, with respect to diagnosing, prescribing for or treating out-patients in the Hospital;

(j) be responsible to the Board through and with the Chief Executive Officer for the appropriate utilization of resources by all medical and dental services and extended class nursing staff;

(k) report to the Medical Advisory Committee on activities of the Hospital including the utilization of resources and quality assurance;

(l) participate in the development of the Hospital's mission, vision, core values and strategic plan;

(m) work with the Medical Advisory Committee to plan medical human resources needs of the Hospital in accordance with the Hospital's strategic plan;

(n) participate in Hospital resource allocation decisions;

(o) ensure a process for the regular review of the performance of the Chiefs of Service;

(p) ensure there is a process for participation in continuing medical, dental and extended class nursing staff education;

(q) receive and review recommendations from Chiefs of Service regarding changes in privileges;

(r) receive and review the performance evaluations and the recommendations from Chiefs of Service concerning re-appointments. Ensure that the evaluations and recommendations are forwarded to the Medical Advisory Committee;

(s) advise the medical, dental and extended class nursing staff on current Hospital policies, objectives and rules; and

(t) delegate appropriate responsibility to the Chiefs of Service.

7.11.4 Monitoring Aberrant Practices

Where any member of the medical, dental, extended class nursing or Hospital staff believes that a member of the medical staff is attempting to exceed his or her privileges or is temporarily incapable of providing a service that he or she is about to undertake, the belief shall be communicated immediately to the Chief of Service, the Chief of Staff and to the Chief Executive Officer.
7.11.5 Viewing Therapeutic Actions, Operations or Procedures

(1) Any therapeutic action, operation or procedure performed in the Hospital may be viewed without the permission of the physician by,

(a) the Chief of Staff; or

(b) the Chief of the Service.

(2) The Chief of Staff, or the Chief of Service may at any time, for any reason whatsoever appoint a Physician to monitor and/or supervise a member of the Medical Staff's clinical activities at the Hospital with or without the Medical Staff member's permission;