



LONGUEVILLE
PRIVATE HOSPITAL

BY-LAWS

For

Visiting Practitioners

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By-Laws for Visiting Practitioners

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LONGUEVILLE PRIVATE HOSPITAL

Longueville Private Hospital is a fully accredited 39 bed acute medical, palliative and transitional care Private Hospital. Longueville Private Hospital is part of IPHoA.

HOSPITAL GOVERNANCE

Longueville Private Hospital is governed by the Hospital Board who delegates day to day needs to the Corporate Management Committee (CMM), the members of which are Board Representatives, Hospital Director or Manager, Clinical Services Manager, and the Administration Manager plus other invitees from time to time.

GOVERNANCE ISSUES:

The governing body should ensure:-

- a) Strong leadership in safety and quality;
- b) Comprehensive governance systems;
- c) Clearly defined delegated authority;
- d) Independence of processes;
- e) Systematic reports on performance;
- f) Transparency and accountability; and
- g) Involvement of consumers and communities.
- h) Review and audit processes for all reporting purposes

ORGANISATIONAL ISSUES

The organisation should ensure:-

- a) Medical Practitioners agree to comply with the policy for credentialing and defining the scope of clinical practice.
- b) Medical staff and management have a clear understanding of the clinical need and capability of the organisation.
- c) Appropriate mentoring and professional support is provided for the medical practitioner's clinical practice.
- d) Compliance with the Standards.
- e) Maintenance of comprehensive records;
- f) Appropriate indemnity insurance for credentialed practitioners and credentialing committee members.

BY-LAWS FOR VISITING PRACTITIONERS (VP)

The following By-Laws have been drawn up to help the users and the management of the Hospital to establish guidelines for optimum patient care.

WHY?

- a) Health care facilities are not allowed to permit the VP to work without appropriately credentialing and defining their scope of clinical practice.
- b) All information must be verified.
- c) Prior to re-appointment, every VP is subject to Re-evaluation.
- d) Credentialing exists to serve patients by enabling medical staff and hospitals to appoint qualified VP.
- e) Defining the scope of clinical practice exists to ensure the delivery by qualified VP of safe and quality health care.

MEDICAL ADVISORY COMMITTEE

The Medical Advisory Committee (MAC) which is elected by Visiting Practitioners is the advisory group to the CMM that oversees all approvals of Visiting Practitioners as well as all related activities pertaining to Visiting Practitioners involvement in the Hospital.

The MAC is a peer group with the clear objective of ensuring an acceptable professional working environment, in all respects, is maintained for the benefit of patients, Visiting Practitioners and the Hospital.

STRUCTURE OF THE MEDICAL ADVISORY COMMITTEE

- a) The Medical Advisory Committee shall consist of appointed and/or elected Visiting Practitioners that represent the hospitals clinical departments.
- b) The Medical Advisory Committee shall elect office bearers to the position of Chairman, Deputy Chairman and Secretary, these office bearers shall be known as the Medical Executive.
- c) Office Bearers of the Medical Advisory Committee (also known as the Medical Executive) shall be elected for a 3 year term of office.
- d) The number of office bearers is to be no less than 5.

- e) Three members of the Committee shall constitute a quorum and no business shall be transacted at a meeting of the Committee unless a quorum is present.
- f) Ordinary meetings of the Medical Advisory Committee shall be held at least twice a year and at a time and place to be determined by the Medical Executive.

OBJECTIVES OF BY LAWS OF LONGUEVILLE PRIVATE HOSPITAL

Rationale:

The objective is to maintain and improve the safety and quality of the delivery of health care service.

The processes also protect medical practitioners by ensuring that the environment within which they practice support and facilitate safety and quality.

From the viewpoint of the Visiting Practitioner, the Standard recognises that they have a right to be provided with the necessary resources to deliver their appropriate scope of clinical practice.

From the viewpoint of the health care facility, the Standard recognises the legal responsibility the health care facility has to ensure that services are provided in circumstances, where the safety and quality of the delivery of health care has been properly addressed.

USE OF THE HOSPITAL – INITIAL CREDENTIALS

- a) Any registered Visiting Practitioner (Medical, Dental Practitioner or Allied Health Practitioner) is eligible to apply to use the facilities of the Hospital. After completing the application form and the Hospital Director has received evidence of registration with the AHPRA - Australian Health Practitioner Regulation Agency (i.e. Register of Practitioners) and Medical Indemnity Insurance and evidence of any appropriate professional fellowship or membership. Two references are to be nominated in the application form. Referees should be telephoned by the admin staff, Hospital Director or the appropriate Head of Department to verify their credentials. Proof of current NSW Medical Board Registration and Medical Indemnity Insurance must be submitted annually and evidence of recognition as a Specialist Practitioner (if appropriate) must be submitted annually.
- b) All visiting privileges will be subject to review by Medical Advisory Committee each triennium and tabled at the CMM.
- c) The committee should review both the clinical services being requested by the medical practitioner, including objective performance data and references. Once the review is complete, the Committee should determine if the services will benefit the patient population and are within the organisation's service needs and capacity before making any recommendations.
- d) The Corporate Management Committee in conjunction with the Medical Advisory Committee's Chairman may withdraw permission for the use of the Hospital at its discretion.
- e) These By-Laws are subject to revision biennially or as required by the CMM or MAC. Amendments may be discussed by the Medical Advisory Committee with recommendations to the Corporate Management Meeting for consideration and if felt appropriate, acceptance. Copies of the By-Laws and amendments are available from the Hospital Director. The use of the Hospital by a Visiting Practitioner is subject to his/her observing the By-Laws of the Hospital and adhering to them.
- f) All Visiting Practitioners will receive on commencement a copy of the By-Laws and will be notified of all formalised amendments within 28 days of such amendments.
- g) It is the policy of Longueville Private Hospital that All Practitioners who apply for visiting rights should specify the privileges sought. This must be supported with appropriate accredited documents to validate their competence.
- h) Reapplication is required every 5 years.

TEMPORARY CREDENTIALITY

The Chairperson of the Medical Advisory Committee may give temporary permission for Visiting Practitioner rights. Thereafter following approval by the Medical Advisory Committee and the Corporate Management Committee, the name of the Visiting Practitioner will be added to the Visiting Practitioner Register.

APPEALS MECHANISM / SUSPENSION OF RIGHT TO PRACTICE

- a) Any Visiting Practitioner may appeal or request review of status, with regard to visiting rights and clinical privileges. Such a review will be conducted by the Corporate Management Committee assisted by the Medical Advisory Committee. The Corporate Management Committee may also refer to other bodies or parties. Any request for review should be directed to the Chairman of the MAC. Organisations may suspend a medical practitioner's right to practice for various reasons such as:-
 - Changes in the organisation's ability to provide support services;
 - Changes in the service needs of the organisation; or
 - Concerns about the medical practitioner's performance or competence.
 - A suspension may be temporary or permanent and may take effect in part or in whole.
- b) A formal appeals mechanism is established for both the granting of admission privileges and the delineation of clinical privileges. The appeals mechanism may be invoked by the Practitioner who lodges the objection to the privileges he/she has been granted or to the Hospitals refusal of admitting privileges rights. The appellant has the right to make submissions to the Hospital, in writing within six months.
- c) After registering an appeal through the Hospital Director, the Corporate Management Meeting may nominate a committee to act as an Appeals Committee to hear the appeal. This committee shall consist of:-
 - Two representatives of the Medical Advisory Committee.
 - Two representatives of the Corporate Management Committee.
 - A nominee requested of a recognised association e.g., Australian Medical Association or appropriate Learned College.

TERMINATION OF APPOINTMENT

Accreditation for Clinical Privileges to admit patients to the Hospital is an "at will" relationship between the Hospital and the Visiting Practitioner. This relationship is not guaranteed and is able to be suspended or terminated upon written notification, without notice, and for any reason, by either party.

Notwithstanding, the following situations will result in immediate suspension or termination of Clinical Privileges after notification by the Hospital Director to the MAC Chairman and/or a member of Corporate Management:

- a) An appointment will be immediately terminated if an Accredited Visiting Practitioner ceases to be currently registered with AHPRA.
- b) Clinical Privileges may be suspended or terminated should a Visiting Practitioner become incapable of performing his or her duties, or acting in an unprofessional way that is considered, by the Hospital, to be detrimental to patients or staff and the wellbeing of the Hospital.
- c) The appointment of a Visiting Practitioner may be at any time suspended or terminated by the Hospital Director and/or a member of Corporate Management where the Visiting Practitioner fails to reasonably observe the terms and conditions of his or her appointment as a Visiting Practitioner within the Terms of the By Laws herein, or is judged guilty of professional misconduct or unsatisfactory professional conduct.
- d) Clinical Privileges may be suspended or terminated should a Visiting Practitioner be party to a significant clinical incident resulting in the involvement of the MAC or its delegates which results in the MAC determining an appropriate cause of action.
- e) In the event of the Visiting Practitioner's Clinical Privileges being suspended or terminated then the Hospital Director will work together with the Visiting Practitioner to ensure the safe transfer of patient care of any of their currently admitted patients in the Hospital to a suitably qualified Visiting Practitioner. In the event that the Visiting Practitioner is unavailable and/or unwilling or unable to confer with the Hospital Director to ensure the safe management of their patient through discharge or transfer of patient to another Visiting Practitioner or facility for their management, the Hospital Director will notify the MAC Chairman for further instruction and will consult together with Corporate Management to achieve a safe outcome for the afore mentioned patients.

VP CLINICAL RESPONSIBILITIES

- a) The Visiting Practitioner admitting the patient will be regarded as responsible for the care of the patient until such time as the Hospital Director/Clinical Services Manager is notified of referral and transfer to the care of another Doctor, who is approved to use the Hospital. Such action is to be confirmed in writing as part of the Medical Record.
- b) All patients and or legal guardian are required to sign an approved document for informed consent for all procedures or treatment. This is the responsibility of the Attending Medical Officer.
- c) Discharge of a patient may be authorised only by the attending Visiting Practitioner or some other Visiting Practitioner acting on her/his behalf.
- d) Visiting Practitioners admitting patients to the Hospital must see their patients within 24 hours of admission and also to be available for contact at all times, either in person or direct telecommunications or by the nominated Visiting Practitioner approved by the Hospital.
- e) If Visiting Practitioners are not available in the case of any emergency, the hospital is authorised to take such action as is deemed necessary in the interest of the patient. This may include a request for attention by an available Visiting Practitioner or transfer to another hospital. In such cases the following provisions will apply:
 - The Registered Nurse will advise the Hospital Director or Clinical Services Manager of the action taken and the reason for this action.
 - The patient's Visiting Practitioner will be advised of the circumstances and the action at the earliest possible opportunity.
 - The patient will be returned to the care of their Visiting Practitioner or his/her deputy as soon as he/she becomes available and subsequent action will depend on the nature of the emergency and the normal process of consultation.
- f) Visiting Practitioners shall assist where possible, in the cases of emergency and on request, in terms of the above provisions.
- g) All approved Visiting Practitioners may be required to assist and advise the Hospital on clinical matters which from time to time may arise.
- h) Leave to be notified. If an accredited Practitioner wishes to take a period of leave of absence, he or she will give reasonable notice to the Hospital Director.

CLINICAL INCIDENTS VPS

It is an obligation of VPs to cooperate fully in any Root Cause Analysis and college peer review such as CHASM etc if involved in such events.

PERSONAL COMMUNICATION DEVICES

In order to maximize patient care and safety the use of PCDs must be limited while attending patients unless directly related to patient care.

REQUESTING DRUGS, CONSUMABLES, EQUIPMENT AND OTHER SUPPLIES

There is a continuous change in availability of drugs, consumables, equipment and other supplies which are constantly requested by VPs. In order to control this, the VP must seek approval through hospital procedures for the introduction of new items. This is to prevent unnecessary cost burdens on the hospital without due consideration as to the merits of such a request.

VP HOSPITAL ASSISTANCE

- a) Our Hospital can only stay in the business of supporting Visiting Practitioners provided all Visiting Practitioners recognise their direct impact on the costs and staffing of the Hospital. In so doing it is essential that Visiting Practitioners understand the method and amount of payment of rebates by Health Funds and Veterans' Affairs.
- b) Risk Management is assured by improved prevention methods involving clinical, operational, communications and a good working understanding of Hospital pressures in all areas, not just legal issues.
- c) Cost pressures can often be linked to Visiting Practitioner performance and attitudes. Accordingly it is the responsibility of the Visiting Practitioner to always minimise costs where they can. Suggestions to minimize costs are always appreciated and considered.

Some of the main and significant cost issues directly caused by Visiting Practitioners include:

- Staff interaction and courteous behaviour is essential at all times, to avoid unnecessary distress and possible loss of staff.
 - Correct use of and care of equipment is vital to avoid unnecessary repair costs.
- d) Health Fund Rebates are very competitive and your services are directly linked to Hospital costs due to the procedures or treatments you provide. Accordingly it is vital that Visiting Practitioners ensure all relevant details, item numbers and activity which influence

fees are made available in a comprehensive, timely and accurate way to the Hospital. This avoids health fund rebate delays.

MEDICAL RECORDS/PATIENT HEALTH INFORMATION

- a) The Hospital requires a certain standard of documentation in order to provide good and acceptable standards of patient care, and in order to meet Department of Health legal requirements. Visiting Practitioners are therefore expected to give high priority in this regard. The provision of full and accurate details on and after admission of all aspects relevant to the care of patients including clinical history and to provide clear and accurate instructions regarding medication and treatment. Medical Orders must be **written legibly**, signed and dated, as required by the Hospital and by the Laws of the State.
- b) All orders and instructions for treatment shall be given in writing. Telephone orders may be given by the Visiting Practitioner only to a Registered Nurse and repeated to a second responsible person who will confirm by reading back the order given. The order must be written up and signed on the correct medical record by the Visiting Practitioner within 24 hours.
- c) Medical Records which are the property of the Hospital are to remain confidential. In so doing, it is recognised that the Visiting Practitioner attending the patient and the Hospital Staff will have constant access to these records.
- d) The patient has a legal right on written and duly signed application to view their medical records provided that such access in no way jeopardises the patient's care nor interferes with, alters or defaces their medical records. Patient may have access to their record if the Visiting Practitioner is agreeable. The Doctor or Hospital Director must be in attendance to explain the records and then document procedure in patient's file.

ETHICS

- a) Longueville Private Hospital is entitled to expect adequate and reasonable standards of personal competence and professional conduct from accredited Practitioners.
- b) It is expected that the Practitioner should adhere to the generally accepted ethics of professional, clinical practice both in relation to his/her colleagues and to the patients under his/her care and observe the general conditions of clinical practice acceptable in the hospital.

CLINICAL REVIEW

Longueville Private Hospital is committed to quality and thus has an ongoing program of clinical review, in the interests of maintaining institutional and/or professional standards. These processes involve Visiting Practitioners who maybe required participating from time to time.

CONSENT

Patient information and Consent to Medical Treatment Policy Statement

1. A patient needs to give written informed consent before undergoing a procedure or treatment – this is to avoid an action for assault and battery;
2. A patient needs to be informed of the material risks associated with a procedure or treatment – this is good practice, and a practitioner who fails to provide this information before a patient undergoes a procedure risks an action for negligence;
3. Responsibility for the above is the attending medical officer. Administrative and Nursing Staff cannot be delegated the task of informing a patient about the material risk of a procedure or treatment and obtaining consent;
4. No operation, procedure or treatment may be undertaken **without** the consent of the patient. Adequately informing patients and obtaining consent in regard to a procedure or treatment is both a specific legal requirement and an accepted part of good medical practice.

'VALID' CONSENT:

1. Any invasive procedures or treatment where there are known significant risks or complications;
2. Blood transfusions or the administration of blood products;
3. Clinical care requiring hospitalisation.

Signed consent forms are not required for minor procedures performed under local anaesthesia, e.g. insertion of IV cannulae, urethral catheterisation, or suture of minor lacerations. However, the **criteria for obtaining a valid consent must still be met**; the procedure must still be explained to the patient which is supported by an entry in the clinical record – integrated notes.

DISCLOSURE OF PECUNIARY INTERESTS

SPECIFIC DISCLOSURE

A member of a Hospital Committee or a person authorised to attend any committee meeting who has a direct or indirect pecuniary interest:

- In a matter that has been considered or is about to be considered at a meeting, or
- In a thing being done or about to be done by the Hospital.

Will as soon as possible after the relevant facts have come to the person's knowledge, disclose the nature of the interest at the meeting.

GENERAL DISCLOSURE

A disclosure by a person at a meeting of the committee that the person:

- a) Is a member, or is in the employment of a specified company or other body,
- b) Is a partner, or is in the employment of a specified person; or
- c) Has some other specified interest relating to a specified company or other body or a specified person,

Is a sufficient disclosure of the nature of the interest in any matter or thing relating to that company or other body or to that person which may arise after the date of disclosure.

OPEN DISCLOSURE POLICY

Longueville Private Hospital Open Disclosure Policy is conducted as part of the risk management. The Hospital Director through the Hospital Review Committee and Medical Advisory Committee formulates and authorises open disclosure communication and correspondence where warranted. The elements of which may include:-

- a) A factual explanation of what happened.
- b) Consequences of the event, and
- c) Steps being taken to manage the event and prevent a recurrence.
- d) Medical Advisory Committee and Hospital Review Committee Recommendations.

These By-Laws must be read in conjunction with Federal and State Laws, The Private Health Facilities Regulation and any associated regulations.

Professional Ethics are to be read as per the Code of Ethics of the Australian Medical Association and the Learned Colleges.

Standard for Credentialing and Defining the Scope of Clinical Practise July 2004.