1 HOSPITAL BY-LAWS – PRACTITIONERS

1.1 PREAMBLE

While recognising that the Board of United Day Surgeries Pty. Ltd., trading as Sir John Monash Private Hospital, is the governing body of the hospital charged with the complete control and management of the hospital. Practitioners who are granted visiting privileges to the hospital are responsible for the quality of the medical care provided to patients. They are therefore expected to observe the letter and spirit of these by-laws. Failure to do so may result in the withdrawal of visiting rights and privileges.

1.2 DEFINITIONS

1.2.1 Board means Board of Management of United Day Surgeries Pty. Ltd.

1.2.2 The Chief Executive Officer is the person who is delegated authority and responsibility by the Board of Management of the hospital.

1.2.3 The Chief Executive Officer is the individual appointed by the Board to act on their behalf in the management of all aspects of the hospital. The Chief Executive Officer may delegate certain of the responsibilities under these by-laws to other staff members as is seen fit.

1.2.4 Medical Advisory Committee means the elected advisory committee of the body of Accredited Practitioners.

1.2.5 Practitioner: for the purposes of these by-laws, this definition covers medical officers, surgical assistants, podiatric surgeons, dentists, and dental therapists.

1.2.6 Privileges mean the rights granted by the Chief Executive Officer to render specific clinical diagnostic, therapeutic, medical or surgical services.

1.2.7 Visiting rights means the right to admit a patient to the hospital, or to treat a patient admitted under another Practitioner. Such Practitioners are deemed to be accredited to the hospital. This definition does not include any Practitioners who may be employed on a salaried basis by the hospital.

1.3 APPOINTMENT AND RE-APPOINTMENT

1.3.1 PRINCIPLES

The Chief Executive Officer grants visiting rights and privileges after receiving recommendations from the Medical Advisory Committee which is charged with the responsibility of reviewing the

formal applications. The Medical Advisory Committee may delegate this responsibility to a sub-committee. No practitioner shall automatically be entitled to visiting rights merely because he or she is a registered with the Australian Health Practitioners Regulation Agency, or is a member of an organization or is employed or granted privileges by a public hospital. No aspect of visiting rights shall be denied on the basis of sex, race, color, age, religion, or national origin.

The Medical Advisory Committee shall, in addition to recommending on whether visiting rights should be extended, recommend the type and extent of practice privileges to be extended to the Accredited Practitioner including any restrictions.

1.3.2 DURATION

The tenure for each accreditation shall be five (5) years or as otherwise determined by the Medical Advisory Board.

1.3.3 APPLICATION FOR APPOINTMENT

Application for visiting rights shall be submitted on an application form approved by the Chief Executive Officer of the Hospital. The form shall incorporate details of qualifications and the names of two referees, state the privileges requested, the applicant's **involvement in on-going education**, and agreements by the applicant to abide by these by-laws.

Applications shall meet the following requirements:

(a) Current unrestricted registration by the Australian Health Practitioner Regulation Agency.

(b) Indemnification through membership in a medical defence organization or other form of malpractice insurance.

(c) Accredited Practitioners seeking to practice in a particular specialty must have qualifications in that specialty which are recognized by the Australian Health Practitioners Regulation Agency.

(d) Practitioners must agree to abide by the by-laws, rules and regulations of the hospital.

The Chief Executive Officer reserves the right to seek references from persons other than the nominated referees.

The applicant will be notified by the Chief Executive Officer as soon as possible after the decision regarding appointment has been made.

1.3.4 NEW CLINICAL SERVICES

Before treating patients with New Clinical Services, an Accredited Practitioner

Is required to obtain the prior written approval from the CEO and what is proposed must fall within the Accredited Practitioner's Scope of Practice or an amendment to the Scope of Practice has been obtained and must fall within the licensed service capability of the facility.

The Accredited Practitioner must provide the evidence of Adequate Professional Indemnity Insurance to cover the New Clinical Service, and if requested, evidence that private health funds will adequately fund the New Clinical Services.

The CEO's decision is final and there shall be no right of appeal from denial of requests for New Clinical Services.

1.3.5 RE-APPOINTMENT

The Chief Executive Officer/Director of Nursing shall, at least 60 days prior to the expiration date of the present visiting rights of each visiting Accredited Practitioner provide the medical/dental practitioner with an application re-appointment form. Process for consideration of re-appointment by the Medical Advisory Committee and the Management Committee is as for by-law 2.3

The hospital requires evidence on an annual basis that the registration and indemnity of each Accredited Practitioner is current.

1.3.6 APPEAL PROCESS

If the decision of the Chief Executive Officer is adverse to the applicant regarding either visiting rights or specific privileges, the applicant may within 30 days request a hearing with a panel consisting of the chairman of the Medical Advisory Committee and the Chief Executive Officer. Such a request must be in writing and directed to the Chief Executive Officer.

The hearing is not a court of law and legal council shall represent none of the parties. The applicant may provide a detailed written submission to the panel prior to the hearing.

Within 30 days of the hearing, the medial/dental practitioner will be informed in writing of the decision. The decision will be final and not subject to further appeal. The panel is under no obligation to provide any reasons to the applicant for the decision.

1.4 CLINICAL PRIVILEGES

1.4.1 DELINEATION OF PRIVILEGES

Accredited Practitioners shall be entitled to exercise only those clinical privileges specifically granted to them by the Medical Advisory Committee. The Medical Advisory Committee will advise the Chief Executive Office in respect of each application as to the appropriateness of education, training and performance for each type of privilege sought. Privileges may be reduced or removed as necessary to reflect changes in the nature of medical practice.

1.4.2 TEMPORARY VISITING RIGHTS AN PRIVILEGES

Accredited Practitioners may be granted temporary visiting rights and privileges by the Director of Nursing. Temporary visiting rights may be granted until the next Medical Advisory Committee can convene. Consultation with the chairman of the Medical Advisory Committee will be undertaken as appropriate. Temporary visiting rights can be terminated any time by the Chief Executive Officer.

When recruiting a locum tenens to cover a period of absence it is the responsibility of the Accredited Practitioner to ensure that the locum seeks privileges in a timely manner.

2.4.3 REVOKING OF VISITING RIGHTS AND PRIVILEGES

The Chief Executive Officer may revoke an Accredited Practitioners visiting rights and privileges at any time if the Accredited Practitioners fails to observe the terms and conditions of the appointment or after due inquiry is judged to be guilty of unprofessional conduct or gross negligence. Where possible such a decision will not be made in the absence of advice from the Medical Advisory Committee. Appeal against such a decision is to be conducted in the same manner as in by-laws 2.3.5.

Automatic suspension of visiting rights and privileges shall be imposed on any Accredited Practitioner whose registration has been revoked or suspended. Accredited Practitioners have an obligation to inform the Chief Executive Officer if there is such a change to their registration status,

Accredited Practitioners are also obliged to inform the Chief Executive Officer of any investigations and restrictions. Failure to do so may result in suspension of visiting rights and privileges.

2.4.4 BLOOD BORNE VIRUS SEROPOSITIVITY

Accredited Practitioners who carry out exposure prone procedures are required to know their HIV and Hepatitis status and to advise the Chief Executive Officer if they are positive. They are also

obligated to inform the Chief Executive Officer should they become aware of any change in their status.

2.5 CLINICAL RESPONSIBILITIES

2.5.1 PATIENT RESPONSIBILITY

The Accredited Practitioner admitting a patient will be regarded as the Accredited Practitioner responsible for the patient until such time as the Chief Executive Officer or delegate is advised of the transfer of the patient to the care of another Accredited Practitioner with visiting rights and this has been recorded by the medical/dental practitioner in the medical record. Patients may not be transferred to the care of Accredited Practitioners who are not with Sir John Monash Private Hospital. Discharge of the patient may be authorised only by the responsible Accredited Practitioner.

2.5.2 FREQUENCY OF VISITS

Accredited Practitioners are also expected to respond quickly and appropriately to telephone calls from nursing staff. If nursing staff are unable to contact the relevant Accredited Practitioner in relation to their patient's condition, nursing staff are required to seek consultation from other Accredited Practitioners as required in the interests of the patients' safety.

2.5.3 ADMISSION REQUIREMENTS

Accredited Practitioners with visiting rights may only admit patients. **The hospital reserves the right to refuse admission of a patient if it is considered that staff and facilities are not available to treat them.**

2.5.4 MEDICAL RECORDS

An adequate medical record is considered basic to satisfactory patient care. Notes must be sufficient (including legibility) for present and future care of the patient and for review of patient care. Medical records must include.

(a) Admission notes/letter on the patients condition and plan of treatment. In elective admission a pre-admission form should precede the admission of the patient detailing relevant information.

(b) Provisional diagnosis.

(c) Completed informed consent for procedure.

(d) Particulars of operations/procedures carried out.

(e) Complete anaesthetic records where appropriate.

(f) Progress observations and changes in orders.

(g) Discharge notes including a principle diagnosis for coding purposes.

All entries in the medical record shall be signed and dated.

All medical records remain the property of the hospital and shall not be copied or removed except with the prior approval of the Chief Executive Officer.

2.5.5 EMERGENCIES

In cases of emergency or in other circumstances deemed appropriate the hospital may take such action as it deems fit in the interest of the patient. This may include a request for attention by an available Accredited Practitioner or transfer. In such cases the patient’s medical/dental practitioner will be advised as soon as possible of the circumstances and of the action taken.

Accredited Practitioners should be willing to assist in the care of any patient in cases of emergency.

2.5.6 THERAPEUTIC INSTRUCTIONS

All diagnostic and therapeutic orders shall be given in writing. Telephone orders may be given to two registered nurses that will read back the order to the Accredited Practitioner for confirmation. The record of these orders must be entered in the medical record and signed by the ordering Accredited Practitioner within twenty-four hours.

Written medication regimes are to be completed by the Accredited Practitioner for all medication taken by their patient including those which are self-administered. It is the responsibility of the attending Accredited Practitioner to provide prescriptions for drugs ordered.

2.5.7 CONSULTATION

Consultation requests should be restricted to Accredited Practitioners with visiting rights to the hospital. In the event of a request for consultation by a particular specialist who does not have visiting rights, temporary privileges should be arranged as per by-law 2.4.2. Requests for consultation should be recorded in the medical record. The responsible Accredited Practitioner shall comply with requests from the Chief Executive Officer to arrange consultation where there is concern about the patient's condition or management and where such concern is supported by the chairman of the Medical Advisory Committee or their delegate.

2.5.8 SURGERY

All patients admitted for surgery shall have appropriate pre-operative investigations and preparations including documentation on the nature of the intended procedure.

Operating sessions are expected to start on time. Accredited Practitioners who are unavoidably detained are responsible for informing the hospital at the earliest opportunity. The surgeon/proceduralist must be in the operating suite before commencement of anaesthesia except in specific circumstances as pre arranged. In all circumstances, surgery should be completed within the scheduled time period.

Accredited Practitioners should be prepared to cut short their list where continuing it will impinge on practitioner's list that is booked to follow. Where an Accredited Practitioner's list does go over the scheduled time period, it is the practitioner's responsibility to consult with the practitioner that is booked to follow.

Accredited Practitioners who are allotted sessions will be expected to make maximum use of the session. **The hospital reserves the right to re-allocate under utilised sessions or parts of**

sessions. If an Accredited Practitioner intends to cancel a session the earliest possible notice should be given to the hospital. **Elective theatre bookings should be made at least one week in advance.**

Whenever pathological examination is relevant to the diagnosis or treatment, the specimens will be sent for pathological examination and a copy of the report will be placed in the medical record.

Accredited Practitioners must adopt the hospital's surgical count policy in regard to the use of swabs, sponges, needles and associated items. Surgeons/Proceduralists are responsible for accepting the validity of the count in each case.

The responsible Accredited Practitioner for any surgical operation or invasive investigative procedure must obtain written, signed and informed consent. The consent form shall form part of the medical record.

Practitioners without privileges, medical students and other persons may be present at operations with the prior approval of the Accredited Practitioner, Chief Executive Officer or their delegate and consent from the patient or their guardian. This is to be documented on the *Authority and Confidentiality Agreement* and filed in the medical record.

The responsible Accredited Practitioner must ensure that the necessary liaison with the anaesthetist takes place for pre and post-operative care, including knowledge of drug sensitivities and current therapy.

2.5.9 PATIENT DEATH

In the event of the death of a patient the hospital will notify the responsible Accredited Practitioner as soon as possible. The Accredited Practitioner shall pronounce the patient dead, and shall be responsible for completing a death certificate or notifying the coroner when applicable.

2.5.10 QUALITY ASSURANCE

Medical staff are expected to assist the hospital in the appropriate evaluation of clinical activities and patient care standards. This includes activities required by the Australian Council on Healthcare Standards (or other recognised quality assurance organisation) for the purpose of accreditation. Clinical and peer review by medical staff is to be encouraged.

2.5.11 MEDICAL EQUIPMENT

Those Accredited Practitioners who supply and use their own equipment are responsible for the safety standards of such

equipment. Electrical equipment should be of an approved design according to Australian Standards and should be checked regularly by a qualified technician and all instrumentation must be sterilised and cleaned in accordance with current infection control policies. It is the responsibility of Accredited Practitioners to be conversant with the safe and proper use of any equipment supplied by the hospital.

2.6 ETHICS

The hospital requires from Accredited Practitioners high standards of personal conduct in accordance with the Code of Ethics of the Australian Medical Association. The hospital may take any action appropriate to the maintenance and preservation of the standards it upholds.

2.7 AMENDMENTS

The Medical Advisory Committee or the Chief Executive Officer may initiate review of these By-Laws at any time. The Medical Advisory Committee will consider any amendments and will become effective only when and if approved by the Chief Executive Officer.