

St Kilda Day Hospital

# By-laws

## 1. PREAMBLE

The primary responsibility of all visiting medical practitioners at St. Kilda Day Hospital is to provide the highest standard of patient care. This goal requires professional commitment and competence, collective activity through the medical staff organisation and close co-operation with the Hospital staff and administration. These medical by-laws are designed to assist in this goal.

## 2. DEFINITIONS

“**Chief Executive Officer/Medical Director**” means the individual appointed by the Board to be responsible for the standard of clinical and non-clinical services provided within the Centre. In his/her absence, the DON will act in this capacity.

“**Clinical Privileges**” in relation to an appointment as a visiting practitioner or specialist, means delineation by the Board of Directors of the kind and extent of work that a visiting practitioner may perform at the Hospital.

“**Hospital**” means the St. Kilda Day Hospital situated at 26A Dickens Street, Elwood, 3184.

“**Medical Advisory Committee**” is appointed by CEO

“**Medical Practitioner**” for the purpose of these By-laws also covers dental practitioners.

“**Medical Staff Organisation**” means all the medical/dental practitioners accredited at the Hospital in accordance with these by-laws.

## 3. MEDICAL STAFF ORGANISATION

3.1 All accredited visiting medical practitioners to the Hospital shall be deemed to form and be members of the Medical Staff Organisation.

3.2 The purposes of the organisation shall be to:

3.2.1 Ensure that all persons treated at the *Hospital* receive the highest possible standard of surgical care through their active commitment to the quality improvement program.

3.2.2 Ensure a high level of professional performance by all visiting practitioners by formal staff selection procedures and quality improvement activities.

3.2.3 Promote co-operation and communication between visiting medical practitioners and the Hospital.

3.2.4 Promote educational activities for all medical practitioners associated with the Hospital.

3.2.5 Support the policies and objectives of the Hospital as outlined in its statement of philosophy and objectives in the medical by-laws and other relevant Hospital memoranda

3.3 The secretary to the medical staff organisation shall be the DON who shall also be a *full* member of the MAC.

- 3.4 All members of the medical staff organisation may refer any matter for consideration by the Medical Advisory Committee by notice in writing to the Chief Executive Officer/Medical Director at any time.
- 3.5 All resolutions of the organisation shall be determined by a majority of members who are present and voting at the meeting.
- 3.6 All existing members of the medical staff must report to the CEO/DON if they have been involved in a critical incident or there have been major complications from surgery resulting in the need for intervention by other specialists in another Hospital. This must be reported within 30 days of the incident occurring.
- 3.7 All new medical staff applying for credentialing privileges at SDH must disclose if they have been involved in a critical incident or there have been major complications from surgery resulting in the need for intervention by other specialists in another hospital within the last 12 months.

- 4.2.3 Superintending any matters that may lead to disciplinary measures.
- 4.2.4 Suggest to the Board the content and changes required of the medical staff by-laws.
- 4.2.5 Participate in the Quality Improvement Program of the Hospital.
- 4.2.6 Receive and review patient care reports, and advise on appropriate actions where necessary.
- 4.3 The Medical Advisory Committee will meet at least *quarterly* or as deemed necessary by the Chairman of the Medical Advisory Committee.
- 4.5 The DON shall be *a full* member of the committee.
- 4.6 All resolutions of the committee shall be determined by a majority of members who are present and voting at the meeting.

#### **4. MEDICAL ADVISORY COMMITTEE**

- 4.1 The terms of reference of the Medical Advisory Committee shall include the following:
  - 4.2. Examination of credentials and delineation of clinical privileges for visiting medical/dental practitioners.
    - 4.2.1 The development of policies relating to medical practice and medical services provided at the Hospital.
    - 4.2.2 Superintending the functions of clinical review (including the form and content of the medical records), education and ethics for the Hospital.

#### **5. MEDICAL DIRECTOR**

The Medical Director is a senior liason person for the provision of regular medical services and medical functions in the Hospital.

## **6. ACCREDITATION & APPOINTMENT OF VISITING MEDICAL PRACTITIONERS**

- 6.1 Any registered medical practitioner is entitled to make application for membership of the visiting medical staff of the Hospital and or seek accreditation and clinical privileges.
- 6.2 All applicants must be legally qualified medical practitioners and registered with AHPRA and shall be current members of a medical defence union.
- 6.3 All applications shall be considered by the Medical Advisory Committee which shall make recommendations to the *Owner* as to the appointment or otherwise of any medical practitioner.
- 6.4 The *Owner* shall make the final decision as to the appointment or renewal of appointment of any medical practitioner as a visiting medical officer for the Hospital. The *Owner* may grant or refuse such status without being required to give reason.
- 6.5 All applications for appointment shall be made in such manner as determined by the Chief Executive Officer/ Medical Director.
- 6.6 Clinical privileges granted to any visiting medical practitioner may be general (in terms of the discipline) and specific (in terms of procedures).
- 6.7 The Chief Executive Officer/Medical Director shall notify all persons making application for appointment of the result of the application. In writing. If successful, the name of the medical practitioner shall be entered on the list of accredited visiting medical practitioners together with the privileges accorded.
- 6.8 All visiting medical practitioners shall *make a new application for appointment upon the expiry of a period of three (3) years.*
- 6.9 All persons receiving appointment as a visiting medical practitioner shall be deemed to accept the terms and conditions as set out in these medical by-laws as amended from time to time and shall support the philosophy and objectives of the Hospital.
- 6.10 In the event of any visiting medical practitioner wishing to relinquish the appointment then at least one (1) month's prior written notice must be given to the CEO/Medical Director of the date of termination.
- 6.11 Continuing inclusion on the list of visiting medical practitioners is subject to the satisfactory service by the visiting medical practitioner to the patients of the Centre.
- 6.12 The *Owner* reserves the right to review, modify or withdraw any privileges granted to any visiting medical practitioner and no reason need be given by the Board with respect to any such action.
- 6.13 The *Owner* may terminate appointment of any visiting medical practitioner if the practitioner fails to observe the terms and conditions of appointment or is guilty of professional misconduct or negligence.
- 6.14 Any visiting medical practitioner may request review of clinical status or appeal against the decision of the *MAC* to modify or withdraw privileges at any time. Such review shall be undertaken by the *Owner* in consultation with the Medical Advisory Committee and the decision shall be final. The Board shall not be required to give reasons for its determination.

## **7. REGULATIONS**

- 7.1 The *Owner* shall be empowered *in liaison with the MAC* to make regulations from time to time implementing the terms and conditions of these by-laws including, inter alia, the medical records which shall be kept by any visiting medical practitioner to the Hospital.
- 7.2 The diagnostic and therapeutic orders given in respect of any patient in the Hospital.
- 7.3 The keeping of a fully entered patient's file at the Hospital duly signed by the attending medical practitioner.
- 7.4 The provision of after-hours medical and emergency care.
- 7.5 The procedure for the admission of patients.

## **8. CLINICAL REVIEW**

Clinical and patient care review is to be supported by the visiting medical practitioners by involvement in the evaluation of their services and performance and the utilisation of such information in the maintenance of optimum standards of clinical activity.

## **9. ETHICS**

The *Hospital* expects from visiting medical practitioners the highest standards of personal and professional conduct in accordance with the Code of Ethics of the Victorian Medical Association and the various Colleges. The *Hospital* may take any action appropriate to the maintenance of the standards it upholds.

## **10. ANAESTHETICS**

Anesthesia must be administered by a medical practitioner specifically accredited by the board to administer anaesthetics according to standards set down by ANZCA.

## **11. AMENDMENTS TO BY-LAWS**

The medical by-laws of the hospital may be reviewed periodically. The Medical Advisory Committee may make recommendations to the *Owner* in relation to any amendments to the by-laws. The by-laws shall only be amended after approval from the *Owner*.

## **12. REGULATIONS**

### **12.1 Medical Records**

- 12.1.1 Complete and accurate medical records are necessary to maintain high standards of medical care and are the responsibility of the treating medical practitioners. They must be sufficient for present and future care of the patient and for review of patient care by formal study. Important and specific responsibilities of the treating medical practitioner include the recording or completion of:
- 12.1.2 Therapeutic orders, including pre-admission medications, current medication, intravenous medications and drug sensitivities.
- 12.1.3 Particulars of all procedures and investigations required.

12.1.4 Progress observations documented in the integrated patient notes.

12.1.5 Special problems-complications.

12.1.6 Discharge notes-completion of discharge sheet, and a note on outcome and follow-up needs such as medication, discharge status and destination of the patient.

**Note: (a)** All therapeutic orders shall be given in writing. Telephone orders may be given to a registered nurse div 1, who will read the order back to the doctor for confirmation. These orders are then verified by a second Nurse Div 1. The record of these orders must be entered in the notes and initialed by the doctor within 24 hours of being given by telephone.

**(b)** The completion of Consent Form/Operation report with signature and date is vitally important and is expected in every instance. It is required that practitioners make appropriate entries in the integrated notes. Every entry in the medical record is to be supported by the date and signature of the attending medical practitioner. The adequacy of the medical record constitutes an important element in considerations involving the allocation and extension of privileges to practitioners.

12.1.7 All records are confidential and remain the property of the Hospital. Records are not permitted to be removed or copied in any form, except by court order, without the permission of the Chief Executive Officer/Medical Director.

12.1.8 In the event of the readmission of a patient, all previous records held shall be available for the use of the attending medical practitioner. This applies whether the patient was attended by the same practitioner or by another.

## 12.2 Emergency

12.2.1 In cases of emergency or in other circumstances the Hospital (CEO) and/or DON may take such action as it deems fit in the interests of the patient. This may include a request for attention by an available practitioner. In such cases the following provisions apply:

12.2.2 The patient's doctor, and the DON, will be advised of the circumstances of the patient and of the action taken as soon as possible.

12.2.3 The patient will generally be returned to the care of the doctor in charge of the case as soon as possible, who will then give his own instructions regarding further care and consultations.

12.2.4 The Hospital assumes:

(a) Willingness on the part of its visiting practitioners to assist the Hospital where possible and necessary in case of emergency or special demand,

(b) Willingness by practitioners to provide after-hours care where these are necessary to provide adequate security and continuity of patient care.

## 12.3 Admission Criteria

12.3.1 Admissions to the Hospital must be under the care of an accredited medical practitioner.

12.3.2 Other admissions should be referred to the *DON*.

## **12.4 General**

- 12.4.1 Participation in the quality improvement program and the accreditation processes is a requirement of the medical practitioner's appointment.
- 12.4.2 The Hospital's procedures relating to patient care must be strictly adhered to.
- 12.4.3 Visiting medical practitioners should make themselves aware of the emergency procedures as implemented by the Hospital and shall assist as able in an emergency.
- 12.4.4 The duration of a single operation should not exceed 4 hours in total.