

LAKE OF THE WOODS DISTRICT HOSPITAL

PROFESSIONAL STAFF BY-LAWS

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ARTICLE 1. DEFINITIONS, PURPOSE AND APPLICATION

1.01 Definitions

In this By-Law, the following words and phrases shall have the following meanings, respectively:

- (a) “Board” means the board of directors of the Hospital;
- (b) “By-Law(s)”, unless otherwise specified, means the by-laws of the Hospital from time to time in effect;
- (c) “Chief Executive Officer” means, in addition to “administrator” as defined in section 1 of the *Public Hospitals Act*, the employee of the Hospital who is the President and Chief Executive Officer of the Corporation;
- (d) “Chief Nursing Executive” means the senior employee appointed by the process established by the Chief Executive Officer and responsible to the Chief Executive Officer for the nursing functions and practices in the Corporation;
- (e) “Chief of Department” or “Department Chief” are used interchangeably to mean the member of the Medical Staff appointed by the Board to be responsible for the professional standards and quality of care rendered by the members of his or her Department at the Hospital;
- (f) “Chief of Service” means a Physician on Active Staff who is appointed to be accountable to the Chief of Staff for the delivery of a particular Service within the Hospital;
- (g) “Chief of Staff” means the member of the Medical Staff appointed by the Board to be responsible for the professional standards of the Professional Staff, and the quality of care rendered at the Hospital;
- (h) “College” means, as the case may be, the College of Physicians and Surgeons of Ontario, the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario and/or the College of Nurses of Ontario;
- (i) “Credentialling Policy” means the Northwest Regional Appointment and Credentialling Policy approved by the Board, as amended from time to time;
- (j) “Dental Staff” means the Dentists to whom the Board has granted Privileges to practice dentistry at the Hospital;
- (k) “Dentist” means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;

- (l) “Disruptive Behaviour” occurs when the use of inappropriate words, actions or inactions by a Professional Staff member interferes with his/her ability to function well with others to the extent that the behaviour interferes with, or is likely to interfere with, quality healthcare delivery and/or patient or workplace safety and/or staff recruitment, retention or the cost of providing healthcare to patients;
- (m) “*Ex-officio*” means membership, election or appointment by virtue of the office and includes all rights, responsibilities and power to vote except where otherwise specifically provided;
- (n) “Extended Class Nurse” means those registered nurses in the extended class to whom the Board has granted privileges with respect to the right to diagnose, prescribe for or treat patients of the Hospital;
- (o) “Extended Class Nursing Staff” means the Extended Class Nurses to whom the Board has granted Privileges;
- (p) “Healthcare Practitioners” means those regulated health professions recognized by the *Regulated Health Professions Act, 1991* and those unregulated health professions that may be designated by the Chief Executive Officer from time to time that are not included in the definition of Professional Staff. Without limiting the generality of the foregoing, the regulated and unregulated health professions may include, but are not limited to nursing (excluding the Extended Class Nurses), psychology (as legislatively recognized in psychological assessment and clinical interaction), pharmacy, occupational therapy, physiotherapy, audiology and speech-language pathology, social work, stress management, addictions therapy, child and youth work, chaplaincy, recreation therapy, nutrition and laboratory and diagnostic services;
- (q) “Hospital” means Lake of the Woods District Hospital;
- (r) “Hospital Management Regulation” means Regulation 965 “Hospital Management” passed pursuant to the *Public Hospitals Act*;
- (s) “Legislation” means relevant statutes and regulations that govern the provision of healthcare to patients of the Corporation, including without limitation the *Broader Public Sector Accountability Act*, 2010, the *Broader Public Sector Executive Compensation Act*, 2014 (Ontario), the *Child and Family Services Act* (Ontario), the *Corporations Act* (Ontario), the *Dentistry Act* (Ontario), the *Excellent Care for All Act* (Ontario), the *Freedom of Information and Protection of Privacy Act* (Ontario), the *Health Care Consent Act* (Ontario), the *Health Insurance Act* (Ontario), the *Local Health System Integration Act* (Ontario), the *Medicine Act* (Ontario), the *Mental Health Act* (Ontario), the *Midwifery Act* (Ontario), the *Not-for-Profit Corporations Act*, 2010 (Ontario), the *Nursing Act* (Ontario), the *Personal Health Information Protection Act* (Ontario), the *Public Hospitals Act* (Ontario), the *Quality of Care Information Protection Act*, 2004 (Ontario), the

Occupational Health and Safety Act (Ontario), the *Workplace Safety and Insurance Act* (Ontario), the *Regulated Health Professions Act* (Ontario), the *Substitute Decisions Act* (Ontario), and the *Commitment to the Future of Medicare Act*;

- (t) “Medical Advisory Committee” means the Medical Advisory Committee appointed by the Board;
- (u) “Medical Staff” means the Physicians to whom the Board has granted Privileges to practice medicine at the Hospital;
- (v) “Midwife” means a member in good standing of the College of Midwives of Ontario;
- (w) “Midwifery Staff” means the Midwives to whom the Board has granted Privileges of assessing, monitoring, prescribing for or treating patients in the Hospital;
- (x) “Most Responsible Physician” means the Physician who admits a patient to the Hospital and who will, therefore, be responsible for directing that patient’s care, , diagnosis and treatment until such responsibility is transferred to another Physician in accordance with section 3.04(b) hereof;
- (y) “Nursing Staff” means those registered nurses employed by the Hospital who are not Extended Class Nurses or Chief Nursing Executives;
- (z) “Participating Organization” means each of the hospitals whose board has approved the Credentialling Policy and has provided the other hospitals whose Board have approved this Policy with a certificate signed by its Administrator indicating such approval;
- (aa) “patient” means, unless otherwise specified, any in-patient, out-patient or other patient of the Hospital;
- (bb) “Physician” means a member in good standing of the College of Physicians and Surgeons of Ontario;
- (cc) “Privileges” mean those rights or entitlements conferred upon a Physician, Dentist, Midwife or Extended Class Nurse at the time of appointment or re-appointment;
- (dd) “Professional Staff” means those Physicians, Dentists (including oral and maxillofacial surgeons),, Midwives and Extended Class Nurses who have been appointed by the Board and who are granted specific privileges to diagnose, prescribe for or treat the Hospital’s patients;

- (ee) “Professional Staff Rules and Regulations” means the provisions approved by the Board concerning the practice and professional conduct of the members of the Professional Staff;
- (ff) “*Public Hospitals Act*” means the *Public Hospitals Act* (Ontario) and, where the context requires, includes the regulations made under it;
- (gg) “Supervisor” means a physician, dentist, midwife or extended class nurse with Active Staff Privileges who is assigned the responsibility to oversee the work of another physician, dentist, midwife or extended class nurse; and
- (hh) “University” means an academic professional institution to which the applicant shall hold an affiliation.

1.02 Purpose of the Professional Staff By-Laws

Pursuant to the Board’s obligations under the *Public Hospitals Act* and the Hospital Management Regulation, the Board has set out in the Professional Staff By-Laws the following:

- (a) the structure of the Professional Staff organization;
- (b) the duties and responsibilities of the members of the Professional Staff;
- (c) the procedures with respect to the election of the Medical Staff officers;
- (d) a quality assurance system to monitor the professional care rendered to patients by the members of the Professional Staff;
- (e) a system to ensure the continuing improvement of the quality of professional care provided to the patients; and
- (f) provide a mechanism for accountability to the Board for patient care, patient and workplace safety, and conduct of each member of the Professional Staff.

1.03 Application of the Credentialling Policy

- (a) All applications for Privileges shall be subject to the Credentialling Policy.
- (b) In the event of a conflict between the By-Law and the Credentialling Policy, the By-Law shall be paramount, including without limitation, the suspension and revocation provisions set out in Articles 13 and 14 of this By-Law.

ARTICLE 2. PROFESSIONAL STAFF

2.01 Appointment to the Professional Staff

- (a) (i) The Board shall appoint annually a Professional Staff for the Hospital in accordance with the requirements and procedures set out in Article 13.
- (ii) For greater certainty, applications for privileges relating to a service that the Hospital has ceased or ceases to provide pursuant to section 44 of the Public Hospitals Act shall not be considered and shall not be subject to the procedure for processing applications for Professional Staff appointments set out in the Standardized Credentialling Policy.
- (b) The Board shall establish from time to time criteria for appointment to the Professional Staff after considering the advice of the Medical Advisory Committee. The criteria shall be set out in the Credentialling Policy.
- (c) In making an appointment or re-appointment to the Professional Staff and in altering the Privileges of a Professional Staff member, the Board shall consider the Hospital's resources and whether there is a need for the services in the community.

2.02 Reappointment to the Professional Staff

Each year, the Board shall require each member of the Professional Staff to make written application for reappointment to the Professional Staff in accordance with the requirements and procedures set out in the Credentialling Policy.

2.03 Application for Alteration in Privileges

Where a member of the Professional Staff wishes to change his or her Privileges, an application shall be submitted and processed in accordance with the requirements and procedures set out in the Credentialling Policy.

2.04 Suspension/Revocation of Privileges

Subject to the *Public Hospitals Act*, the Board, at any time, may suspend or revoke any appointment of a Professional Staff member at the Hospital in accordance with the requirements and procedures set out in Article 13.

2.05 Leave of Absence

- (a) Subject to paragraph (c) below, when a member of the Professional Staff temporarily ceases to practice in the community for a period of six (6) weeks or more, application for a leave of absence from the Professional Staff may be made.

Such application, stating the effective dates and reasons, shall be made to the Chief of Staff who in turn shall forward the application to the Medical Advisory Committee for consideration at its next regular meeting.

- (b) The Medical Advisory Committee shall make its recommendation to the Board in respect of the leave that pertains to the balance of the member's current appointment.
- (c)
 - (i) Any request for a leave of absence that extends beyond the current appointment must be requested in the Professional Staff member's reapplication.
 - (ii) If such leave of absence is granted, the Professional Staff member may make application for re-appointment to the Professional Staff upon his or her return in accordance with the By-Law and, in such event, the Board may waive the usual requirement that the applicant apply to the Associate Medical Staff, after considering the recommendations of the Medical Advisory Committee.
- (d) Notwithstanding other provisions contained in the By-Laws, in the event of medical or paternal leave, the leave of absence may be for a period of up to twelve (12) months.
- (e) Notwithstanding other provisions contained in the By-Law, in the event the leave of absence is for any reason other than medical or parental leave, the granting of the leave is conditional upon,
 - (i) the Professional Staff member coordinating locum to cover his/her clinical responsibilities; and
 - (ii) the Chief of Department confirming in writing to the Chief of Staff that the absence will not negatively impact the Department's ability to meet its on-call responsibilities.
- (f) Upon the Professional Staff member's return from a leave of absence, the Chief of Staff and Professional Staff member shall be required to jointly sign an agreed-upon transition plan which will be considered by the Credentials Committee to ensure the member's clinical competencies were not prejudiced during his/her absence.

ARTICLE 3. PROFESSIONAL STAFF DUTIES

3.01 Duties, General

- (a) Each member of the Professional Staff is accountable to and shall recognize the authority of the Board through and with the Chiefs of Service, Chiefs of Department, Chief of Staff, and Chief Executive Officer.
- (b) Every member of the Professional Staff shall co-operate with:
 - (i) the Board;
 - (ii) the Chief of Staff and the Medical Advisory Committee;
 - (iii) the Chief of Department or Chief of Service to which the Professional Staff member has been assigned;
 - (iv) the other members of the Professional Staff; and
 - (v) the Healthcare Practitioners within the Department or Service to which the Professional Staff member has been assigned.
- (c) Every member of the Professional Staff shall:
 - (i) attend and treat patients within the limits of the Privileges granted by the Board;
 - (ii) notify the Chief of Staff of any change in his or her license to practice with the College;
 - (iii) give such instruction as is required for the education of other members of the Professional Staff and Hospital staff;
 - (iv) abide by the *Public Hospitals Act*, the regulations made thereunder, all other applicable Legislation and the Hospital's By-Laws, Professional Staff Rules and Regulations and policies;
 - (v) provide written notice of resignation to the Chief of Staff at least three (3) months prior to the departure date;
 - (vi) ensure a high professional standard of care is provided to patients under their care that is consistent with sound health care resource utilization practices;
 - (vii) practise medicine of the highest professional and ethical practice standards within the limits of the Privileges provided;

- (viii) participate in quality, complaint and patient and workplace safety initiatives, as appropriate;
 - (ix) prepare and complete patient records in a timely fashion in accordance with the Policies as may be established, applicable Legislation and accepted industry standards;
 - (x) provide timely communication with all patients' referring physicians;
 - (xi) obtain consultations on patients, where appropriate;
 - (xii) as soon as practical, provide a recital and description to the Chief of Staff and/or Department Chief of any changes during the credentialing year to the information provided by the Professional Staff member to the Corporation in his/her most recent application for appointment or reappointment;
 - (xiii) notify the Board in writing through the Chief of Staff of any additional professional degrees or qualifications obtained by the Professional Staff member or of any change in the licence to practice medicine made by the College or change in professional liability insurance or increase the Physician's scope of practice or a requirement for additional privileges that will impact the Corporation's resources;
 - (xiv) serve as required on various Corporation and Medical Staff committees;
 - (xv) conduct himself/herself in a manner that is sensitive to the Corporation's reputation in the community, including refraining from making prejudicial or adverse public statements with respect to the Corporation or its operations which have not first been raised through any one (1) of the following officers - the Chief of Staff, Chief of Department, President of the Medical Staff Association and/or Chief Executive Officer – and the Physician's concerns have not been satisfactorily resolved;
 - (xvi) report any critical incidents with respect to a patient under their care in accordance with the regulations under the Public Hospitals Act; and
 - (xvii) 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.
- (d) Each member of the Active Medical Staff shall attend not less than fifty (50%) percent of the regular Medical Staff meetings and not less than fifty (50%) of the meetings of the Department or Service of which he or she is a member.

- (e) If any member of the Active Medical Staff, without written reasons acceptable to the Medical Advisory Committee, fails to attend the required number of meetings in the calendar year, the Medical Advisory Committee may recommend to the Board that such member:
 - (i) be removed from the Medical Staff of the Hospital;
 - (ii) be suspended from the Medical Staff of the Hospital for a specified period of time; or
 - (iii) work within certain restrictions upon his or her Privileges for a specified period of time.

3.02 Monitoring Aberrant Practices

Where any member of the Professional Staff or Hospital staff believes that a member of the Professional 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 concern shall be communicated immediately to the Chief of Staff, Chief of Department or Chief of Service, and the Chief Executive Officer.

3.03 Viewing Operations or Procedures

- (a) Any operation, procedure, or course of treatment or therapy performed in the Hospital may be viewed without the permission of the Professional Staff member performing said operation, procedure treatment or therapy by:
 - (i) the Chief of Staff or delegate;
 - (ii) the Chief of the appropriate Department or delegate; or
 - (iii) the Head of the appropriate Service.
- (b) Any operation, procedure, or course of treatment or therapy performed in the Hospital by an Associate Staff member may also be viewed without his or her permission by the Professional Staff member to whom the Associate Staff member has been assigned pursuant to subsection 4.03(c).

3.04 Most Responsible Physician and Transfer of Responsibility

- (a) The Most Responsible Physician shall be the admitting Physician and he or she shall be responsible for directing the patient's care, diagnosis and treatment until such responsibility is transferred to another Physician.
- (b) Pursuant to the Hospital Management Regulation, whenever the responsibility for the care, diagnosis and treatment of a patient is transferred to another member of the Professional Staff, other than for weekend coverage, a written notation by the

Professional Staff member who is transferring the care, diagnosis and treatment over to another shall be made and signed on the patient's medical record, the name of the Professional Staff member assuming the responsibility shall be noted in the patient's medical record and the Professional Staff member shall be notified immediately. The acceptance of responsibility shall also be noted and signed on the patient's medical record as soon as possible. In the case where the accepting Professional Staff member or his or her designate refuses to accept responsibility or cannot be notified for any reason, the responsibility for the patient's care, diagnosis and treatment shall remain with the transferring Professional Staff member.

- (c) Pursuant to the *Public Hospitals Act*, where the Chief of Staff or the Chief of the appropriate Department or Chief of Service or delegate has cause to take over the care, diagnosis and treatment of a patient, the Chief Executive Officer, the attending Professional Staff member and, if possible, the patient shall be notified immediately.

3.05 Chief of Staff

- (a)
 - (i) Subject to clause 3.05(ii) below, the Board shall appoint a member of the Active Medical Staff to be Chief of Staff for the Hospital after giving consideration to the recommendations of a Selection Committee, which shall seek the advice of the Medical Advisory Committee.
 - (ii) Where an incumbent Chief of Staff is being recommended for re-appointment by the Medical Advisory Committee, the Board may waive the Selection Committee process.
- (b) The membership of a Selection Committee shall include:
 - (i) a Director, who shall be chair;
 - (ii) two (2) members of the Medical Advisory Committee, one (1) of whom shall be the President of the Medical Staff;
 - (iii) the Chief Nursing Officer;
 - (iv) the Chief Executive Officer or his or her delegate; and
 - (v) such other members as the Board deems advisable.
- (c) If any of the selection committee members is in a conflict (either as a candidate for the position or due to a professional or personal relationship with a candidate), another member shall be appointed to replace the conflicted member. In the event that either a selection committee member or a candidate perceives that a selection committee member has a conflict of interest, the Board may appoint a

replacement for the allegedly conflicted member after considering whether a real or perceived conflict exists and whether it may lead to a perception of unfairness in the process.

- (d) The Selection Committee shall invite applications from qualified persons.
- (e)
 - (i) Subject to annual confirmation by the Board, an appointment made under paragraph (a) above shall be for a term of three (3) years. There is no restriction as to the number of terms that a Chief of Staff may serve but the recruitment and selection process is to be followed near the end of each three year term.
 - (ii) Notwithstanding paragraph (i) above, the Chief of Staff shall hold office until a successor is appointed.
- (f) The Board at any time may revoke or suspend the appointment of the Chief of Staff.
- (a) In the event of a revocation or suspension, the Board may appoint an acting Chief of Staff until such time as the selection process set out in paragraph 3.04(a) is complied with.

3.06 Duties of the Chief of Staff

The Chief of Staff shall:

- (a) be accountable to the Board;
- (b) be a member of the Board;
- (c) chair the Medical Advisory Committee;
- (d) advise the Medical Advisory Committee and Board with respect to the quality of professional care, diagnosis and treatment provided to the patients of the Hospital;
- (e) assign, or delegate the assignment of, a member of the Professional Staff to:
 - (i) supervise the practice of any other member of the Professional Staff, as appropriate, for any period of time; and
 - (ii) make a written report to the Chiefs of Staff, Chief of Department or Chief of Service;
- (f) assign, or delegate the assignment of, a member of the Professional Staff to discuss in detail with any other member of the Professional Staff, as appropriate, any matter which is of concern to the Chief of Staff and to report the discussion to the Chief of Staff, the appropriate Chief of Department or Chief of Service;

- (g) where necessary:
 - (i) assume or assign to any member of the Professional Staff responsibility for the direct care, diagnosis and treatment of any patient in the Hospital; and
 - (ii) notify the attending Professional Staff member, the Chief Executive Officer, and where possible, the patient or guardian or attorney for personal care of the re-assignment;
- (h) 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;
- (i) be an *ex officio* member of all Professional Staff Committees and all Departments;
- (j) in consultation with the Chief Executive Officer, designate one of the Chiefs of Department or Chiefs of Service or the President of the Medical Staff to act during an absence;
- (k) be responsible to the Board through and with the Chief Executive Officer for the appropriate utilization of resources by all Professional Staff members, Departments and Services and for the professional care provided by all members of the Professional Staff at the Hospital and their conduct;
- (l) report to the Medical Advisory Committee on activities of the Hospital, including the utilization of resources and quality assurance and patient and workplace safety;
- (m) participate in the development of Hospital's missions, objectives and strategic plan;
- (n) work with the Medical Advisory Committee to develop a Professional Staff human resources plan for the Hospital in accordance with the Hospital's strategic plan;
- (o) participate in the Hospital's resource allocation decisions;
- (p) ensure a process of regular review of the performance of the Chiefs of Department and Chiefs of Service;
- (q) ensure there is a process for participation in continuing medical, dental, midwifery and extended class nursing education;
- (r) receive and review recommendations from the Chiefs of Department and Chiefs of Service regarding changes in Privileges;

- (s) receive and review the performance evaluations and the recommendations from the Chiefs of Department and Chiefs of Service concerning reappointments and forward them to the Credentials Committee;
- (t) investigate and act, as appropriate, on matters of patient care, patient and workplace safety responsibilities or conflicts with the Corporation's employees and Professional Staff. This duty includes implementing procedures to monitor and ensure Professional Staff compliance with the By-Law, Rules and Regulations and procedures;
- (u) advise the Professional Staff on current Hospital policies, objectives and Professional Staff Rules and Regulations;
- (v) supervise the professional care provided by all members of the Professional Staff and, where appropriate, delegate responsibility to the Chiefs of Department and Chiefs of Service; and
- (w) perform such other duties as may be directed from time to time by the Board.

ARTICLE 4. PROFESSIONAL STAFF CATEGORIES

4.01 Categories

- (a) The Professional Staff shall consist of the following groups:
 - (b) Active Staff;
 - (c) Associate Staff;
 - (d) Courtesy Staff;
 - (e) Locum Tenens Staff;
 - (f) Temporary Staff;
 - (g) Honourary Staff;
 - (h) Regional Staff; and
 - (i) Telemedicine and Educational.

All new Professional Staff must be appointed to the Associate Staff category prior to being granted privileges in the Active Staff category, unless this condition is waived by the Board.

- (j) All members of the Medical Staff will be subject to an annual enhanced peer review system following the member's attainment of the age of seventy (70). The

enhanced peer review system shall be jointly developed by the Chief of Department and the Chief of Staff and must be approved by the Medical Advisory Committee, with the express objective of ensuring ongoing competency of Medical Staff members who are seventy (70) years or older. A Department may, with the Medical Advisory Committee's approval, choose to require all members of the Department to be subject to an enhanced peer review system prior to attainment of the age of seventy (70). The agreed upon system for each Department shall be set out in that Department's Clinical Policies and shall include, at a minimum:

- (i) a review of the applicant's performance and health during the past year; and
- (ii) a discussion of the applicant's plans for any changes in type of level of service provided and the reasons therefore, and any succession planning required as a result of such plans.

4.02 Active Staff

- (a) The Active Staff shall consist of those Physicians, Dentists, Midwives and Extended Class Nurses who have been appointed to the Active Staff by the Board.
- (b) Every Physician, Dentist, Midwife and Extended Class Nurse applying for appointment to the Active Staff shall be assigned to the Associate Staff for a probationary period unless specifically exempted by the Board.
- (c)
 - (i) All Physicians with active Privileges are responsible for ensuring that appropriate care, diagnosis and treatment is provided to their patients in the Hospital.
 - (ii) All Dentists, Midwives and Extended Class Nurses with active Privileges are responsible for ensuring that appropriate dental, midwifery or extended class nursing care, as the case may be, is provided to their patients in the Hospital.
- (d)
 - (i) Each Physician and Midwife with active Privileges shall have admitting Privileges unless otherwise specified in his or her appointment to the Professional Staff.
 - (ii) Dentists with active Privileges shall have admitting Privileges provided the order is jointly signed by a member of the Medical Staff who has admitting Privileges.
- (e) The Physicians on the Active Staff shall be eligible to vote at Medical Staff meetings and department staff meetings, to hold office, and to sit on any committee of the Board, Medical Staff or Medical Advisory Committee.

- (f) Each member of the Active Staff shall:
- (i) undertake such duties in respect of those patients classed as emergency cases and outpatients of department clinics as may be specified by the Chief of Staff or by the Chief of Department or Chief of Service to which the Professional Staff member has been assigned;
 - (ii) attend patients and undertake treatment and procedures only in accordance with the kind and degree of Privileges granted by the Board;
 - (iii) act as a supervisor of a member of the Professional Staff, when requested by the Chief of Staff or Chief of Department or Chief of Service. As supervisor, the Active Staff members shall:
 - (1) observe the member's performance of procedures and practice in the Hospital;
 - (2) review the member's charts and work in order to evaluate the competence of the Associate;
 - (3) guide and advise the member on medical staff organization and procedures; and
 - (4) encourage the appropriate use of Hospital resources;
 - (iv) participate in on-call duty roster, unless otherwise exempt by the Chief of Department and/or Chief of Staff in accordance with the on-call policy developed by the Chief of Department or Chief of Service which has been approved by the Chief of Staff and the Medical Advisory Committee;
 - (v) make himself or herself available for committee membership as set out in the Professional Staff Rules and Regulations;
 - (vi) be a member in the Department or Service most appropriate to his or her field of professional practice; and
 - (vii) may apply and be granted membership in other clinical departments relevant to his or her professional practice.

4.03 Associate Staff

- (a) The Associate Staff group shall consist of Physicians, Dentists, Midwives and Extended Class Nurses appointed to the Professional Staff for a probationary period of twelve (12) months.
- (b) Each Physician, Dentist and Midwife with associate Privileges shall have admitting Privileges unless otherwise specified in his or her appointment.

- (c)
 - (i) Each Associate Staff member shall work under the counsel and supervision of Supervisor named by the Chief of Staff or Chief of Department or Chief of Service to which the Associate Staff member has been assigned.
 - (ii) The Chief of Staff, Chief of Department or Chief of Service, upon the request of an Associate Staff member or a Supervisor, may assign the Associate Staff member to a different Supervisor.
- (d) From time to time, and at least every six (6) months while an Associate Staff member, the Chief of the Department or Chief of Service to which the Associate Staff member has been assigned or the Supervisor shall make a report to the Chief of Staff and the Medical Advisory Committee in writing, including:
 - (i) information concerning the knowledge and skill which has been shown by the Associate Staff member;
 - (ii) the nature and quality of the Professional Staff member's work in the Hospital, including:
 - (1) the number of patients treated and procedures done by the Associate; and
 - (2) indications for and appropriateness of diagnosis and management;
 - (iii) comments on the associate's quality of care and record keeping;
 - (iv) comments on the Professional Staff member's utilization of the Hospital's resources;
 - (v) the Associate Staff's ability to co-operate with:
 - (1) the Board;
 - (2) the Chief of Staff and the Medical Advisory Committee;
 - (3) the Chief of Department or Service to which the Medical Staff member has been assigned; and
 - (4) the other members of the Professional Staff, the nursing staff, other health care practitioners and learners within the Hospital and other employees of the Hospital; and
 - (vi) any other matter relevant to his or her appointment.

- (e) The Medical Advisory Committee, after considering the report of the Credentials Committee, will recommend to the Board either:
 - (i) a change in category;
 - (ii) continuation in the Associate Staff category for a further period of time not to exceed an aggregate eighteen (18) months of appointment to the Associate Staff category of practice;
 - (iii) denial of reappointment; and
 - (iv) a termination of the member's privileges.
- (f) Each member of the Associate Staff shall:
 - (i) attend patients, and undertake treatment and procedures under supervision in accordance with the kind and degree of Privileges granted by the Board on the recommendation of the Medical Advisory Committee;
 - (ii) undertake such duties in respect of those patients classed as emergency cases and/or outpatients in department clinics as may be specified by the Chief of Staff or Chief of Department or Chief of Service to which the Professional Staff member has been assigned; and
 - (iii) participate in on-call duty roster, unless otherwise exempt by the Chief of Department and/or Chief of Staff and/or Chief of Service in accordance with the on-call policy developed by the Chief of Department or Chief of Service which has been approved by the Chief of Staff and the Medical Advisory Committee.
- (g) A member of the Associate Staff shall not vote at Medical Staff meetings, nor be elected a Medical Staff officer, but may be appointed as a voting member of the Professional Staff committees.
- (h) The Associate Staff appointment is a discrete appointment which does not create entitlements which carry forward in the subsequent annual applications for reappointment to the Medical Staff.

4.04 Courtesy Staff

- (a) Subject to paragraph (b) below, the Board may grant a Physician, Dentist, Midwife or Extended Class Nurse an appointment to the Courtesy Staff with appropriate Privileges as it deems advisable, in one or more of the following circumstances:
 - (i) the applicant has an active Professional Staff commitment at another hospital;

- (ii) the applicant lives at such a remote distance from the Hospital that it limits full participation in Active Staff duties, but the applicant wishes to maintain an affiliation with the Hospital;
 - (iii) the applicant has a primary commitment to, or contractual relationship with, another community or organization;
 - (iv) the applicant requests access to limited resources or out-patient programs or facilities of the Hospital; or
 - (v) where the Board deems it otherwise advisable.
- (b) The Board shall ensure that the appointment of members to the Courtesy Staff does not result in inequitable access to the Hospital's resources or prejudice the Hospital's ability to recruit Active Staff members.
 - (c) The circumstances leading to an appointment under this section shall be specified by the applicant on each application for reappointment.
 - (d) Each member on the Courtesy Staff may attend Medical Staff, Department and Service meetings but, unless the Board so requires, shall not be subject to the attendance requirements and penalties as provided by in the By-Laws and the Professional Staff Rules and Regulations.
 - (e) Members of the Courtesy Staff shall not have the right to vote at Medical Staff, Department or Service meetings, nor be elected a Medical Staff office but may be appointed as a voting member of the Professional Staff.
 - (f) The Courtesy Staff appointment is a discrete appointment which does not create entitlements which carry forward in the subsequent annual applications for reappointment to the Medical Staff.

4.05 Locum Tenens Staff

- (a) The Medical Advisory Committee, upon the request of an Active Medical Staff member, may recommend to the Board the appointment of a Locum Tenens as a planned replacement for that member for a specified period of time to be confirmed in a written agreement.
- (b) A Locum Tenens, subject to Board approval, shall:
 - (i) have admitting Privileges, unless otherwise specified;
 - (ii) work under the counsel and supervision of the members of the Active Medical Staff within the Department or Service to which the member has been assigned;

- (iii) attend patients assigned to his or her care by the Active Medical Staff member for whom he or she is acting as a Locum Tenens, and shall treat them within the Privileges granted by the Board on the recommendation of the Medical Advisory Committee; and
- (iv) undertake such duties in respect of those patients in the emergency department or outpatient clinics as may be specified by the Chief of Staff, Chief of Department or Chief of Service to which the member has been assigned.
- (c) Members of the Locum Tenens Staff shall not have the right to vote at Medical Staff or departmental meetings, nor to hold office, but may be eligible for appointment to any committee of the Medical Staff.
- (d) A Physician, Dentist, Midwife or Extended Class Nurse, resident in the community, may be appointed to the Active Staff after two (2) consecutive and continuous six (6) month periods on the Locum Tenens Staff.
- (e) The Locum Tenens Staff appointment is a discrete appointment which does not create entitlements which carry forward in the subsequent annual applications for reappointment to the Medical Staff.

4.06 Temporary Staff

- (a) A temporary appointment of a Physician, Dentist, Midwife or Extended Class Nurse to the Professional Staff may be made only for one of the following reasons:
 - (i) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
 - (ii) to meet an urgent unexpected need for a professional service.
- (b) Notwithstanding any other provision in these By-Laws, the Chief Executive Officer, after consultation with the Chief of Staff may:
 - (i) grant a temporary appointment to a Physician, Dentist, Midwife or Extended Class Nurse who is not a member of the Professional Staff provided that such appointment shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported; and
 - (ii) continue the appointment on the recommendation of the Medical Advisory Committee until the next meeting of the Board.

- (c) A Temporary Staff member shall not have Privileges to admit patients unless granted by the Chief Executive Officer in consultation with the Chief of Staff.
- (d) The Temporary Medical Staff appointment is a discrete appointment which does not create entitlements which carry forward in the subsequent annual applications for reappointment to the Medical Staff.

4.07 Honourary Staff

- (a) A member of the Professional Staff may be honoured by the Board with a position on the Honourary Staff because he or she:
 - (i) is a former member of the Professional Staff who has retired from active practice; or
 - (ii) has an outstanding reputation or made an extraordinary contribution, although not necessarily a resident in the community.
- (b) Each member of the Honourary Staff shall be appointed by the Board on the recommendation of the Medical Advisory Committee.
- (c) Membership on the Honourary Staff shall not preclude membership on the Active or Courtesy Staff.
- (d) Except where also appointed to another Professional Staff category, members of the Honourary Staff shall not:
 - (i) have regularly assigned duties or responsibilities;
 - (ii) be eligible to vote at Medical Staff meetings nor to hold office;
 - (iii) be bound by the attendance requirements for Medical Staff meetings; or
 - (iv) admit, treat, perform diagnostic procedures or discharge patients.
- (e) The Honourary Staff appointment is a discrete appointment which does not create entitlements which carry forward in the subsequent annual applications for reappointment to the Medical Staff.

4.08 Regional Staff

- (a) The Regional Staff category shall consist of those members of the Professional Staff who are granted privileges by the Board to order or requisition outpatient diagnostics only. It is intended that a Regional Staff appointment shall facilitate the ordering of diagnostic tests for patient's care closer to their home or to allow for testing at another site where not otherwise available.

- (b) Regional Staff:
 - (i) shall be eligible for annual reappointment provided they are credentialed at a primary organization; and
 - (ii) may review and receive the out-patient records specific to the diagnostics ordered for their patients.
- (c) Regional Staff shall not:
 - (i) have admitting privileges or provide direct patient care;
 - (ii) input information into the patient record and progress notes nor make or record any orders;
 - (iii) be eligible to hold an elected or appointed office or serve on committees of the Medical Advisory Committee; and
 - (iv) be eligible to vote or be bound by attendance requirements of Department, Service or Professional Staff Organization meetings.
- (d) The Regional Staff appointment is a discrete appointment which does not create entitlements which carry forward in the subsequent annual applications for reappointment to the Medical Staff.

4.09 Telemedicine and Educational Medical Staff [Optional: Think Sick Kids Radiology.]

- (a) The category of Telemedicine and Educational Medical Staff has been created to streamline the credentialing process so that:
 - (i) the Hospital's patients may benefit from the specialised consulting expertise and services of Physicians whose primary practices are at other hospitals, but which will be provided to the Hospital via telemedicine on an occasional and as-needed basis and would not otherwise be available to patients in the Hospital; or
 - (ii) the Hospital wishes to grant privileges to a physician who shall teach new leading clinical/operative procedures or refinements and such physician would not otherwise be available to the medical Staff.
- (b) For the purposes of this section 4.09, "telemedicine" shall mean the use of telecommunications technologies to create audio/visual linkages between a physician located outside of the Hospital to a patient of the Hospital, in actual or stored time.
- (c) The Telemedicine and Educational Medical Staff shall consist of physicians who:

- (i) hold Active Staff privileges at another public hospital in Ontario;
 - (1) provide telemedicine consultations to the Hospital's patients, which consultation leads to a physician/patient relationship, at the request of a Physician who holds Active Staff privileges at the Hospital; or
 - (2) teach and/or learn and perform new leading clinical/operative technologies or procedures or refinements of existing practices, through personally performing, as a teacher or learner, such techniques or procedures on the Hospital's patients;
 - (ii) have been granted limited privileges, as set out in this section, to conduct such consultations.
- (d) Appointment Process:
- (i) Notwithstanding any of the other provisions contained in this By-Law, Telemedicine and Educational privileges may be granted to a physician where:
 - (1) the Hospital does not have the volume of practice to require the specialized services on a full-time basis;
 - (2) access to the physician's skills would contribute to the health and welfare of members of the community;
 - (3) the Chief of Department or Chief of Staff request(s) that a physician be granted privileges to teach a new leading clinical/operative technique or procedure; or
 - (4) it is highly unlikely or impractical to expect the physician to formally apply for privileges at the Hospital.

In the ordinary course, the appointment process shall follow the process set out in the Credentialling Policy.

- (ii) Notwithstanding any of the other provisions contained in this By-Law, a physician may be granted Telemedicine and Educational Medical Staff privileges by the Chief Executive Officer upon the recommendation of either the applicable Chief of Department or the Chief of Staff, provided that:
 - (1) a letter is obtained from the chief of staff or chief of department at the hospital where the physician holds active medical staff privileges stating that the physician is in good standing at the

hospital and outlining the extent of the privileges and any restrictions thereon;

- (2) evidence is obtained that the applicant is in good standing with the College and has appropriate professional liability coverage or membership in the Canadian Medical Protective Association;
 - (3) the Chief of Staff or Chief of Department of the Corporation will undertake a search of the College of Physicians and Surgeons of Ontario's website to check as to whether the Physician has a licence to practice medicine in the province of Ontario and whether there are pending, ongoing or completed proceedings or investigations before the College's Discipline, Fitness to Practice or Quality Assurance Committee(s) or any other regulatory/governing body in any jurisdiction and its equivalent committees, including any matters that are being appealed; and
 - (4) in respect of educational privileges, the letter referred to in paragraph (A) above must also contain a statement from the chief of staff or chief of department confirming that the physician has the required skills and expertise to teach the clinical/operative procedure.
- (iii) If there is no outstanding referral or adverse finding against the Physician, the Chief Executive Officer may grant privileges to the Physician.
 - (iv) If there is an outstanding referral or adverse finding against the Physician, then this streamlined process will not be available and the Physician will have to comply with the standard application process.
- (e) Rights:
- Telemedicine and Educational Medical Staff members:
- (i) will not have regularly assigned duties or responsibilities;
 - (ii) will not be eligible to vote at staff or departmental meetings or to hold Medical Staff office;
 - (iii) will not be bound by attendance requirements for Medical Staff meetings;
 - (iv) may not be appointed to a committee of the Medical Staff; and
 - (v) may not admit or discharge patients, but may treat patients admitted by the Active or Associate Medical Staff by telemedicine consultation only.

(f) Responsibilities:

Telemedicine and Educational Medical Staff members shall:

- (i) (A) provide telemedicine consultations when requested from the Active Medical Staff; and
- (B) teach new leading clinical/operative technologies or procedures or refinements of existing practices, through personally performing such techniques or procedures on the Hospital's patients;
- (ii) 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;
- (iii) undertake appropriate follow-up on a timely basis, including, without limitation, providing timely communication with all patients' referring Physicians and obtaining consultations on patients, where appropriate; and
- (iv) comply with applicable College policies, including the College's Policy on telemedicine.

(g) Due Process Rights:

Applicants who are granted privileges by the Chief Executive Officer pursuant to clause 4.09(d)(ii) shall not be entitled to the due process procedures and protections set out in the Credentialling Policy and Articles 13 and 14 of this By-Law. Any applicant wishing to avail himself of the due process procedures and protection contemplated under the Public Hospitals Act shall be entitled to them, provided he/she is granted privileges pursuant to the process set out in the Credentialling Policy.

(h) Resources:

The Telemedicine and Educational Medical Staff appointment is a discrete appointment which does not create any rights that carry forward in the subsequent annual application for reappointment to the Medical Staff.

ARTICLE 5. PROFESSIONAL STAFF SERVICES

5.01 Medical Services

- (a) The Board, on the advice of the Medical Advisory Committee, may divide the Professional Staff into Services.

- (b) Any clinical Service shall function in accordance with the Hospital's By-Laws and Professional Staff Rules and Regulations.
- (c)
 - (i) Wherever a separate Service is established, Professional Staff members and patients related to such a Service shall come under the jurisdiction of that Service.
 - (ii) All other Professional Staff members come under the jurisdiction of the Chief of Staff.
- (d) The Board, after considering the advice of the Medical Advisory Committee, and at any time, may establish or disband Services of the Professional Staff.

5.02 Appointment of Chief of Service and Service Advisor

- (a)
 - (i) Subject to paragraph (a)(ii) below, the Board shall appoint a Physician who is on the Active Staff as Chief of each Service, after giving consideration to the recommendations of a Selection Committee, which shall seek the advice of the Medical Advisory Committee; and
 - (ii) Where an incumbent Chief of Department is being recommended for re-appointment by the Medical Advisory Committee, the Board may waive the Selection Committee process.
- (b) The membership of a Selection Committee shall include:
 - (i) a Director, who shall be chair;
 - (ii) two (2) members of the Medical Advisory Committee, one (1) of whom shall be the President of the Medical Staff;
 - (iii) the Chief Nursing Officer;
 - (iv) the Chief Executive Officer or his or her delegate; and
 - (v) such other members as the Board deems advisable.
- (c) Subject to annual confirmation by the Board, the appointment of a Chief shall be for a term of three (3) years, but the Chief shall hold office until a successor is appointed.
- (d) A Chief shall be accountable to the Board through the Chief of Staff, and the Board may at any time revoke or suspend the appointment of a Chief.
- (e) In the event of a revocation or suspension, the Board on the recommendation of the Chief of Staff, can appoint an acting Chief until such time as the process set out in section 5.02(a) above is complied with.

5.03 Duties of Chief of Service and Service Advisor

- (a) The Chief of Service shall jointly with the Chief of Staff:
 - (i) identify and resolve issues and risks specific to the Professional Staff within the Service;
 - (ii) monitor and address Professional Staff concerns, complaints and criticisms relating to quality of care provided by the Service;
 - (iii) be responsible for developing Professional Staff on-call policies and schedules;
 - (iv) encourage continuing education related to the Service;
 - (v) participate in the orientation of new members of the Professional Staff appointed to the Service;
 - (vi) advise the Chief of Staff and Chief Executive Officer of any Professional Staff member who is not providing the most appropriate care, diagnosis and treatment in the Service;
 - (vii) advise the Chief Executive Officer, Medical Advisory Committee Chair, and Chief of Staff wherever a Professional Staff member is alleged to have engaged in, made or exhibited acts, statements, demeanour, behaviours or professional conduct, either within or outside of the health care facilities, and the same:
 - (1) exposes, or is reasonably likely to expose patients, employees or other persons in the Corporation to harm or injury; or
 - (2) is, or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Corporation; or
 - (3) is, or is reasonably likely to be, detrimental to the Corporation's operations; or
 - (4) is, or is reasonably likely to constitute Disruptive Behaviour; or
 - (5) results in the imposition of sanctions by the College; or
 - (6) is contrary to the By-Law, Rules and Regulations, the *Public Hospitals Act*, or any other relevant law of Canada or Ontario;
 - (viii) be responsible for the oversight of Service members in regard to matters of patient care, Disruptive Behaviours, appropriate utilization of resources,

co-operation with Hospital employees, documentation of care and the co-investigation of complaints about the performance of a Professional Staff member within the Program;

- (ix) at least annually, review or cause to be reviewed the Privileges granted to the Professional Staff members of the Service for the purpose of making recommendations for changes in the kind and degree of such Privileges;
- (x) designate an alternate from within the Service to act on behalf of the Chief when he/she is absent and notify the Chief of Staff and the Chief Executive Officer of his or her absences;
- (xi) hold regular meetings of the Professional Staff within the Service, at least quarterly, in accordance with the Professional Staff Rules and Regulations and be responsible for maintaining written records of such meetings;
- (xii) review and make written recommendations regarding the performance evaluations of the Professional Staff members of the Service annually and, concerning reappointments, and forward them to the Chief of Staff who shall then forward them to the Credentials Committee. The performance evaluations shall be based on objective criteria and shall be set out in standardized forms which shall be jointly developed by the appropriate Chief of Service and Chief of Staff and shall be approved by the Medical Advisory Committee;
- (xiii) exercise such authority as is deemed necessary to supervise the professional care provided by all members of the Professional Staff in the Service;
- (xiv) supervise and be accountable for the overall quality of care, diagnosis and treatment provided in the Service;
- (xv) ensure the planning and reporting process for the Services are in concert with the Hospital's strategic planning process and is congruent with the Hospital's mission and policies;
- (xvi) plan, develop, monitor and evaluate the Service budget to ensure the efficient and effective allocation and utilization of fiscal resources in accordance with the Hospital's mission, ministry initiatives and priorities and community/catchment area needs;
- (xvii) establish priorities and formulate long and short-term objectives for the Service;
- (xviii) assist the Chief of Staff in developing and implementing an effective quality improvement process in keeping with accepted practices of the

Hospital. The quality improvement process includes quality assurance, risk management, utilization review and program evaluation components;

- (xix) be jointly responsible for determining the appropriate staff mix and for the selection of Professional Staff and departmental staff. The Chief of Service has primary responsibility for supervising, disciplining and appraising performance, orientation, training and development, and establishing staffing patterns and relief policies, in conjunction with the Chief of Staff. The Chief of Service has advisory responsibility in the human resource cycle for department staff and assists and advises the Chief of Staff who is responsible for monitoring and maintaining professional standards and competencies;
 - (xx) participate on committees both internal and external to the Hospital;
 - (xxi) if applicable, delegate appropriate responsibility to the Heads of Service in the Department;
 - (xxii) exercise such authority as is deemed necessary to carry out the duties as set forth in this section; and
- (b) The Chief of Staff shall assume the responsibilities of a Chief of Service where the position is vacant.

ARTICLE 6. PROFESSIONAL STAFF COMMITTEES

6.01 Committees

- (a) Pursuant to paragraph 7.01(a) of the Administrative By-Laws, the Board has established a Medical Advisory Committee as a standing committee of the Board.
- (b) The terms of reference for the Medical Advisory Committee are set out in section 7.05 of the Administrative By-Laws and section 6.07 of the Professional Staff By-Laws.
- (c) The following Professional Staff Committees are hereby established by the Board as subcommittees of the Medical Advisory Committee:
 - (i) Credentials Committee;
 - (ii) Medical Records Committee;
 - (iii) Medical Quality Assurance Committee;
 - (iv) Environmental (Infection) Control Committee;

- (v) Utilization Committee;
- (vi) Pharmacy & Therapeutics Committee; and
- (vii) Ethics Committee.

6.02 Appointment to Professional Staff Committees

Pursuant to the *Public Hospitals Act* and the regulations made thereunder, the Medical Advisory Committee shall appoint the Physician members of all Professional Staff Committees provided for in these By-Laws. Other members of the Professional Staff Committees shall be appointed by the Board or in accordance with these By-Laws.

6.03 Chair of the Professional Staff Committees

The Chief of Staff, after consultation with the Medical Advisory Committee shall appoint the Chair of each Professional Staff Committee.

6.04 Duties of the Chair of Professional Staff Committees

The Chair of each Professional Staff Committee:

- (a) shall call meetings of the Committee;
- (b) shall chair each meeting of the Committee;
- (c) shall, at the request of the Medical Advisory Committee, be present at a meeting of the Medical Advisory Committee to discuss all or part of any report of the Committee; and
- (d) may request meetings with the Medical Advisory Committee.

6.05 Duties of Professional Staff Committees

In addition to the specific duties of each Professional Staff Committee as set out in these By-Laws, all Professional Staff Committees shall:

- (a) meet as directed by the Medical Advisory Committee and as otherwise established in these By-Laws.
- (b) present a written report including any recommendations of each meeting to the next meeting of the Medical Advisory Committee.

6.06 Quorum

A majority of the Professional Staff Committee members entitled to vote shall constitute a quorum at any meeting of a Professional Staff Committee.

6.07 Medical Advisory Committee

- (a) The Medical Advisory Committee shall consist of the following members:
 - (i) Chief of Staff;
 - (ii) Chiefs of Departments and Services;
 - (iii) President of the Professional Staff;
 - (iv) Vice-President of the Professional Staff;
 - (v) Secretary/Treasurer of the Professional Staff;
 - (vi) two other members of the Active Staff, such members to be selected by the Medical Advisory Committee after having given consideration to the existing representation of family Physician and specialists on the Medical Advisory Committee; and
 - (vii) such other members of the Medical Staff as may be appointed by the Board from time to time after having consulted with the Medical Advisory Committee.
- (b) In addition, the following shall be entitled to attend and participate in meetings of the Medical Advisory Committee without the power to vote:
 - (i) Chief Executive Officer;
 - (ii) senior nursing person; and
 - (iii) if applicable, a Dentist, Extended Class Nurse and Midwife designated by the Chief Executive Officer.

The ex-officio members shall not be entitled to attend or participate in hearings of the Medical Advisory Committee as ex-officio members where the purpose of the hearing relates to the Appointment, Re-Appointment or Suspension of a Professional Staff Member or the restriction of a Professional Staff member's privileges.

- (c) A quorum at any meeting shall be a majority of the voting members.
- (d) The Medical Advisory Committee shall meet at the call of the chair and have at least ten (10) monthly meetings each year and keep minutes of these meetings.
- (e) Only members of the Medical Advisory Committee who are members of the Medical Staff shall be entitled to attend, participate or vote in a portion of a

meeting of the Medical Advisory Committee that relates to a Medical Staff member's privileges, including appointments and reappointments.

- (f) Medical Advisory Committee members who are the subject of an investigation, meeting or hearing pursuant to the Credentialing Policy or any appeal of a decision of the Board pursuant to the Credentialing Policy shall not be entitled to attend or participate in meetings of the Medical Advisory Committee or any of his/her committees, until such time as the matter which gave rise to the above-noted proceedings is fully resolved.
- (g) The Medical Advisory Committee shall:
 - (i) make recommendations to the Board concerning the following Professional Staff matters:
 - (1) every application for appointment or reappointment to the Professional Staff;
 - (2) the privileges to be granted to each member of the Professional Staff;
 - (3) By-Laws respecting any Professional Staff;
 - (4) the dismissal, suspension or restrictions of privileges of any member of the Professional Staff;
 - (5) the quality of care provided in the Hospital by the Professional Staff and employed extended class nurses; and
 - (6) the clinical and general rules regarding the Professional Staff;
 - (ii) inform the Medical Staff at each regularly scheduled meeting of the Medical Staff of any business transacted by the Medical Advisory Committee;
 - (iii) through the Chief of Staff, report to the Board on:
 - (1) professional quality assurance;
 - (2) education; and
 - (3) Professional Staff human resource plan;
 - (iv) report and make recommendations to the Board on matters concerning the practice of medicine, dentistry midwifery, extended class nursing in the Corporation in relation to professionally recognized standards of care;

- (v) report and make recommendations to the Board concerning such matters as are from time to time prescribed by the *Public Hospitals Act* and by the regulations thereunder;
- (vi) provide supervision over the practice and conduct of the Professional Staff;
- (vii) participate in the development of the Corporation's overall objectives and planning, and make recommendations concerning allocation and utilization of Corporation resources;
- (viii)
 - (1) appoint such committees as are required for the supervision, review and analysis of all the clinical work in the Corporation;
 - (2) name the chair of each of the committees it appoints and ensure that each meets and functions as required and keeps minutes of its meetings;
 - (3) receive, consider and act upon the report from each of its appointed committees, and Chiefs of Department and Service;
 - (4) advise and co-operate with the Board and the Chief Executive Officer of the Corporation in all matters pertaining to the professional, clinical and technical services;
 - (5) develop, maintain and recommend to the Board a Professional Staff clinical resource plan; and
 - (6) advise the Board on any matters referred to it by the Board; and
- (ix) where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under clause 20.03(a)(iv), the Medical Advisory Committee shall make recommendations about those issues to the Hospital's Quality Committee.

6.08 Credentials Committee

- (a) The Credentials Committee shall be established as a subcommittee of the Medical Advisory Committee.
- (b) The Credentials Committee shall be comprised of the Chief of Staff, President, Vice-President and Secretary of the Professional Staff Association.
- (c) In the event of a dispute as to the proper composition of the Credentials Committee, the dispute shall be determined by the Medical Advisory Committee.

- (d) The terms of reference and duties of the Credentials Committee shall be set out in the Credentialling Policy.

6.09 Medical Records Committee

- (a) The Medical Records Committee shall be comprised of:
 - (i) the Vice-President of the Medical Staff; and
 - (ii) at least three (3) other members of the Active Medical Staff, approved by the Medical Advisory Committee and the health records administrator.
- (b) The Medical Records Committee shall:
 - (i) recommend procedures to the Medical Advisory Committee to ensure that the *Public Hospitals Act* and the regulations made thereunder, the Hospital's By-Laws and the Professional Staff Rules and Regulations are observed including:
 - (A) a review of the medical records for completeness and quality of recording;
 - (B) a report in writing to each regular meeting of the Medical Advisory Committee with respect to:
 - (1) the review process of the medical records and results thereof; and
 - (2) delinquent members;
 - (C) a review and revision of the forms as they pertain to Professional Staff record keeping;
 - (D) the development of rules to govern the completion of medical records;
 - (ii) perform any other duties pertaining to medical record keeping as may be requested by the Medical Advisory Committee; and
 - (iii) meet at least quarterly or more frequently as required by the Committee Chair.

6.10 Medical Quality Assurance Committee

- (a) The Medical Quality Assurance Committee shall be comprised of:
 - (i) the Chief of Staff;

- (ii) a pathologist, appointed by the Medical Advisory Committee;
 - (iii) the health records administrator;
 - (iv) at least two (2) other members of the Active Medical Staff, all of whom shall be appointed by the Medical Advisory Committee; and
 - (v) such other persons as the committee may deem appropriate from time to time.
- (b) The Committee shall:
- (i) develop a Medical Quality Assurance Program which includes mechanisms to:
 - (1) identify potential problem areas; and
 - (2) develop action plans and provide follow-up;
 - (ii) report to the Medical Advisory Committee and to the Quality Assurance Committee of the Board;
 - (iii) recommend procedures to the Medical Advisory Committee to assure that an ongoing peer review process is established for assessment of the quality of patient care as follows:
 - (1) study, record, analyze and consider the agreement or disagreement between the pre-operative diagnosis shown on the Hospital records, and the pathology reports on tissues removed from patients in the Hospital or post mortem reports;
 - (2) report in writing to each regular meeting of the Medical Advisory Committee and to the appropriate heads of services;
 - (3) assure a review of all hospital deaths to assess the quality of care that has been provided;
 - (4) identify the continuing educational needs of the medical, dental and midwifery staff and assure that actions are taken on the recommendations of the Committee; and
 - (5) assure that other department medical, dental and midwifery audits are undertaken as necessary;
 - (iv) perform such further duties as the Medical Advisory Committee may direct concerning the quality and quantity of professional work being performed in any department of the Medical Staff of the Hospital; and

- (v) meet at least quarterly or more frequently as required by the Committee Chair.

6.11 Utilization Committee

- (a) The Utilization Committee shall be comprised of:
 - (i) the Chief of Staff;
 - (ii) a pathologist approved by the Medical Advisory Committee;
 - (iii) the chief nursing officer;
 - (iv) the Chief Executive Officer or designate;
 - (v) two (2) members of the Active Staff; and
 - (vi) Discharging Planning Nurse.
- (b) The Utilization Committee shall:
 - (i) review utilization patterns in the Hospital and identify where improvements in utilization patterns could be achieved;
 - (ii) monitor overall trends in admissions, length of stay and day program volumes and provide appropriate information to Heads of Service;
 - (iii) report findings and make recommendations to the Medical Advisory Committee and hospital management on a regular basis and at least quarterly;
 - (iv) monitor response to those committee recommendations which are approved by the Medical Advisory Committee and hospital management and report back on progress achieved;
 - (v) perform such other duties as may be requested from time to time by the Medical Advisory Committee; and
 - (vi) meet at least quarterly or more frequently as required by the Committee Chair.

6.12 Pharmacy and Therapeutics Committee

- (a) The Pharmacy and Therapeutics Committee shall be comprised of:

- (i) at least three (3) members of the Active Medical Staff appointed by the Medical Advisory Committee, one (1) of whom shall be a member of the Medical Advisory Committee, who shall be the voting members;
 - (ii) the Director(s) of Pharmacy and the Chief Nursing Officer(s) or delegate; and
 - (iii) such other individuals as, from time to time, are deemed necessary by the Medical Advisory Committee.
- (b) The Pharmacy and Therapeutics Committee shall:
- (i) serve in an advisory capacity to the Professional Staff by assessing regularly the appropriateness and adequacy of medication-related policies and make policy recommendations to the Medical Advisory Committee regarding drug utilization to ensure safe, effective and economical use of drugs;
 - (ii) evaluate drug utilization, new drugs and current therapeutics and develop a formulary that is suited to the Hospital's needs, and periodically assess the effectiveness of and adherence to the formulary;
 - (iii) develop a procedure for the use of non-formulary drugs and a mechanism for their evaluation;
 - (iv) periodically analyze a summary of medication errors and their causative factors and make appropriate recommendations regarding prevention to the Professional Staff, Nursing Staff and/or pharmacy staff;
 - (v) develop an adverse drug reaction reporting program to review any reported incidents of adverse drug reaction and ensure that a summary is circulated to Professional Staff and Nursing Staff when the need arises;
 - (vi) review all standing orders related to medications annually, or more often if deemed necessary;
 - (vii) develop protocols governing programs such as total parenteral nutrition, investigational drugs, self-medication, or ensure that such protocols have been developed after appropriate committee review;
 - (viii) identify and/or arrange appropriate educational programs for the Professional Staff, Nursing Staff and other Hospital staff to enhance their knowledge of drug therapy and practices;
 - (ix) perform such other duties as the Medical Advisory Committee may direct;

- (x) meet at least quarterly or more frequently as required at the call of the Committee Chair; and
- (xi) have the authority to invite specialists to attend meetings of the Pharmacy and Therapeutics Committee to participate in matters relating to their particular areas of expertise.

6.13 Environmental (Infection) Control Committee

- (a) The Environmental (Infection) Control Committee shall be comprised of:
 - (i) one (1) member of the Medical Advisory Committee;
 - (ii) one (1) pathologist member of the Department of Diagnostic Services;
 - (iii) the local Medical Officer of Health or his or her designate;
 - (iv) one (1) other member of the Active Medical Staff, all of whom are appointed by the Medical Advisory Committee;
 - (v) the Physician in charge of nursery;
 - (vi) the Director(s) of Nursing Services; and
 - (vii) the Registered Nurse(s) responsible for the Occupational Health Services.

Other members of the Professional Staff and/or Hospital staff shall attend committee meetings as requested by the Chair of the Infection Control Committee including Laboratory Manager, Housekeeping Manager, Nutrition and food Services Manager, Surgical Services Manager, Med/Surg/ICU Unit Manager.

- (b) The Environmental (Infection) Control Committee shall:
 - (i) make recommendations to the Medical Advisory Committee including matters related to:
 - (A) the Occupational Health and Safety Program;
 - (B) immunization programs;
 - (C) visitor restrictions or instructions both in general terms and in special circumstances;
 - (D) patient restrictions or instructions;
 - (E) educational programs for all persons carrying on activities in the Hospital;

- (F) isolation procedures;
 - (G) aseptic and antiseptic techniques; and
 - (H) environmental sanitation in the Hospital.
- (ii) make recommendations to the Chief Executive Officer with respect to infection control matters related to the occupational health and safety program;
 - (iii) make recommendations to the Chief Executive Officer with respect to infection control matters related to the health surveillance program;
 - (iv) follow-up and evaluate the results of each of its recommendations made under subsections (i), (ii), (iii);
 - (v) develop, monitor and evaluate an infection control system which includes a reporting system by which all infections, including post discharge infections, will come to the Committee's attention and report to the appropriate Chief of Department and the Medical Advisory Committee;
 - (vi) meet quarterly or more frequently as required at the call of the Committee Chair, except when excused by the Medical Advisory Committee during July and August; and
 - (vii) perform such other duties as may from time to time be requested by the Medical Advisory Committee.

6.14 Other Professional Staff Committees

The composition and terms of reference of other Professional Staff committees shall be contained in the Professional Staff Rules and Regulations.

ARTICLE 7. MEDICAL STAFF ASSOCIATION ELECTED OFFICERS

7.01 Role of the Medical Staff Association

The Medical Staff Association shall through its officers:

- (a) Serve as a liaison between the Medical Staff, the Medical Advisory Committee, the Chief Executive Officer and the Boards;
- (b) Report on issues raised by the Medical Staff to the Medical Advisory Committee and, at the request of the Board or at the request of the Medical Staff Association, to the Boards with respect to such issues;

- (c) Be an advocate on behalf of the Medical Staff and advocate a fair process in the treatment of individual members of the Medical Staff; and
- (d) Participate in the Hospital's planning, policy setting and decision making of the Hospital.

7.02 Election Procedure

- (a) At least thirty days (30) before the annual meeting of the Medical Staff Association, its Nominating Committee shall post on the Hospital's bulletin boards a list of the names of those who are nominated to stand for the offices of the Medical Staff which are to be filled by election in accordance with the regulations under the *Public Hospitals Act* and this By-Law.
- (b) Any further nominations shall be made in writing to the Secretary of the Medical Staff within fourteen (14) days after the posting of the names referred to in subsection (a).
- (c) Further nominations referred to in subsection (b) shall be signed by at least five (5) members of the Medical Staff who are entitled to vote, and the nominee shall have signified in writing on the nomination his/her acceptance of it and such nominations shall then be posted alongside the list referred to in subsection (a).
- (d) Only members of the Active Medical Staff may be elected or appointed to any position or office of the Medical Staff Association.

7.03 Nominating Committee

- (a) The Nominating Committee shall consist of:
 - (i) the President of the Medical Staff, who shall be Chair;
 - (ii) the Vice President of the Medical Staff; and
 - (iii) the Secretary of the Medical Staff.The Committee shall hold office until its successors are appointed or elected.
- (b) The Nominating Committee shall meet at the call of the President prior to the annual meeting of the Medical Staff. It shall select from among the members of the Medical Staff one (1) candidate for each of the following offices:
 - (i) President, who shall be Vice president of the preceding year;
 - (ii) Vice-President; and

- (iii) Secretary.
- (c) The Nominating Committee shall meet as required when any of the above offices become vacant to select a candidate for such office in a similar manner.

7.04 Duties of the President of the Medical Staff Association

The President of the Medical Staff Association shall:

- (a) preside at all meetings of the Medical Staff;
- (b) call special meetings of the Medical Staff;
- (c) be a member of the Medical Advisory Committee;
- (d) act as liaison between the Medical Staff, the Chief Executive Officer and the Board;
- (e) be a non-voting member of the Board of the Hospital as required by the Hospital Management Regulation and as a director fulfil his or her fiduciary duties to the Hospital by making decisions in the best interests of the Hospital;
- (f) be an *ex officio* member of all Committees which report to the Medical Advisory Committee or the Medical Staff;
- (g) report to the Medical Advisory Committee and the Board on any issues raised by the Medical Staff;
- (h) be accountable to the Medical Staff Association and advocate fair process in the treatment of individual members of the Medical Staff;
- (i) chair the Nominating Committee; and
- (j) be elected for the Hospital's fiscal year.

7.05 Duties of the Vice President of the Medical Staff Association

The Vice-President of the Medical Staff shall:

- (a) act in the place of the President of the Medical Staff, perform his/her duties, and possess his/her powers in the absence or disability of the President;
- (b) perform such duties as the President of the Medical Staff may delegate;

- (c) be a member of the Medical Advisory Committee;
- (d) be a member of the Medical Records Committee;
- (e) be a non-voting member of the Board of the Hospital and as a director fulfil his or her fiduciary duties to the Hospital by making decisions in the best interests of the Hospital; and
- (f) be elected for the Hospital's fiscal year.

7.06 Duties of the Secretary of the Medical Staff Association

The Secretary of the Medical Staff shall:

- (a) perform the duties of the Medical Staff Secretary as set out in the Hospital Management Regulation;
- (b) perform duties as set out in this By-Law;
- (c) be a member of the Medical Advisory Committee;
- (d) attend to the correspondence of the Medical Staff Association;
- (e) give notice of Medical Staff meetings as required by this By-Law;
- (f) ensure that minutes and a record of attendance are kept of Medical Staff Association meetings;
- (g) act in the place of the Vice-President of the Medical Staff, performing his/her duties and possessing his/her powers in the absence or disability of the Vice-President; and
- (h) be elected for the Hospital's fiscal year.

ARTICLE 8. MEETINGS - MEDICAL STAFF ASSOCIATION

8.01 Annual Meeting of the Medical Staff Association

- (a) The annual meeting of the Medical Staff Association shall be held in the Hospital or in the City of Kenora. The date of the Annual Meeting of the Medical Staff Association shall be posted at least sixty (60) days in advance of the meeting.
- (b) The officers of the Medical Staff shall be elected at the annual meeting of the Medical Staff.

- (c) At the annual meeting, the Medical Staff Association shall receive for information only, from the Medical Advisory Committee, its recommendations naming those staff members who are considered to be most suitable to be Chief of each Department, Chiefs of Service, and Chief of Staff for the following year.

8.02 Regular Meetings of the Medical Staff Association

- (a) The Medical Staff Association shall meet monthly, with the exception of the months of July and August.
- (b) The President of the Medical Staff shall give notice of the meeting to the members of the Medical Staff.

8.03 Special Meetings of the Medical Staff Association

- (a) In the case of emergency, the President of the Medical Staff may call a special meeting.
- (b) Special meetings shall be called by the President of the Medical Staff on the written request of any ten (10) members of the Active Medical Staff.
- (c) Notice of such special meetings shall be the same as that required for a regular meeting, except in cases of emergency, and shall state the nature of the business for which the special meeting is called. Only those matters for which the meeting has been called shall be dealt with at that meeting.
- (d) The usual period of time required for giving notice of any special meeting shall be waived in cases of emergency, subject to ratification of this action by the majority of those voting members present and voting at the special meeting, as the first item of business at the meeting, and subject to there being present at the meeting at least 50% of the Active Medical Staff.

8.04 Notice

Notice of meetings under section 8.01, 8.02, 8.03 shall be given at least two (2) days before the date on which the meeting is to be held, by the most appropriate method. Such period of notice to exclude the day of the meeting and the day of the notice.

8.05 Quorum

The order of business at any meeting of the Medical Staff Association shall be defined in the Professional Staff Rules and Regulations. Members cannot vote by proxy.

8.06 Attendance

- (a) The Secretary of the Medical Staff shall:
 - (i) be responsible for maintaining a record of attendance at each meeting of the Medical Staff;
 - (ii) receive the record of attendance for each meeting of each Department; and
 - (iii) make such records available to the Medical Advisory Committee.
- (b) Attendance shall be dictated by subsections 3.01(d) and (e) of this By-Law.
- (c)
 - (i) when the case of a patient who has been examined by, operated on by, or has received treatment from a member of the Medical Staff, is to be presented at a general or departmental staff meeting or at a meeting of the Medical Advisory Committee, the physician who examined, operated on, or treated the patient shall be given at least forty-eight (48) hours' notice by a Medical Staff officer and shall attend such meeting prepared to present and discuss the case.
 - (ii) Failure to comply with the foregoing subsection may result in disciplinary action being taken against him/her as provided in section 3.01(e).
- (d) If a quorum of the Medical Staff has not arrived at the place specified in the notice for a duly called meeting within thirty (30) minutes after the commencement time specified in the notice, those members of the Medical Staff present at that time shall be given credit for their attendance at the meeting for the purpose of the attendance requirements of these By-Laws. Under these circumstances, a new meeting shall be called in accordance with section 8.04 hereof.

ARTICLE 9. PROFESSIONAL STAFF RULES AND REGULATIONS

9.01 Board Requirement

The Board shall require that appropriate Professional Staff Rules and Regulations are formulated.

9.02 Board Authority

The Board shall consider the recommendations of the Medical Advisory Committee when establishing, modifying or revoking one or more Professional Staff Rules and Regulations.

9.03 Medical Advisory Committee

The Medical Advisory Committee shall be provided with an opportunity to make recommendations to the Board for the establishment of one or more Professional Staff Rules and Regulations to be applicable to a group or category of Physicians, Dentists, Midwives or Extended Class Nurses, to a Department or Service of the Hospital or to all members of the Professional Staff.

9.04 Medical Staff

The Medical Advisory Committee shall ensure that, prior to making any recommendation to the Board with respect to a Professional Staff Rule or Regulation, the members of the Active Medical Staff or the appropriate Department or Service or the members of the Active Dental, Midwifery or Extended Class Nursing Staff have an opportunity to comment on the proposed recommendation.

9.05 President of the Medical Staff Association

The President of the Medical Staff Association shall ensure that the Board is informed when a majority vote of the Medical Staff at any properly constituted meeting of the Medical Staff Association is opposed to a Professional Staff Rule or Regulation change proposed by the Medical Advisory Committee.

ARTICLE 10. DENTAL STAFF

10.01 Dental Service

- (a) The Dental Staff shall function as a Service.
- (b) The Hospital's Dental Service shall consist of two sections:
 - (i) Oral and Maxillofacial Surgery; and
 - (ii) Restorative Dentistry.

10.02 Head of Dental Service

- (a) Where the Board has appointed more than one (1) Dentist to the Dental Staff, one of the members of the Dental Staff shall, subject to annual confirmation by the Board, be appointed by the Board annually for a term of one (1) years to be the Head of Dental Service upon the recommendation of the Chief of the Department of Surgery.
- (b) The Board may, at any time, revoke or suspend the appointment of the Head of Dental Service.

10.03 Duties of the Head of Dental Service

- (a) The Head of Dental Service shall appoint a representative from each of the two sections of the Hospital's Dental Services.
- (b) The Head of Dental Service shall supervise the professional care given by all members of the Dental Staff including the sections of Oral and Maxillofacial Surgery and Restorative Dentistry, and shall be responsible to the Chief of the Department of Surgery for the quality of care given to patients by members of the Dental Staff and shall report as needed to the Medical Advisory Committee.
- (c) A person who is being admitted to the Hospital for treatment by a Dentist who is a member of the Dental Staff, shall be admitted on the joint order of the Dentist and a Physician who is a member of the Medical Staff with admitting privileges.
- (d) Before dental surgery is performed on a patient in the Hospital, the Dental Staff member shall ensure that a complete physical examination is performed and a medical history is completed for the patient by a member of the Medical Staff as required by the Regulations under the *Public Hospitals Act*.

10.04 Dental Records

Each member of the Dental Staff shall enter in each patient's medical record, at the time of treatment, a description of every dental treatment, procedure, and operation which he or she has performed.

10.05 Consultations

Indicated consultations with dental patients shall be held and recorded as is required for any other patient in the Hospital.

10.06 Attendance by Dental Staff at Medical Staff Meetings

- (a) A member of the Dental Staff may attend Medical Staff meetings but shall not be eligible to vote at a Medical Staff meetings nor to hold office other than Head of the Dental Service.
- (b) A member of the Dental Staff shall not be required to attend Medical Staff meetings except as provided in paragraph (c).
- (c) When the case of a patient who has been examined by, operated on, or has received treatment from a member of the Dental Staff is to be presented at a general or departmental Medical Staff meeting, the Dentist who examined, operated on, or treated the patient shall be given forty-eight (48) hours' notice by a Medical Staff officer and shall attend such meeting prepared to present and discuss the dental aspects of the case.

- (d) Failure of a member of the Dental Staff to appear and present the dental aspects of a case, for which he or she received notice under subsection (c), may result in disciplinary action being taken against him or her.

ARTICLE 11. MIDWIFERY STAFF

11.01 Senior Midwife

- (a) Where the Board has appointed more than one (1) Midwife to the Midwifery Staff, one of the members of the Midwifery Staff shall, subject to annual confirmation by the Board, be appointed by the Board for a term of three (3) years to be the Senior Midwife upon the recommendation of the Chief of Staff in consultation with the Medical Advisor for Obstetrics.
- (b) The Board may, at any time, revoke or suspend the appointment of the Senior Midwife.

11.02 Duties of the Senior Midwife

The Senior Midwife shall supervise the professional care given by all members of the Midwifery Staff and shall be responsible to the Chief of Staff for the quality of care rendered to patients by members of the Midwifery Staff.

11.03 Attendance by Midwifery Staff at Medical Staff Meetings

- (a) A member of the Midwifery Staff may attend Medical Staff meetings but shall not be eligible to vote at a Medical Staff meeting.
- (b) A member of the Midwifery Staff shall not be required to attend Medical Staff meetings except as required by subsection (c).
- (c) When the case of a patient who has been examined by, or has received treatment from a member of the Midwifery Staff is to be presented at a general or departmental Medical Staff meeting, the Midwife who examined or treated the patient shall be given forty-eight (48) hours' notice by a Medical Staff officer and shall attend such meeting prepared to present and discuss the midwifery aspects of the case.
- (d) Failure of a member of the Midwifery Staff to appear and present the midwifery aspects of a case, for which he or she received notice under subsection (c), may result in disciplinary action being taken against him or her.
- (e) Each member of the Midwifery staff shall attend seventy percent (70%) of the Perinatal Committee meetings.

11.04 Eligibility to Hold Office

A member of the Midwifery Staff is not eligible to hold an office other than Senior Midwife. A Midwifery Staff member may be appointed to a committee of the Professional Staff.

ARTICLE 12. EXTENDED CLASS NURSING STAFF

12.01 Extended Class Nursing Staff: Function within Medical Staff Service

The Extended Class Nursing Staff shall function within the Service with which he or she is associated.

12.02 Senior Extended Class Nurse

- (a) Where the Board has appointed more than one (1) Extended Class Nurse to the Extended Class Nursing Staff, one (1) of the members of the Extended Class Nursing Staff shall, subject to annual confirmation by the Board, be appointed by the Board annually for a term of three (3) years to be the Senior Extended Class Nurse upon the recommendation of the Chief of Staff.
- (b) The Board may, at any time, revoke or suspend the appointment of the Senior Extended Class Nurse.

12.03 Duties of the Senior Extended Class Nurse

The Senior Extended Class Nurse shall supervise the professional care given by all members of the Extended Class Nursing Staff and shall be responsible to the Chief of Staff for the quality of care rendered to patients by members of the Extended Class Nursing Staff.

12.04 Attendance by Extended Class Nursing Staff at Staff Meetings

- (a) A member of the Extended Class Nursing Staff may attend Medical Staff meetings but shall not be eligible to vote at a Medical Staff meeting.

12.05 Eligibility to Hold Office

A member of the Extended Class Nursing Staff is not eligible to hold an office other than Senior Extended Class Nurse.

ARTICLE 13. SUSPENSION AND REVOCATION OF PRIVILEGES

13.01 Mid-Term Action Procedural Guidelines

- (a) Mid-term action may be initiated wherever a member of the Professional Staff is alleged to have engaged in, made or exhibited acts, statements, demeanour, behaviour or professional conduct, either within or outside of the Hospital, and the same :
 - (i) exposes, or is reasonably likely to expose patients or employees or any other persons to harm or injury; or
 - (ii) is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Hospital, or
 - (iii) is reasonably likely to be, detrimental to hospital operations and/or reputation; or
 - (iv) is reasonably likely to constitute Disruptive Behaviour; or
 - (v) is a breach of the responsibilities, accountabilities and/or expectations pursuant to this By-Law, the Policies, Rules, the Professional Staff members letter of offer (or any subsequent amendment) contract for services; or
 - (vi) any health problem that significantly affects the Professional Staff member's ability to carry out his/her Professional Staff responsibilities; or
 - (vii) results in the imposition of sanctions by the Regulatory College; or
 - (viii) is contrary to the Hospital's By-Laws, Policies and Rules, the Act, or the regulations made thereunder or any other relevant law or legislated requirement.
- (b) Where information is provided to the Chief of Staff, Chief of Department, or Chief Executive Officer which raises concerns about any of the matters in paragraph 13.01(a) above, the information shall be in writing, or recorded in writing, and shall be directed to the Chief of Staff, Chief of Department or Chief Executive Officer.
- (c) If either of the Chief of Staff, Chief of Department, or Chief Executive Officer receives information, which raises concerns about any of the matters in paragraph 13.01(a), he/she shall inform the other individuals and forthwith provide the individual(s) with a written report of the information together with any supporting documentation.
- (d) An interview shall be arranged with the member.

- (e) The Professional Staff member shall be advised of the information about his/her behaviour, performance or competence and shall be given a reasonable opportunity to present relevant information on his/her own behalf.
- (f) A written record shall be maintained reflecting the substance of the interview and copies shall be sent to the Professional Staff member, the Chief of Staff, Chief of Department, and Chief Executive Officer.
- (g) If the Professional Staff member fails or declines to participate in the interview after being given a reasonable opportunity, the appropriate action may be initiated in accordance with the Hospital's By-Laws, Policies and Rules and the Act.
- (h) The Chief of Staff, Chief of Department, or Chief Executive Officer may, at their sole discretion, determine whether a further investigation is necessary.
- (i) The investigation may be assigned to an individual(s) within the Hospital, the Medical Advisory Committee, a body within the Hospital other than the Medical Advisory Committee or an external consultant.
- (j) Upon completion of the investigation, the individual or body who conducted the investigation shall forward a written report to the Chief of Staff, Chief of Department and Chief Executive Officer. The Professional Staff member shall also be provided with a copy of the written report.
- (k) The Chief of Staff, Chief of Department and Chief Executive Officer shall review the report and determine whether any further action may be required, including, without limitation, whether the matter should be dealt with as an immediate mid-term action pursuant to section 14.01 or referred to the Medical Advisory Committee for consideration pursuant to section 13.02.

13.02 Request to Medical Advisory Committee for Recommendation for Mid-Term Action

- (a) Where it is determined that further action may be required and the matter relates to the dismissal, suspension or restriction of a Professional Staff member's hospital privileges and/or the quality of care, diagnosis, and treatment and/or patient or workplace safety in the Corporation in respect of the Professional Staff member, the matter shall be referred to the Medical Advisory Committee, which may dismiss the matter for lack of merit or initiate further investigation, or determine to have a meeting of the Medical Advisory Committee.
- (b)
 - (i) Where the Medical Advisory Committee initiates another investigation (through internal or external investigations), it shall ensure that the investigation is completed as soon as practical.
 - (ii) Upon completion of the investigation contemplated in this paragraph, the Medical Advisory Committee may either dismiss the matter for lack of

merit or determine to have a special meeting of the Medical Advisory Committee.

- (c) All requests for a recommendation for mid-term action must be submitted to the Medical Advisory Committee in writing and supported by reference to the specific activities, conduct or concern which constitute grounds for the request.
- (d) Where the matter is referred to the Medical Advisory Committee, a copy of any reports made by a body or consultant with respect to the matter shall be forwarded to the Medical Advisory Committee.
- (e) The Medical Advisory Committee may initiate further investigation itself, establish an Ad Hoc Committee to conduct the investigation, refer the matter to an external consultant, dismiss the matter for lack of merit or determine to have a section 13.03 meeting of the Medical Advisory Committee.
- (f) Where the Medical Advisory Committee establishes an Ad Hoc Committee to conduct the investigation or refers the matter to an external consultant, that individual or body shall forward a written report of the investigation to the Medical Advisory Committee as soon as practicable after the completion of the investigation.
- (g) Upon completion of its own investigation or upon receipt of the report by the body that conducted the investigation, as the case may be, the Medical Advisory Committee may either dismiss the matter for lack of merit or determine to have a section 13.03 meeting of the Medical Advisory Committee.
- (h) Within twenty-one (21) days after receipt by the Medical Advisory Committee of the request for a recommendation for mid-term action, unless deferred, the Medical Advisory Committee shall determine whether a section 13.03 meeting of the Medical Advisory Committee is required to be held.
- (i) If additional time is needed for the investigative process, the Medical Advisory Committee may defer action on the request. The Medical Advisory Committee must act within thirty (30) days of the deferral.
- (j) If the Medical Advisory Committee determines that there is merit to proceed to a section 13.03 meeting of the Medical Advisory Committee, then the Professional Staff member is entitled to attend the meeting.
- (k) Where the Medical Advisory Committee considers the matter at an Medical Advisory Committee meeting for the purposes of potentially making a recommendation to the Board, then the procedure set out herein at section 13.03 is to be followed.

13.03 Medical Advisory Committee Meeting

- (a) At least fourteen (14) days prior to the Medical Advisory Committee meeting the Professional Staff member and the Medical Advisory Committee shall be given written notice of the Medical Advisory Committee meeting. The notice shall include:
 - (i) the date, time and place of the meeting;
 - (ii) the purpose of the meeting;
 - (iii) a statement that the Professional Staff member will be provided with a statement of the matter to be considered by the Medical Advisory Committee together with any documentation or witnesses that will be considered by the Medical Advisory Committee as may be determined by the Chief of Staff or his/her designate. For clarity, no other documentation will be produced by the Medical Advisory Committee;
 - (iv) a statement that the Professional Staff member is entitled to attend the Medical Advisory Committee meeting and to participate fully, to answer all matters considered by the Medical Advisory Committee, and to present documents and witnesses;
 - (v) a statement that the Professional Staff member's legal counsel may attend only to provide confidential legal advice to the Professional Staff member, but will not be entitled to make any submissions and/or participate directly in the meeting including examining any witnesses;
 - (vi) a statement that counsel to the Medical Advisory Committee may attend at Medical Advisory Committee meetings, including, without limitation, in camera deliberations, in order to provide advice to the members of the Medical Advisory Committee and to ensure compliance with applicable Legislation and due process requirements; and
 - (vii) a statement that, in the absence of the Professional Staff member, the meeting may proceed.
- (b) The Professional Staff member may request and the Medical Advisory Committee may, after considering the reason cited and acting in its absolute sole discretion, grant a postponement of the Medical Advisory Committee meeting. The request for postponement of the meeting must be made in writing at least five (5) days prior to the Medical Advisory Committee meeting and subject to Medical Advisory Committee scheduling and extraordinary circumstances may not be postponed by more than five (5) business days.

- (c) At least seven (7) business days prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the Professional Staff member with a short but comprehensive statement of the matter to be considered by the Medical Advisory Committee, together with any relevant documentation, including any reports and other documentation which will be reviewed at the meeting and a list of witnesses with a brief synopsis of the purpose for which they are being called. For clarity no other documentation or witnesses will be produced by the Medical Advisory Committee, unless new information subsequently comes to the attention of the Chief of Staff or his/her designate after the issuance of the comprehensive statement.
- (d) The Professional Staff member involved shall be given full opportunity to answer each ground as well as to present documents and witnesses if so desired, provided that the Professional Staff member provides the Medical Advisory Committee with:
 - (i) a list of witnesses with brief synopsis of purpose for which they are being called; and
 - (ii) a copy of all additional documentation in the possession, power or control of the Professional Staff member that has not been produced by the Medical Advisory Committee that the Professional Staff member will be relying on at the special meeting,at least five (5) business days before the meeting.
- (e) The Medical Advisory Committee shall keep minutes of the proceedings and shall provide the Professional Staff member with a copy of the approved minutes. Only the open portion of the proceeding shall be detailed, the incamera portion of the minutes shall record the Medical Advisory Committee's reasons and recommendations.
- (f) Where the Medical Advisory Committee determines that the matter has no merit, this shall be noted in the minutes of the Medical Advisory Committee.
- (g) Before deliberating on the recommendation to be made to the Board, the Chief of Staff shall require the Professional Staff member involved and any other persons present who are not Medical Advisory Committee members to retire.
- (h) The Medical Advisory Committee shall provide to the Professional Staff member within fourteen (14) days from the date of the Medical Advisory Committee meeting written notice of:
 - (i) the Medical Advisory Committee's recommendation and the written reasons for the recommendation; and

- (ii) the Professional Staff member's entitlement to a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the Professional Staff member of the Medical Advisory Committee's written reasons.
- (i) The time period to provide the written notice required in paragraph 13.03(h) above may be extended if the Medical Advisory Committee, prior to the expiry of the fourteen (14) days, gives written notice to the Professional Staff member that the final recommendation cannot yet be made and provides the Professional Staff member with written reasons.
- (j) The recommendation may include, but is not limited to:
 - (i) no further action;
 - (ii) placing a caution or reprimand in the Professional Staff member's file;
 - (iii) requiring the Professional Staff member to undergo counselling or treatment;
 - (iv) requiring upgrading or further education;
 - (v) requiring the Professional Staff member to undertake a period of clinical supervision with prospective review of cases with or without special requirements of concurrent consultation or direct supervision;
 - (vi) in the case of Disruptive Behaviour requiring the Professional Staff member to undertake remedial measures to address the behaviour that gave rise to the concern;
 - (vii) temporary suspension of all or specified privileges;
 - (viii) permanent change of specified privileges;
 - (ix) a change in the category of appointment;
 - (x) termination of the Professional Staff member's appointment; and/or
 - (xi) any other recommendation considered appropriate to ensure patient or workplace safety.
- (k) The Medical Advisory Committee shall provide to the Board within fourteen (14) days from the date of the Medical Advisory Committee meeting, or such later date where the time period is extended pursuant to paragraph 13.03(i) above, written notice of:

- (i) the Medical Advisory Committee's recommendation and the written reasons for the recommendation; and
 - (ii) where an extension was made pursuant to paragraph 13.03(i) above, the written reasons for the extension.
- (l) Service of a notice to the Professional Staff member may be made personally or by registered mail addressed to the person to be served at his/her last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he/she did not, acting in good faith, through absence, accident, illness or other cause beyond his/her control receive it until a later date. In the alternative, when the Professional Staff members is represented by legal counsel, the notice may be served on legal counsel.
- (m) Where the Professional Staff member does not require a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee. However, where the Medical Advisory Committee makes a recommendation with respect to the dismissal, suspension or restriction of a Professional Staff member's Hospital privileges and:
 - (i) the Professional Staff member has not made any written or oral submissions to the Board, and concerns are raised that the Board believes the Professional Staff member should have an opportunity to address, the Board may give the Professional Staff member notice that he/she is entitled to a Board hearing and shall follow the process set out in section 14.03 of this By-Law; or
 - (ii) information that has not been considered by the Medical Advisory Committee has come to the attention of the Board that the Board believes should be considered by the Medical Advisory Committee prior to the Board acting on the Medical Advisory Committee's recommendation, the Board may refer the new information back to the Medical Advisory Committee for consideration, with the Medical Advisory Committee to provide a reconsidered recommendation to the Board with respect to the dismissal, suspension or restriction of a Professional Staff member's Hospital privileges, as the case may be. The Professional Staff member shall be given notice of the reconsidered recommendation as outlined in this section and entitled to a meeting and the process set out in paragraphs 13.03(a) to (l) of this By-Law.
- (n) Participation of any member of the Medical Advisory Committee in an investigation regarding a member does not preclude such member from chairing, participating or voting at a special meeting of the Medical Advisory Committee.

- (o) Subject to the Act and the By-Law, the Medical Advisory Committee has the power to determine its own procedures and practices to manage the meeting in a manner that is just, expeditious and cost effective and may for that purpose, designate the Chief of Staff or delegate to:
 - (i) make decisions with respect to the procedures and practices that apply in any particular proceeding;
 - (ii) make such decisions or give such directions in proceedings before the Medical Advisory Committee as he or she considers proper to prevent abuse of its processes; and
 - (iii) reasonably limit proceedings where he or she is satisfied the Medical Advisory Committee has received sufficient information to make a recommendation, including without limitation by way of placing reasonable limits on documentation, submissions, questions, and deliberations.

13.04 Board Hearing

- (a) Where the Professional Staff member requires a hearing by the Board, the Board shall appoint date, time and place for the hearing.
- (b) The Board hearing shall be held within thirty (30) days of the Board receiving the notice from the Professional Staff member requesting a hearing or at a later date on consent of the Professional Staff member and the Medical Advisory Committee.
- (c) The Board shall give written notice of the hearing to the Professional Staff member and to the chair (or substitute) of the Medical Advisory Committee at the earliest possible opportunity and, in any event, at least seven (7) days before the hearing date. The notice of the Board hearing shall include:
 - (i) the date, time and place of the hearing;
 - (ii) the purpose of the hearing;
 - (iii) a statement that the Professional Staff member and the Medical Advisory Committee shall be afforded an opportunity at least seven (7) days before the hearing to examine prior to the hearing a list of the witnesses the Medical Advisory Committee intends to call to provide evidence and any written or documentary evidence that will be provided or any report, the contents of which will be given in evidence at the hearing;
 - (iv) a statement that the Professional Staff member may proceed in person or be represented by counsel, and that in his/her absence the Board may

proceed with the hearing and that the Professional Staff member will not be entitled to any further notice of the proceeding;

- (v) a statement that subject to paragraph 13.04(d) the Professional Staff member may call witnesses and tender documents in evidence in support of his/her case;
 - (vi) a copy of the Board approved rules that will govern the hearing; and
 - (vii) a statement that the time for the hearing may be extended by the Board.
- (d) The Professional Staff member involved shall be given an opportunity to respond to each ground as well as to present documents and witnesses if so desired, provided that the Professional Staff member provides the Medical Advisory Committee with:
- (i) a list of witnesses with brief synopsis of purpose for which they are being called; and
 - (ii) a copy of all additional documentation in the possession, power or control of the Professional Staff member that has not been produced by the Medical Advisory Committee that the Professional Staff member will be relying on at the special meeting,
- at least five (5) business days before the meeting.
- (e) The parties to the Board hearing are the Professional Staff member, the Medical Advisory Committee and such other persons as the Board may specify. The Chief of Staff or his/her designate may attend at the hearing, represent the Medical Advisory Committee and to instruct counsel for the Medical Advisory Committee.
- (f)
- (i) Subject to paragraph 13.04(g) below, Directors holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing before the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or his/her representative, except upon notice to and an opportunity for all parties to participate.
 - (ii) No member of the Board shall participate in a decision of the Board pursuant to a hearing unless he/she was present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board shall be given unless all members so present participate in the decision.
 - (iii) In the event that the quorum requirements cannot be met, the Board may in its absolute discretion:

- (1) delegate the responsibility for conducting the Board hearing to a committee of the Board comprised of at least three (3) voting Directors; or
 - (2) waive the requirement for a quorum; or
 - (3) with the Professional Staff member's consent, proceed directly to the Health Professions Appeal and Review Board for consideration of the Medical Advisory Committee's recommendation.
- (g) A panel comprised of a subset of the Board or the Board Chair shall have the authority to make determinations regarding pre-hearing matters at the Board's discretion.
- (h) The findings of fact of the Board pursuant to a hearing shall be based exclusively on evidence admissible or matters that may be noticed under sections 15 and 16 of the *Statutory Powers Procedure Act* (Ontario).
- (i) The Board shall consider only the reasons of the Medical Advisory Committee that have been given to the Professional Staff member in support of its recommendation. Where through error or inadvertence, certain reasons have been omitted in the statement delivered to the Professional Staff member, the Board may consider those reasons only if those reasons are given by the Medical Advisory Committee in writing to both the Professional Staff member and the Board and the Professional Staff member is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons.
- (j) The Board shall, acting in its absolute sole discretion, make a decision to either follow, not follow, change or alter the recommendation(s) of the Medical Advisory Committee.
- (k) A written copy of the decision of the Board and the written reasons for the decision shall be provided to the Professional Staff member and to the Medical Advisory Committee.
- (l) Service of the notice of the decision and the written reasons to the Professional Staff member may be made personally or by registered mail addressed to the Professional Staff member at his/her last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he/she did not, acting in good faith, through absence, accident, illness or other cause beyond his/her control receive it until a later date.

13.05 Notification of Regulatory College and Partners

Notice of any suspension, revocation or restriction of privileges shall be given by the Chief Executive Officer to the Registrar of the Regulatory College within which the member is registered and shall be given to the Dean, or similarly named officer of any educational institution in which the member holds a cross appointment between that institution and the Corporation.

13.06 Addressing Issues of Competence during Mid-Term Action

At any time during mid-term action if it becomes apparent that the Professional Staff member's behaviour, performance or competence is such that it meets the criteria set out in section 14.01, then the Chief of Staff, or Department Chief, or his/her designate may determine to invoke the procedures set out in Article 14.

13.07 Disposition of Records

All information obtained, reviewed, discussed and otherwise used or developed in any process related to this part of this By-Law, and that is not otherwise publicly known, publicly available, or part of the public domain, is considered to be privileged and strictly confidential information of the Corporation. It shall not be disclosed to anyone outside of the process related to this part of this By-Law except if agreed to, in writing by the Professional Staff member or where determined by the Chief Executive Officer as required by law or necessary to ensure public or patient safety. Records of the proceedings outlined in this section (e-mails, correspondence, reports, and notes) will be retained in a manner consistent with the Corporation's record retention policy and are not records that are accessible under *Freedom of Information and Protection of Privacy Act* (Ontario).

13.08 Ceasing to Provide a Service

For greater certainty, the process, obligations and rights contained in this Article 13 shall not apply to a decision of the Board under section 44(2) of the Act.

ARTICLE 14. IMMEDIATE MID-TERM ACTION IN AN EMERGENCY SITUATION

14.01 Initiation of Immediate Mid-Term Action

- (a) Where the behaviour, performance or competence of a Professional Staff member:
 - (i) exposes, or is reasonably likely to expose patient(s) or employees or other persons to harm or injury, either within or outside of the healthcare facilities, and immediate action must be taken to protect the patients, staff or other persons; or
 - (ii) has previously been sanctioned by the Medical Advisory Committee or the Board and, in the circumstances is deemed to be a continuation of such previously sanctioned behaviour, performance or competence;

the Chief of Staff, or Department Chief, or his/her designate, may immediately and temporarily suspend the Professional Staff member's privileges, with immediate notice to the President of the Professional Staff Association, Chief Executive Officer or his/her designate, and pending an Medical Advisory Committee meeting and a hearing by the Board.

- (b)
 - (i) The Chief of Staff or Department Chief shall immediately notify the Professional Staff member, the Medical Advisory Committee, and the Board of his/her decision to suspend the Professional Staff member's privileges.
 - (i) The Regulatory reporting requirements set out in section 14.04 shall be applicable to the Chief of Staff or Department Chief's respective decision to immediately suspend the Professional Staff member's privileges.
- (c) Arrangements, as necessary, shall be made by the Chief of Staff or Department Chief for the assignment of a substitute to care for the patients of the suspended Professional Staff member.
- (d) Participation of any member of the Medical Advisory Committee in the suspension of the Professional Staff member's privileges does not preclude such member from chairing, participating or voting at the Medical Advisory Committee meeting.

14.02 The Special Meeting of the Medical Advisory Committee

- (a) The Medical Advisory Committee shall set a date for a meeting of the Medical Advisory Committee to be held within ten (10) days from the date of the suspension to review the suspension and to make recommendations to the Board.
- (b) As soon as possible, and in any event, at least four (4) days prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the Professional Staff member with a written notice of:
 - (i) the time and place of the meeting;
 - (ii) the purpose of the meeting;
 - (iii) a statement that the Professional Staff member will be provided with a statement of the matter to be considered by the Medical Advisory Committee together with any documentation or witnesses that will be considered by the Medical Advisory Committee as may be determined by the Chief of Staff or his/her designate. For clarity, no other documentation will be produced by the Medical Advisory Committee;

- (iv) a statement that the Professional Staff member is entitled to attend the Medical Advisory Committee meeting and to participate fully, to answer all matters considered by the Medical Advisory Committee, and to present documents and witnesses;
 - (v) a statement that the Professional Staff member's legal counsel may attend only to provide confidential legal advice to the Professional Staff member, but will not be entitled to make any submissions and/or participate directly in the meeting including examining any witnesses;
 - (vi) a statement that counsel to the Medical Advisory Committee may attend at Medical Advisory Committee meetings, including, without limitation, in camera deliberations, in order to provide advice to the members of the Medical Advisory Committee and to ensure compliance with applicable Legislation and due process requirements; and
 - (vii) a statement that, in the absence of the Professional Staff member, the meeting may proceed.
- (c) The Professional Staff member may request and the Medical Advisory Committee may, after considering the reason cited and acting in its absolute sole discretion, grant a postponement of the Medical Advisory Committee meeting.
- (d) The request for postponement of the meeting must be made in writing at least twenty-four (24) hours prior to the Medical Advisory Committee meeting.
- (e) The Professional Staff member shall be given full opportunity to answer each ground as well as to present documents and witnesses if so desired, provided that the Professional Staff member provides the Medical Advisory Committee with:
- (i) a list of witnesses with brief synopsis of purpose for which they are being called; and
 - (ii) a copy of all documentation in the possession, power or control of the applicant or Professional Staff member that has not been produced by the Medical Advisory Committee that the Professional Staff member will be relying on at the special meeting,
- at least forty-eight (48) hours before the meeting.
- (f) The Medical Advisory Committee shall keep minutes of the proceedings and shall provide the Professional Staff member with a copy of the approved minutes. Only the open portion of the proceeding shall be detailed, the incamera portion of the minutes shall record the Medical Advisory Committee's reasons and recommendations.

- (g) Where the Medical Advisory Committee determines that the matter has merit, the Medical Advisory Committee shall make a recommendation to the Board. Before deliberating on the recommendation, the Chief of Staff shall require the Professional Staff member involved and any other persons present, other than legal counsel, who are not Medical Advisory Committee members to retire.
- (h) The Medical Advisory Committee shall provide to the Professional Staff member within fourteen (14) days of the Medical Advisory Committee meeting written notice of:
 - (i) the Medical Advisory Committee's recommendation and the written reasons for the recommendation; and
 - (ii) the Professional Staff member's entitlement to a hearing before the Board. if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the Professional Staff member of the Medical Advisory Committee's written reasons.
- (i) The time period to provide the written notice required in paragraph 13.03(g) above may be extended if the Medical Advisory Committee, prior to the expiry of the fourteen (14) days, gives written notice to the Professional Staff member that the final recommendation cannot yet be made and provides the Professional Staff member with written reasons.
- (j) The Medical Advisory Committee shall provide to the Board within fourteen (14) days from the date of the Medical Advisory Committee meeting, or such later date where the time period is extended pursuant to paragraph 13.03(h) above, written notice of:
 - (i) the Medical Advisory Committee's recommendation and the written reasons for the recommendation; and
 - (ii) where an extension was made pursuant to paragraph 13.03(h) above, the written reasons for the extension.
- (k) Service of a notice to the Professional Staff member may be made personally or by registered mail addressed to the person to be served at his/her last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he/she did not, acting in good faith, through absence, accident, illness or other cause beyond his/her control receive it until a later date. In the alternative, when the Professional Staff members is represented by legal counsel, the notice may be served on legal counsel.
- (l) Subject to the Act and the By-Law, the Medical Advisory Committee has the power to determine its own procedures and practices to manage the meeting in a

manner that is just, expeditious and cost effective and may for that purpose, designate the Chief of Staff or delegate to:

- (i) make decisions with respect to the procedures and practices that apply in any particular proceeding;
- (ii) make such decisions or give such directions in proceedings before the Medical Advisory Committee as he or she considers proper to prevent abuse of its processes; and
- (iii) reasonably limit proceedings where her or she is satisfied the Medical Advisory Committee has received sufficient information to make a recommendation, including without limitation by way of placing reasonable limits on documentation, submissions, questions, and deliberations.

14.03 The Board Hearing

- (a) Where the Professional Staff member requires a hearing by the Board, the Board shall appoint a date, time and place for the hearing.
- (b) The Board hearing shall be held within fourteen (14) days of the Board receiving the notice from the Professional Staff member requesting a hearing or at a later date on consent of the Professional Staff member and the Medical Advisory Committee.
- (c) The Board shall give written notice of the hearing to the Professional Staff member and to the chair (or substitute) of the Medical Advisory Committee at the earliest possible opportunity and in any event, at least seven (7) days before the hearing date. The notice of the Board hearing shall include:
 - (i) the date, time and place of the hearing;
 - (ii) the purpose of the hearing;
 - (iii) a statement that the Professional Staff member and the Medical Advisory Committee shall be afforded an opportunity at least seventy-two (72) hours before the hearing to examine a list of the witnesses the Medical Advisory Committee intends to call to provide evidence and any written or documentary evidence that will be produced or any report, the contents of which will be given in evidence at the hearing;
 - (iv) a statement that the Professional Staff member may proceed in person or be represented by counsel, and that in his/her absence the Board may proceed with the hearing and that the Professional Staff member will not be entitled to any further notice of the proceeding;

- (v) a statement that subject to paragraph 14.03(d) below the Professional Staff member may call witnesses and tender documents in evidence in support of his/her case;
 - (vi) a copy of the Board approved rules that will govern the hearing; and
 - (vii) a statement that the time for the hearing may be extended by the Board.
- (d) At least twenty-four (24) hours before the hearing, the Professional Staff member shall provide the Board and the Medical Advisory Committee with the following:
- (i) a list of witnesses with a brief synopsis of the purpose for which they are being called; and
 - (ii) a copy of all documentation in the possession, power or control of the Professional Staff member that has not been produced by the Medical Advisory Committee that the Professional Staff member will be relying on at the special meeting.
- (e) The parties to the Board hearing are the Professional Staff member, the Medical Advisory Committee and such other persons as the Board may specify. The Chief of Staff or his/her designate may attend at the hearing to represent the Medical Advisory Committee and to instruct counsel for the Medical Advisory Committee.
- (f) The procedure outlined in paragraphs 13.04(e) and (f) through to (l) relating to the Board hearing process shall be followed.

14.04 Notification of Regulatory College and Partners

section 13.05 with necessary changes to point of detail applies to this Article 14.

14.05 Disposition of Records

Section 13.07 applies to this Article 14.

14.06 Ceasing to Provide a Service

For greater certainty, the process, obligations and rights contained in this Article 14 shall not apply to a decision of the Board under section 44(2) of the Act.

ARTICLE 15. AMENDMENTS TO PROFESSIONAL STAFF BY-LAWS

15.01 Amendments to Professional Staff By-Laws

Amendments to the Professional Staff By-Laws shall be made in accordance with the process established in the Administrative By-Laws of the Corporation. However, prior to submitting the Professional Staff By-Laws to such process, the following procedures shall be followed:

- (a) a notice shall be sent to all members of the Professional Staff advising them of the proposed amendment(s) to the Professional Staff By-Laws sixty (60) days in advance of the matter being considered by the Board;
- (b) a copy of the proposed Professional Staff By-Laws or amendment(s) thereto shall be posted in the Medical Staff rooms and shall be made available on request fourteen (14) days in advance of the matter being considered by the Board;
- (c) the Professional Staff shall be afforded an opportunity to comment on the proposed Professional Staff By-Laws or amendment(s) thereto; and
- (d) the Medical Advisory Committee may make recommendations to the Board, concerning the proposed Professional Staff By-Laws or amendment(s) thereto.