

Version 30 8June 2010

ALBERTA HEALTH SERVICES MEDICAL STAFF RULES



DRAFT FOR CONSULTATION

Table of Contents

PART 1 – GENERAL PROVISIONS	3
1.0 Preamble	3
1.1 Definitions	3
PART 2 – MEDICAL ORGANIZATIONAL STRUCTURE OF AHS	5
2.0 Organizational Structure	5
2.1 Medical Administrative Leadership Positions	5
2.1.1 General Provisions.....	6
2.2 Senior Medical Officers of Health	6
2.3 Zone Medical Officer of Health.....	6
2.4 Senior Medical Directors	7
2.5 Deputy Zone Clinical Department Head	7
2.6 Zone Clinical Section Chief.....	8
2.7 Provincial and Zone Committees.....	9
2.7.1 General Provisions.....	9
2.8 Provincial Practitioner Executive Committee.....	12
2.9 Medical Staff Bylaws and Rules Review Committee.....	14
2.10 Hearing Committee, Immediate Action Review Committee and Pool Membership Section Process	15
2.11 Hearing Committee	16
2.12 Immediate Action Review Committee.....	17
2.13 Zone Medical Administrative Committee.....	18
2.14 Zone Application Review Committee.....	21
PART 3 - RULES APPLICABLE TO ALL AHS ZONES	22
3.0. Preamble.....	22
3.1 Universal Services and Programs	22
Universal Services and Programs - Physicians.....	22
Universal Services and Programs – Dentists and Oral Surgeons	22
Universal Services and Programs - Podiatrists	23
3.2 Practitioner Workforce Plan and Recruitment	23
3.2.1 Practitioner Workforce Plan.....	23
3.2.2 Recruitment.....	24
3.2.3 Exceptional Circumstances	25
3.3 Accountability to Zone Clinical Department Head	25
3.4 Medical Staff Appointment and Clinical Privileges	25
3.4.1 Criteria for Appointment to the Medical Staff.....	25
3.4.2 Application Process for a Medical Staff Appointment and Grant of Clinical Privileges....	26
3.4.3 Clinical Privileges.....	27
3.4.4 Information Required for Continuation on the Medical Staff	29
3.5. Performance Assessment to Move from Probationary Staff to Active Staff.....	30
3.6. Periodic Performance Review	30
3.7 Orientation and Activation of Clinical Privileges	31

PART 4 - COMMON AHS PATIENT CARE AND PRACTITIONER RELATED PROVISIONS.....	33
A. Patient Care	
4.1 Admission of Patients	33
4.2 Attendance Upon Patients	34
4.3 Physicians Orders	34
4.4 Informed Patient Consent	35
4.5 Leaving Against Advice.....	35
4.6 Discharge Planning/Bed Management/Bed Utilization.....	35
4.7 Levels of Care/Do Not Resuscitate (DNR) Orders	386
4.8 Patient Death	37
4.9 Autopsies	37
4.10 Organ and Tissue Procurement	37
B. Practitioner-Related	
4.11 On-Call.....	37
4.12 Practitioner Patient Care Rounds/Daily Attendance.....	39
4.13 Supervision of Medical Students and Residents.....	39
4.14 Designation of Most Responsible Practitioner/Transfer of Responsibility.....	40
4.15 Absence from Clinical Practice in Sites of Clinical Activity.....	40
4.16 Medical Ethics.....	41
4.17 Research	41
4.18 Dealing with Disruptive Behaviour in the Health Care Workplace	41
C. Records and Record Keeping	
4.19 Personal Directives	42
4.20 Health Records	42
D. Other	
4.21 Disaster Planning/Emergency Preparedness.....	50
4.22 Pharmacy	50
4.23 Communicable Diseases	50
PART 5 – RULES APPLICABLE TO AN INDIVIDUAL ZONE OR ZONES	52
5.0 Preamble.....	52
Appendix A AHS Policies and Procedures Applicable to Practitioners	53
Appendix B Definitions from the Medical Staff Bylaws	54
Appendix C Flowchart for a Medical Staff Appointment and a Grant of Clinical Privileges.....	60
Appendix D Flowchart for a Periodic Performance Review	61
Appendix E Flowchart for a Triggered Initial Assessment, Triggered Review and Hearing.....	62
Appendix F Creation, Modification and Dissolution of Zone Clinical Departments and Clinical Section.....	63
Appendix G AHS Recruitment Incentive Policy	64

PART 1 – GENERAL PROVISIONS

1.0 Preamble

1.0.1 The Alberta Health Services (AHS) Medical Staff Rules (the Rules) are prepared in accordance with Article 1.5.1 of the AHS Medical Staff Bylaws (the Bylaws), as adopted and approved.

1.0.2 The Rules provide the means to implement and give effect to the Medical Staff Bylaws, and govern the day to day management of Medical Staff affairs, and nothing in them shall alter the intent and purpose of the Bylaws.

1.0.3 The Rules shall also govern the conduct of the Medical Staff as it relates to Zones, Facilities, Services and Programs operated by AHS.

1.0.4 Additional details and procedures for operations may be described in the policies of individual Zone Clinical Departments and/or Zone Clinical Sections, and the Terms of Reference of committees that they may establish. If there is a conflict between any provisions of these Rules and the rules or policies of a Zone Clinical Department or Zone Clinical Section, or a related committee, the provisions of these Rules shall prevail.

1.0.5 AHS is committed to involving the Medical Staff in the creation and revision of AHS policies which are applicable to the Medical Staff.

1.0.6 Practitioners are responsible to review and remain informed regarding new or revised Bylaws, Rules and AHS policies which are applicable to, or of importance to, the Medical Staff. Notification of new and revised Bylaws, Rules and AHS policies is the responsibility of the Portfolio of the Senior Physician Executive and its Medical Affairs Office through the Medical Affairs Office web-site and e-mail/fax notifications.

1.0.7 Medical Staff with questions or comments regarding the Bylaws, Rules and/or AHS policies may bring them to the attention of their Zone Clinical Department Head or their Zone Medical Director.

1.1 Definitions

1.1 Unless otherwise provided herein, all defined terms have the same meaning as that ascribed to them in the Definitions section of the Bylaws. Definitions as found in the Bylaws are attached as an Appendix and are subject to any amendments to the Bylaws. They are provided solely for the convenience of the reader.

1.2 Additional Definitions as found in these Rules:

Category	Any one of the classes of Appointment to the Medical Staff referred to in Article 3.1 of the Bylaws.
Facility Administrator	A senior health care manager, designated as a Facility Vice-President, Facility Senior Director, Facility Director, or Facility Manager, and responsible for the overall management of the Facility.

Impact Analysis	An assessment that estimates the effect on available resources of a change or proposed change in the Practitioner Workforce Plan, or an individual Practitioner's Clinical Privileges, or a new procedure or new Service or Program.
Continuing Care Facility	A residential facility operated by AHS.
Medical Affairs Office	An operational and organizational office of the Senior Physician Executive portfolio.
Medical Student	A student on the Student Register of the College of Physicians and Surgeons of Alberta and registered in an approved undergraduate medical training program.
Minor	A person under the age of majority (18 years of age).
Most Responsible Practitioner	Refers to the single, designated Practitioner who carries the primary responsibility for care of a Patient during an episode of illness or care.
Other Operators	The operators of facilities other than AHS and its subsidiaries.
Personal Directive	A personal directive of a Patient related to health care under the <i>Personal Directives Act</i> (Alberta).
Resident	A Physician trainee on the Provisional Register – Postgraduate Training of the College of Physicians and Surgeons of Alberta in an approved postgraduate training program, or a Dental trainee in an approved general practice dental residency program.
Site Medical Director	A Practitioner designated as a leader for a particular Site by the Zone Medical Director. In some cases, particularly in some of the smaller sites, this individual may have responsibilities that encompass more than one location.

- 1.4 Where the contents so require, words importing the singular number shall include the plural and vice versa, and words importing persons shall include corporations and vice versa.

PART 2 – MEDICAL ORGANIZATIONAL STRUCTURE OF AHS

2.0 Organizational Structure

2.0.1 The organizational structure of the Medical Staff includes:

- a) **Medical Administrative Leadership Positions:** The Senior Physician Executive, Associate Senior Physician Executives, the Senior Medical Officer of Health, Zone Medical Officers of Health, Senior Medical Directors, Zone Medical Directors, Associate Zone Medical Directors, Facility and Community Medical Directors, Zone Clinical Department Heads, Deputy Zone Clinical Department Heads, and Zone Clinical Site Department Chief;
- b) **Provincial and Zone Committees:** The Provincial Practitioner Executive Committee and its subcommittees, the Bylaws and Rules Review Committee, Hearing Committees, the Immediate Action Review Committee; the Zone Medical Administrative Committees and their subcommittees including the Zone Application Review Committee; and
- c) **Zone Clinical Departments** and their sub-component, Zone Clinical Sections.

2.0.2 These groups shall be subject to the collective responsibilities identified in the Bylaws and these Rules, and the appointed leaders of these groups will be responsible for ensuring that these responsibilities are carried out.

2.0.3 The appointment and accountability, responsibilities and duties of the Senior Physician Executive, Associate Senior Physician Executives, Zone Medical Directors, and Zone Clinical Department Heads are found in Part 2 of the Bylaws.

2.0.4 The purpose of the Provincial Practitioner Executive Committee and the Zone Medical Administrative Committee are found in Part 2 of the Bylaws.

2.1 Medical Administrative Leadership Positions

2.1.1 General Provisions

2.1.1.1 Search Committees

Unless otherwise specified in the vacancy posting, search committees shall be constituted according to the following principles:

- a) Search committees for provincial level positions, including Associate Senior Physician Executives, Senior Medical Directors and Zone Medical Directors shall be established by the Senior Physician Executive or designate;
- b) Search committees for Zone level positions shall be established by the Zone Medical Director or designate;
- c) Search committees shall consist of a minimum of three persons with representation dependant on the position being filled; and

- d) Representation shall, as a minimum, include members from the portfolio of the Senior Physician Executive, AHS operational areas, and at least one member of the Medical Staff, identified by the Zone Medical Staff Association (s).
- e) Search Committees shall make recommendations to the AHS medical administrative leader responsible for the appointment of a Practitioner to the position in question. The medical administrative leader shall not be bound by the search committee's recommendations, however.

2.1.1.2 Term of Appointment

Unless otherwise specified in the vacancy posting, the term of appointment for Zone Clinical Department Head positions and other less senior positions shall be for five (5) years, renewable once. All other AHS medical administrative leadership positions created pursuant to these Bylaws or the Rules shall have terms as specified in their vacancy posting.

2.2 Senior Medical Officer of Health

2.2.1 Appointment and Accountability

- a) The Senior Medical Officer of Health is the most senior public health Practitioner in AHS and shall be appointed by the Senior Physician Executive.
- b) The Senior Medical Officer of Health shall be directly accountable to the Senior Physician Executive, and pursuant to the *Public Health Act*, shall liaise with the Provincial Chief Medical Officer of Health.

2.2.2 Responsibilities and Duties

Without limiting the authority of AHS relative to its administrative structures, the responsibilities of the Senior Medical Officer of Health include, but are not limited to:

- a) the duties and authority prescribed by the *Public Health Act*,
- b) responsibility for all population and public health operational and strategic issues and decisions requiring Practitioner input or leadership; and
- c) other duties as may be assigned by the Senior Physician Executive.

2.3 Zone Medical Officers of Health

2.3.1 Appointment and Accountability

- a) One or more Zone Medical Officers of Health shall be appointed by the Senior Medical Officer of Health.
- b) The Zone Medical Officer(s) of Health shall be directly accountable to the Senior Medical Officer of Health and shall liaise with the respective Zone Medical Director for Zone operational issues.

2.3.2 Responsibilities and Duties

Without limiting the authority of AHS relative to its administrative structures, the responsibilities of the Zone Medical Officers of Health include, but are not limited to:

- a) assisting the Senior Medical Officer of Health in carrying out his/her duties (particularly at a Zone level);
- b) acting for the Senior Medical Officer of Health in his/her absence;
- c) carrying out responsibilities as outlined in the Public Health Act in collaboration with AHS staff and the Medical Staff; and
- d) other duties as may be delegated by the Senior Medical Officer of Health.

2.4 Senior Medical Directors

2.4.1 Appointment and Accountability

- a) The Senior Medical Director is the most senior medical administrative leader of one of the specified provincial AHS portfolios.
- b) Senior Medical Directors shall be appointed by the Senior Physician Executive
- c) Senior Medical Directors shall be directly accountable to the Senior Physician Executive but will also take direction from their portfolio executive vice-president.

2.4.2 Responsibilities and Duties

The Senior Medical Directors shall be accountable for provincial and strategic issues and decisions requiring clinical input arising in the portfolio.

2.5 Deputy Zone Clinical Department Heads

2.5.1 Appointment and Accountability

- a) As required, a Deputy Zone Clinical Department Head shall be appointed by the Zone Clinical Department Head after consideration of the recommendation of a search committee pursuant to the process specified in the Rules. A Deputy Zone Clinical Department Head may concurrently hold another medical administrative leader position within the medical organizational structure.
- b) The Deputy Zone Clinical Department Head shall be directly accountable to the Zone Clinical Department Head.

2.5.2 Responsibilities and Duties

- a) The Deputy Zone Clinical Department Head shall assist the Zone

- Clinical Department Head in carrying out his/her duties.
- b) The Deputy Zone Clinical Department Head shall act for the Zone Clinical Department Head in his/her absence and as his designate for those duties assigned to the Zone Clinical Department Head or designated by these Bylaws and the Medical Staff Rules.
 - c) In addition, the Deputy Zone Clinical Department Head will be responsible for all Practitioner-related matters delegated to him/her by the Zone Clinical Department Head. He/she will have the duty to provide recommendations to the Zone Clinical Department Head regarding delegated departmental issues and decisions.
 - d) other duties as may be delegated by the Zone Clinical Department Head

2.6 Zone Clinical Section Chiefs

2.6.1 Appointment and Accountability

- a) Zone Clinical Departments may create intradepartmental sub-units called Clinical Sections led by a Zone Clinical Section Chief. The Zone Clinical Section Chief shall be a member, or be eligible to be a member, of that Clinical Section.
- b) The Zone Clinical Section Chief shall be appointed by the Zone Clinical Department Head upon the recommendation of a search committee pursuant to the process specified in these Rules.
- c) The Zone Clinical Section Chief shall be directly accountable to the Zone Clinical Department Head.

2.6.2 Responsibilities and Duties

The Zone Clinical Section Chief shall have responsibility of the overall function and structure of the Clinical Section, and shall be responsible through the Zone Clinical Department Head for matters within the Clinical Section. Without limiting the authority of AHS relative to its administrative structures, the responsibilities of the Zone Clinical Section Chief include, but are not limited to:

- a) recommending Medical Staff Appointments and Clinical Privileges, as well as changes to Appointments and Clinical Privileges to the Zone Clinical Department Head;
- b) developing policies for the Clinical Section;
- c) in keeping with the objectives and goals of AHS, assigning duties and responsibilities to members of the Clinical Section, and to promote and represent the activities of the Clinical Section;
- d) supervising the clinical work of all Clinical Section members;
- e) assisting in the development of province wide-privileging criteria for procedures new to AHS;
- f) promoting educational programs for Clinical Section members and other staff associated with the Clinical Section;
- g) developing and promoting departmental research activities;
- h) ensuring that Zone Clinical Department policies regarding quality of patient care and patient safety are developed and implemented;

- i) evaluating and investigating Concerns as delegated to him by the Zone Clinical Department Head pursuant to Part 6 of the Bylaws;
- j) assisting the Zone Clinical Department Head in performing Periodic Performance Reviews for Practitioners in the Clinical Section pursuant to Part 5 of these Bylaws;
- k) acting as a designate for the Zone Clinical Department Head for those duties assigned to the Zone Clinical Department Head or designate by these Bylaws or these Rules; and
- l) other duties as may be delegated by the Zone Clinical Department Head.

2.7 Provincial and Zone Committees

2.7.1 General Provisions

2.7.1.1 Terms of Reference

Each committee shall develop such terms of reference as required for its effective functioning, consistent with the provisions of the Bylaws and these Rules. Terms of reference shall include but are not limited to: purpose, composition including alternative members if any, duties and responsibilities, decision-making processes, and reporting and notification requirements.

2.7.1.2 Meeting Frequency

Except as otherwise specified, each committee shall meet at least quarterly and more frequently at the call of the chair, unless otherwise set forth in the Bylaws or these Rules.

2.7.1.3 Committee Members

- a) To assure responsible deliberation and decision making, a broad provincial and system-wide perspective is required of committee members regardless of their individual practice type and geographic location;
- b) Unless otherwise specified, committee members shall be appointed for a term of two years, and shall serve until the end of this period or until the member's successor is appointed, unless the member resigns or is removed from the committee;
- c) All committee members shall:
 - i. display ethical and business-like conduct;
 - ii. avoid and declare conflicts of interest, and maintain the confidentiality of the committee's business necessary for its effective functioning;
 - iii. participate constructively in committee activities treating the mandate, objectives and best interests of the committee as paramount;

- iv. treat other committee members and AHS staff with respect, co-operation and a willingness to address all matters openly and transparently;
 - v. be accountable to their committee;
 - vi. exercise the powers and discharge the duties of their office honestly, in good faith, and in the best interests of the committee;
 - vii. exercise the degree of care, diligence and skill that a reasonably prudent person would in comparable circumstances;
 - viii. attend meetings on a regular and punctual basis;
 - ix. be familiar with the committee terms of reference, relevant policies, and the AHS organizational structure, as well as the rules of procedure and proper conduct of a meeting; and
 - x. actively discourage inappropriate conduct by other committee members.
- d) The Senior Physician Executive or designate(s) shall, unless otherwise specified, be an ex-officio, non-voting member of all provincial committees specified in the Bylaws and these Rules;
- e) A Zone Medical Director or designate(s) shall, unless otherwise specified, be an ex-officio, non-voting member of all Zone committees specified in the Bylaws and these Rules.

2.7.1.4 Removal

If a member of a committee ceases to be a member of the Medical Staff, fails to discharge his/her responsibilities as a committee member pursuant to section 3.1.3 c), or if other reasonable grounds exist, that member may be removed by the Senior Physician Executive (for provincial committees) or Zone Medical Director (for Zone committees) as applicable to the committee.

2.7.1.5 Vacancies

- a) Unless otherwise specifically provided, vacancies on any committee shall be filled in the same manner in which an original appointment to such committee is made until the completion of that member's term;
- b) In an exceptional circumstance, the Senior Physician Executive or Zone Medical Director may appoint a temporary replacement member to fulfil a member's committee term until the vacancy can be filled in the same manner in which an original appointment to such committee was made.

2.7.1.6 Committee Chair

2.7.1.6.1 Provincial Level Committees

Except as otherwise specified in the Bylaws or these Rules, the Senior Physician Executive or designate in conjunction with committee members shall jointly confer and select the committee chair. The committee chair may or may not be selected from amongst the members of the committee. A vice chair may be appointed by the committee, and if so, the vice chair shall be appointed from amongst the voting committee members.

2.7.1.6.2 Zone Level Committees

Except as otherwise specified in the Bylaws or these Rules, the Zone Medical Director or designate in conjunction with committee members shall jointly confer and select the committee chair. The committee chair may or may not be selected from amongst the members of the committee. A vice chair may be appointed by the committee, and if so, the vice chair shall be appointed from amongst the voting committee members.

2.7.1.7 Quorum and Manner of Action

- a) Except as otherwise specified in the Bylaws or these Rules, the quorum for a committee shall be fifty percent plus one of the members entitled to be present and vote.
- b) Except as otherwise specified in the Bylaws or these Rules, the actions of a majority of the members present and voting at a meeting at which a quorum is present shall be the action of the committee. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of members, provided any action taken is approved by at least a majority of the required quorum for such meeting, or such greater number as may be specifically required by the Bylaws.
- c) Except where otherwise provided for in the Bylaws and these Rules, committee meetings may be conducted in-person, by teleconference or videoconference. Committee actions arising from a meeting, such as a recorded vote, may be conducted in-person, by e-mail, teleconference or videoconference.

2.7.1.8 Minutes

Minutes of meetings shall be prepared and retained. They shall include, at a minimum, a record of the attendance of members and the vote taken/agreement on matters (where recording is

required). A copy of the minutes shall be signed by the committee chair of the meeting and forwarded to the Medical Affairs Office.

2.7.1.9 Conduct of Meetings

Unless otherwise specified by the committee, meetings shall be guided by Robert's Rules of Order. However, technical or non-substantive departures from such rules shall not invalidate action taken at such a meeting.

2.8 Provincial Practitioner Executive Committee

2.8.1 Establishment

The Provincial Practitioner Executive Committee is established pursuant to section 2.8 of the Bylaws and is accountable to the Senior Physician Executive.

2.8.2 Composition

The Provincial Practitioner Executive Committee shall be composed of the following persons:

2.8.2.1 Voting Members

The following members shall attend and vote on all issues for discussion at Provincial Practitioner Executive Committee meetings:

- a) a Chair, selected by the voting members who may or may not be selected from amongst the members of the committee, and who shall only vote in the event of a tie
- b) the chairs of the five (5) Zone Medical Administrative Committees
- c) five (5) Members from the Medical Staff, one each identified by the five (5) Zone Medical Staff Associations
- d) the five (5) Zone Medical Directors

2.8.2.2 Ex-officio Non-Voting Members

The following shall attend all meetings but may not vote on any issues for discussion at Provincial Practitioner Executive Committee meetings:

- a) the Senior Physician Executive
- b) the Associate Senior Physician Executives
- c) four (4) of the Senior Medical Directors selected by the Senior Physician Executive
- d) the Senior Medical Officer of Health
- e) the Vice-President, Medical Affairs, Covenant Health

2.8.2.3 Ex-officio Non-Voting Members Optional Attendance

The following may attend all meetings but may not vote on any issues for discussion at Provincial Practitioner Executive Committee meetings:

- a) the CEO of AHS
- b) the Vice President, Portfolio of the Senior Physician Executive
- c) the Executive Director, Provincial Integration, Portfolio of the Senior Physician Executive
- d) the Executive Director, Physician Negotiations and Academic Medicine, Portfolio of the Senior Physician Executive

2.8.3 Duties and Responsibilities

The Provincial Practitioner Executive Committee shall consider, advise and report to AHS and the Senior Physician Executive and on all matters at a provincial level pertinent to patient care and to the Medical Staff and on all items referred to it. These matters include but are not limited to:

- a) quality and safe Patient care
- b) AHS service planning and delivery
- c) Practitioner workforce planning
- d) Practitioner satisfaction
- e) interdisciplinary Patient care and teamwork
- f) the functioning of Zone Medical Administrative Committees
- g) the overall functioning of the Bylaws and the Rules
- h) all other responsibilities and duties assigned to it by the Bylaws and these Medical Staff Rules.

2.8.4 Subcommittees

- a) The Provincial Practitioner Executive Committee may, from time to time, establish any subcommittees or ad hoc subcommittees for specific assignments it determines are necessary to assist in fulfilling its duties and responsibilities.
- b) The terms of reference of any subcommittee or ad hoc subcommittee will be specified at the time of creation and amended as required.

2.8.5 Standing Subcommittees

These shall be as follows, or as amended from time to time by the Provincial Practitioner Executive Committee, pursuant to section 3.2.4 of these Rules:

- a) Provincial Practitioner Workforce Planning Committee

2.9 Medical Staff Bylaws and Rules Review Committee

2.9.1 Establishment

The Medical Staff Bylaws and Rules Review Committee is established pursuant to sections 1.5 and 1.6 of the Bylaws.

2.9.2 Composition

The Medical Staff Bylaws and Rules Review Committee shall be composed of the following voting members:

- a) all Associate Senior Physician Executives, one of whom shall act as chair
- b) the chairs of the five (5) Zone Medical Administrative Committees
- c) five Members from the Medical Staff, one each identified by the five Zone Medical Staff Associations;
- d) additional Medical Staff representatives at large equal to the number of Associate Senior Physician Executives and selected by the Zone Medical Staff Association Presidents after non-binding consultation with the Zone Medical Directors.

The following exclusion criteria apply to the Medical Staff representatives at large:

- Member of council of a professional regulatory body
- AMA Board member
- AMA section president
- AMA geographic representative to Representative Forum
- Practitioner with a contracted AHS administrative/ leadership position

An AMA geographic representative or a Practitioner with an AHS contracted administrative position could be considered by the Zone Medical Staff Association Presidents as a candidate, but may be appointed only if approved by the Senior Physician Executive.

2.9.3 Duties and Responsibilities

2.9.3.1 The Medical Staff Bylaws and Rules Review Committee shall fulfill the duties tasked to it pursuant to sections 1.5 and 1.6 of the Bylaws;

2.9.3.2 Without limiting the foregoing, the Committee shall review and study in any manner it deems appropriate proposed amendments to the Bylaws and these Rules recommended by itself and the parties specified in sections 1.5 and 1.6 of the Bylaws, and make such recommendations as it deems necessary;

2.9.3.3 Pursuant to section 1.6.4 of the Bylaws, amendments to the

Bylaws put forth to the Medical Staff for consideration shall be posted on the Medical Affairs web site and notice of the amendment communicated electronically to all Medical Staff through their e-mail/fax address at least sixty days before being voted upon by ballot conducted through the Medical Affairs Office and the Zone Medical Staff Associations.

2.10 Hearing Committees, Immediate Action Review Committee and Pool Membership Section Process

- 2.10.1 A Hearing Committee shall be established as required pursuant to sections 6.5 and 6.7 of the Bylaws. The designated chair and members of each Hearing Committee shall be drawn from a provincial pool of Hearing Committee designates.
- 2.10.2 An Immediate Action Review Committee shall be established pursuant to section 6.7 of the Bylaws.
- 2.10.3 Beginning on or about 1 April of each year or as required, the Zone Medical Director and the Zone Medical Staff Association President of each Zone shall jointly select designates for a provincial pool of Hearing Committee members. Three shall be selected from each of the North, Central and South Zones, and six designates shall be selected from each of the Edmonton and Calgary Zones. Out of each Zone's designates there will be Practitioners put forward as Hearing Committee chairs. The 21 designates selected in total shall constitute a provincial pool of Hearing Committee designates.
- 2.10.4 Out of this Provincial pool of Hearing Committee designates the applicable Zone Medical Director and President of the Zone Medical Staff Association shall jointly select a standing three person Immediate Action Review Committee which shall include a chair.
- 2.10.5 The Zone Medical Director and the Zone Medical Staff Association President of each Zone are also responsible for jointly selecting replacement designates for their Zone upon the completion of a designate's term or resignation.
- 2.10.6 The criteria for selection of the 21 provincial pool designates shall include but are not limited to: representation from a cross section of specialities; geography within each Zone; representation of various practice settings; not currently serving in an AHS or Zone Medical Staff Association or other Practitioner advocacy organization leadership position; possessing an interest in/experience with disciplinary processes/hearing committees; having a reputation for fairness; and extensive clinical experience.
- 2.10.7 The term of the provincial pool of Hearing Committee designates shall be a maximum of three years renewable once. Upon initial establishment of the provincial pool, designates selected by each Zone shall have a designated term of one, two and three years.

2.10.8 The Zone Medical Director and the Zone Medical Staff Association of each Zone may determine their own process for selecting their roster of Zone designates using the criteria specified in section 9.6 above, and for determining the equal distribution of designates among the initial one, two and three year terms specified in section 8.7 above.

2.10.9 The Medical Affairs Office shall be responsible for the orientation, training and payment of the provincial pool of Hearing Committee designates. The payment of honoraria and expenses to designates assigned to a specific Hearing Committee shall be in accordance with the relevant AHS policies in place from time to time.

2.10.10 The Zone Medical Director and the Zone Medical Staff Association President of each Zone are responsible for drawing a designated chair and four other members from the provincial pool of Hearing Committee designates for each specific Hearing Committee established pursuant to sections 6.5 and 6.7 of the Bylaws. The criteria that they shall use may include but are not limited to: members practicing in the same or related specialty area and knowledge of the practice setting of the Affected Practitioner.

2.10.11 The Zone Medical Director and the Zone Medical Staff Association President of each Zone are also responsible for considering any objection to the composition of a Hearing Committee established pursuant to section 9.7 above provided by an Affected Practitioner. Prior knowledge of the subject matter of the Hearing does not automatically disqualify a designate from being a member of the Hearing Committee. Should the relevant Zone Medical Director and the Zone Medical Staff Association President jointly in their sole discretion determine that the objection of the Affected Practitioner is with merit, they shall jointly designate a replacement designate(s) for that Hearing Committee

2.10.12 A Hearing Committee so established pursuant to the Bylaws and these Rules may meet in the Affected Practitioner's Zone or may meet in another Zone as determined by the Hearing Committee. The Hearing Committee may hear evidence via electronic measures and/or in person. The quorum for each Hearing Committee shall be three members including the Chair.

2.11 Hearing Committee

2.11.1 Establishment

A Hearing Committee is established pursuant to sections 6.5 and 6.7.10 of the Bylaws.

2.11.2 Composition

A Hearing Committee shall be composed of a designated chair and four voting members all of whom are drawn from the provincial pool of Hearing Committee designates following the Hearing Committee and pool

selection process pursuant to section 2.10 of these Rules.

2.11.3 Duties and Responsibilities

The purpose of the Hearing Committee is to receive information, hear evidence, consider a Concern referred to it in respect to an Affected Practitioner, and to make recommendations pursuant to section 6.5 of the Bylaws. A Hearing Committee shall fulfill the duties tasked to it pursuant to section 6.5 of the Bylaws, in a fair and impartial manner.

2.11.4 Conduct of Meetings

2.11.4.1 Meetings of the Hearing Committee may be held in person, by videoconference or teleconference provided that hearings shall require the personal attendance of members;

2.11.4.2 Meetings of the Hearing Committee shall be held in the Zone of the Affected Practitioner or another Zone as the Hearing Committee in its sole discretion may determine.

2.11.4.3 A Hearing Committee shall determine such procedures it deems appropriate and in its sole discretion provided that such procedures do not conflict with and are not inconsistent with section 6.5 of the Bylaws.

2.12 Immediate Action Review Committee

2.12.1 Establishment

The Immediate Action Review Committee is established pursuant to section 6.7 of the Bylaws.

2.12.2 Composition

The Immediate Action Review Committee shall be composed of three members pursuant to section 2.10.4 of these Rules.

2.12.3 Duties and Responsibilities

The purpose of the Immediate Action Review Committee is to receive and consider all relevant information and evidence that led to the Immediate Action including any written submission from the Affected Practitioner, and prepare a report and recommendation regarding the disposition of the Immediate Action in respect to an Affected Practitioner pursuant to section 6.7 of the Bylaws.

2.12.4 Conduct of Meetings

2.12.4.1 The Immediate Action Review Committee shall fulfill the duties tasked to it pursuant to section 6.7 of the Bylaws;

2.12.4.2 Meetings of the Immediate Action Review Committee may be held in person, electronically, by videoconference or

teleconference, and may be held in the Zone of the Affected Practitioner or another Zone as the Immediate Action Review Committee in its sole discretion may determine.

2.12.4.3 The Immediate Action Review Committee shall determine such procedures it deems appropriate and in its sole discretion provided that such procedures do not conflict with and are not inconsistent with section 6.7 of the Bylaws.

2.13 Zone Medical Administrative Committee

2.13.1 Establishment

The Zone Medical Administrative Committee is established pursuant to section 2.6 of the Bylaws

2.13.2 Composition

The Zone Medical Administrative Committee shall be composed of the following persons:

2.13.2.1 Voting Members

The following members shall attend and vote on all issues for discussion at Zone Medical Administrative Committee meetings:

- a) all Zone Clinical Department Heads
- b) Zone Medical Staff Association representatives pursuant to the following provisions:

Zones with 9-10 Zone Clinical Departments - 5 Zone Medical Staff Association representatives

Zones with 11-12 Zone Clinical Departments - 6 Zone Medical Staff Association representatives

Zones with 13-14 Zone Clinical Departments - 7 Zone Medical Staff Association representatives

Zones with 15-16 Zone Clinical Departments - 8 Zone Medical Staff Association representatives

Should the number of Zone Clinical Departments change, the number of Zone Medical Staff Association representatives shall be adjusted according to the provisions above.

On each Zone Medical Administrative Committee, 2 of the Zone Medical Staff Association representatives will be from the membership at large. The rest of the Zone Medical Staff Association representatives shall be from the Zone Medical Staff Association Executive. The 2 members at large shall be selected by the Zone Medical Staff Association President, after non-binding consultation with the Zone Medical Director and the chair of Zone Medical Administrative Committee. If a position cannot be filled by a

member of the Zone Medical Staff Association Executive, then the Zone Medical Staff Association President shall select another member at large to fill the seat, using the same selection process as described above for the 2 members at large.

The following exclusion criteria apply to the Medical Staff representatives at large:

- Member of council of a professional regulatory body
- AMA Board member
- AMA section president
- AMA geographic representative to Representative Forum
- Practitioner with a contracted AHS administrative / leadership position

An AMA geographic representative or a Practitioner with an AHS contracted administrative position, could be considered by the Zone Medical Staff Association President as a candidate, but may be appointed only if approved by the Zone Medical Director.

2.13.2.2 Ex-officio Non-Voting Members

The following members shall attend all meetings but may not vote on any issues for discussion at Zone Medical Administrative Committee meetings:

- a) the Zone Medical Director
- b) the Associate Zone Medical Director(s)
- c) the Zone Medical Officer of Health
- d) the Zone EMS Medical Director
- e) a representative from Covenant Health chosen by the Vice President, Medical Affairs, Covenant Health
- f) the Deans or designates of the Faculties of Medicine (Calgary and Edmonton Zone Medical Administrative Committees only)
- g) the Zone Vice President
- h) the relevant Acute Care Senior Vice President(s)
- i) up to two (2) other operational administrative leaders of the Zone as selected by the Committee

2.13.2.3 Ex-officio Non-Voting Members Optional Attendance

The following members may attend all meetings but may not vote on any issues for discussion at Zone Medical Administrative Committee meetings:

- a) the Senior Physician Executive
- b) all Associate Senior Physician Executives

2.13.3 Duties and Responsibilities

The Zone Medical Administrative Committee shall:

- a) consider, advise and report to the Zone Medical Director and the Provincial Practitioner Executive Committee on all matters pertinent to Patient care and to the Medical Staff at the Zone level and on all items referred to it. These matters include but are not limited to:
 - i. quality and safe Patient care
 - ii. Zone-level service planning and delivery
 - iii. Zone input into Practitioner workforce planning
 - iv. interdisciplinary Patient care; and
 - v. Zone-level interaction with respect to the Medical Staff Bylaws and Rules;
- b) advise the Senior Physician Executive and Zone Medical Director concerning Medical Staff Appointments, Clinical Privileges, and modifications to Medical Staff Appointments and Clinical Privileges of the Medical Staff;
- c) promote interdisciplinary teamwork; and
- d) fulfill all other responsibilities and duties assigned to it by the Bylaws and these Rules.

2.13.4 Subcommittees

- a) The Zone Medical Administrative Committee may, from time to time, establish any subcommittees or ad hoc subcommittees for specific assignments it determines are necessary to assist in fulfilling its duties and responsibilities.
- b) The terms of reference of any subcommittee or ad hoc subcommittee appointed will be specified at the time of creation and amended as required.

2.13.5 Standing Subcommittees

These shall be as follows, or as amended from time to time by the Zone Medical Administrative Committee, pursuant to section 3.6.4 of these Rules:

- a) Zone Application Review Committee

2.14 Zone Application Review Committee

2.14.1 Establishment

Each Zone shall have a Zone Application Review Committee and the committee is established pursuant to sections 3.4, 3.5 and 3.6 of the Bylaws.

2.14.2 Composition

The Zone Application Review Committee shall be composed of the following persons:

- a) two (2) Zone Clinical Department Heads;
- b) two (2) Members from amongst the Medical Staff;
- c) the Zone Medical Director; and
- d) the applicable Zone Clinical Department Head for any applications under consideration.

2.14.3 Duties and Responsibilities

The purpose of the Zone Application Review Committee is to review all initial Applications to the Medical Staff and prepare a written recommendation (to accept, deny, or amend the application) after initial review by a Zone Clinical Department(s); and to review all Requests for Change to a Medical Staff Appointment and Clinical Privileges and prepare a written recommendation (to accept, deny, or amend the Request for Change) after initial review by a Zone Clinical Department(s).

2.14.4 Conduct of Meetings

2.14.4.1 The Zone Application Review Committee shall fulfill the duties tasked to it pursuant to sections 3.4, 3.5 and 3.6 of the Bylaws;

2.14.4.2 Meetings of the Zone Application Review Committee may be held in person, electronically, by videoconference or teleconference;

2.14.4.3 The Zone Application Review Committee shall determine such procedures it deems appropriate and in its sole discretion provided that such procedures do not conflict with and are not inconsistent with sections 3.4, 3.5 and 3.6 of the Bylaws.

PART 3 - RULES APPLICABLE TO ALL AHS ZONES

3.0. Preamble

Part 3 of these Rules are applicable to all Zones and complement the provisions of Part 3 of the Medical Staff Bylaws.

3.1 Universal Services and Programs

Universal Services and Programs - Physicians

3.1.1 Universal Services and Programs are services and programs available to all Alberta Physicians within their respective scope of practice but without the need for an AHS Medical Staff Appointment or grant of Clinical Privileges.

3.1.2 Universal Services and Programs are as listed below, or as may be amended from time to time by the Provincial Practitioner Executive Committee, pursuant to section 1.6 of the Bylaws:

- a) Basic laboratory - Any laboratory test subject to section 3.1.3 of these Rules.
- b) Basic diagnostic imaging – Any diagnostic imaging test subject to section 3.1.3 of these Rules.
- c) Referral to AHS Home Care and community rehabilitation services - All community rehabilitation referrals are included, including those available within a hospital, including:
 - i. physiotherapy
 - ii. occupational therapy
 - iii. speech therapy
 - iv. dietetic services
 - v. mental health services
 - vi. child and adolescent services
 - vii. neurodevelopmental services
 - viii. cancer services
 - ix. chronic disease management
 - x. home care services
- d) NetCare Access – Includes: Provincial Electronic Health Care Repositories.

3.1.3 Some laboratory and diagnostic imaging tests currently, or will, require the pre-approval of a laboratory or diagnostic imaging physician, another specialist Practitioner (in a relevant discipline), and/or an AHS administrative leader. Such approval processes apply whether or not the ordering physician has an AHS Medical Staff Appointment.

Universal Services and Programs – Dentists and Oral Surgeons

3.1.4 Universal Services and Programs are services and programs available to all Alberta Dentists and Oral Surgeons within their respective scope of practice but without the need for an AHS Medical Staff Appointment or grant of Clinical Privileges.

3.1.5 Universal Services and Programs are as listed below, or as may be amended from time to time by the Provincial Practitioner Executive Committee, pursuant to

section 1.6 of the Bylaws:

- a) Basic laboratory - Haematology, Chemistry, Coagulation, and Microbiology tests subject to section 3.1.3 of these Rules.
- b) Basic diagnostic imaging – Plain x-rays, CT, MRI and ultrasound of the head and neck areas, and Nuclear Medicine subject to section 3.1.3 of these Rules.
- a) Referral to AHS Home Care and community rehabilitation services - All community rehabilitation referrals are included, including those available within a hospital. Includes:
 - i. physiotherapy related to the head and neck
 - ii. occupational therapy
 - iii. speech therapy
 - iv. dietetic services
 - v. home care services

Universal Services and Programs - Podiatrists

3.1.7 Universal Services and Programs are available to all Alberta Podiatrists within their respective scope of practice but without the need for an AHS Medical Staff Appointment or grant of Clinical Privileges.

3.1.8 Universal Services and Programs are as listed below, or as may be amended from time to time by the Provincial Practitioner Executive Committee, pursuant to section 1.6 of the Bylaws:

- a) Basic laboratory - Haematology, Chemistry, Coagulation, and Microbiology tests subject to section 3.1.3 of these Rules.
- b) Basic diagnostic imaging – Plain x-rays, CT, MRI and ultrasound of the lower extremity, and Nuclear Medicine subject to section 3.1.3 of these Rules.
- b) Referral to AHS Home Care and community rehabilitation services - All community rehabilitation referrals are included, including those available within a hospital. Includes:
 - i. physiotherapy
 - ii. occupational therapy
 - iii. home care services

3.2 Practitioner Workforce Plan and Recruitment

3.2.1 Practitioner Workforce Plan

3.2.1.1 AHS shall have a Practitioner Workforce Plan which shall provide information and projections with respect to the recruitment and retention of a sufficient number and appropriate mix of Practitioners with the required skill sets and in the required locations throughout the Province and within AHS.

3.2.1.2 The Practitioner Workforce Plan shall be updated annually according to the sequence of steps outlined in sections 3.2.1.4 to 3.2.1.7 of these Rules.

3.2.1.3 The Provincial Practitioner Executive Committee shall determine the overarching principles to be used to develop Zone-level Practitioner Workforce Plans. These principles shall include, but are not limited to,

Patient access, the distribution of the Practitioner workforce, available resources, service delivery changes within AHS, and Practitioner input.

3.2.1.4 The Zone-level Practitioner Workforce Plans shall consider the needs of:

- a) each Zone Clinical Department as determined through the deliberations and recommendations of each Zone Clinical Department; and,
- b) the Zone as reviewed by the respective Zone Medical Advisory Committee.

3.2.1.5 Each Zone Medical Advisory Committee shall submit its Zone-level Practitioner Workforce Plan to its Zone Medical Director for approval. The Zone Medical Director shall ensure the submission complies with the process and methodology established by the Provincial Practitioner Executive Committee, and considers the needs of all Zone Clinical Departments and the Zone, before forwarding the submission to the Provincial Practitioner Executive Committee.

3.2.1.6 The Zone submissions shall be compiled and reconciled by the Provincial Practitioner Executive Committee into an overall AHS Practitioner Workforce Plan for approval by the Senior Physician Executive.

3.2.1.7 Positions within the AHS Practitioner Workforce Plan are identified by Zone, Zone Clinical Department(s), Clinical Section(s) (if applicable), Facilities, Clinical Sites of Clinical Activity, and Services and Programs, as well as being categorized as either new or replacement positions and resource-neutral or resource-requiring.

3.2.2 **Recruitment**

3.2.2.1 With the exception of applicants to the Community and Locum Tenens Staff categories (who are exempted from the requirements of this provision), the following process is used to coordinate Practitioner recruitment according to the approved AHS Practitioner Workforce Plan:

- a) Positions to be recruited by a Zone Clinical Department and which have been approved in the AHS Practitioner Workforce Plan are categorized as being either new or replacement positions, and as being resource-neutral or resource-requiring.
- b) The list of proposed positions to be recruited is reviewed by the relevant Zone Medical Director(s) and Facility Administrator(s) and Medical Director(s) in order to identify priorities and to ensure the recruitment can be supported.
- c) A pre-recruitment Impact Analysis that identifies resource requirements needed to support the position and operational impacts is completed by the respective Zone Clinical Department Head(s) and the relevant Facility Administrator(s) and Medical Director(s) for each position identified as a priority. The analysis must consider the impact upon other Zone Clinical Departments.
- d) The Impact Analyses for all positions are linked to the budget process and to the funding available for the fiscal year the recruitment will occur.

- e) The Zone Medical Director approves positions that are proposed to be included in the Practitioner Workforce Plan based upon the defined priorities and available resources.
- f) Approved positions are then open to active recruitment by the Zone Clinical Department.

3.2.2.2 The solicitation of applicants may occur through the Zone Clinical Department, with the assistance of the Medical Affairs Office if required, and/or through the assistance of provincial supports external to AHS

3.2.2.3 The recruitment must comply with the AHS Recruitment Incentive Policy (Appendix xx).

3.2.2.4 Medical Staff Application forms shall only be provided by the Medical Affairs Office to successful applicants for approved positions as identified in section 3.2.1 e) of these Rules. Applicants to the Community Staff and Locum Tenens categories are exempted from the requirements of section 3.2.1 of these Rules.

3.2.2.5 Applications for approved positions shall be considered pursuant to section 3.2 of these Rules.

3.2.3 **Exceptional Circumstances**

Pursuant to section 3.8 of the Bylaws, under exceptional circumstances as determined and approved by the Senior Physician Executive or designate, a Zone Clinical Department may undertake an active recruitment without completing the steps outlined in section 3.2.1 of these Rules.

3.3 **Accountability to Zone Clinical Department Head**

Each Practitioner is accountable to their Zone Clinical Department Head(s) in the first instance for the responsibilities and obligations contained in the Bylaws and these Rules.

3.4 **Medical Staff Appointment and Clinical Privileges**

3.4.1 **Criteria for Appointment to the Medical Staff**

3.4.1.1 Generally a Medical Staff Appointment is conditional upon:

- a) the verification, to the satisfaction of AHS, of the Practitioner's training, experience and qualifications,
- b) an assessment of the Practitioner's suitability, ability and willingness to accept and discharge his/her responsibilities as a condition to join the Medical Staff of AHS, and
- c) with the exception of applications to the Community Staff and Locum Tenens categories, a determination by AHS if the Appointment is warranted within the Practitioner Workforce Plan and supportable after completion of an Impact Analysis.

3.4.1.2 Each applicant must:

- a) be licensed to practice Medicine, Dentistry or Podiatry in the province of Alberta without supervision;
- b) be a member of the Canadian Medical Protective Association or possess suitable alternative malpractice insurance to the satisfaction of AHS;

- c) possess appropriate educational qualifications as identified by the relevant Zone Clinical Department;
- d) be willing to participate in teaching and training of medical student and Residents, dentists and podiatrists, nursing, paramedical and other health sciences personnel as reasonably required and supported by each Zone;
- e) be willing to perform administrative and Medical Staff functions as reasonably required and supported by the relevant Zone Clinical Department(s) and Zone(s).

It is recognized that activities outlined in (d) and (e) above will not place undue burden on any individual Practitioner and will be based upon mutually agreed upon levels of activity.

3.4.1.3 Consideration of each applicant shall also be based on his/her:

- a) clinical experience, competence, ability and character;
- b) ability to interact professionally and appropriately with their peers;
- c) demonstrated judgment and ethical conduct; and
- d) demonstrated professional competence.

3.4.2 Application Process for a Medical Staff Appointment and Grant of Clinical Privileges

3.4.2.1 All individuals involved in the granting of Appointments and Clinical Privileges shall act and make the necessary recommendations with due dispatch.

3.4.2.2 All applications shall be made on the Medical Staff Appointment and Clinical Privileges Application form (the Application). A specific and streamlined Application shall be used for applicants to the Community Staff and Locum Tenens categories.

3.4.2.3 On request for an Application to the Medical Staff, the Medical Affairs Office shall first determine whether the prospective applicant has been selected for recruitment pursuant to the Practitioner Workforce Plan, or is applying in the Community Staff or Locum Tenens categories. Only if the prospective applicant has been selected to an approved recruitment position, or is applying to the Community Staff category, shall the prospective applicant be given an AHS Application to complete. Otherwise, the Application shall not be accepted, and the prospective applicant shall be advised that no relevant positions are currently approved and referred to the relevant Zone Clinical Department Head(s) for further information or advice.

3.4.2.4 If an Application is provided, the applicant shall indicate:

- a) the Zone(s), the Zone Clinical Department(s) [and Zone Clinical Section(s)] where applicable) in which he/she wishes an Appointment,
- b) the category of Medical Staff Appointment being sought, and
- c) the Clinical Privileges (if any) being requested for the Zone(s).

3.4.2.5 This Application shall be accompanied by:

- a) The names of three referees who can attest to the character and medical competence of the applicant based on firsthand knowledge obtained within the previous four (4) years. A prospective partner or principal shall not be eligible as a referee. This exclusion shall not apply to the members of a Zone Clinical Department in which a Resident was trained and is now applying.
- b) A certificate of good standing/practice permit from the applicant's current licensing body;
- c) Proof of membership in the Canadian Medical Protective Association or evidence of suitable alternative malpractice insurance to the satisfaction of AHS;
- d) A signed waiver and release to permit collection of the information required for Application.
- e) Such other information as may be determined by the Medical Affairs Office from time to time.

3.4.2.6 An Application will be considered incomplete until such time as all required items specified in sections 3.4.2.4 and 3.4.2.5 of these Rules have been received and have been considered to fully and satisfactorily meet the outlined standards of AHS Medical Staff membership. Any failure to provide complete information to the satisfaction of the Medical Affairs Office will render the Application null and void and no further processing will occur.

3.4.2.7 Pursuant to section 3.4.3 of the Bylaws, the review of the completed Application by the Zone Clinical Department Head(s) shall include the Zone Clinical Section(s) appropriate for the applicant being considered.

3.4.2.8 The applicant shall be interviewed by the Zone Clinical Department Head(s) or designate(s) and such other persons as the Zone Clinical Department Head(s) determine are appropriate for the applicant being considered. The interview shall be organized by the Zone Clinical Department(s) and the interview may be conducted by electronic media.

3.4.2.9 The Zone Clinical Department Head(s) or designate shall include an evaluation of the applicant's qualifications and an Impact Analysis on a form provided by the Medical Affairs Office to document the actual impact of the Appointment on the available resources.

3.4.3 Clinical Privileges

3.4.3.1 A delineation of Sites of Clinical Activity and Services and Programs that the Practitioner is eligible to access, and the Procedures that the Practitioner is deemed to be competent and eligible to perform, within a Zone(s) will be defined by the Clinical Privileges granted by AHS to that Practitioner.

3.4.3.2 If Services and Programs are transferred between Sites of Clinical Activity, AHS may accordingly adjust the Clinical Privileges of the Practitioner(s) affected, after approval by the relevant Zone Medical

Administrative Committee, and provided:

- a) reasonable notice is given to the Practitioner affected; and
- b) after due consideration to any representations received in response to such notice.

3.4.3.3 The granting of Clinical Privileges shall be based on the needs of AHS; the Practitioner Workforce plan; the resources available and the Facilities required for the requested procedures and access to AHS Services and Programs; the Practitioner's licensure, specific training, documented experience in categories of treatment areas or specific procedures, current competence; and general recommendations drawn from quality assurance and other quality improvement activities and reviews.

3.4.3.4 Within the Clinical Privileges granted, Practitioners are expected to practice within the scope of their specialty and the limits of their formal training and experience.

3.4.3.5 No recommendation on Clinical Privileges is meant to prevent any licensed Practitioner from performing any medical procedure on any person in an emergency situation where that procedure may result in death or serious injury or harm.

3.4.3.6 List of Procedures for Clinical Privileges – Process for Establishment, Maintenance, and Changes pursuant to section 3.2.6 of the Bylaws.

3.4.3.6.1 Each Zone Clinical Department shall develop a list of Procedures for Clinical Privileges with input from its members and through a process determined by each Zone Clinical Department.

3.4.3.6.2 This list shall be reviewed by the Zone Clinical Department at a minimum of every two years.

3.4.3.6.3 The List of Procedures for Clinical Privileges shall include the core procedures expected of Zone Clinical Department members with Canadian residency training, and those which require extra training and supervision beyond that normally expected in a Canadian residency training program; those procedures which are resource intensive; and those Procedures whose utilization needs to be monitored for quality control and Patient safety reasons.

3.4.3.6.4 Each List of Procedures for Clinical Privileges for a Zone Clinical Department shall be reviewed by the respective Zone Medical Advisory Committee for consistency with Bylaw provisions and between Zone Clinical Departments. The Zone Medical Advisory Committee may make such changes as it may determine.

3.4.3.6.5 Each Zone Medical Advisory Committee shall submit its Lists of Procedures for Clinical Privileges for its Zone Clinical Departments to the Provincial Practitioner Executive Committee. The Committee shall review all submissions to ensure consistency within and between Zone Clinical Departments and Zones and for

consistency with Bylaw provisions.

3.4.3.7 Process to Add Procedures New to AHS and Requiring a Grant of Clinical Privileges pursuant to section 3.2.6.2 of the Bylaws.

3.4.3.7.1 From time to time, new technologies and procedures will become available. It is the responsibility of each Zone Clinical Department to develop a list of proposed Procedures new to AHS and requiring a grant of Clinical Privileges. Input is required from its members through a process determined by each Zone Clinical Department. Input will also be sought from the applicable AHS health technology assessment and product evaluation portfolios.

3.4.3.7.2 This list shall include an assessment of the need for the proposed Procedure, the ability of AHS to support the Procedure, and the proposed credentialing criteria.

3.4.3.7.3 This list shall be reviewed by the respective Zone Medical Advisory Committee which shall make a recommendation for introduction of a new Procedure within AHS to the Provincial Practitioner Executive Committee. Final approval by the Senior Physician Executive is required.

3.4.4 Information Required for Continuation on the Medical Staff

3.4.4.1 Each Practitioner, as a condition of their continuation on the Medical Staff, shall submit a properly completed and signed information verification and attestation form to the Medical Affairs Office within the specified timeframe.

3.4.4.2 The verification and attestation form shall be provided to all Medical Staff within 12 months of their Medical Staff Appointment and annually thereafter requesting but not limited to the following information:

- a) any action including past and pending investigations which have been undertaken regarding the Practitioner's professional status or qualifications including but not limited to licensure, disciplinary actions/professional sanctions, and the imposition of any monitoring requirement;
- b) current Canadian Medical Protective Association membership or evidence of suitable malpractice insurance to the satisfaction of AHS;
- c) current practice permit or equivalent from the relevant College;
- d) acknowledgement that the Practitioner has no physical or mental health issues as it relates to the performance of the responsibilities specified in the Bylaws and these Rules, and the safe and competent exercise of the Clinical Privileges granted;
- e) any professional liability judgments, orders, settlements or arbitration proceedings against him/her and the status of such matters;
- f) any criminal convictions with details about any such instances; and
- g) evidence as to the legal right to live and work in Canada for non-citizens and permanent residents.

3.5. Performance Assessment to Move from Probationary Staff to Active Staff

- 3.5.1 Pursuant to sections 3.1.7.2 and 3.1.7.3 of the Bylaws, an Appointment to the Probationary Staff category shall be considered a time during which the Practitioner's competence, capabilities, and contribution shall be evaluated by the appropriate Zone Clinical Department.
- 3.5.2 After a full evaluation, as outlined in the following performance assessment procedure, the Practitioner may be appointed to the Active Staff category.
- 3.5.3 This performance assessment shall include but not be limited to the following:
- review of AHS Services and Programs accessed by the Practitioner, the procedures performed and performance in the Sites of Clinical Activity to which access has been granted;
 - information on continuing medical education during appointment to the Probationary Staff category;
 - clinical performance as judged by clinical audit;
 - contribution to and participation in other clinical and administrative responsibilities as assigned;
 - resource utilization patterns;
 - ability to work effectively with other staff and in a team environment;
 - ability to perform the functions and fulfill the responsibilities of a Practitioner; and
 - contribution to and participation in teaching programs and activities.

3.6. Periodic Performance Review

- 3.6.1 In the context of the Practitioner's Appointment to the Active Staff and Clinical Privileges, Periodic Performance Reviews provide the Practitioner and the Zone Clinical Department Head(s) or designate(s) with an opportunity to review the Practitioner's professional performance, to determine planned or considered changes to the Practitioner's practice including Clinical Privileges, to identify professional development goals, and to exchange information regarding the functioning of the Zone Clinical Department.
- 3.6.2 A Periodic Performance Review of Practitioners in the Active Staff category will occur every three years or more frequently as specified in the grant of Clinical Privileges.
- 3.6.3 The Periodic Performance Review shall be initiated by the Zone Clinical Department Head(s) or designate(s) of the Zone to which the Practitioner has his/her primary assignment, and shall be conducted between the Practitioner and the Zone Clinical Department Head(s) or designate(s), the Site Medical Director(s), or such other designate as determined by the applicable Zone Medical Director(s). Where a Practitioner has Clinical Privileges in more than one Zone, the Zone Clinical Department Head(s) or designate(s) of the Zone to which the Practitioner has his/her primary Appointment shall confer with the relevant medical administrative leaders of the other Zone(s).
- 3.6.4 The Periodic Performance Review must include all matters relevant to the Active Staff category of Appointment and Clinical Privileges granted to the Practitioner. Each Zone Clinical Department or Zone Clinical Section will develop an

information package of items to be provided to the Practitioner prior to the Periodic Performance Review, and discussed by and reviewed with the Practitioner.

3.6.5 The matters which may be reviewed during a Periodic Performance Review shall include, but are not limited to:

- a) the terms, conditions and major responsibilities contained in the Practitioner's Medical Staff Letter of Offer, and any amendments subsequently made to its terms and conditions;
- b) actions arising from the previous Periodic Performance Review;
- c) the Individual Practitioner's responsibilities and accountabilities as described in section 3.2 of the Bylaws;
- d) a review of objective quality data for the Practitioner as they relate to past performance and future medical practice;
- e) the physical and mental health of the Practitioner as they relate to past performance and future practice;
- f) continuing professional development and maintenance of competence activities consistent with the requirements of their Zone and guidelines from their College;
- g) an assessment of the Practitioner by the health care team and patients with respect to his ability to interact professionally and effectively with peers, AHS employees and Patients;
- h) a discussion of compliance with AHS and Zone standards for completion of health records as defined under section 8, Part 5 Health Records of these Rules;
- i) a discussion of the Practitioner's involvement in the administrative and Medical Staff activities of AHS which shall include attendance at meetings and participation in and contribution to the activities of the Zone, Zone Clinical Department, Zone Clinical Section (if applicable), and Site(s) of Clinical Activity;
- j) the provision of service and coverage as defined under section 2, Part 5 On-Call of these Rules; and
- k) a discussion of the utilization of AHS resources and compliance with AHS quality initiatives.

3.7 Orientation and Activation of Clinical Privileges

3.7.1 Each new Practitioner shall be oriented to relevant AHS systems and processes and their Sites of Clinical Activity. This is a joint responsibility of each new Practitioner, AHS and the relevant Zone Clinical Department Head(s) or Facility or Community Medical Director.

3.7.2 Activation of Clinical Privileges or access to certain AHS resources requires the successful completion of:

- IT/IM systems training
- Privacy protection training
- Occupational Health and Safety assessments

3.7.3 This orientation will vary depending on the Practitioner's prior association with and knowledge of AHS and the Site(s) and Zone Clinical Department(s), and aside from exceptional circumstances as approved by the Zone Medical Director or designate, the activation of Clinical Privileges shall not occur until the completion of the orientation. In general, it should ensure that the member has been:

- a) given access to a copy of the Bylaws and Rules of the Medical Staff, the AHS Medical Staff orientation package, and relevant AHS policies and procedures, and has had an opportunity to review them;
- b) oriented to the reporting relationships pertinent to their appointment both within the Zone Clinical Department(s) and outside the department(s);
- c) oriented to the physical plan of the relevant Site(s) of Clinical Activity and the range of Services and Programs offered in the Site(s) of Clinical Activity.
- d) oriented to Health Records and requirements for recorded care; and,
- e) oriented to the ambience, philosophy, and general operating procedures of the relevant Site(s) of Clinical Activity.

3.7.4 The orientation will be provided by one or more of:

- a) Zone Clinical Department Head(s) or designate(s)
- b) The Site and/or Community Medical Director(s) or designate(s)
- c) The Facility Administrator(s) or designate(s)
- d) Facility operational staff
- e) Others as may be required

3.7.5 A checklist will be completed during the orientation and placed in the Practitioner's file, and the Zone Medical Director shall be notified by the Zone Clinical Department Head or designate.

DRAFT FOR COMMENT

PART 4 – AHS Patient Care and Practitioner-Related Provisions Common to all Zones

This section of the Rules provides AHS Patient Care and Practitioner-Related Provisions which are common to all Zones. Each Practitioner shall also be governed by the relevant AHS policies and procedures as identified in Appendix A of these Rules.

AHS Patient Care and Practitioner-Related Provisions which differ between Zones shall be included in Part 5 of the Rules.

A. Patient Care

4.1 Admission of Patients

- 4.1.1 A Patient whose clinical condition warrants admission shall be admitted to an appropriate Facility by a Practitioner with appropriate Clinical Privileges. Upon requesting or accepting such an admission and care of the Patient, the Practitioner shall be designated as the Patient's Most Responsible Practitioner.
- 4.1.2 All Patients admitted to AHS Facilities require a provisional diagnosis, and shall be categorized by the Most Responsible Practitioner(s) as Emergent or Scheduled. These categories are defined as follows:
- i) Emergent The Patient's condition necessitates immediate hospitalization.
 - ii) Scheduled The Patient's condition warrants admission when accommodation is available.
- 4.1.3 A Practitioner who wishes to admit a scheduled patient to AHS Facilities shall book these admissions according to established Facility admitting procedures.
- 4.1.4 A Patient requiring Emergent admission shall be:
- i) Assigned to the Practitioner requesting or accepting the admission and care of the Patient; or
 - ii) Assigned temporarily to an Emergency Department Physician who may:
 - a. admit the patient and remain the Most Responsible Practitioner, provided that he/she has appropriate Clinical Privileges;
 - b. admit as above, then transfer care to another Practitioner pursuant to section 4.14.2 of these Rules, provided that the receiving Practitioner is available and accepts the admission and care of the Patient (in most instances, this should include a personal conversation with the receiving Practitioner); or
 - c. refer the Patient prior to admission to another Practitioner who has appropriate Clinical Privileges to admit and care for the patient (in most instances, this should include a personal conversation with the potential receiving Practitioner);
- or
- iii) Assigned to the Practitioner on-call for the most appropriate admitting

service.

- 4.1.5 The Most Responsible Physician shall indicate to the staff caring for the Patient, and in the Patient's health record, that he/she is the Most Responsible Physician.
- 4.1.6 No Patient shall be admitted to a Practitioner without that Practitioner's agreement. If an appropriate Practitioner willing and able to accept the admission and care of the Patient has not been identified by the time of admission, the relevant Zone Clinical Department Head or designate, or the relevant Facility or Community Medical Director or designate, shall assign a Most Responsible Practitioner.
- 4.1.7 The Most Responsible Practitioner and any other Practitioner providing care to the patient shall be held responsible for giving sufficient information to staff as may be necessary to ensure protection of other Patients or Facility staff, or to ensure protection of the admitted Patient from self-harm.

4.2 Attendance Upon Patients

- 4.2.1 Each Patient shall receive timely and professional care appropriate to his/her condition. The frequency of attendance will be determined having regard to the condition of the Patient, Zone Clinical Department requirements and these Rules
- 4.2.2 Each Patient in an acute care Facility, except those awaiting rehabilitation or placement in a long term care Facility, shall be attended at least daily by the Most Responsible Practitioner or designate. A Patient awaiting rehabilitation or placement shall be visited at least weekly.
- 4.2.3 Attendance upon a Patient in a Continuing Care Facility shall be as often as is required by the Patient's clinical condition, and as specified by the Facility. If the Most Responsible Practitioner is unable to attend the long term care Site of Clinical Activity, then he/she will transfer care to a Practitioner who is able to attend as required.

4.3 Practitioner's Orders

- 4.3.1 Medication and treatment orders shall be in compliance with applicable AHS policies and procedures.
- 4.3.2 All orders shall be either written in the Patient's health record or entered directly into the Patient's electronic health record (if applicable). If orders are in writing, they shall be written using dark ink, on the appropriate form and shall be legible, complete, dated, timed and signed by the Most Responsible Practitioner or designate. A ballpoint or similar pen shall be used where multiple copies are expected.
- 4.3.3 It shall be the duty of the Most Responsible Practitioner to review the orders for their Patients on a regular basis.
- 4.3.4 A consulting Practitioner (or designated Medical Student or Resident) may write orders if he/she has appropriate Clinical Privileges in the relevant Site of Clinical Activity and has been asked to participate in the Patient's care. The Most

Responsible Practitioner or designate shall countersign such orders within 24 hours.

4.3.5 Orders that are written on the appropriate form by consulting Practitioners shall be carried out, unless cancelled by the Most Responsible Practitioner or designate. Consulting Practitioners may elect to leave suggestions for orders. In this case, the orders will not be carried out until ordered or countersigned by the Most Responsible Practitioner or designate.

4.3.6 Requests for consultations shall be in writing on the appropriate consultation request form or shall be entered directly into the Patient's electronic health record (if applicable), and shall include the reason for consultation, a brief history, and specific timelines in which the consultation is to be provided (based upon the nature of the Patient's condition and circumstances). Direct Practitioner to Practitioner discussion shall occur in urgent cases, and is preferable in all cases.

4.4 Informed Patient Consent

4.4.1 Each Practitioner shall be governed by the AHS consent policy and procedures.

4.4.2 Observation, assessment, examination, treatment, detention and control of persons admitted through an admission certificate shall be as set out in the terms of the *Mental Health Act*.

4.5 Leaving Against Advice

If a competent Patient leaves a Facility without the prior order or authorization of the Most Responsible Practitioner or designate:

- i) Written acknowledgment by the Patient or his/her guardian that the patient is leaving against advice shall be requested when possible, and
- ii) The Most Responsible Practitioner or designate shall make a notation on the Patient's health record that the Patient has left the Facility against the Practitioner's advice.

4.6 Discharge Planning/Bed Management/Bed Utilization

4.6.1 Members of the Medical Staff shall work together, and with AHS staff and administrative leaders, to ensure that inpatient beds are managed in an effective and efficient manner within, and across, all Facilities and Zones. Bed utilization and management should ensure that:

- a) Patient access to hospitals in the Zone is granted on the basis of need;
- b) Patients are treated in the most appropriate AHS Facility which can meet their particular needs;
- c) Standards of Patient care are continually improved and evaluated to improve the quality of Patient care and optimize Patient lengths of stay; and
- d) Patients are discharged from AHS Facilities, including Emergency Departments and other acute care treatment areas, in an appropriate and timely manner.

4.6.2 Patient discharge planning must commence at the time of admission to an acute care or rehabilitation Facility. Where possible, for elective admissions or inter-

Facility transfers, discharge plans and arrangements should be made prior to admission. It is the responsibility of the Most Responsible Practitioner, and consulting Practitioners (if appropriate) to anticipate and begin early planning for discharge with AHS staff, including nurse managers, home care, social services and other relevant health care professionals. Discharge planning must involve the Patient and the Patient's family as well as early consultation with receiving Facilities (if the patient is expected to require transfer to another Facility) and/or the personal or referring Practitioner. It also includes timely transmission of sufficient Patient information to facilitate safe and responsible care after discharge.

- 4.6.3 The Patient shall be discharged only on the order of the Most Responsible Practitioner or designate.
- 4.6.4 The Most Responsible Practitioner must co-ordinate and support an acceptable discharge plan for the Patient.
- 4.6.5 Most Responsible Practitioners are required to discharge Patients according to policy set in the Facility or by the relevant Zone Medical Administrative Committee or Zone Clinical Department(s). Discharge orders may be written in advance of the planned day of discharge in order to facilitate the process of discharging a Patient.
- 4.6.6 The Facility or Community Medical Director and the Facility Administrator shall be responsible for overseeing the effective utilization of Facility beds. They shall develop mechanisms with Practitioner input to:
 - a) Allocate Facility beds on the basis of need;
 - b) Review health records to assess the appropriateness of admissions as well as the ongoing effectiveness and progress of discharge planning;
 - c) Oversee the implementation of any recommended changes to current bed utilization policies or processes, in concert with the Practitioners with a grant of Clinical Privileges at the Facility.

4.7 Levels of Care Designations/Do Not Resuscitate (DNR) Orders

- 4.7.1 Each Practitioner shall be governed by the applicable AHS policy and procedure.
- 4.7.2 The Most Responsible Practitioner will confirm in writing (or electronically if applicable) on the Patient's record that he/she has discussed with the Patient (or his/her legally appointed or designated agent, guardian or co-decision-maker) his/her diagnosis, prognosis, and the Patient's decision with respect to future treatment, including possible levels of care and resuscitation. Prior direction from a Patient must be suspended immediately upon the subsequent request of the Patient.
- 4.7.3 The Most Responsible Practitioner will take into account, as appropriate: relevant instructions in a personal directive; instructions of legally appointed or designated agent under a personal directive or guardian or co-decision maker under the Adult Guardianship and Trusteeship Act; and the best interests of the patient. Communication entered into the Patient's health record will be used to inform other health care personnel involved in the care of the Patient as to the basis and

the rationale of decisions.

- 4.7.4 A Level of Care Designation or DNR order shall be duly recorded in the Patient's health record. If the Patient is admitted after regular hours, a verbal or telephone order will be accepted but the order shall be countersigned by the next Most Responsible Practitioner within 24 hours.

4.8 Patient Death

- 4.8.1 Pronouncement of death must be made by a Physician or designate.
- 4.8.2 As soon as is practical following the death of a Patient, the Most Responsible Practitioner or designate will notify the next of kin and determine whether the Medical Examiner should be notified; organ/tissue donation is to be requested; an autopsy is to be requested and performed; and whether the Zone Medical Officer of Health is to be notified;
- 4.8.3 The Medical Examiner will be notified in all circumstances as outlined in the *Fatality Inquiries Act (Alberta)*.
- 4.8.4 The Most Responsible Practitioner or designate must complete a death certificate within twenty-four (24) hours, unless directed otherwise by the Medical Examiner.

4.9 Autopsies

- 4.9.1 Autopsies may be requested and performed in cases where the Medical Examiner is not involved. In addition:

- i) No autopsies shall be performed without the consent of a legally authorized agent of the deceased.
- ii) All autopsies shall be performed by a qualified pathologist or his/her designate.
- iii) As soon as it is available, a copy of the autopsy report will be included in the Patient's health record.

4.10 Organ and Tissue Procurement

- 4.10.1 Each Practitioner will follow the AHS Human Tissue and Organ Donor policy and procedures.
- 4.10.2 It is the responsibility of all Practitioners to discuss and encourage organ donation with the Patient and/or his/her family where and when appropriate.

B. Practitioner-Related

4.11 On-Call

- 4.11.1 Each Practitioner will ensure twenty-four (24) hours per day, seven (7) days per week coverage for the Patients for whom they are the Most Responsible Practitioner. Practitioners, when unavailable for whatever reason, will make specific arrangements with another Practitioner for the care of their Patients. This

may be accomplished individually or by participating in a roster with other Practitioners who have similar and appropriate Clinical Privileges at the Facility(ies). This roster must be made widely available to all Zone Clinical Departments and Patient care units at the Facility(ies).

4.11.2 Zone Clinical Departments and their members are required to ensure appropriate on-call coverage in order to provide medical care to Patients residing within the Zone as well as those referred from other Zones with conditions requiring their expertise. Responsibilities of the on-call Practitioner include but are not limited to:

4.11.2.1 Responding appropriately to calls and requests from other Practitioners and other health professionals regarding Patients for whom they or their on call service are responsible or about whom they have been consulted; and attending Patients appropriately, in a timely fashion, and in accordance with Zone Rules and Zone Clinical Department policy. Calls and requests may originate from Emergency Departments, Patient units, Patient referral and transfer call lines, community practitioners, or other such source.

4.11.2.2 Discussion with the referring Practitioner to assess the medical urgency of the consultation and, when possible, offering advice to the referring Practitioner in advance of attending the Patient. This may include arranging in-person attendance at an appropriate time and location, and follow-up of cases not requiring emergent assessment.

4.11.2.3 Working co-operatively with the referring Practitioner to stabilize the Patient and provide urgent care if applicable and as required, and consistent with the level of resources available.

4.11.2.4 Working cooperatively with the referring Practitioner to coordinate the admission or appropriate transfer of the Patient as required. This includes speaking directly with the receiving Practitioner.

4.11.3 It is expected that the referring Practitioner will limit after hours consultations to the on-call Practitioner to urgent or emergent cases. Referrals for non-urgent cases should be managed during regular working hours. A non-urgent inpatient consultation shall be completed within 24 hours of the request, unless otherwise agreed to by the referring and consulting Practitioners.

4.11.4 On call rosters must not place work demands on individual Practitioners that prevent the Practitioner from providing safe and timely care. Similarly, all Practitioners in a call roster should manage their other clinical activities to safely and appropriately support call duties. In addition, all Practitioners shall participate equitably and fairly in on-call coverage.

4.11.5 AHS will work with Services and Programs, Sites of Clinical Activity and Practitioners to resolve, as quickly as feasible and appropriate, issues where an undue burden of call exists and/or where resources are not available to meet all Patient care needs.

4.11.6 Should the Practitioner(s) and the Zone Clinical Department Head or designate not be able to resolve issues related to appropriate on-call coverage and/or on-

call rosters, the issue shall be referred to the Facility or Community Medical Director as applicable. The Facility or Community Medical Director shall confer with the Zone Clinical Department Head and the Practitioner(s) for resolution. Should the issue still remain unresolved, it shall be referred to the Zone Medical Director for resolution.

4.12 Practitioner Patient Care Rounds/Daily Attendance

- 4.12.1 Practitioners should conduct daily Patient care rounds prior to 12:00 noon.
- 4.12.2 When appropriate, and in order to provide optimal Patient care, the Practitioner should make additional Patient visits as required
- 4.12.3 Sections 4.12.1 and 4.12.2 do not obviate the responsibility of the Most Responsible Practitioner to respond or assess Patients who require more frequent visits because of illness or staff request.

4.13 Supervision of Medical Students and Residents

- 4.13.1 At any given time, each Medical Student and Resident shall have one Practitioner in the Facility or the community designated as the supervisor of that trainee's experience.
- 4.13.2 When involved in the education of trainees (Medical Students, Residents and other health care learners), Practitioners have the responsibility to supervise all Procedures. However, when the trainee has obtained and demonstrated the necessary skills, and is considered competent, to perform Procedures independently, the supervising Practitioner or designate shall only be required to be available to assist or intervene if necessary. In all cases involving supervision of trainees, the Most Responsible Practitioner must maintain sufficient knowledge of the Patient to ensure he/she is receiving safe and appropriate care, and must remain readily available for consultation.
- 4.13.3 When involved in the education or supervision of trainees, Practitioners must ensure that the trainees are aware they have the following responsibilities:
 - i) to explain his/her role in the Patient's care to the Patient and/or his/her family;
 - ii) to inform the Patient and/or his/her family of his/her name and that of the supervising Practitioner;
 - iii) to notify the supervising Practitioner and/or the Most Responsible Practitioner when a Patient's condition is deteriorating, the diagnosis or management is in doubt, or where a Procedure with possible serious adverse effects is planned;
 - iv) to inform the supervising Practitioner and/or the Most Responsible Practitioner when discharge is appropriate and planned;
 - v) to notify the supervising Practitioner of all Patients assessed on behalf of the Practitioner;
 - vi) to assess all referrals and consultations in a timely fashion as appropriate to the Patient's condition.

4.14 Designation of Most Responsible Practitioner/Transfer of Responsibility

4.14.1 Identification of Most Responsible Practitioner

4.14.1.1 Every Patient admitted to a Facility will have an identified Most Responsible Practitioner. The identity of the Most Responsible Practitioner shall be documented in the Patient's health record at the time of admission. And the Patient shall be informed of his/her name by the Practitioner, his/her designate, or the nursing staff responsible for the Patient's care. The Most Responsible Practitioner has the duty, responsibility and authority to direct all medical care for that Patient while in the Facility, and to make reasonable efforts to ensure continuity of care following discharge.

4.14.1.2 The Most Responsible Practitioner will assess his/her Patient as soon as required by the Patient's condition but within 24 hours of admission in the case of an acute care facility, and within 7 days in a continuing care facility. The Most Responsible Practitioner should notify and consult with the Patient's personal/family physician and/or other Practitioners whom the Patient identifies as providing continuing care.

4.14.1.3 The Most Responsible Practitioner may designate any Practitioner(s) to provide concurrent care where this will provide benefit to the Patient; however, such designation will not have the effect of transferring ultimate responsibility for the Patient from the Most Responsible Practitioner.

4.14.2 Transfer of Responsibility

4.14.2.1 The designation and responsibilities of Most Responsible Practitioner may be transferred from one Practitioner to another provided that the receiving Practitioner agrees and has the necessary Clinical Privileges in accordance with the Medical Staff Bylaws. The Most Responsible Practitioner shall document the transfer and acceptance in the Patient's health record.

4.14.2.2 The Most Responsible Practitioner shall ensure the Patient, his/her family or legal agent, and other Practitioners involved in providing continuing care are informed of the transfer.

4.14.3 The Most Responsible Practitioner shall make reasonable efforts to inform the Patient's personal/family physician, and other Practitioners providing care to the Patient in the community, of the Patient's course in hospital, disposition and treatment plan following discharge.

4.15 Absence from Clinical Practice in Sites of Clinical Activity

4.15.1 During an absence from a Site(s) of Clinical Activity, a Practitioner shall ensure requirements are met for coverage of all his/her responsibilities, and shall identify an alternative Practitioner to assume those responsibilities and to serve as Most Responsible Practitioner for his/her admitted Patients. The Practitioner providing coverage must have the necessary Clinical Privileges in accordance with the

Medical Staff Bylaws. The Practitioner will document the identity of the covering Practitioner in the Patient's health record and shall inform the Patient, his/her family and/or legal agent. In doing so, the provisions of section 4.14.2 of these Rules must be met.

- 4.15.2 Coverage for Patients during an absence of less than or up to ninety-six (96) hours may be provided through the on-call roster of the service or group in which the Practitioner participates, or by specific and adequate prior arrangement.
- 4.15.3 During an absence of greater than ninety-six (96) hours, the provisions of section 4.14.2 for the formal transfer of responsibility must be fulfilled. In addition, notification of the absence and the identity of the covering Practitioner will be provided to the Zone Medical Affairs Office, the relevant Zone Clinical Department Head(s), Clinical Section Chief(s) if any and the Facility and/or Community Medical Director.
- 4.15.4 For an absence of greater than thirty (30) consecutive days, a formal leave of absence is required and must be approved in advance by the Zone Medical Director or designate upon the recommendation of the Zone Clinical Department Head(s) or designate(s). The recommendation and approval to grant a leave of absence will be based on consideration of the reason(s) for the request, the responsibilities of the Practitioner, workforce needs and the Practitioner Workforce Plan, and any other relevant matters. Only in exceptional circumstances will the length of a leave of absence exceed one (1) year.

4.16 Medical Ethics

Ethical considerations are an integral part of health care at all levels. Practitioners may seek the advice of the Zone or Facility Clinical Ethics Committee or Team in difficult decisions or relationships that are related to human rights, Patient rights, health and safety and multiculturalism. The advice offered during consultation is non-binding in nature and, as with all Patient information, is confidential.

4.17 Research

Members of the Medical Staff are encouraged to participate in approved research activities within AHS and to consider the participation of their Patients in relevant research activities.

4.18 Dealing with Disruptive Behaviour in the Health Care Workplace

Each Practitioner shall be familiar with the College of Physicians and Surgeons document "Managing Disruptive Behaviour in the Health Care Workplace," and such similar guidelines, if any, produced by another relevant College. This document will be applied as a framework when addressing complaints/allegations of disruptive behaviour by Practitioners within the AHS health care workplace.

C. Documentation, Records and Record Keeping

4.19 Personal Directives

- 4.19.1 Each Practitioner shall be governed by the AHS policy and procedure on personal directives. (Appendix xx)
- 4.19.2 When a Patient is admitted to a Facility, it should be determined if he/she has a personal directive. If so, the Most Responsible Practitioner should discuss the provisions of the personal directive with the Patient and ensure that a copy is included in the Patient's health record. A personal directive may include any requests that the Patient may have with regard to organ donation.
- 4.19.3 Patient health record Information transferred to other Facilities or health care institutions will include a copy of the Patient's personal directive.

4.20 Health Records

4.20.1 General Guidelines:

- a) All members of the Medical Staff shall complete their health records within a specified period of time using the systems made available for dictation and electronic signature.
- b) AHS has a legal obligation to protect health information. The information belongs to the Patient but AHS is the legal custodian of the health record. Original or copies of health records are not to be removed from a Facility unless authorization is received from the AHS Zone Director of Health Information Management or designate or unless in compliance with a legally valid Subpoena Duces Tecum or a legally valid Search Warrant.
- c) Community-based health records may travel with the Patient, his/her family or legal agent during the provision of care in compliance with formally documented processes.
- d) Confidentiality of patient medical information is paramount. Practitioners must respect and adhere to relevant organizational policies governing privacy and access to health records.

4.20.2 Documentation Standards

4.20.2.1 General Characteristics

A health record shall be maintained for each Patient who is evaluated or treated, or who receives emergency, inpatient or ambulatory care services within any Facility. All significant clinical information pertaining to a Patient is incorporated in the Patient's health record.

4.20.2.2 General Standards

- a) All entries into the health record must include documentation of the date and time of entry and an identifiable signature. Where available, the use of the electronic signature is mandatory (i.e. some dictation/transcription systems or

electronic health records), A handwritten, original signature is required in all other circumstances (with the exception of existing delegated authenticated processes).

- b) Practitioners shall follow the AHS policy on approved health record abbreviations.

4.20.2.3 Admission (History and Physical) Note

- a) The Most Responsible Practitioner is responsible for an admission note documenting the history, pertinent physical examination and plan of management for all Patients admitted under his/her care.
- b) Completion of an admission note may be delegated to a Medical Student or Resident. The Most Responsible Practitioner, nevertheless, remains responsible for ensuring the recorded information is complete and accurate.
- c) Admission Note Requirements
 - i. Every inpatient must have an admission note completed within 24 hours following admission, except in the case of a surgical emergency, in which case the admission note must be completed prior to the surgical operation.
 - ii. For Patients re-admitted to hospital within 30 days or discharge for the same or related problem, a copy of the previous/most recent complete admission note, accompanied by a note documenting the changes that have occurred since discharge, will suffice.
 - iii. If a complete assessment (history and physical) has been performed within one year prior to admission, such as in the office of a Practitioner, a copy of this report may be used as an admission note in the Patient's health record, provided there have been no subsequent changes in the Patient's condition or any changes have been recorded at the time of admission. All such recorded information must be authenticated and validated by the Most Responsible Practitioner or his/her designate.
 - iv. For obstetrical Patients an original or reproduction of the prenatal record is acceptable as an admission note but must be authenticated and validated by the Most Responsible Practitioner or his/her designate.
 - v. For Patients transferred from one Facility to another, a note detailing the reasons for the transfer and the condition of the Patient upon arrival at the receiving Facility, together with a copy of the admission note from the sending Facility, shall constitute an admission note for the record for the receiving Facility. Copies of the Patient's complete health record from the sending Facility, or the relevant portions of it, should be included to the Patient's health record in the receiving Facility.

- d) Recommended Content of an Admission Note
 - i. Identification Information with respect to the Patient
 - ii. The reason(s) for admission, or chief complaint.
 - iii. Details of present illness, including, when appropriate, assessment of the Patient's emotional, behavioural and social status.
 - iv. Relevant past medical history, review of body systems current medications, presence or absence of allergies, relevant past social and family histories, appropriate to the age of the Patient.
 - v. Details of a complete physical examination.
 - vi. A comprehensive list of active Patient care problems/issues with an appropriate differential diagnosis for each problem as required.
 - vii. A statement of the conclusions drawn from the admission history and physical examination and an initial plan of management for the active problems.
 - viii. Level of care designation or a summary or copy of the Patient's personal directive if appropriate
 - ix. Estimated length of stay

4.20.2.4 Progress Notes

- a) The Most Responsible Practitioner is responsible for recording and maintaining progress notes for Patients under his/her care. Progress notes must serve as a pertinent chronological report of the Patient's course in hospital and reflect any change in condition, an interpretation of the results of diagnostic tests and the effect of treatment.
- b) Documentation and maintenance of progress notes may be delegated to a Medical Student or Resident. The Most Responsible Practitioner, nevertheless, remains responsible for ensuring the recorded information is complete and accurate. The Most Responsible Practitioner must co-sign the progress notes of Medical Students but not those of a Resident.
- c) Daily progress notes are recommended for Patients in acute care Facilities, unless the Patient is awaiting placement in a continuing care Facility in which case a weekly note shall suffice, and must be completed whenever unexpected events or outcomes occur (i.e. deviation from the care plan). For Patients in continuing care Facilities, progress notes should be documented at least monthly.
- d) Recommended Content of Progress Notes
 - i. Response to treatment.
 - ii. Acute or unexpected changes in the Patient's status.
 - iii. Adverse reactions to drugs and/or other treatments.
 - iv. Interpretation of the results of diagnostic tests, particularly significant or unusual test results.
 - v. Fundamental decisions about ongoing treatment including but not limited to medication, invasive

procedures, consultations, treatment goals, and decisions regarding level of care/resuscitation.

- vi. Invasive procedures not performed in an operating room.
- vii. Discharge plans.
- viii. Documentation in the event of death, including the date and time of death.
- ix. Such other information as may be pertinent, such as temporary leaves, refusal of treatment or leaving against advice.

4.20.2.5 Practitioner Orders

- a) All Practitioner orders must be documented on the approved order sheet with the time, date of the entry, and a legible signature.
- b) Where electronic order entry is available, utilization of the system is mandatory.
- c) The identity of the Practitioner(s) covering in the case of an absence of the Most Responsible Practitioner and all transfers of care between Practitioners should be documented in the orders.
- d) Verbal and Telephone Orders
 - i. Verbal orders are acceptable only in emergency situations.
 - ii. Telephone orders should be limited to those situations in which direction for Patient care is required and the ordering Practitioner is not present on the Patient's unit or does not have access to the patient's health record. Fax transmission of orders written by the ordering Practitioner are preferred to telephone orders. Faxes must include the ordering Practitioner's signature.
 - iii. Verbal and telephone orders are accepted and recorded only by persons authorized to do so and in accordance with AHS policy.
 - iv. Telephone orders are not to be accepted through a third party, such as an employee in a Practitioner's office.

Exception: In emergency situations when the Practitioner is occupied performing a Procedure or surgery, the order may be relayed through an authorized person who has communicated directly with the Practitioner. When possible, the authorized person relaying the message should be physically present with the ordering Practitioner.
 - v. Verbal and telephone orders must be repeated back to the ordering Practitioner and signed by the authorized person to whom they were dictated, along with the name of the ordering Practitioner.
 - vi. Verbal and telephone orders shall be countersigned within 24 hours or, if in a continuing care Facility, at the time of the ordering Practitioner's next visit to the Facility. Verification of verbal and telephone orders shall be the

responsibility of the ordering Practitioner and must comply with AHS policy.

- vii. Orders sent by email are managed similarly to orders sent by fax; the name of the Practitioner shall be considered his/her signature
- e) Order sets shall be signed by the Practitioner for each Patient to whom they are applied. Order sets must be approved and periodically reviewed by the Zone Clinical Department in accordance with AHS policy.

4.20.2.6 Operative Reports

- a) Operative reports are to be dictated or electronically entered in the health record within 24 hours of surgery.
- b) Recommended Content of Operative Report
 - i. Identification Information with respect to the Patient
 - ii. title of the operation /Procedure performed
 - iii. pre-operative diagnosis/indication for the operation/Procedure
 - iv. proposed operation/Procedure (if different from procedure performed)
 - v. post-operative diagnosis
 - vi. type of anaesthesia
 - vii. diagnostic specimens collected/removed during the operation/Procedure
 - viii. operative findings
 - ix. description of operation/Procedure (including the condition of the Patient during and at the conclusion of the operative procedure, and estimated blood loss)

4.20.2.7 Anaesthetic Records

The anaesthetist shall record a pre-anaesthetic assessment on the anaesthetic sheet prior to the administration of any anaesthetic and shall complete and sign the anaesthetic record at the end of the operation/Procedure.

4.20.2.8 Consultation reports

- a) Consultation reports are to be written, dictated and/or electronically entered in the health record within 24 hours of examination,
- b) Recommended Content of Consultation Report
 - i. Identification Information with respect to the Patient
 - ii. findings of the consultation and recommendations for management of the Patient

4.20.2.9 Transplantation

- a) When an organ or tissue is obtained from a living donor for transplantation purposes, the health records of the donor and recipient shall fulfill the requirements for an operative report pursuant to section 4.20.26. of these Rules
- b) When a donor organ or tissue is obtained from a deceased Patient, the health records of the donor must include the date and time of death, documentation by and identification of the physician who determined the death, and documentation of the removal of the organ or tissue.
- c) When a cadaveric organ or cadaveric tissue is removed for purposes of donation, the removal is to be documented in the donor's health record.

4.20.2.10 Pathology Reports

Recommended Content of pathology reports

- i. Identification Information with respect to the Patient
- ii. site of origin of tissue and/or operation/Procedure and date performed/collected.
- iii. the gross descriptions shall contain adequate information regarding:
 - a. Type, size and/or weight of lesion/specimen(s)
 - b. Measurements of gross lesion/specimen(s)
 - c. Description of gross lesion/specimen(s) margins
 - d. Relationship of gross lesion/specimen(s) to surgical margins
- iv. The gross and microscopic findings shall support the diagnosis.
- v. The final diagnosis in tumour cases shall provide sufficient information as to grade of tumour, where appropriate, and extent of disease for use in standard systems of grading and staging neoplasms.
- vi. If a grading system is used, the name of the grading system shall be documented and the results indicated in the report.

4.20.2.11 Discharge Summaries

- a) The Most Responsible Practitioner is responsible for completing a discharge summary.
- b) Completion of discharge summaries may be delegated to a Resident or other authorized person.. The Most Responsible Practitioner, nevertheless, remains responsible for ensuring that the discharge summary is accurate, comprehensive
- c) Completion Requirements
 - i. A discharge summary is required for each admission in a manner that is conducive to electronic access and

distribution (i.e. dictation, direct electronic entry, and/or scanning).

- ii. Discharge summaries must be completed within 14 days after the chart is made available post-discharge.

d) Recommended Content of a Discharge Summary

- i. Identification Information with respect to the Patient
- ii. history of present illness
- iii. brief description of the clinical problems and events leading up to hospitalization
- iv. course in hospital
- v. a brief summary of the management of each of the active clinical problems during the hospitalization, including operations/Procedures and major investigations, treatments and outcomes
- vi. most responsible diagnoses
- vii. secondary diagnoses
- viii. the condition of the Patient on discharge
- ix. discharge plan for follow-up, including further investigations or consultations to be completed, medications, recommended physical activity, and instructions to other caregivers
- x. follow-up arrangements and any specific instructions given to the Patient and/or his/her family, as pertinent.

4.20.2.12 Autopsy Reports

When an autopsy is completed, an autopsy report should be included in the health record

4.20.2.13 Emergency Department and Ambulatory/Outpatient Notes

- a) All entries on emergency and ambulatory Patients must be documented on the approved forms and shall include the time, date and signature.
- b) The Most Responsible Practitioner is responsible for ensuring the emergency department and ambulatory/outpatient notes of all Patients in his/her care are completed.
- c) Completion of emergency or ambulatory/outpatient notes may be delegated to residents and other authorized persons. The Most Responsible Practitioner, nevertheless, remains responsible for ensuring the recorded information is complete and accurate.
- d) Completion Requirements
 - a. Every emergency department and ambulatory Patients must have an emergency department or ambulatory/outpatient note completed within 24 hours
 - b. To facilitate the ongoing provision of care, for each patient who receives continuing ambulatory/outpatient care, a summary outlining the changes that have occurred since the last visit is required.

- e) Recommended Content of the Emergency Department and Ambulatory/Outpatient Notes
 - a. The reason(s) for the visit
 - b. The relevant history of the present illness or injury and of physical findings, including the Patient's vital signs as clinically appropriate.
 - c. Diagnostic and therapeutic orders.
 - d. Clinical observations, including the result of treatment.
 - e. Reports of diagnostic, surgical and invasive procedures and tests, and their results.
 - f. Reports of any telephone consultations or advice obtained.
 - g. Final diagnosis or impression.
 - h. Patient disposition and any instruction given to the Patient and/or his/her family for care.
 - i. Allergies and medications, both current and prescribed.
 - j. Referrals to another Practitioner and/or Service and Program

4.20.3 Health Record Completion Guidelines

4.20.3.1 All Practitioners shall complete their health records/reports within the following timelines using the systems made available for dictation and electronic signature. Any report without a signature will be deemed incomplete.

TYPE OF REPORT	TIMELINES FOR COMPLETION
Admission Note	Within 24 hours following admission except in the case of a surgical emergency, in which case the admission note is required to be completed prior to the operation/Procedure
Operative Report	Within 24 hours of the operation/Procedure.
Anaesthetic Record	At the time of the operation/Procedure
Discharge Summary	Within 14 days of the health record being made available for completion.
Emergency Department and Ambulatory/Outpatient Notes	Within 24 hours of visit
Consultation Report	Within 24 hours (preferably upon completion of the assessment)

4.20.3.2 AHS Health Information Management staff at each Facility will monitor health record completion by Practitioners. After a Patient has been discharged from a Facility, the Patient's health record will be made available to the Most Responsible Practitioner in the designated health record completion area of the Facility.

4.20.4 Curtailment of Clinical Privileges for Incomplete Health Records

Note: This section is currently under discussion and development but will be included in the final draft of the Medical Staff Bylaws and Rules scheduled to be distributed for a vote by Practitioners in September 2010. However, feedback from Practitioners will likely be sought during the summer months and in advance of the September mail out.

The guiding principles and objectives of this section are as follows:

- Timely and careful completion of health records is a professional responsibility, and contributes to quality and safe Patient care.
- As defined in the Bylaws, health record completion is a fundamental responsibility of Practitioners.
- Based on historical experience over many years, there is often a small but substantial minority of Practitioners who fail for whatever reason(s), to complete their Patient's health record in an appropriate fashion.
- It is not acceptable Patient care when health record delinquencies are chronic, recurrent and/or substantial in number.
- Therefore, this section will describe further expectations for health record completion and will prescribe consequences for a failure to do so in a reasonable fashion. Such consequences will include temporary curtailment of Clinical Privileges for substantial breaches until such time that the affected Practitioner has complied with the expected standards for health records completion.
- Consideration will be given to agree upon extenuating circumstances.

D. Other

4.21 Disaster Planning/Emergency Preparedness

Each Practitioner shall participate as required in the event of an External/Internal Disaster or Emergency, including major service disruption, according to AHS and the respective Facility Disaster Plan/ Emergency Preparedness Manual.

4.22 Pharmacy

Each Practitioner shall be governed by AHS policies regarding the use of drugs and therapeutic agents. These include policies and procedures introduced by the Provincial or Zone Pharmacy and Therapeutics Committees and those related to the Provincial Formulary.

4.23 Communicable Diseases

4.23.1 Members of the Medical Staff shall provide care within their area of expertise to all Patients, including those known or suspected of having transmittable infections. Practitioners shall also ensure that all appropriate precautions are taken to prevent transmission of these infections to others, including themselves.

4.23.2 It is the duty of all health care personnel including Practitioners to take appropriate action to protect Patients from known, suspected or possible transmittable infections and conditions. Such action shall include universal blood and body fluid precautions and compliance with basic infection control practices required for all patient encounters. Specific actions, including alteration and/or restriction of duties or when necessary, exclusion from work, shall also be required as determined by the Patient's condition and diagnoses.

4.23.2.1 Each Practitioner shall follow the current AHS hand washing policy and procedure and the current AHS isolation policy and procedure (Appendix xx)

4.23.3 The Most Responsible Practitioner shall be accountable for notifying the Zone Medical Officer of Health of all cases of communicable disease where such notification is required by law.

DRAFT FOR CONSULTATION

PART 5 – RULES APPLICABLE TO AN INDIVIDUAL ZONE OR ZONES

5.0 Preamble

- 5.1 A Zone, through its Zone Medical Advisory Committee, may develop Zone Rules where necessary to reflect circumstances unique to the Zone, provided that such Zone Rules do not conflict with and are not inconsistent with the Bylaws, or the Rules Applicable to all AHS Zones pursuant to part 3 of these Rules.
- 5.2 Zone Rules so developed shall follow the approval process pursuant to section 1.5 of the Bylaws.
- 5.3 These Zone Rules shall govern the day to day management of Medical Staff activities within the Zone, and nothing in them shall alter the intent and purpose of the Bylaws or Rules parts 1-4 inclusive.

DRAFT FOR CONSULTATION

Appendix A – AHS Policies and Procedures Applicable to Practitioners

(SAMPLE below)

CALGARY HEALTH REGION BYLAWS AND POLICIES APPLICABLE TO MEDICAL STAFF MEMBERS

Members of the Calgary Health Region Medical Staff are responsible to review, and to remain informed regarding new or revised bylaws and policies which are applicable to, or of importance to, the Medical Staff. The bylaws and policies may be viewed on-line by accessing the Region's policy database or via a hardcopy policy manual. A Regional Policy Manual may be obtained from the Regional Policy Unit located at Southport. Questions or comments regarding the bylaws and/or policies should be brought to the attention of the Executive Medical Director, CMO's office. Notification of new and revised policies and bylaws is announced through the Region's web-based information source "E-Lines." The responsibility to remain informed regarding all policies and bylaws rests with the individual Medical Staff member. The policy website can be accessed at either of the following locations: Internal access (within the Calgary Health Region facilities):

<http://iweb2.crha-health.ab.ca/policydb/> External access (outside the Calgary Health Region facilities):
www.calgaryhealthregion.ca/policydb

Policy Name	Policy #	Classification
Acceptance of Out-of-Region Referrals to Acute Care	1469	Quality Patient Care
Admission and Treatment of Persons Under Legal Detention	1406	Patient Rights, Privacy & Protection
Admission of Patients Requesting Protection	1372	Patient Rights, Privacy & Protection
Admission of Patients to Over-Capacity Inpatient Beds	1451	Quality Patient Care
Admission/Re-Admission to Hospital	1339	Quality Patient Care
Advanced Nursing Practice: Role of Nurse Practitioner	1486	Quality Patient Care
Autologous Blood Donation/Transfusion	1340	Quality Patient Care
Autopsies	1374	Patient Rights, Privacy & Protection
Blood Alcohol Samples – Impaired Drivers & Forensic Cases	1375	Patient Rights, Privacy & Protection
Cellular Phones & Two-Way Radio Use	1303	Facilities, Assets & Security
Certification of Death and Medical Examiner's Cases	1400	Patient Rights, Privacy & Protection
Child Abuse and Neglect	1401	Patient Rights, Privacy & Protection
Clinical and Health Research	1244	Ethical Conduct
Conflict of Interest	Bylaw	Bylaws
Consent for Autopsy and Post Mortem Donation of Organ and Tissue	1402	Patient Rights, Privacy & Protection
Consent for Treatment, Special Procedure and Intervivos Gifts for Transplant	1414	Patient Rights, Privacy & Protection
Deceased Patients Without Next of Kin	1403	Patient Rights, Privacy & Protection
Examination of Human Tissue Removed Antemortem	1441	Quality Patient Care
Fatality Inquiries	1404	Patient Rights, Privacy & Protection
Granting of Remote Access to Health Information	1472	Information Security & Confidentiality
Guardianship and Trusteeship	1405	Patient Rights, Privacy & Protection
Incident Management	1344	Quality Patient Care
Information Security	1438	Information Security
Information Technology (IT) and Related Physical Asset Security	1487	Information Security

Appendix B – Definitions from the Medical Staff Bylaws

Active Staff	The Practitioners who are appointed to the Active Staff category pursuant to these Bylaws.
Advisor	A person, lay or professional, who provides guidance, support, or counsel to a Practitioner pursuant to these Bylaws.
Affected Practitioner	A Practitioner who is the subject of a Triggered Initial Assessment, Triggered Review or Immediate Action.
AHS Agent	A person, other than an AHS employee, Senior Officer or board member, who is authorized to bind AHS, purports to bind AHS or who directly or indirectly controls AHS funds.
AHS Conflict of Interest Bylaw	The conflict of interest bylaw established by AHS.
AHS Code of Conduct	The code of conduct established by AHS.
AHS Representative member.	An AHS employee, Senior Officer, Agent or board member.
AHS Senior Officer	The Chief Executive Officer, president or vice-presidents of AHS, any other executive directly accountable to the Chief Executive Officer or president of AHS, and any other person so designated by the Chief Executive Officer or board of AHS.
AHS Services and Programs	Diagnostic and treatment services and programs operated by or for AHS to which Practitioners with relevant Clinical Privileges can refer Patients.
Alberta Health Services	The health authority established pursuant to applicable legislation for the province of Alberta.
Application	The forms and process used to apply for a Medical Staff Appointment and Clinical Privileges in the manner specified in these Medical Staff Bylaws and the Medical Staff Rules.
Bylaws and Rules Review Committee	A committee established as such pursuant to these Bylaws.

Chief Executive Officer or CEO	The chief executive officer appointed by the board of AHS to have overall administrative responsibility for AHS.
Clinical Privileges	The delineation of the Procedures that may be performed by a Practitioner; the Sites of Clinical Activity in which a Practitioner may perform Procedures or provide care to Patients; and the AHS Services and Programs that are available to a Practitioner in order to provide care to Patients.
College	The relevant regulatory body which governs the Practitioner.
Community Physician, Dentist or Podiatrist	A physician, podiatrist or dentist with a scope of practice limited to community office or clinic practice.
Community Staff	The Practitioners who are appointed to the Community Staff category pursuant to these Bylaws.
Complainant	A Patient or his/her legal representative(s), a member of the public, or another Practitioner(s) who initiate(s) a Concern.
Concern	A written complaint or concern from any individual or group of individuals about a Practitioner's professional performance and/or conduct, either in general or in relation to a specific event or episode of care provided to a specific Patient. A Concern may also be implied where a Periodic Performance Review recommends a Triggered Review.
Consensual Resolution	A consensual and confidential process to resolve a Concern. Consensual Resolution includes the Affected Practitioner, the relevant AHS medical administrative leader(s), and any other relevant person(s).
Dentist	A person in independent practice and in good standing with the Alberta Dental Association and College pursuant to the <i>Health Professions Act</i> (Alberta).
Facilities	Approved hospitals, continuing care facilities, community health, urgent care, and public health centres, and any other facilities operated by AHS.

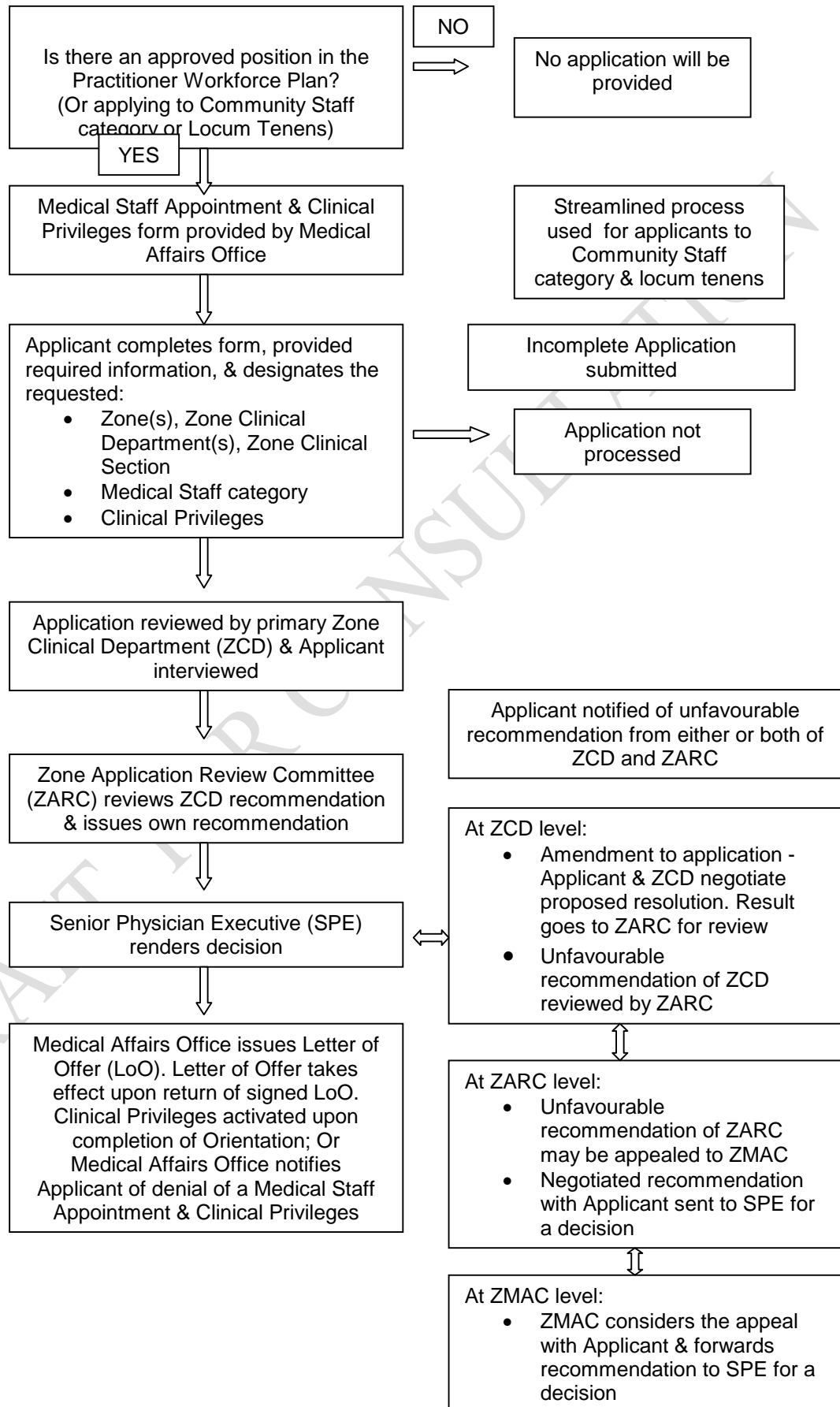
Hearing	The process of addressing Concerns where a Triggered Initial Assessment and Consensual Resolution have not resolved the matter or are not considered appropriate means to resolve the matter.
Hearing Committee	A committee established as such pursuant to these Bylaws.
Immediate Action	An immediate suspension or restriction of a Practitioner's Medical Staff Appointment and/or Clinical Privileges without first conducting a Triggered Review pursuant to these Bylaws.
Immediate Action Review Committee	A committee established as such pursuant to these Bylaws
Locum Tenens	A Practitioner temporarily placed into an existing practice and/or Facility in order to facilitate the short term absence of another Practitioner, or to address a temporary shortfall in Practitioner workforce.
Medical Affairs Office	An operational and organizational office of the Senior Physician Executive portfolio.
Medical Director	The Practitioner who is the medical administrative leader of a Zone (Zone Medical Director); one or more Facilities (Facility Medical Director), one or more communities (Community Medical Director), an AHS provincial portfolio or program (Senior Medical Director or Medical Director); or a Zone program (Zone Program Medical Director).
Medical Organizational Structure	The medical organizational structure of AHS aligned with these Bylaws and the Rules.
Medical Staff	Collectively, all Practitioners who possess a Medical Staff Appointment pursuant to these Bylaws.
Medical Staff Appointment or Appointment	The admission of a Practitioner to the AHS Medical Staff.
Minister	The member of the Executive Council of Alberta who is charged with carrying out the statutory responsibilities conferred on him as Minister of Health and Wellness.

Medical Staff Letter of Offer	An offer to join the Medical Staff which specifies the category of Appointment, assignment to a Zone(s) Clinical Department(s), delineation of specific Clinical Privileges (if applicable), and the details of major responsibilities and roles.
Patient	An individual receiving health services from a Practitioner.
Periodic Performance Review	A periodic review of the professional performance and all matters relevant to the Appointment and Clinical Privileges of a Practitioner with an Appointment in the Active Staff Category.
Physician	A person in independent practice and in good standing with the College of Physicians and Surgeons of Alberta pursuant to the <i>Health Professions Act</i> (Alberta).
Podiatrist	A person in independent practice and in good standing with the Alberta Podiatry Association pursuant to the <i>Podiatry Act/Health Professions Act</i> (Alberta).
Policies	Administrative and operational objectives, plans, values, principles, practices and standards established by AHS with respect to its operations and Facilities, programs and services.
Practitioner	A Physician, Podiatrist or Dentist who has an AHS Medical Staff Appointment.
Practitioner Workforce Plan	A plan which provides projections and direction with respect to the recruitment, retention and organization of an appropriate number, mix and location of Practitioners with the required skill sets.
Primary Zone Clinical Department	The Zone Clinical Department in which a Practitioner undertakes the majority of his/her Medical Staff responsibilities and roles, and through which changes in Appointment, Performance Reviews, and other administrative actions pursuant to these Bylaws will be managed.
Probationary Staff	The Practitioners who are appointed to the Probationary Staff category pursuant to these Bylaws.

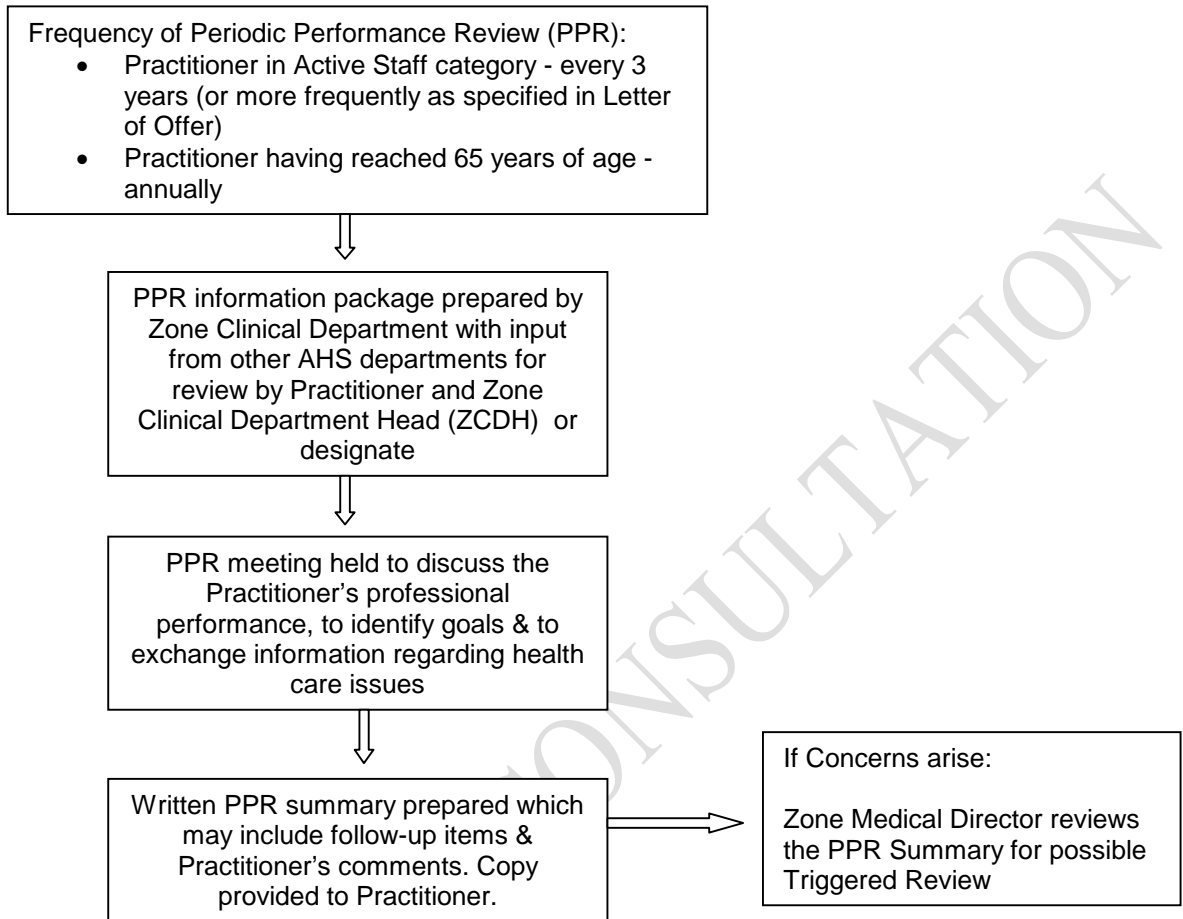
Procedure	A diagnostic or therapeutic intervention for which a grant of Clinical Privileges is required.
Professional Codes of Conduct	The Code of Conduct established by the College of Physicians and Surgeons of Alberta, the Code of Conduct established by the Alberta Podiatry Association, and the Code of Ethics established by the Alberta Dental Association and College.
Provincial Practitioner Executive Committee or PPEC	A committee established as such pursuant to these Bylaws.
Request to Change	A request to change the category of Appointment and/or the Clinical Privileges of a Practitioner pursuant to these Bylaws.
Rules	The specific provisions established as Medical Staff Rules pursuant to these Bylaws.
Senior Physician Executive or SPE	The most senior medical administrative leader of AHS, appointed by the CEO.
Sites of Clinical Activity	The locations and programs, listed in the grant of Clinical Privileges, where a Practitioner may perform Procedures, or provide care or services to Patients. The Sites of Clinical Activity may include Zones, Facilities, specific AHS Services or Programs within Facilities, and/or Telemedicine.
Telemedicine	The provision of services for Patients, including the performance of Procedures, via telecommunication technologies, when the Patient and the Practitioner are geographically separated. This may include Practitioners in Alberta, as well as those outside Alberta who are on the Telemedicine Register of the College of Physicians and Surgeons of Alberta.
Temporary Staff	The Practitioners who are appointed to the Temporary Staff category pursuant to these Bylaws.
Triggered Initial Assessment	An investigation and initial assessment of a Concern or other information/complaints about a Practitioner.
Triggered Review	A review undertaken in response to a Concern about a Practitioner's professional performance and/or conduct.

Universal Services and Programs	Those diagnostic and therapeutic services and programs available, within their respective scope of practice, to all Alberta Physicians, Podiatrists, and Dentists without the need for an AHS Medical Staff Appointment or grant of Clinical Privileges.
Zone	A geographically defined organizational and operational sub-unit of AHS, the boundaries of which may be revised from time-to-time by AHS.
Zone Application Review Committee or ZARC	A committee established as such pursuant to these Bylaws.
Zone Clinical Department or ZCD	An organizational unit of Practitioners established by the Zone Medical Director and Zone Medical Administrative Committee to which members of the Zone Medical Staff are assigned.
Zone Clinical Department Head or ZCDH	The Practitioner who is the leader of a Zone Clinical Department.
Zone Clinical Department Site Chief	The Practitioner who is the leader of Zone Clinical Department members at a particular Facility or Site.
Zone Clinical Section	An organizational sub-unit of a Zone Clinical Department established by the Zone Medical Director and the Zone Medical Administrative Committee.
Zone Clinical Section Chief	The Practitioner who is the leader of a Zone Clinical Section.
Zone Medical Administrative Committee or ZMAC	A committee established as such pursuant to these Bylaws.
Zone Medical Staff	Collectively, all Practitioners who are assigned to Zone Clinical Departments within a particular Zone.
Zone Medical Staff Association or ZMSA	An association of the Zone Medical Staff.

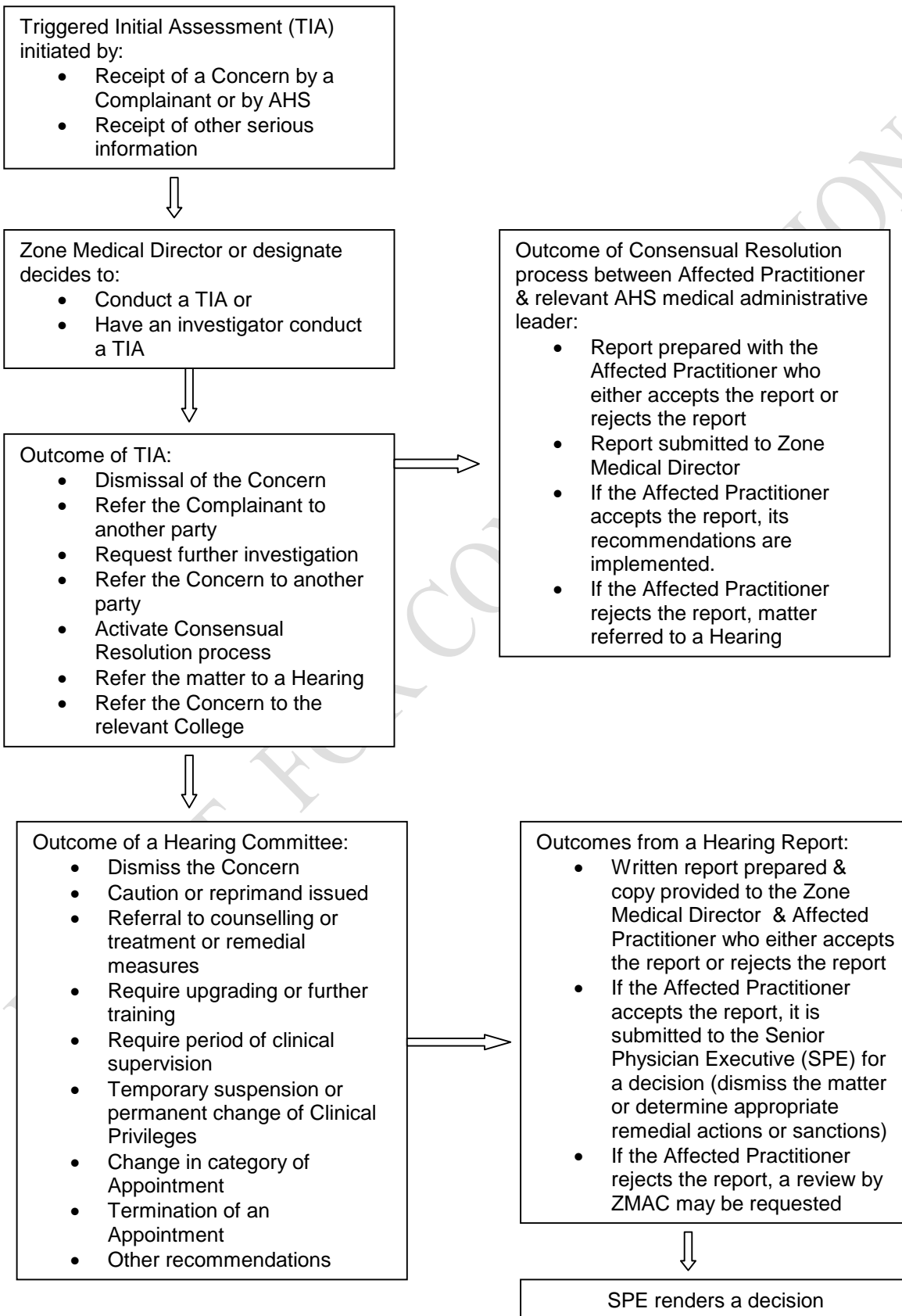
Appendix C - Flowchart for a Medical Staff Appointment and a Grant of Clinical Privileges



Appendix D - Flowchart for a Periodic Performance Review



Appendix E - Flowchart for a Triggered Initial Assessment, Triggered Review and Hearing



Appendix F – Creation, Modification and Dissolution of Zone Clinical Departments and Clinical Sections

Changes in a Zone's Clinical Departmental and Clinical Sectional structure shall be made according to following provisions:

1. The Zone Medical Director will periodically assess the Zone's Clinical Departmental and Clinical Sectional structure to determine whether any action is desirable (creating, combining, or eliminating departments and/or clinical sections) for better organizational efficiency and improved patient care.
2. In addition, any group of Medical Staff who satisfy the criteria for Zone Clinical Departmental and Clinical Sectional designation, as set forth below, may request consideration of such designation by petitioning the Zone Medical Director in writing and provide appropriate supporting documentation for such a designation.
3. The following factors shall be considered in determining whether the creation of a Zone Clinical Department or a Clinical Section is warranted:
 - a. there are at least six (6) Medical Staff, who are available for appointment to the Zone Clinical Department or Clinical Section; and
 - b. the level of Clinical Activity that will be affected by the new Zone Clinical Department or Clinical Section is substantial enough to warrant imposing the responsibility to accomplish Zone Clinical Departmental and Clinical Sectional functions on a routine basis.
4. The following factors shall be considered by the Zone Medical Director in determining whether the elimination of a Zone Clinical Department or Clinical Section is warranted:
 - a) there is no longer an adequate number of Medical Staff in the Zone Clinical Department or Clinical Section to enable it to accomplish the functions set forth in the Bylaws and these Rules.
 - b) there are an insubstantial number of Patients or an insignificant amount of Clinical Activity to warrant the imposition of the designated duties on the members in the Zone Clinical Department or Clinical Section;
 - c) the Zone Clinical Department or Clinical Section fails to meet on at least a quarterly basis;
 - d) the Zone Clinical Department or Clinical Section fails to fulfill all designated responsibilities and functions; or
 - e) no qualified individual is willing to serve as Zone Clinical Department Head or Clinical Section Head.
5. In any event prior to modifying or dissolving a Zone Clinical Department or Clinical Section, the Zone Medical Director shall consult with the affected Medical Staff in accordance with section 2.9.5 of the Bylaws.

DRAFT FOR CONSULTATION