

SOUTH ZONE MEDICAL STAFF RULES

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South Zone Medical Staff Rules

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APPROVED		
Chief Medical Officer		
<u>Dr. Verna Yiu</u> Name	<u>SIGNED</u> Signature	<u>January 6, 2014</u> Date

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Part A: Additional Detail to the AHS Medical Staff Rules Specific to the Calgary Zone

PART 5 – RULES APPLICABLE TO AN INDIVIDUAL ZONE OR ZONES

5.1 A Zone, through its Zone Medical Administrative 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, Part 3 of these Rules (Rules Applicable to all AHS Zones), or Part 4 of these Rules (AHS Patient Care and Practitioner-related Provisions Common to all Zones).

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 Parts 1 through 4 of these Rules inclusive.

5.4 CLINICAL PRIVILEGES

5.4.1 SUCCESSION PLANNING

5.4.1.1 Individual departments may establish their own practices regarding retirement and implications of participation in on-call coverage on division of constrained resources. Such arrangements need to be reviewed and validated every three years. Such arrangements would ideally have the unanimous support of the Department; however, in absence of such support, a decision of this nature would require support of 75% vote of those members present at a properly constituted Department meeting with quorum. A decision arrived at as above can be appealed to the Zone Medical Director who has sole discretion to overturn.

5.4.1.2 At the first periodic review after the age of 59 it is expected that succession plans and retirement expectations be discussed.

5.4.2 REFUSAL OF LEAVE OF ABSENCE REQUEST (SEE RULE 4.16)

5.4.2.1 If, for any reason, the Zone Clinical Department Head(s) or Zone Medical Director does not approve a request for a leave of absence, the Practitioner may appeal the decision with the Zone Medical Administrative Committee.

5.4.2.2 The ZMAC shall hear the appeal at the earliest opportunity. The needs of the Zone Clinical Department to provide adequate medical service, in addition to the needs of the Practitioner, shall be considered in the appeal.

5.4.2.3 A decision by the ZMAC to refuse an application for leave of absence is final at the zone level.

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5.4.3 EXTENSION OF LEAVE OF ABSENCE (SEE RULE 4.16)

5.4.3.1 Requests for extension of a leave of absence, to a maximum of twelve (12) months from the date of the initial commencement of the leave of absence, may be considered.

5.4.3.2 A written request for an extension must be submitted to the Zone Clinical Department Head(s). The Zone Clinical Department Head(s) must review the application and submit the request and accompanying recommendation to the ZMD for consideration at least three (3) months prior to the expiration of the initial approved leave period.

5.4.3.3 Under exceptional circumstances, and on the recommendation of the Zone Clinical Department Head(s) and approved by the ZMD, a leave of absence may be extended past the twelve (12) month period.

5.4.4 HONOURARY MEDICAL STAFF

The Zone Clinical Department may make a recommendation to the Zone Medical Administrative Committee to honour long-standing members of the Medical Staff who wish to resign their Clinical Privileges. As Honorary members, the Practitioner will not have a current Medical Staff Appointment and shall have no assigned duties or Clinical Privileges. Honorary members may attend meetings, and may be granted privileges of committee membership, including voting privileges, to allow the Zone to benefit from their experience and expertise.

5.5 ON-CALL RULE (SEE RULE 4.11)

5.5.1 DEFINITIONS

5.5.1.1 Call Group: A group of physicians, belonging to a specific Zone Clinical Department, who share the call for that Department (hereafter, the "Group").

5.5.1.2 On-Call Hours: To be defined by each Group.

5.5.2 RESPONSIBILITIES

5.5.2.1 The on-call schedules for each call group must be submitted to the Medical Affairs Office two (2) weeks prior to the beginning of the scheduled month.

5.5.2.2 Each call Group is responsible for determining the process for creating call schedules.

5.5.2.3 Maximum expected call coverage will be 1 in 4 averages over a one (1) year period.

5.5.2.4 There shall be equitable division of call within the call Group as agreed upon by the call Group.

5.5.2.5 The Zone Clinical Departments will, in collaboration with the Facility(ies), determine the call coverage required for a given Group's service. (Call coverage may be continuous for some Groups; less than continuous for others).

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5.5.2.6 There will be an attempt by the Zone Clinical Department to coordinate call between sites within the Zone during times of shortfall.

5.5.2.7 In the event of an on-call crisis, an attempt shall be made to resolve within the call Group. If resolution of the situation is not possible, the call Group will involve the Zone Medical Director or designate as required.

5.5.2.8 Physicians with privileges within a call Group are expected to participate in call rota.

5.6 ELECTRONIC COMMUNICATION

Written requests for issues and requests pertaining to the AHS bylaws and rules may be submitted by email if so desired by the requestor.

5.7 LEGAL

5.7.1 DECLARATION OF CONFLICT OF INTEREST

A declaration of a conflict of interest when acting on behalf of Alberta Health Services must be made in accordance with AHS Conflict of Interest Bylaw.

5.8 PARTICIPATION IN DEPARTMENTAL/SITE QUALITY INITIATIVES

As part of the privileging responsibilities all members are expected to participate in quality initiatives as part of their privileges. These activities could include:

- Morbidity and Mortality rounds
- Site/Department specific educational rounds
- Attending annual department meetings
- Participation in quality reviews
- Development and review of clinical practice guidelines
- Representing their Department at committees identified by the ZCDH

The intent is to encourage all members to participate in their Departmental activities for the good of all.

5.9 ZONE CLINICAL DEPARTMENT HEAD

5.9.1 TERM OF THE ZONE CLINICAL DEPARTMENT HEAD

5.9.1.1 Recognizing Section 2.1.2 of the Rules outlining the default for terms and renewal for AHS medical administrative leadership positions, the vacancy postings for the Zone Clinical Department Head will indicate a unique term of appointment.

5.9.1.2 The term of appointment shall normally be for three (3) years.

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5.9.1.3 A Zone Clinical Department Head may serve a maximum three (3) consecutive three (3) year terms.

5.9.1.4 Three (3) months prior to the expiration of the Zone Clinical Department Head's three (3) year term of appointment, the incumbent will indicate, in writing to the ZMD, his or her willingness to continue for an additional three (3) year term or to resign from the position.

5.9.2 ADDITIONAL RESPONSIBILITIES OF THE ZCDH IN THE SOUTH ZONE

5.9.2.1 The Zone Clinical Department Head shall provide leadership in resource allocation, technology assessment, and patient care related policies and procedures, in collaboration with the Zone's administration pertaining to the activities of the Zone Clinical Department. Such activities (in addition to those specified in Section 2.7.2.3 of the AHS Medical Staff Bylaws) include, but are not limited to the Department and Section:

- organization charts
- criteria and procedures for medical staff appointments
- maintenance of a current and appropriate list of clinical patient care procedures and Practitioner privileges
- criteria for granting procedural privileges
- utilization review procedures
- on-call schedules
- undergraduate and postgraduate training programs, in consultation with The University of Alberta and The University of Calgary where applicable

5.10 ZONE CLINICAL DEPARTMENT EXECUTIVE COMMITTEE

5.10.1 TERMS OF REFERENCE

5.10.1.1 Each Zone Clinical Department Executive Committee will have a Terms of Reference.

5.10.1.2 The Terms of Reference shall include, but not limited to, the following references:

- Duties and Responsibilities
- Committee Composition
- Meeting Frequency
- Quorum
- Voting procedures
- Minutes

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5.11 ORGANIZATIONAL STRUCTURE OF THE SOUTH ZONE

As per the requirement of Section 2.6.6.2 of the AHS Medical Staff Bylaws, the following Zone Clinical Departments (ZCD) and Zone Clinical Sections (ZCS) exist within the South Zone.

- ZCD ADDICTION AND MENTAL HEALTH
- ZCD INTERNAL MEDICINE
- ZCD ANASTHESIA
- ZCD PAEDIATRICS
- ZCD DIAGNOSTIC IMAGING
- ZCD EMERGENCY
- ZCD FAMILY PRACTICE
 - ZCS Community Practice
 - ZCS Community and Inpatient Practice
 - ZCS Inpatient Practice Only (Hospitalists)
- ZCD LABORATORY MEDICINE AND PATHOLOGY
- ZCD SURGERY
 - ZCS General Surgery
 - ZCS Orthopaedic Surgery
 - ZCS Other Surgical Specialties
- ZCD OBSTETRICS AND GYNAECOLOGY
- ZCD RURAL MEDICINE
- ZCD SENIORS HEALTH

5.12 RECRUITMENT (SEE RULE 3.2.2)

5.12.1 SPOUSAL RECRUITMENT

In circumstances where a Department is recruiting a new member and this potential member has a spouse/significant other who in turn has a skill set that is required in the Zone, and meets acceptable standards, and is compatible with Department members, then there is not a requirement to advertise for such a position which can be offered to this candidate.