Temiskaming Hospital / Hôpital Temiskaming

Professional Staff Rules & Regulations

	Approved By:
	Professional Staff: April 11, 2022 Medical Advisory Committee: April 12, 2022 Board of Directors: April 26, 2022

Temiskaming Hospital
Professional Staff Rules & Regulations

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PROFESSIONAL STAFF MEETINGS

1. Regular Staff Meeting

Each member of the Active and Associate Staff groups shall attend fifty percent of the regular staff meetings and seventy percent of the meetings of any committee of which they are a member.

If any member of the Professional Staff, without written reasons acceptable to the Medical Advisory Committee, does not attend the required number of meetings in the calendar year, the Committee shall recommend to the Board that the delinquent member:

a) be removed from the Professional Staff of the Hospital; or

b) be suspended from the Professional Staff of the Hospital for a specified period of time; or

c) work within certain restrictions upon their Hospital privileges for a specified period of time.

The order of business shall be as follows:

a) minutes of the last regular meeting and any special meeting since the last regular meeting;

b) business arising from the minutes, and unfinished business;

c) the report of the Medical Advisory Committee which shall include recommendations for the improvement of the professional work of the Hospital and which may include reports from any standing or special committees;

d) report of the President of the Professional Staff;

e) new business; and

f) adjournment.

2. Annual Meeting

The Annual Meeting will be held in April. The order of business will be as follows:

a) minutes of the previous Annual Meeting;

b) business arising from the minutes;

c) report of the Medical Advisory Committee which shall include recommendations for the improvement of the professional work of the Hospital;

d) report of the President of the Professional Staff;

e) reports from any standing or special committees;

f) nominations for the Professional Staff elections;

g) election of officers for the following year; and

h) adjournment.

3. Special Meeting

The order of business will be as follows:

a) reading of the notice calling the meeting;

b) the business for which the meeting was called; and

c) adjournment.

4. Quorum

In any case where a quorum of the Professional Staff has not arrived at the place named for the meeting within thirty minutes after the time named for the start of the meeting, those members of the Professional Staff who have presented themselves shall be given credit for their attendance at the meeting for the purpose of satisfying the attendance requirement.

DOCUMENTATION

5. Outpatients

a) Patients referred to the Hospital for an outpatient service shall be given an appropriate requisition form clearly filled out by their physician.

b) Outpatients referred to the Hospital for elective surgery in either the Emergency Room or the Operating Room, shall be booked in advance in accordance with established Hospital procedures.

6. Admissions

a) Only physicians/midwives who are members of the Active, Associate, Locum and under certain circumstances, Courtesy and Temporary Staff, may admit patients to the Hospital.

b) The admitting physician/midwife shall be responsible for recording such information as may be necessary to ensure the protection of the patient from self-harm and the protection of other patients from any cause whatever such as mental health or infectious concerns.

c) No patient shall be admitted to Hospital until a provisional diagnosis has been recorded.

d) In all cases of admission the physician/midwife shall first contact the Admitting Department to ascertain whether there is an available bed.

e) The MRP is the practitioner most responsible for the in-hospital care of a particular patient. The MRP is responsible for writing and clarifying orders, and providing a plan of care, obtaining consultations as appropriate, coordinating care, as well as the discharge process.

f) If the Emergency Physician deems admission of a patient appropriate, they may contact the MRP at the time of admission to transfer care. It is preferable however that the Emergency Physician admits the patient to the care of the MRP, but provides coverage for that physician until the following morning. If the patient is admitted between 0800 and 2400 hours, they would cover until 0800 hours the following day. If the patent is admitted between 0000 and 0800 hours, coverage would be until 0800 hours that same day. It is recommended that physician to physician discussion take place to facilitate the transfer of care. The identity of who will act as MRP for a patient must be determined early, and based on the particular circumstances of each case. It should be clear in the patient's medical record which physician is designated as MRP.

g) Physicians admitting emergency cases shall be prepared to justify to the Senior Advisory Physician, that the said emergency admission was a bona fide emergency.

h) All patients being admitted for elective surgery shall be admitted one to two hours prior to the procedure, unless medical condition warrants earlier admission.

EXCEPTIONS:

- Patients requiring bowel preparation
- Diabetics

- Patients for elective medical induction of labour may be admitted the evening prior to medical induction, and shall be booked in advance with the Obstetrical Department.

i) Patients for same day surgery procedures shall register at least one hour prior to the scheduled procedure.

j) All other admissions, except emergencies, shall be admitted no later than 1500 hours.

k) All patients admitted to the Long Term Care Unit shall have their medical assessment form and certificate for admission approved by the attending physician prior to admission.

7. Patient Rounds

Physicians are encouraged to complete their patient rounds by 1000 hours daily.

8. Patient Care Responsibilities

a) Inpatients
   i. The attending physician/midwife is responsible for the patient's care unless they specifically delegate the care to another physician/midwife. When the MRP relinquishes the care of a patient to another physician, it is incumbent on the MRP to take reasonable steps regarding the patient's continued care until the new treating physician can assume care for the patient. The MRP might also be expected to coordinate the care of a patient receiving concurrent treatment from different physicians, including for example, arranging other consults. The MRP and the consultant should clarify their respective roles in ordering investigations and treatments and providing follow-up care. The information should be clearly documented in the medical record. The MRP should be contacted by the nurse-in-charge if any problems arise.
   ii. Notwithstanding paragraph (i), if an urgent problem arises with an inpatient and the attending physician cannot be reached, the nurse should contact the physician on-call for the Emergency Department and follow their instructions until the attending physician can be contacted.

b) Outpatients
   i. The care of patients who present to the Emergency Department without prior appointment is the responsibility of the physician-on-call in the Emergency Department.
   ii. Notwithstanding paragraph (i), if the patient requests to see their own physician and the latter is available and agreeable to seeing the patient in the Emergency Department, the family physician can take over responsibility for the patient's care.

9. Transfer of Responsibility

a) A Professional Staff member who has assumed responsibility for an inpatient's care shall remain responsible for that patient until the inpatient's discharge from Hospital or until the care of the inpatient is transferred to another Professional Staff member.

b) Pursuant to the Public Hospitals Act, where the Chief of Staff or Chief of Service has cause to take over the care of a patient, they shall do so, and they shall notify the President and Chief Executive Officer, the attending physician and the patient (or the patient's substitute decision-maker) as soon as possible.

c) Transfer of care from one Professional Staff member to another (the "Accepting Professional Staff Member") must be done as an order and clearly indicated on the order sheet of the inpatient's record of personal health information. The Professional Staff member must confirm in the record of personal health information that:
   i. the Accepting Professional Staff Member has directly confirmed to the Professional Staff member that the Accepting Professional Staff member has accepted the transfer;
   ii. the dates and time the accepting Professional Staff Member will be covering and when care is transferred back to the professional staff member;
   iii. they have communicated the inpatient's vital information to the Accepting Professional Staff member; and
   iv. When primary care is transferred, permanently or temporarily, from the Midwife to a physician, the physician, together with the patient, assumes full responsibility for subsequent decision-making. The midwife may provide supportive care within their scope of practice, in collaboration with the physician and the patient.

d) For effective internal communications the attending physician is to complete a Physician Away and Sign Out Form (D081) and hand it to, or call Communication/Switchboard.

10. Discharges

Whenever possible, patients shall be discharged by 1000 hours. Where a discharge is pending, notification of the Nursing Staff the day prior to discharge is advisable. Every effort should be made to have the patient discharged on the date set out in the order. In extenuating circumstances, a patient may remain in the Hospital up to 24 hours after the date set out in the discharge order.

11. Long-Stay Cases

Physicians shall complete reports on long-stay cases as required.

12. Dental Cases

If a dental patient is to be admitted, the dentist will complete the form provided and refer the patient to a physician who will be responsible for making admission arrangements.

Operating Room bookings will be made by the Operating Room Booking Clerk.

13. Order Sets

All order sets shall be approved by the Pharmacy and Therapeutics Committee, Patient Order Set Committee and Medical Advisory Committee. A copy of these order sets shall be inserted in the patient's chart, authenticated by their physician.

14. Health Records

a) The attending physician/midwife shall be responsible for the preparation of a complete health record for each patient.

b) Reports will be deemed authenticated if one of the following conditions is present:
   i. an original signature;
   ii. the following authentication statement on dictated reports – "Authenticated by Dr. -----';
   iii. a signature stamp which meets approved guidelines;
   iv. identifiable initials.

c) A complete health record must be maintained for all Hospital patients as outlined in the Public Hospitals Act, the Medicine Act, College of Physicians and Surgeons of Ontario and the Professional Staff By-law, policies and procedures.

d) The medical record for a patient, other than an out-patient, shall include:
   i. A history of the patient
   ii. All provisional and final diagnoses with respect to the patient
   iii. All orders for treatment or investigation with respect to the patient in the hospital
   iv. Progress notes with respect to the patient
   v. Discharge summaries
   vi. Within twenty-four hours of admission, an admitting note by the Most Responsible Physician, unless already completed by the Emergency physician, shall be entered in the medical record of the patient to clearly set out the reason for admission.
   vii. A complete medical history and physical examination, including provisional diagnosis, shall be recorded by the most responsible physician/midwife for all patients within seventy-two hours of admission.

viii. A preadmission history and physical examination is accepted as part of the medical record and must be dated within one month of the admission date.
ix. An annual physical examination shall be recorded by the family physician for all long-term care patients.
x. Every patient encounter and all patient-related information must be legibly documented and dated in the medical record. Each record of a patient encounter, regardless of where the patient is seen, must include a focused relevant history, documentation of an assessment and an appropriate focused physical exam (when indicated), including a provisional diagnosis (where indicated), and a management plan.

e) Progress notes are required when there has been any changes in the patient's condition or management plan and:
   i. Daily progress notes on SCU and active acute care patients.
   ii. Weekly progress notes for ALC Rehabilitation patients.
   iii. ALC Community, ALC Nursing Home and Complex Continuing Care patients require progress notes at least every thirty days.

f) The discharging physician shall provide and sign a discharge summary for all inpatients and dated and signed by the attending physician. All discharge summaries must include:
   - identifying information (e.g., author's name and status, name of the most responsible physician, patient's name, health record number, admission date, and discharge date);
   - distribution of copies to the referring physician and/or family physician;
   - a brief summary of the management of each of the active medical problems during the admission, including major investigations, treatments, and outcomes;
   - details of discharge medications, including reasons for giving or altering medications, frequency, dosage, and proposed length of treatment;
   - follow-up instructions and specific plans after discharge, including a list of follow-up appointments with consultants, further outpatient investigations, and outstanding; and
   - tests and reports needing follow-up.

g) The content of the medical record shall be sufficient to justify the diagnosis and warrant the treatment and end result. A final diagnosis compatible with clinical and pathological findings shall be recorded.

h) Physicians/midwives shall fully comply with the facility-wide Medical related abbreviation policy.

i) Except in extraordinary circumstances, no history or discharge summary will be over two type written pages in length.

j) Electronic Authentication of Dictated Documents.

i. All dictated reports may be electronically authenticated.
ii. Use of electronic authentication is voluntary on the part of the physician/midwife.
iii. If the physician/midwife does not choose to subscribe to electronic authentication, they are responsible for signing all appropriate entries on the medical record.
iv. If electronic authentication will be used:
    - The physician will be assigned and is responsible for the unique, confidential transcription access code which will be maintained by the Health Records Department.
    - An authentication agreement will be signed and kept in the physician's/midwife's file in Administration.

k) The Health Records Department will make reasonable efforts to facilitate the chart completion process. In the event there is outstanding documentation, the record shall be assigned to the applicable physician(s) for completion. This includes ensuring that incomplete records are available for physician completion as soon as possible post discharge and physicians are notified of incomplete records in a timely manner. Health Records shall, at a minimum, check for completion of:
   i. History and Physical;
   ii. Operative Report; and
   iii. Discharge Summary.

l) Health Records will count all incomplete medical records every second Wednesday of every month. Each physician/midwife will be notified of the number of incomplete charts that can be found in their box.

   Physicians/midwives are required to complete all incomplete records within 14 days of the health record being made available to complete. Charts that are to be completed but are not currently in the physician's/midwives box for completion will not be counted against them.

   Bi-monthly notification shall be sent to all physicians with outstanding records (Regular monthly chart count).

   Two weeks after monthly chart count, a second notification shall be sent to the physician and will advise the individual that if the outstanding records are not completed within 72 hours, the matter will be forwarded to the Chief of Service, Chief of Staff/Chair of Medical Advisory Committee or most appropriate clinical leader for appropriate action.

m) The Medical Advisory Committee, Senior Advisory Physician or Chief of Staff reserves the right to recommend restriction of physician privileges when health records remain incomplete five weeks from the date of assignment to the physician. Exceptions exclude:

i. Due to extenuating circumstance (e.g. illness, unplanned leave of absence)

n) The Chief of Staff will notify the physician with the outstanding health records that their privileges are being restricted for failure to complete records.

o) Once all the incomplete charts of the physician/midwife have been satisfactorily completed, the restriction will be lifted and all privileges reinstated.

p) Continual restriction of hospital privileges may result in suspension and is reportable to the College of Physicians and Surgeons of Ontario.

q) Physicians/midwives who are out of town or ill will be given a seven day period upon their return to complete their records.

r) Medical records are the property of the Hospital and shall not be removed without the written consent of the President and Chief Executive Officer.

s) The health record may be held on the Nursing Unit for up to 48 hours after discharge. Physicians are encouraged to complete (dictate, where appropriate), date and sign all documentation at the time of discharge. It is expected that all documentation shall comply with legislative requirements and Hospital policy. Current health records shall not be removed from the Nursing Units without prior knowledge of Nursing Staff.

t) No health record shall be filed until it has been completed and duly signed, except on the recommendation of the Quality of Care/Medical Audit, Tissue and Transfusion Committee (QCC).

u) Any dictations made by a medical student must be signed off by the supervisory physician.

v) Medical Residents will electronically authenticate their own dictations and an electronic signature of the respective liaison physician will also be indicated.

w) Active physician members of the QCC will conduct chart peer reviews.

x) The Chair of QCC will inform the physicians the results of their chart peer review.

y) If improvement is required, a follow up review will occur in two(s) months.

z) If improvement is not noted at this time, the Chief of Staff will be notified.

15. Consultations

When the most responsible physician or midwife asks for a consultation: consultation shall mean opinion only unless the most responsible physician/midwife notes on the medical record of the patient that the consultation is for shared care or total transfer of care.

Except in an emergency condition in which delay in obtaining a consultation would endanger the life of a patient, consultations shall be held.

a) General
   i. on a patient in the Special Care Unit for more than twenty-four hours; then consultation should be done by the Internist, when available;
   ii. on a patient who exhibits severe psychiatric symptoms;
   iii. on a surgical case in which the patient is a poor surgical risk;
   iv. on a surgical case where surgery is done to establish diagnosis;
   v. on major trauma cases; and
   vi. on major postoperative complications.
   vii. In all cases where a patient is seriously ill and either the diagnosis or management is in doubt a consultation should be considered.

b) Gynecological
   i. in any case of abdominal or pelvic surgery during pregnancy.

c) Obstetrical
   i. delivery less than 37 weeks gestation unless labour is spontaneous and otherwise uncomplicated. For further detail, refer to policy ADM-M-87 Maternal and Newborn Levels of Care.
   ii. in induction/augmentation cases as outlined in policy ADM-M-90 Induction/Augmentation of Labour –Midwives Ordering Oxytocin Therapy.
   iii. on any infant in respiratory distress and any infant whose condition gives cause for concern to the physician or midwife;
   iv. in cases of multiple births;
   v. Trial of Labour After Caesarean (TOLAC); and
   vi. in cases where there may be an increase risk to the mother and the fetus. Such conditions should include:
      - gestational hypertension with complications;
      - third trimester hemorrhage;
      - severe postpartum hemorrhage;
      - prolapse of the umbilical cord; and
      - any serious medical complications.

16. Surgery

a) Elective surgery shall be booked by the Central Bookings Clerk during normal working hours, Monday through Friday.

   All elective bookings shall be made not later than 1200 hours on the day preceding the operation. The schedule shall state patient's name, procedure, surgeon, assistant and anaesthetist.

b) Elective surgery shall not be scheduled at times other than normal working hours.

c) The surgeon shall check the patient's identification and chart to ensure the procedure is being done on the correct patient, side, limb, etc.

d) The surgical team shall be in the OR and ready to begin surgery at the scheduled time or the case may be rescheduled to a later time at the discretion of the Operating Room Team Leader or delegate.

e) Sponge and instrument counts shall be carried out in all cases where required, as outlined in the Operating Room procedure manual.

f) All equipment related tissue/organ perforations or burns must be reported in rL solutions and Disclosure of Adverse Critical Events must be followed.

g) Every patient undergoing surgery shall have an operative report completed by the surgeon on the same day as the operation.

h) The surgeon has the prime responsibility to write post-op orders.

i) The surgeon may choose to have another physician write orders. In this case it will be indicated on the Doctor's Order Form who is to write orders and under what circumstances.

j) In the situation where the anaesthetist writes post-op orders, these will be followed for up to 24 hours.

k) An assistant is required in all cases of major surgery and shall be named by the attending surgeon at the time of booking.

l) Whenever possible, a physician shall be present at Caesarean sections for the specific purpose of infant management.

m) Ensure Compliance with Public Hospitals Act R.R.O. 1990, Regulation 965.

17. Anaesthesia

a) Anaesthetic privileges will only be granted to those who have a minimum of six months' postgraduate training in anaesthesia or equivalent.

b) Anaesthesia must be carried out in accordance with the approved procedures for the Anaesthesia service.

c) The presence of the anaesthetist is required for the insertion of the epidural and all bolus or top-up doses of anaesthetic solution. Any changes in the epidural infusion must be initiated by the anaesthetist. They will be readily available by phone to deal with any problems or side effects as specified in the order sets.

d) A Pre-Anesthetic Assessment is to be documented by the Anaesthesiologist for all patients undergoing a regional anaesthetic, a general anaesthetic or a sedation monitored patient.

e) Ensure Compliance with Public Hospitals Act R.R.O. 1990, Regulation 965.

18. Drugs and Physician/Midwife Orders

a) Drugs accepted for regular use in the Hospital shall be those listed in the Hospital Formulary. The members of the Professional Staff shall acquaint themselves with and adhere to the rules regarding drug administration as stated in the Hospital's Formulary.

b) New drugs to be added must be approved by the Pharmacy and Therapeutics Committee.

c) The pharmacist may substitute the generic equivalent unless otherwise directed by the physician/midwife.

d) Dangerous drugs, as determined by the Pharmacy and Therapeutics Committee, should be ordered for a specific number of doses or duration. Details shall be outlined in policy form.

e) Verbal Professional Staff Orders:
Any of the following in the employ of the Hospital may transcribe an authorized (professional staff with Admitting Privileges or any Medical Resident working under the supervision of a professional staff member with admitting privileges) prescriber's verbal order:

- Registered Nurse, Registered Practical Nurse;
- Registered Pharmacist for medication related orders;
- Registered Respiratory Technician for respiratory therapy related orders;
- Registered Dietician for nutrition related orders; and
- Midwife.

Verbal orders are accepted only in the emergency situation or where the prescriber cannot document their orders. In all other situations, the prescriber will write their own orders.

Verbal orders cannot be accepted for chemotherapeutic agents (cytotoxic), oral or injectable, including chemotherapeutic agents used for non-oncologic indications.

All verbal orders will be co-signed by the prescriber immediately following an emergency or on the first visit to the hospital in on-emergency situations.

19. Obstetrics

Refer to ADM-M-87 Maternal and Newborn Levels of Care policy.

a) A complete prenatal report shall become part of the patient's medical record at the time of admission.

b) For the induction of labour, using vaginal prostaglandin, the physician/midwife should be immediately available by telephone and within twenty minutes of personal attention.

c) The decision to augment labour should only be made when the risk of continuing pregnancy outweighs the risk of augmentation. Refer to Vaginal Birth After Previous Caesarean Birth (VBAC) Guidelines.

d) For the induction or augmentation of labour using oxytocin, the physician/midwife should be immediately available by telephone and within twenty minutes of personal attendance. Inductions will not be done, for any reason, when there is no caesarean-section coverage.

e) Cases where a second physician is recommended to be in attendance at delivery for the purposes of providing neonatal resuscitation includes:
   - Meconium stained fluid
   - Deliveries < 37 weeks
   - Vacuum assisted delivery (consider double setup in OR if appropriate)
   - Confirmed or suspected macrosomia / Anticipated shoulder dystocia
   - Evidence of fetal compromise with anticipated need for resuscitation at birth
   - Twin delivery
   - SSRI/SNRI use in pregnancy – Anticipated neonatal maladaptation
   - Consider if history of severe Post-Partum Hemorrhage (PPH) or anticipated PPH

f) All scheduled elective c-sections will have a Neonatal Resuscitation Program (NRP) certified physician present at delivery to attend to the newborn. In addition, a NRP certified Midwife will also be present at delivery to attend to

the newborn in cases where the delivery is a Midwifery client. For all other scheduled elective cases, a NRP certified Respiratory Therapist will be present. Therefore the following will always be booked and present at scheduled elective c-section deliveries:

- Surgeon
- Surgical Assist (physician)
- Baby Doctor (NRP certified OB physician)
- Midwife or RRT (NRP certified)

GENERAL

20. Continuing Medical Education

a) All members of the Active Professional Staff are required to have a minimum of 25 hours of formal continuing education per year prior to renewal of their privileges.

b) The 25 hours of formal education shall follow the guidelines set by either the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada for education credits. Credits may be obtained through attending courses; time spent upgrading clinical skills with clinicians; local clinic days with visiting specialists giving lectures; telemedicine, televideo-conferencing, Journal Club or Grand Rounds.

c) Day-long lectures with visiting clinicians would be allowed six hours of credits and a single telemedicine session, one hour of credit. Other areas would be credited on an individual basis.

d) Obstetric - Practitioners who provide obstetrical service are required to attend within the suggested timeframe: the Neonatal Resuscitation Program (NRP) programs every two years; and one of the following at minimum - Advanced Life Support in Obstetrics (ALSO) course every five years; Advances in Labour and Risk Management (ALARM) course every five years; MORE^{OB} program every 2 years; Emergency Skills Workshop (ESW) every 2 years.

e) Emergency Department – Physicians are required to attend within the suggested timeframe: Advanced Cardiovascular Life Support (ACLS) course every two years; and it is strongly recommended to attend Paediatric Advanced Life Support (PALS) courses every two years, Advanced Trauma Life Support (ATLS) course every four years and ultrasound training.

f) Nursing Administration will be responsible for organizing approved courses which include Advanced Cardiovascular Life Support (ACLS), Advanced Trauma Life Support (ATLS), Paediatric Advanced Life Support (PALS) and Neonatal Resuscitation Program (NRP). The cost of the Professional Staff courses will be the responsibility of the Professional Staff member.

21. Duty Rosters

Each member of the Active and Associate Professional Staff shall participate in the Town Call System unless excused by the Medical Advisory Committee for reasons acceptable to them {Professional Staff By-Law – 7.2 (3) e) and 7.3 (2) d)}.

Duty rosters for the Emergency Department, Anaesthesia Staff, Town Call and Obstetrics Coverage shall be organized by a designated member of the Professional Staff.

Physicians who are absent or unavailable for scheduled Emergency Room "On Call" responsibilities or fail to provide a replacement are in violation of established policy and as such will be reported to the President and Chief Executive Officer and the Chief of Staff. The physician will meet with the President and Chief Executive Officer within three (3) working days to discuss this. Unless a satisfactory reason is presented at this meeting, said physician shall have their admitting privileges automatically suspended for three (3) days. Subsequent offences, if any, shall be dealt with in a progressive manner.

22. General

These Professional Staff Rules and Regulations have been drawn up in accordance with Temiskaming Hospital Board-Appointed Professional Staff By-Law. They shall become effective following their adoption by the Medical Advisory Committee and the approval of the Board of Directors.

They shall remain in force until amended by the Medical Advisory Committee in accordance with the Professional Staff By-Law.

These Professional Staff Rules and Regulations will be reviewed annually. Any proposed changes will be reviewed at Professional Staff Annual General Meeting.

23. Orientation

All Associate Staff members of the Professional Staff should undergo an orientation within three weeks of appointment. This would include a general orientation to the facility and a more detailed one to each service. The Chief of Staff will coordinate the orientation through Administration.

24. Quality Assurance

The medical quality assurance program shall include activities related to the entire Professional Staff. The audits and reports of the Professional Staff will be reported monthly to the Medical Advisory Committee and submitted to the Board of Directors. The Medical Advisory Committee will be responsible for monitoring the quality assurance activities of the Professional Staff.