



Bethesda Hospital

By-Laws

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1. INTRODUCTION

Bethesda Hospital

Bethesda Hospital Incorporated is a private hospital licensed to treat 104 patients. It is governed by a Board of Directors, with the Chief Executive Officer being responsible to the Board for the overall management of the hospital.

Bethesda Hospital's mission is to deliver the highest quality healthcare experience for patients

Bethesda Hospital is committed to, and seeks to promote, the following values:

Teamwork	creating an environment of unity and togetherness.
Respect	recognising and acknowledging the uniqueness and value of every individual
Integrity	a sincere demonstration of honesty and trust.
Compassion	working to express God's love through a caring expression of kindness, tolerance and tenderness
Excellence	excelling in all that we do so that we can promote the Mission of our hospital.
Professionalism	we have pride in the high level of care and service we offer

2. PURPOSE OF THIS DOCUMENT

This document sets out the terms and conditions on which practitioners are invited to apply to be accredited to admit patients and to care for and treat patients in Bethesda Hospital.

Every accreditation applicant is required to be given a copy of this document.

These By-laws:

- Establish the principles which apply to the accreditation of Practitioners at Bethesda Hospital.
- Govern the relationship of Bethesda Hospital with its accredited Practitioners.
- Set out rules for the conduct of accredited Practitioners at Bethesda Hospital.
- Provide for the establishment of structures within Bethesda Hospital which are necessary for the delivery of quality care to its patients.
- Outline Bethesda Hospital requirements of accredited practitioners in relation to the safety and quality of care of its patients.

Responsibility for the application of these By-laws is vested in the Chief Executive Officer of Bethesda Hospital.

The Hospital Executive and the Medical Advisory Committee have a responsibility to oversee and monitor the diligent application of these By-laws. Members of these committees shall in carrying out their roles, act in accordance with these By-laws and in the best interests of the Hospital.

3. DEFINITIONS

Interpretations In these By-laws, unless inconsistent with the context:

“Accreditation” means and refers to the process of credentialing by which a Practitioner is granted accreditation to provide health care services at Bethesda Hospital.

“Accredited Practitioner” means a Practitioner accredited to practice at Bethesda Hospital.

“Acts” means all Acts of Parliaments, State or Federal, and extends and includes all By-laws and regulations made there under and in force from time to time.

“Allied Health Practitioner” means and refers to physiotherapists, occupational therapists, radiographers, dental assistants, dieticians, psychologists, speech pathologists and social workers who practice or work or who seek to practice or work at Bethesda Hospital.

“Appeals Committee” means the committee constituted under the By-laws.

“Australian Health Practitioner Regulation Agency (AHPRA)” means a person registered in the State of Western Australia which governs the registration of practitioners.

“By-laws” means these By-laws.

“Staff” means a person employed or engaged in or about the Hospital.

“Chief Executive Officer (CEO)” means the duly appointed Chief Executive Officer of Bethesda Hospital.

“Credentialing and Scope of Practice Committee” means the committee established under the By-Laws.

“Defining the Scope of Clinical Practice” and **“Clinical Privileges”** means and refers to the authority granted to a Practitioner to provide health care services as a result of the process of credentialing conducted in accordance with these By-laws.

“Executive Manager Clinical and Support Services (EMCSS)” means the person holding the position within the Hospital or combined with another position or however titled holds primary responsibility for the conduct of nursing services within the Hospital.

“Medical Advisory Committee (MAC)” means the Medical Advisory Committee duly appointed to advise the Chief Executive Officer.

“Medical Practitioner” means a person registered as a medical practitioner under the provisions of the Medical Act of WA.

“Policy Statements” means and refers to policy statements and directives in relation to the conduct of Accredited Practitioners or clinical practice issued by the Hospital.

“Standing Orders” means an order which is a prearranged, documented and authorised by an Accredited Practitioner and which, unless otherwise specified, relates to that Practitioner’s Patients. The Standing Order may be relied upon by staff at any time in accordance with the governing Standards and Legislation, without prior need to contact that Practitioner.

“Clinical Quality and Safety Committee” refers to the committee which governs the clinical practices provided by all clinical staff and visiting practitioners at Bethesda Hospital. This Committee has Qualified Privilege.

4. SAFETY AND QUALITY

Bethesda Hospital's commitment to safety and quality:

- Providing the best quality care and service to all patients.
- Improving continuously the quality of patient care which it provides - both clinically and in its systems of delivery.

Bethesda Hospital strives to achieve its objectives by:

- Involvement of all staff employed by the Hospital.
- Involving Accredited Practitioners in the process of quality improvement.
- Maintaining a comprehensive system of clinical risk management, incorporating processes of monitoring and measurement of standards of care.
- Promoting a culture which supports safety and quality through education and blame free analysis of outcomes of care.

4.1 Accredited Practitioners

To assist the Hospital in its commitment to safety and quality, all Accredited Practitioners are expected to contribute towards the continued improvement of quality of care by:

- 4.1.1** Participating in the clinical quality activities of the Hospital including responding to requests from the Clinical Quality and Safety Committee in relation to specific practice issues.
- 4.1.2** Assisting the Hospital in achieving certification standards as set or required by the Australian Commission on Safety and Quality in Health Care (ACSQHC), the Australian Council of Healthcare Standards (AHCS), and other bodies charged with the accreditation or licensing of the Hospital.

- 4.1.3** Participating in the Hospital Open Disclosure process in the event of a significant incident to a patient at Bethesda Hospital.
- 4.1.4** Reporting to the CEO:
- Circumstances where the care provided at the Hospital could be improved.
 - Complaints which have been made to them in respect to the conduct of the Hospital or the quality of care provided by it.
 - Incidents which may or could lead to either claims being brought against the Hospital on the grounds of negligence, want of care or a failure to provide safe working conditions.
- 4.1.5** Comply with the Hospital By-laws, Code of Conduct and all Policies relevant to them.
- 4.1.6** Ensure all orders, prescriptions and other documentation which he or she writes are in clearly legible format and are timed, dated and signed.
- 4.1.7** Ensure availability when deputising for another Practitioner.

5. ACCREDITATION OF PRACTITIONERS

5.1 Accredited Practitioners

Only Accredited Practitioners at Bethesda Hospital may admit patients or care for and treat patients at the hospital.

5.2 Care of Patients

Each Accredited Practitioner is responsible for the care and treatment of patients whom he or she admits to the Hospital.

5.3 Obtaining Accreditation

A Practitioner may apply for accreditation by submitting a completed *Application Form* and supporting documents to the Chief Executive Officer of Bethesda Hospital.

The Chief Executive Officer is required to submit the application to the Credentialing and Scope of Practice Committee who will endorse the Practitioners credentials and scope of practice.

That recommendation is then submitted to the Board of Directors for approval, in line with the strategic direction for the Hospital.

The Chief Executive Officer will advise the Practitioner in writing, as soon as is reasonably practicable, of the decision made in relation to their Application.

5.4 Admission Rights

Applicants may apply for accreditation to Bethesda Hospital in any of the accreditation categories listed on the *Application Form*, however, not all categories carry admission rights. Surgical assistants, Consultant Practitioners and Consultant emeritus practitioners do not have the right to admit patients, but may care for or treat patients admitted by other Accredited Practitioners with admitting rights.

Residents, Registrars or Career Medical Officers do not have the right to admit patients except where they may admit patients on the basis that treatment is provided by other Accredited Practitioners with admitting rights.

5.5 Term of Appointment

Applicants may be accredited for a period of up to three (3) years.

All newly Accredited Surgeons and Anaesthetists are appointed for an initial twelve month period. A review is undertaken at the end of that period and, subject to satisfactory outcomes, the accreditation period is continued for the remaining two (2) years.

Other Accredited Practitioners are appointed for a three year term with no review after the initial 12 month period.

5.6 Accreditation Process is Confidential

The process of accreditation and the process for any change to accreditation, including withdrawal or termination of accreditation, is confidential and should not be disclosed to any person not involved in the process under these By-laws.

5.7 Role of the Committee considering Credentialing

The members of the Credentialing and Scope of Practice Committee are required to consider the application and make a recommendation to the Chief Executive Officer whether or not to accredit the applicant.

In deciding whether or not to recommend an appointment the Credentialing and Scope of Practice Committee is required to take into consideration the following:

- Registration and conditions applied;
- Scope of practice being applied for;
- Training and recent experience;
- Competence and clinical judgement;
- Professional capability and knowledge;
- Professional References; and
- Current fitness to practice and good character.

5.8 Role of the Chief Executive Officer

The Board of Directors makes the final decision whether or not to accredit a Practitioner to the Hospital following recommendation from the Chief Executive Officer.

The Chief Executive Officer is required to take into account the:

- Recommendation of the Credentialing and Scope of Practice Committee; and
- Business strategy of Bethesda Hospital, including its infrastructure, availability of trained support staff and ability to support the proposed scope of practice.

The Chief Executive Officer is required to then inform the Practitioner of the decision made in respect of that Practitioner as soon as practicable after that decision is made.

5.9 Accreditation – 12 month review

Before the period of initial Accreditation of a Surgeon or Anaesthetist is completed the Credentialing and Scope of Practice Committee:

5.9.1 Will review that Practitioner's accreditation and take into account:

- Competence and clinical judgment.
- Professional capability and knowledge.
- Current fitness to practice and good character.

5.9.2 May seek from the Accredited Practitioner any information or material concerning the Practitioner on his or her practice which it considers materially relevant to the Practitioner's accreditation.

5.9.3 Shall make to the Chief Executive Officer a recommendation as to whether the accreditation of the Practitioner shall be:

Extended to for the remaining two (2) year period of Accreditation; or

Suspended; or

Terminated.

For the purpose of these By-Laws “Accreditation” shall mean a period of not less than one (1) year and not more than three (3) years, as the Chief Executive Officer having regard to the recommendation of the Credentialing and Scope of Practice Committee shall determine.

5.10 Temporary Accreditation

5.10.1 Procedural Practitioners (Surgeons) will not be granted Temporary Accreditation.

5.10.2 Temporary Accreditation for Anaesthetists and Surgical Assistants only may be considered for approval by a member of the Credentialing and Scope of Practice Committee, should an Application be received between Committee Meetings.

5.11 Refusal of Accreditation or Suspension or Termination of Accreditation

5.11.1 Refusal of Accreditation

The Chief Executive Officer may refuse an application for accreditation at his or her sole and absolute discretion and is not required to assign any reason for so doing.

5.11.2 Suspension or Termination of Accreditation

The decision shall be based on, but not limited to:

- The Accredited Practitioner has engaged in practices that are contrary to the Values of Bethesda Hospital or these By-laws; or
- The Accredited Practitioner has been guilty of abuse (whether physical, sexual or verbal) or harassment or has caused unnecessary or unwarranted stress to other persons working in or visiting the Hospital; or
- The conduct of the Accredited Practitioner has been or is reasonably likely to be contrary to the interests of the Hospital; or
- The Accredited Practitioner is not of good repute; or
- The Accredited Practitioner is not competent or appropriately skilled in the discipline or scope of practice in which the Practitioner applied for accreditation or practices; or
- The accreditation or continued accreditation of the applicant would be contrary to the best interests of the Hospital; or
- The Chief Executive Officer does not have confidence in the Accredited Practitioner practicing at the Hospital for any reason including but not limited to:
 - (i) the practice, or the standard of practice, or the competence, or the general behaviour of the Practitioner;
 - (ii) the ability of the Practitioner to conduct his or her practice to an appropriate standard;
 - (iii) any matter or thing affecting the Practitioner's practice or ability to practice to an appropriate or proper standard; or
 - (iv) any allegation of incompetence, negligence or malpractice concerning the Practitioner.

The Chief Executive Officer will maintain a complete record of the accreditation granted to each Practitioner.

5.12 Confidentiality

Every Practitioner including the applicant must treat as confidential the proceedings relating to the granting to Practitioners of accreditation or re-accreditation and the delineation of privileges.

5.13 Surgical Assistants

- The provision of a surgical assistant is the responsibility of the treating Accredited Practitioner.
- All surgical assistants must be accredited at Bethesda Hospital through the accreditation process.
- Each Accredited Practitioner is responsible for the conduct of each assistant and student engaged by him or her.

A record of all persons who assist in procedures will be maintained by the Hospital.

5.14 Reaccreditation

5.14.1 Process

All Accredited Practitioners shall be subject to the formal reaccreditation process by the Credentialing and Scope of Practice Committee at the end of each Term of Accreditation.

5.14.2 Application

Each Accredited Practitioner who seeks Accreditation shall:

- Receive all the required documents, including a list of 'Procedures Performed' for Surgeons, for Reaccreditation from the Chief Executive Officer
- Complete and return all required documents to the Chief Executive Officer by the specified date.

The Chief Executive Officer is required to submit the application to the Credentialing and Scope of Practice Committee who will endorse the Practitioners credentials and scope of practice.

A recommendation is then submitted to the Board of Directors for approval, in line with the strategic direction of the Hospital.

The Chief Executive Officer will advise the Practitioner in writing, as soon as is reasonably practicable, of the decision made in relation to all Applications.

5.15 Lapse of Accreditation

When an Accredited Practitioner does not return the renewal of accreditation documentation prior to the specified date, then the Accredited Practitioner's Accreditation will lapse on the last day of the period for which that Practitioner has been accredited.

Upon the lapse of his/ her accreditation a Practitioner shall cease to admit patients to the Hospital and to perform any clinical functions within the Hospital.

Should the Practitioner require Accreditation at a future date they must apply for Accreditation as if a new Practitioner.

5.16 Amendment of Privileges

An Accredited Practitioner may apply for an amendment to or extension or variation of the clinical privileges and scope of practice previously granted to him/her, by submitting that request in writing to the Chief Executive Officer.

That request shall be submitted to the Credentialing and Scope of Practice Committee for consideration providing a recommendation to the Chief Executive Officer, who shall make a decision and inform the Practitioner of that decision as soon as is reasonably practicable after it has been made.

A change in privileges is not automatic and is based on the capacity of the hospital to support the change with the final decision remaining with the Chief Executive Officer.

5.17 Review of Scope of Clinical Practice

The Credentialing and Scope of Practice Committee may, at any time and from time to time, of its own volition and if requested by the Medical Advisory Committee or the Chief Executive Officer, review the Clinical Privileges granted to an Accredited Practitioner.

5.18 Internal Review of Current Fitness

An internal review is undertaken by the Chief Executive Officer in conjunction with the Medical Advisory Committee, who are required to make a recommendation to the Chief Executive Officer whether or not to continue, amend, suspend or terminate an Accredited Practitioner based on the assessment of the Practitioner's current fitness to practice.

If the Accredited Practitioner concerned disputes the decision of the Chief Executive Officer, the Accredited Practitioner may lodge an appeal within three (3) months of the decision and request an independent review under the following clause.

5.19 External Review of Current Fitness

An external review is undertaken by a person independent of the hospital and of the Accredited Practitioner in question.

The independent reviewer is required to provide a report to the Chief Executive Officer, and the report will be required to contain:

- an assessment of the Accredited Practitioner's current fitness to practice;
- an assessment in the confidence able to be placed on the Accredited Practitioner's ability to discharge the duty of care owed to patients; and
- a recommendation to continue, amend, suspend or revoke accreditation.

The Chief Executive Officer makes the final decision based on the recommendation made in the report.

5.20 Review of Accreditation Decisions

If an Accredited Practitioner disputes a decision in relation to his/her accreditation i.e. not granted accreditation, or to impose conditions or otherwise vary conditions of accreditation, then the Accredited Practitioner may seek a review of the decision through the Internal Review Process as shown in Clause 5.18.

All requests must be in writing and addressed to the Chief Executive Officer.

It is a condition of any request that both the Hospital and the Practitioner are bound by the final decision that is to be made by the Chief Executive Officer.

5.21 Practitioner may request Suspension of Accreditation

An Accredited Practitioner may submit a written request to the Chief Executive Officer to suspend their accreditation for a stated period for good cause, such as study leave, so as to preserve the Accredited Practitioner's right to automatically resume privileges at the end of the period without having to apply for accreditation, or without threat of termination for non-use of privileges.

6. RIGHTS AND DUTIES OF ACCREDITATION

6.1 Practitioners are required to comply with Conditions of Accreditation

An Accredited Practitioner is required to continually maintain registration with the relevant professional body and always comply with any conditions set by the Chief Executive Officer.

6.2 Work within Scope of Practice

An Accredited Practitioner is always required to treat patients within the limits of their Bethesda Hospital approved scope of practice.

6.3 Admission Criteria

An Accredited Practitioner shall not admit Patients to Bethesda Hospital with the following criteria:

- (i) Patients under the age of 13 years
- (i) Patients whose weight exceeds 150kg and/or BMI >45
- (ii) Patients who have complex medical/surgical risk factors
- (iii) Patients who are seriously medically compromised
- (iv) Patients whose co-morbidities are uncontrolled or poor compliance with treatment e.g. diabetes, hypertension and asthma
- (v) Patients who have a **recent history** of chest pain, MI or cardiac procedure such as PCI

6.4 Comply with Acts, Laws and Policies

An Accredited Practitioner is required to always comply with the:

- Relevant State laws regulating private hospitals and medical practice;
- Bethesda Hospital Policies; and
- Bethesda Hospital By-Laws and Code of Conduct.

6.5 Patient Health Records

Health Accredited Practitioners are responsible to ensure that the Bethesda Hospital Patient record comply with medical/legal requirements:

- All writings must be in clearly legible form and comply with all policies of the Hospital.
- Satisfy the standard required by the Australian Commission on Safety and Quality in Health Care (ACSQHC), and the Australian Council on Healthcare Standards (ACHS)
- Include all procedures conducted, all instructions given, so far as practicable, all clinical findings made and the results of all investigations conducted with respect to that Patient.

- Prepare and retain an operation record of all operative procedures.
- Ensure that there are adequately detailed case notes concerning each of his/her Patients at Bethesda Hospital.
- Complete a *Discharge Summary* in a timely manner, with all information reasonably necessary to safely discharge the Patient, as well as all data reasonably necessary for Bethesda Hospital to collect revenue is to be included in the *Discharge Summary*.

Patient records completed by practitioners are audited routinely and specifically when a practitioner is applying for reaccreditation. The practitioner will be notified if there are concerns in regard to the completion of their documentation. If significant or ongoing concerns are identified regarding the standard of a practitioners' documentation then the Credentialing and Scope of Practice Committee may review the practitioners' accreditation status and make recommendations.

6.6 Privacy

Bethesda Hospital manages all of the personal information in accordance with the *Privacy Act (1988)*.

All Bethesda employees and Accredited Practitioners, who deal with or hold personal information in respect of patients which is collected or held by the Hospital, must abide by the Hospital Policy: *Patient Information Management and the Privacy Act*.

6.7 Release of Information

All Accredited Practitioners must keep confidential at all times all matters related to the clinical care of patients and shall not release information in relation to a Patient except in accordance with the *Privacy Act (1988)* where the:

- (i) Patient has in writing approved the release of that information;
- (ii) Accredited Practitioner is required by law to release that information; or
- (iii) Information is necessary for the ongoing clinical management of the patient.

6.8 Patient Consent

6.8.1 All Accredited Practitioners who are to undertake a procedure or treatment at Bethesda Hospital must ensure that each Patient, or the Guardian of the Patient in the case of a minor or for persons with an intellectual disability, who is to undergo a procedure or treatment has been informed fully of:

- A description of the planned procedure, stating site when applicable;
- The risks and benefits of the treatment and are understood by the Patient/Guardian;
- Consent to anaesthetic, in the absence of a completed anaesthetic consent form, when the Patient is to be given general anaesthesia, spinal or epidural anaesthesia, sedation and/or a regional block;
- Additional treatment and procedures that may be deemed necessary;
- The transfusion of blood and/or blood products; and
- Blood being collected and tested for infectious agents.
- The Consent must be signed and dated by both the Patient/Guardian and the Accredited Practitioner.

6.8.2 Where the Accredited Practitioner wishes to use a Consent Form, other than the Bethesda Hospital Consent Form, approval for use must be sought from the Medical Advisory Committee to ensure it complies with all relevant legal and legislative requirements.

6.8.3 Ensure that the *Consent Form* is delivered to the Hospital's Admissions Department, at or before the time of admission of the Patient.

6.9 Attend Patients when reasonably requested

An Accredited Practitioner is required to ensure that all reasonable requests are responded to in a timely manner, and in particular to ensure Patients are promptly attended for good clinical reason.

An Accredited Practitioner who has a patient admitted at Bethesda Hospital must at all times be contactable, or have made provision for their Substitute Accredited Practitioner to be contacted should the need arise.

6.10 Comply with accepted Professional Standards

An Accredited Practitioner is required to provide professional services with due skill, care and diligence at all times; and to adhere to the generally accepted ethics and standards of personal conduct expected of health care professionals.

6.11 Maintain Professional Indemnity Insurance

An Accredited Practitioner is required to:

- Maintain continuous Professional Indemnity Insurance in a category applicable to the services for which the Practitioner is accredited.
- Provide the Hospital with evidence of that insurance, or signed 'Authority to Access', on an annual basis not less than fourteen (14) days prior to expiry that insurance.
- Where a Practitioner fails to provide a current Professional Indemnity Insurance Certificate their Accreditation and

authority to practice at Bethesda Hospital will be suspended until provided.

6.12 Ethical and Clinical Approval for New Procedures/Equipment/Therapies

An Accredited Practitioner shall not without obtaining the approval of the Chief Executive Officer, who can seek advice from the Medical Advisory Committee:

- Undertake any procedure or therapy which is different from accepted practice.
- Use any equipment which is new to a procedure or which is untried or experimental to that procedure.

An Accredited Practitioner wishing to introduce a new procedure, therapy or equipment is to make an application in writing to the Medical Advisory Committee. Where ethical clearance is deemed necessary, the Applicant must produce evidence of approval from an ethics committee constituted in accordance with the NHMRC guidelines, such as Sir Charles Gairdner Hospital.

- An Accredited Practitioner must at all time act in accordance with the Bethesda Hospital process relating to the introduction of new procedures/equipment – refer to *Attachment A*.

6.13 Emergency Authority

In an emergency, the CEO or his or her nominee may take such action as is considered appropriate in the interests of a patient, including, but not limited to, the arranging for the attendance of another Accredited Practitioner.

6.14 Use of Bethesda Hospital Name/Logo

Unless a Practitioner has written approval from the Chief Executive Officer a Practitioner may not use Bethesda Health Care letterhead or in any way hold out that the Practitioner represents Bethesda Health Care.

Written approval from the Chief Executive Officer must be provided prior to any use of the Bethesda Health Care name or logo.

6.15 Advise the Hospital about changed circumstances

An Accredited Practitioner must promptly advise Bethesda Hospital if any of the following events occur:

- A statutory professional registration board makes an adverse finding against the Practitioner.
- A statutory professional registration board revokes or suspends the Practitioner's registration or places any limitation on the Practitioner's registration or right to practice.
- Membership of a medical defence organisation is not renewed, or made conditional in any way, or full insurance cover is not in place for any reason.
- The Practitioner's accreditation status as a visiting medical officer (by whatever name called) at any other hospital or day procedure centre is revoked, suspended or has conditions place on their practice.
- The Practitioner is charged with or convicted of a serious criminal offence.

6.16 Use of Operating Rooms

Sessions for the use of operating rooms are allocated by the Hospital to Accredited Practitioners on the basis that each session will be fully utilised.

The Hospital reserves the right to:

- Modify or change the allocation of theatre sessions having regard to the utilisation and department requirements.
- Make casual bookings for the whole or part of any operating suite session which is not fully utilised.

Variations in session times may be negotiated from the standard session times with the Perioperative Services Manager.

Where a theatre session is likely to extend beyond the standard finish time of 18:00 hours, completion of the list and/or

commencement of cases must be negotiated with the Manager prior to the commencement of cases, to ensure the appropriateness of resources for the provision of safe patient care not only in the Theatre but also post operatively in the ward environment.

Whenever possible, an Accredited Practitioner shall give notice in writing to Theatre:

- not less than 14 days prior, when an allocated operating session(s) will not be used; and
- provide notice of intent to take annual or conference leave is to be notified three (3) months prior.

6.17 Anaesthetics (Other than local)

All Patients who are to undergo anaesthesia at Bethesda Hospital must be seen by his/her Anaesthetist at an appropriate time prior to the anaesthetic being administered and an ASA score completed and recorded.

All anaesthetics administered in the Hospital shall comply with all standards of the Australia and New Zealand College of Anaesthetists.

The Anaesthetist must be available to maintain Patient Care for 24 hours following a procedure, or ensure cover by another Accredited Anaesthetist.

Anaesthetic records must be completed by the end of each procedure and must include details of:

- All drugs administered and procedures undertaken as part of the anaesthetic.
- The Patient's condition and observations during the anaesthetic.
- Post anaesthetic observations and care including information as to a contact telephone number for the anaesthetist in the event of any complication or concern.

6.18 Standing Orders

Health Accredited Practitioners may provide Standing Orders for use in wards, once they have been submitted and approved by the Medical Advisory Committee.

Standing orders must:

- Be reviewed and signed on an annual basis by the Accredited Practitioner.
- Be consistent with the policies and practices at Bethesda Hospital.
- Include written instructions for post operative or post procedure management of Patients.
- Be consistent with the guidelines of the relevant professional college.
- Not contravene any Laws.
- Not include any medications.

7. THERAPEUTIC ABORTIONS

It is recommended that, in the interests of providing holistic care to the patient and family, patients requiring a therapeutic abortion be referred to a specialist gynaecological medical facility where psycho-social and spiritual supports are readily available.

However, therapeutic abortions may be carried out at Bethesda Hospital, in accordance with the *Health Act 1911 – Section 334 Performance of Abortions*, under the following conditions:

7.1 Medical Reasons

The indication for the termination is for medical reasons then the Executive Manager Clinical and Support Services must receive two Medical Certificates, one of which must be issued by a Registered Specialist, stating on what grounds the termination is recommended.

7.2 Psychiatric Reasons

The indication for the termination is for psychiatric reasons then the Executive Manager Clinical and Support Services must receive a Medical Certificate from each of two (2) Psychiatrists, who are not in partnership, stating on what grounds the termination is recommended.

7.3 Clinical and Investigatory Evidence

Clinical and investigatory evidence indicates that a pregnancy has failed to progress or is undergoing foetal degeneration. The Executive Manager Clinical and Support Services must receive two Medical Certificates, one of which must be from a Registered Specialist stating the diagnosis and on what grounds the termination is recommended.

7.4 Foetal Abnormality

A diagnosis of foetal abnormality is made of sufficient severity that the survival of the child after birth is highly unlikely. The Executive Manager Clinical and Support Services must receive two Medical Certificates, one of which must be from a Registered Specialist stating on what grounds the termination is recommended.

8. MEDICAL ADVISORY COMMITTEE

8.1 Requirement for Medical Advisory Committee

There shall be a Medical Advisory Committee for the purpose of advising the Chief Executive Officer with respect to the following:

- Making clinical policy, planning and review of the clinical procedures of Bethesda Hospital.
- Ensuring the appropriate conditions for clinical procedures within the Hospital.
- The introduction of new surgical and medical procedures within the Hospital.
- The conduct of the process for delineation of clinical privileges.
- The review of matters relating to clinical practice and accreditation.

- Dealing with managing and prescribing the practice and behaviour of impaired and disruptive medical practitioners.
- All matters relating to safety and quality of patient care.
- Issues of competency of Accredited/Potential Accredited Practitioners.

8.2 Insurance cover for Committees

Bethesda Hospital confirms that the indemnity provided under its medical malpractice and professional indemnity cover specifically extends to the Medical Advisory Committee and the Credentialing and Scope of Practice Committee considering credentialing.

8.3 Membership of the Medical Advisory Committee

The Medical Advisory Committee will comprise persons who are:

- Representative of the specialty groups as determined by the Chief Executive Officer and elected from the Accredited Practitioners.
- Appointed by the Chief Executive Officer.

The Chief Executive Officer and the Executive Manager Clinical and Support Services shall be ex officio members of the Medical Advisory Committee.

The Chief Executive Officer shall at their discretion determine:

- The number of persons who are to comprise the Committee from time to time.
- The process by which persons are to be elected or nominated to the Medical Advisory Committee.
- The Chief Executive Officer may institute a process to facilitate the election of representatives from each of the principle clinical specialties.

8.4 Obligation to keep Confidential

Members of Committees shall not divulge or make known to any person other than to members of the relevant department or committee or others having a right to know the same information concerning or in relation to the:

- Hospital and its committees and their operations.
- Contents of papers, manuals, instruments, documents and records which they may have relating to the Hospital or to any aspect of its management or finances or any committees.

ATTACHMENT A

INTRODUCTION OF NEW PROCEDURES

An Accredited Practitioner seeking to introduce a procedure that is new to practice either in Western Australia or his/her own practice, or who seeks to significantly modify an existing procedure for the first time must apply for approval to the Medical Advisory Committee prior to the procedure being undertaken at Bethesda Hospital.

In considering the approval of a procedure the Committee will consider the following:

1. The objective of the procedure;
2. The technical description of the procedure;
3. Extent of published material in relation to the procedure;
4. The Accredited Practitioner's training in the area;
5. The Accredited Practitioner's experience in similar procedures of which the case may be a modification;
6. Proposed patient selection criteria;
7. Securing the Patients Informed Consent; and
8. Proposed audit of the safety and efficacy of the proposed procedure and the reporting thereof.

The approval shall be recorded in writing.

Should the procedure differ radically from any already practiced in Australia, the introduction of the procedure must be subject to formal clinical trial and when ethical clearance is deemed necessary, the Applicant must produce evidence of approval from an ethics committee constituted in accordance with the NHMRC guidelines, such as Sir Charles Gairdner Hospital

The design of such a trial must reflect:

1. A known objective;
2. A design to meet the objective;
3. The likelihood of obtaining statistical information of value;
4. Ethical considerations including the existence of informed consent;
5. Demonstrated experience of the person carrying out the procedure;
6. An escape clause to allow abandonment of the trial if results are contra-indicative.

The standards sought for adequate informed consent where a new procedure is to be introduced are as follows:

The surgeon must ensure that the Patient is informed:

1. that the procedure is new, or relatively new, and is still undergoing trials and evaluations to determine its reliability;
2. of the results which have been obtained so far with the use of the new procedure especially having regard to rates of complications or failures;
3. of alternative procedures or therapies which might be employed to deal with the condition instead of the new procedure, and their relative complications and success rates over the long term;
4. of the circumstances under which the trial new procedure is being undertaken including the nature and extent of supervision, assessment and independent appraisal;
5. of any particular complications or risks which might be expected to be associated with the new procedure and offered a real opportunity to consider whether or not to undertake the new procedure;
6. that there is sufficient time for the patient to consider the recommendation fully, to discuss it with friends or relatives and, if desired, to seek a second opinion; and
7. that, as a matter of course, the patient has the opportunity to discuss the recommendation for the new surgery with another doctor, who is fully informed of the supervised trial for the introduction of the procedure, so as to allow the patient to discuss any misgivings with such independent advisor.