



**Interlake Regional Health Authority**

**Regional Medical Staff**

**Rules & Regulations**

**September 10, 2001**

**Interlake Regional Health Authority  
Regional Medical Staff Rules & Regulations**

**Index**

<b>Section</b>	<b>Title</b>	<b>Page</b>
1.0	Applicability	3
2.0	General Responsibilities of the Medical Staff	3
3.0	Attending Physician Responsibilities	3
4.0	Medical Trainees	4
5.0	Medical Record Chart Completion	4
6.0	Research	6
7.0	Legislation	6
8.0	IRHA Medical Staff Office	6
9.0	Consultations	7
10.0	Referrals and Patient Transport	8
11.0	Inpatient Hospital Bed Management	8
12.0	Committee Terms of Reference	9
13.0	Amendments	9
14.0	Approval of Regulations	10

## **1.0 Applicability**

- 1.1 The IRHA Medical Staff Rules and Regulations shall be applicable to all Members of the Medical Staff of the IRHA.
- 1.2 Failure to abide by the IRHA Medical Staff Rules and Regulations may result in progressive discipline leading to a restriction or suspension of privileges, or termination of appointment.

## **2.0 General Responsibilities of the Medical Staff**

- 2.1 Members of the Medical Staff shall accept the responsibilities outlined in the IRHA Medical Staff Bylaw.
- 2.2 Members shall share the responsibility of ensuring that the Medical Staff is appropriately represented in committees.

## **3.0 Attending Physician Responsibilities**

- 3.1 All patients receiving care in any of the Hospitals in the IRHA shall have an “Attending Physician” who is the primary physician responsible for the medical care provided.
- 3.2 The Attending Physician shall designate an appropriate substitute physician, if the Attending Physician is away or unavailable.
- 3.3 The Attending Physician or physician designate shall respond to patient issues in a timely and appropriate manner.
- 3.4 Normally, physician orders shall be written in the medical record and signed by a physician. However, verbal orders from physicians may be entered in the medical record by nurses or other designated health care personnel and acted upon. Physicians are responsible for reviewing and counter-signing verbal orders in a timely manner. Except in cases of necessity, verbal orders are discouraged.
- 3.5 The Attending Physician shall be responsible for ensuring that a complete history and physical examination is documented in the medical record within 24 hours of an admission and signed by the Attending Physician or his/her designated substitute physician.
- 3.6 The Attending Physician shall be responsible for ensuring through “progress notes” that changes to a patient’s condition are

documented in the medical record in an appropriate and timely manner and periodic health status for longer term patients.

- 3.7 Physicians and nurses shall be responsible for ensuring that documented informed consent is given by all patients receiving medical interventions and procedures, including blood and blood products.

#### **4.0 Medical Trainees**

- 4.1 All Members of the Medical Staff shall support the education of undergraduate medical trainees and ensure that their participation in the clinical setting is supervised according to the principles of graded responsibility.
- 4.2 Inpatient physician orders and outpatient prescriptions, written by undergraduate medical trainees, shall be cosigned by a physician who is licensed to practice in Manitoba.
- 4.3 The physician responsible for the care of a patient shall be readily available in the hospital, if a medical trainee is performing a procedure.
- 4.4 The duties and responsibilities assigned to medical trainees shall be appropriate to their position in the training program and to their individual skills and abilities (graded responsibility).
- 4.5 Within the concept of graded responsibility, the Attending Physician shall retain responsibility for the management plan of a patient.

#### **5.0 Medical Record Chart Completion**

- 5.1 The timely completion of medical records by Members of the Medical Staff is essential to quality patient care, since the medical record is a primary vehicle for communication between health care providers.
- 5.2 A completed medical record shall include the following:
- a) A legible and signed Face Sheet for all inpatients and day surgery / emergency medicine patients which meets standards established by the IRHA.

- b) A legible and signed Operative Report for inpatients receiving surgical and / or intrusive interventions and day surgery / medicine patients which meets standards established by the IRHA MAC.
- c) A legible Discharge summary for all inpatients which meets standards established by the IRHA MAC. An exception with respect to short stay patients, as may be determined pursuant to established standards, is acceptable.

5.3 It is necessary that the Medical Health Records in each Hospital ensure that:

- a) Medical records are available for completion by physicians within 14 days of a patients discharge from Hospital.
- b) Medical records are available to physicians for completion during normal business hours, Monday to Friday, and reasonable provisions will be made to access patient records during evenings and weekends.
- c) Physicians are duly notified of all outstanding incomplete medical records and deadlines for completion.
- d) The Medical Health Records department in each hospital ensures that adequate dictation and timely transcription services are made available to facilitate completion of medical records.

5.4 Physicians shall complete their medical records in as timely a manner as possible, but no later than six weeks from the date the records are available for completion in the Medical Records Department.

5.5 Extensions to deadlines shall be granted if a physicians is ill or away from his / her Hospital for an unexpected or unplanned extended period, and may be granted for other reasons at the discretion of the Chief of Staff in each Hospital.

5.6 Failure to complete medical records within the deadlines established will result in a \$10 fine per day.

5.7 Once medical records are completed, the suspension shall be lifted and privileges restored during normal business hours, evenings and weekends.

5.8 Removal of medical records from Hospitals, except as required by legislation or by order of a Court, Board, tribunal, pursuant to a

subpoena duces tecum or a search warrant is explicitly prohibited. Access to information will be granted (or denied) in accordance with *The Personal Health Information Act (Manitoba)*.

## **6.0 Research**

- 6.1 Members of the Medical Staff conducting research at Hospitals shall:
- a) Obtain the approval of the University of Manitoba, Faculty of Medicine, Committee on the Use of Human Subjects in Research, where appropriate;
  - b) Ensure the approval is obtained from the Manitoba Health Privacy and Access Committee, where applicable;
  - c) Ensure that all overhead and direct costs related to the research are paid to the relevant Hospitals; and
  - d) Follow all Hospital specific policies and Rules and Regulations governing research activities, including seeking appropriate permission from patients as may be required by policy or regulation.

## **7.0 Legislation**

- 7.1 Members of the Medical Staff shall abide by all applicable legislation.

## **8.0 IRHA Medical Staff Office**

- 8.1 The IRHA Medical Staff Office shall:
- a) Work with the College of Physicians and Surgeons of Manitoba to coordinate the appointment and privilege granting processes;
  - b) Maintain a secure data base which contains information related to Medical Staff appointments such as demographic data, qualifications, privileges and suspensions. Members may review information on the data-base which relates to each Member individually;

- c) Work with Hospitals to ensure adequate physician human resources including the completion of physical resource impact analyses;
  - d) Work with Hospitals to develop and implement a physician performance review process; and
- 8.2 Members of the Medical Staff shall inform the IRHA Medical Staff Office of any changes to their mailing or office addresses, and any approved Leave of Absences.

## **9.0 Consultations**

- 9.1 A medical consultation (Consultation) is defined as the process whereby one Member obtains advice / opinion from a second Member (Consultant) about the diagnosis / management of a particular patient.
- 9.2 The Member requesting a Consultation must complete and sign a Consultation Request Form which includes: specific Consultant or Service to be contracted; date and time of request; specific reason(s) for the Consultation; and the degree of urgency of the request. In urgent or emergent situations, where a consultation has been requested, direct communication, whether by means of a meeting or telephone call between the Members (not through and intermediary) is mandatory.
- 9.3 The Consultant is responsible for completing the Consultation in a timely manner (example: within 6 hours for emergent requests; within 24 hours for urgent requests; within 48 hours for non-urgent requests or longer if mutually agreed); ensuring that the hospital Consultation Form is complete (including date, time, assessment, recommendations); signing the consultation form; and directly contacting the Member requesting the Consultation if the patient's condition is such that an immediate response to the recommendations is required.
- 9.4 House staff working with a particular Consultant may respond to Consultations, provided the Consultant reviews the case as soon as possible and signs the Consultation Form by the next working day.
- 9.5 Consultants may order tests or treatments for hospital inpatients in emergency situations or when specifically requested by the Member responsible for the patient.

## **10.0 Referrals and Patient Transport**

- 10.1 A physician (Referring Physician) within the IRHA or from RHA's may wish to refer a patient to another physician (Receiving Physician ) for ongoing care.
- 10.2 The Referring Physician shall continue to be responsible for the care of a patient, until a Receiving Physician has agreed to accept responsibility for the patient.
- 10.3 If transport is necessary, the Referring and Receiving physicians shall determine within human resource constraints how the patient should be transported and who should accompany the patient within the College of Physicians & Surgeons Guidelines.
- 10.4 In such instances fiscal impact to the patient or the RHA shall not be the responsibilities of the physician.

## **11.0 Inpatient Hospital Bed Management**

- 11.1 Members of the Medical Staff shall work together to ensure that inpatient hospital beds are managed in an effective manner across all hospitals. Effective bed utilization and management should ensure that:
  - a) Access to hospitals in the IRHA is granted on the basis of need;
  - b) Patients are treated in a hospital in the IRHA which can best 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;
  - d) Patients are discharged from Emergency Rooms in an appropriate and timely manner; and
  - e) Patient discharge planning begins at the time of admission to hospital. Where possible, for elective (planned) hospital admissions or inter-facility transfers, discharge plans and arrangements are made prior to hospital admission.

11.2 The Chief of Staff and the Facility Manager shall be responsible for overseeing the effective utilization of inpatient hospital beds. They shall be authorized to:

- a) Allocate hospital inpatient beds on the basis of need;
- b) Review medical 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 committee on the whole.

## **12.0 Committee Terms of Reference**

12.1 Terms of Reference:

- 12.1.1 MAC – in Bylaw
- 12.1.2 P & T – in Bylaw
- 12.1.3 Credential Committee – MAC
- 12.1.4 Standards – in Bylaw
- 12.1.5 Others

## **13.0 Amendments**

13.1 The Rules and Regulations may be amended at any regular meeting of the Medical Advisory Committee, after all Medical Staff have been afforded an opportunity to provide input and shall come into force subject to approval by the Board.

**14.0 Approval of Regulations**

a) Adopted at the regular meeting of the Medical Advisory Committee.

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Dr. Ferd Pauls, Chair

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September 10, 2001

b) Adopted at the regular meeting of the Board.

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Chair

\_\_\_\_\_  
Date

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Approved by Manitoba Health

\_\_\_\_\_  
Date