



WOLPER
JEWISH HOSPITAL

WOLPER JEWISH HOSPITAL

BY-LAWS

Effective July 2018

Wolper Jewish Hospital
BY-LAWS

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1. INTERPRETATION

In these By-Laws, unless the Content otherwise requires:

“ACT” means the Private Health Facilities Act 2007, its successors, amendments and regulations thereto.

“ALTERNATE” means the person appointed to attend the Medical Advisory Committee (MAC) meeting if the appointed committee member is not able to attend,

“APHRA” means the Australian Health Practitioner Regulation Agency, the organisation responsible for the implementation of the National Registration and Accreditation Scheme across Australia.

“BOARD” means the Board of Directors of Wolper Jewish Hospital, the governing body specified in the Constitution of Wolper Jewish Hospital.

“BY-LAWS” means these Policies and Guidelines as amended from time to time.

“CEO” means the Chief Executive Officer of the Hospital as appointed by the Board and in the absence of that person, shall include the person appointed by the Board or CEO to act in that position from time to time.

“CLINICAL PRIVILEGES” means the specific medical services/procedures approved by the Board to be undertaken by approved practitioners.

“DIRECTOR CLINICAL SERVICES” means the person appointed by the Board to act on its behalf in the daily management of clinical matters in a manner consonant with the Hospital’s objectives of providing high quality patient care, and in the absence of that person, shall include the person appointed by the CEO and/or Director Clinical Services to act in that position from time to time.

“HOSPITAL” means Wolper Jewish Hospital.

“LICENCE” has the meaning as ascribed in the Private Health Facilities Act 2007 and Regulation 2017.

“MEDICAL ADVISORY COMMITTEE” (MAC) is the committee elected by Visiting Medical Practitioners to represent all appointed Visiting Medical Practitioners.

“MEDICAL PRACTITIONER” shall have the meaning ascribed thereto in the Health Practitioner Regulation National Law (NSW) No 86a 2009

“NSQHS STANDARDS” means the National Safety and Quality Health Service Standards developed by the Australian Commission for Safety and Quality in Healthcare and endorsed by Australian Health Ministers, its successors and amendments thereto.

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“REGULATION” means a regulation provided under the Act, i.e. the Private Health Facilities Regulation 2017 (NSW), its successors and amendments thereto.

“RESIDENT MEDICAL OFFICER” or “RMO” for the purposes of these By-laws means an employed or contracted hospital medical officer or trainee registrar providing support to Visiting Medical Practitioners in the admission, review, treatment and discharge of their patients.

“VISITING MEDICAL PRACTITIONER” means a Medical Practitioner, approved to perform work as an appointed practitioner at the Hospital, otherwise than as an employee.

“VISITING PRACTITIONER” or “VP” means a registered health professional other than a Medical Practitioner, approved to perform work as an appointed practitioner at the Hospital, otherwise than as an employee.

2. BY-LAWS PURPOSE

The purpose of these By-Laws is to ensure that all patients admitted to the Hospital receive appropriate care and to ensure a high level of professional performance by all practitioners authorised to practise in the Hospital.

3. AVAILABILITY OF BY-LAWS

The CEO shall make a copy of the By-laws currently in force publicly available upon request.

4. POLICIES

The Hospital’s Clinical Care Committee and Quality & Risk Committee may make rules not inconsistent with the Act or these By-Laws for the regulation of the Hospital and of the staff and volunteers, for the admission and control of patients and visitors and generally for all such matters not otherwise provided for by these By-Laws.

5. MISSION

Wolper Jewish Hospital aims to provide excellence in medical and palliative care as well as rehabilitation services to all members of the community within the framework of Jewish cultural, religious and dietary requirements.

To ensure the quality of our services, the Board, management and staff endeavour to maintain relevant industry certification and compliance with regulatory and statutory requirements. There is a comprehensive Hospital quality management system in place with a focus on continuous quality improvement.

Our quality management system and quality objectives are reviewed regularly through a formal management review process to assess their outcomes and ensure continuing suitability.

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6. HOSPITAL OBJECTIVES

To provide appropriately trained, qualified and appointed medical practitioners to achieve the Hospital's Mission and contribute to the reputation and high medical standards of the Hospital.

To engage appropriately trained, qualified and experienced clinical and administration personnel supported by job specifications within a defined organisation structure.

To provide ongoing education to all employees and promote vocational advancement for all persons associated with the Hospital.

To provide documentation of policies, procedures and processes that are kept up to date to support all members of the team in achieving their professional goals as specified by the Hospital.

To provide a professional culture that encourages teamwork whereby all matters are handled with respect and courtesy by all persons.

To ensure effective communication systems are in place through the conduct of regular staff and committee meetings with documented Agenda and Minutes.

To operate an efficient cost effective operationally sustainable business to provide high care to patients and provide job security to all employees.
To ensure information technology is provided and kept up to date to meet the needs of the business.

To ensure the management of information meets all regulatory requirements as stated by the Hospital and authoritative bodies e.g. unique medical record for every patient.

To obtain and maintain accreditation to NSQHS Standards.

To comply with all statutory regulations and requirements.

To provide a safe and well-maintained environment through the provision of a preventative maintenance program and engagement of appropriately qualified service providers.

To ensure all procedures and clinical practices are carried out in compliance with contemporary infection prevention and control standards.

To establish and maintain a Quality Management System to support a continuous improvement culture for all services and functions of the Hospital.

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7. BOARD OF DIRECTORS

The Board is responsible for good corporate governance, oversight of sustainable financial performance and delivery of safe high quality patient care. This includes ensuring that:

- the organisation is being properly managed
- service delivery is well designed and fit for purpose
- services meet or exceed required safety and quality standards
- the organisation meets its compliance obligations
- in consultation with management, organisational plans and strategies are set and reviewed
- budgets and major financial and organisational decisions are approved
- performance is reviewed and monitored to ensure that major risks are identified and appropriately managed.

8. PRIVACY AND CONFIDENTIALITY

The Hospital shall comply with all requirements as specified by the Privacy Act 1988 as amended, the Privacy Regulation 2013 and successors and amendments thereto.

Information related to any Visiting Medical Practitioner, Visiting Practitioner, other medical officer or staff member submitted, collected or prepared by any representative of any organisation or practitioner for the purpose of achieving and maintaining the quality of patient care, to the fullest extent permitted by law, will remain confidential and not be disseminated to anyone, except where provided for in these By-Laws.

Information related to the business of the Hospital, including that of the Board and MAC, and their Committees and Subcommittees, is confidential and is not to be disclosed by any party without permission.

No Visiting Practitioner, Visiting Medical Practitioner, Board member, employee, volunteer or contractor of the Hospital shall disclose such business to, or discuss it with, any person not directly and officially concerned therewith.

9. APPOINTMENT OF VISITING MEDICAL PRACTITIONERS AND VISITING PRACTITIONERS

Appointment as a Visiting Medical Practitioner and Visiting Practitioner of the Hospital shall only be extended to professionally competent Medical Practitioners and other health professionals who continually meet the qualifications set forth by these By-Laws.

Criteria for appointment consideration are as follows:

- Current AHPRA Registration or equivalent.
- Provision of two (2) professional referees for verification.
- Current Professional Indemnity Insurance.
- A documented resume.
- Defined scope of clinical privileges requested.

The Board grants appointment to Visiting Medical Practitioners and Visiting Practitioners after receiving recommendations from the MAC. The MAC is responsible for reviewing the formal applications from Visiting Medical Practitioners and Visiting Practitioners prior to consideration by the Board.

Duration of Appointment

All appointments are for five years unless shorter period determined on an individual basis. The period of appointment will be specified in the respective letter of appointment issued by the CEO on behalf of the Board.

Delineation of Clinical Privileges/Scope of Practice

All appointments will be made specifying the delineation of clinical privileges as recommended by the MAC. These will be confirmed in writing by a letter of appointment issued by the CEO on behalf of the Board.

Change of Scope of Practice

Any requests for changes to the scope of clinical privileges (e.g. new clinical procedure or technology) must be presented in writing by the Visiting Medical Practitioner or Visiting Practitioner seeking the changes and accompanied by all relevant supporting documentation. Recommendations regarding approval of changes to clinical privileges are made by the Medical Advisory Committee to the Board and confirmed in writing by a letter from the CEO to the appointed Visiting Medical Practitioner or Visiting Practitioner.

10. APPLICATION FOR APPOINTMENT AND/OR RE-APPOINTMENT

Application for Appointment

Applications for admitting privileges as a Visiting Medical Practitioner or Visiting Practitioner shall be submitted on an application form approved by the Board that will incorporate qualifications and references of the applicant and indicate

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agreement by the applicant to abide by the provisions set down by the Act, the By-Laws and the policies and procedures of the Hospital.

Temporary Appointment:

Temporary Appointment may only be granted by the CEO in consultation with the Chairperson of the MAC upon receipt of the criteria set out in clause 9. above whilst awaiting consideration by the MAC and the Board at their next meetings, in accordance with clause 9. above.

Processing the Application

The applicant shall deliver a completed application to the CEO or nominated administration officer, who shall ensure that all support documentation required is provided.

The CEO or nominated administration officer will notify the applicant of any problems in receiving the necessary information. It is the applicant's responsibility to provide all information requested.

The application for appointment and supporting information will then be submitted to the MAC for review and recommendation to the Board, ensuring that referees are verified as required.

The Board, upon receipt of the report and recommendation of the MAC, will make the final decision in granting admitting privileges. The CEO will notify the applicant within seven (7) days of the decision of the Board being made.

Reappointment Process

The CEO or nominated administration officer shall, at least sixty (60) days prior to the expiration date of the present appointment for each Visiting Medical Practitioner and Visiting Practitioner, provide the practitioner with the prescribed application form. It will be the responsibility of the Visiting Medical Practitioner or Visiting Practitioner desiring reappointment to send the completed form to the attention of the CEO 30 days prior to the expiration date of the present appointment.

The application form will contain information necessary to maintain up-to-date information with regard to the Visiting Medical Practitioner or Visiting Practitioner, and will include evidence of registration and current Indemnity Insurance.

Upon receipt and verification of information contained in the application form, the CEO will submit the information to the MAC. Report and recommendation from the MAC for reappointment will then be considered by the Board.

The Board, upon receipt of the report and recommendation of the MAC, will make the final decision in reappointing the Visiting Medical Practitioner or Visiting Practitioner. The CEO will notify the applicant within seven days of the decision of the Board being made.

Appeals Mechanism

Any Visiting Medical Practitioner or Visiting Practitioner may appeal or request review of status with regard to appointment and privileges.

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The Visiting Medical Practitioner or Visiting Practitioner should lodge an appeal within (7) days of being notified of the decision of the Board.

The Visiting Medical Practitioner or Visiting Practitioner shall have the right to make a submission to the Board, either in writing and/or in person.

Upon receipt of a written request from the applicant for a hearing with members of the Board, the CEO will schedule a date for the hearing within (30) days. Failure of the applicant to be present at the hearing will constitute a withdrawal of the request for appeal.

The Board in consultation with the MAC shall nominate a committee to hear the appeal. This committee shall consist of a representative of the Board, a representative of the MAC and a nominee of the applicant. The committee may decide to seek additional nominees of appointed Visiting Medical Practitioners or Visiting Practitioners, of the appropriate College and/or a representative of the Australian Medical Association or other health profession organisation where appropriate.

11. CLINICAL RESPONSIBILITIES

Patient Allocation

The Visiting Medical Practitioner admitting a patient to the Hospital will be regarded as the medical practitioner responsible for that patient.

Discharge of a patient may be authorised only by the responsible medical practitioner or by his/her delegate.

Emergency Privileges

In the case of an emergency any Visiting Medical Practitioner of the Hospital, regardless of privileges previously granted, shall be permitted and assisted to do everything possible for the life of a patient, using every facility of the Hospital necessary and available, including the calling of any consultant necessary, to continue to treat the patient.

For the purpose of this clause, an “emergency” is defined as a condition in which serious harm could result to the patient or the patient is in immediate danger or in which any delay in administering treatment would add to that danger.

12. TERMINATION OF APPOINTMENT

It is a condition of appointment that all Visiting Medical Practitioners and Visiting Practitioners advise the CEO as soon as practicable of any change in their professional status relevant to their appointment, right to practice or scope of privileges. This includes any condition of practice imposed by APHRA or an equivalent registration body and any finding of, or investigation into, items [a–g] listed below.

At its discretion, the Board may, at any time, revoke or suspend the privileges it has previously granted to a Visiting Medical Practitioner or Visiting Practitioner.

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Reasons for termination include but are not limited to:

- a) Unethical behaviour
- b) Conduct that causes risk to the Hospital's viability, sustainability or reputation
- c) Unprofessional conduct
- d) Non compliance with the Hospital's policies and procedures
- e) False representation
- f) Theft
- g) Fraud
- h) Failure to meet continuing education requirements
- i) Conviction for an indictable offence
- j) Conduct that causes serious or imminent risk to the health and safety of a person.

Reasons for suspension include but are not limited to:

- Formal allegations are under investigation by a regulatory agency (including without limitation any Medical Board of a State or Territory or of Australia, or APHRA) or law enforcement agency in relation to [a–j] above or in relation to negligence or willful misconduct; and

Further reasons for termination are:

- k) An appointment shall be immediately terminated should a Visiting Medical Practitioner or Visiting Practitioner cease to be registered by APHRA or equivalent body.
- l) An appointment shall be terminated should a Visiting Medical Practitioner or Visiting Practitioner become permanently incapable of performing his/her duties.
- m) The appointment of a Visiting Medical Practitioner or Visiting Practitioner may, at any time, be terminated by the Board where the Visiting Medical Practitioner or Visiting Practitioner, after due hearing by the New South Wales Board of the Medical Board of Australia (or that of another State or Territory) or other relevant body, is judged guilty of unprofessional conduct, negligence or willful misconduct.

13. MEDICAL ADVISORY COMMITTEE

The Medical Advisory Committee (MAC) shall consist of the following members:

- Eight (8) appointed Visiting Medical Practitioners elected by a ballot of appointed Visiting Medical Practitioners for a two year term;
- A Board director appointed by the Board from time to time.

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Each MAC member may appoint an appointed Visiting Medical Practitioner as their alternate during their term. The Board may also appoint another director as an alternate representative. Appointed alternates are entitled to attend meetings but only have voting rights when the member they represent is absent.

The Hospital President, CEO and Director Clinical Services are entitled to attend meetings but do not have voting rights.

The MAC will elect from its eight members a Chairman and a Vice Chairman for the term of two (2) years. The Chairperson of the MAC shall chair MAC meetings and be responsible for meetings of the appointed Visiting Medical Practitioners. The Vice Chairman will chair these meetings should the Chairman be unavailable.

The Director Clinical Services will be Secretary of the MAC. The Secretary shall be responsible for giving proper notice of all meetings to those entitled to attend by a documented agenda approved by the Chairperson.

The Secretary shall prepare and circulate accurate and complete minutes of all meetings of the MAC to the appropriate members.

The Secretary will be responsible for other duties as may be assigned by the Chairperson of the MAC. The CEO or another delegated officer will act as Secretary should the Director Clinical Services be unavailable.

Retiring MAC members and office bearers are eligible for re-election. Any casual vacancy in the Committee may be filled by an appointed Visiting Medical Practitioner appointed by the MAC.

The Chairman of the MAC is appointed to the Board as per the Hospital's Constitution and is entitled to present the views of appointed Visiting Medical Practitioners and the MAC at Board meetings.

Purpose

The objectives of the MAC shall be to provide a forum for communication between the Board, the appointed Visiting Medical Practitioners and the Hospital in order to ensure the safe provision of patient medical services. The MAC will be responsible for those activities outlined in these By-Laws and by its specified Terms of Reference, including considering the appointment, re-appointment and termination of appointment of Visiting Medical Practitioners and Visiting Practitioners and recommending clinical privileges.

The MAC will report to the Director General, NSW Ministry of Health, any persistent failure of the Hospital to act on the Committee's advice on matters specified in the By-Laws, credentialing standards or any other matter related to clinical safety and quality.

Meetings

The MAC will meet at least four (4) times a year at a time and place to be determined by the MAC. Written notice of each ordinary meeting, together with a copy of the Agenda, must be given to all members not less than four days prior to the meeting.

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The MAC will receive and consider reports from sub-committees that it may establish. Four (4) members constitute a quorum or as determined by the MEC from time to time.

General Meeting

There shall be a General Meeting of all appointed Visiting Medical Practitioners every two years. Four (4) appointed Visiting Medical Practitioners entitled to attend and vote form a quorum and no business is to be transacted at a General or Special Meeting unless the quorum is present.

The purpose of this General Meeting shall be for the appointment of members to the MAC; presentation of reports from the Chairperson of the MAC and other responsible Visiting Medical Practitioners; reports from any sub-committees responsible for the fulfillment of other required functions. Other business related to appointed Visiting Medical Practitioners may be raised at this meeting.

Election of Medical Advisory Committee

Upon adoption of these By-Laws by the Board, the existing members of the Medical Executive Committee elected on 20 February 2017 shall be deemed as duly elected members of the MAC for the duration of their two-year term. Thereafter, election of the MAC members will be decided by ballot as set out below.

The election of the MAC members will be decided by ballot of appointed Visiting Medical Practitioners entitled to vote and in attendance at a General Meeting. The nominees must be named in a nomination form forwarded to the Chief Executive Officer no less than 28 days prior to the second anniversary of the election of the previous MAC. In the event that the position has no other candidate, the nominee is elected without the necessity for a ballot. In the event a position is contested, a ballot must be held and the votes counted by the Director Clinical Services or CEO as Secretary. In the event an equal number of votes is received by any one or more candidates, then a further ballot must be held as between those candidates. In the event of a further tie, the Secretary, as between such candidates, will draw lots in any manner he or she sees fit. In the event not all the positions are filled, the position or positions may remain unfilled; however, the MAC is empowered to co-opt appointed Visiting Medical Practitioners to the Committee to fill any vacancy or vacancies.

Special Meetings

Special meetings of the Visiting Medical Practitioners can be called at any time by the Board of Directors, the Chairperson of the MAC, or not less than 20% of the appointed Visiting Medical Practitioners, and shall be held at a time and place designated in the notice of meeting.

14. RULES AND REGULATIONS

On behalf of appointed Visiting Medical Practitioners, the MAC shall adopt such rules and regulations as may be necessary to implement more specifically the general principles found within these By-Laws. Such rules and regulations are

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subject to the approval of the Board. These shall relate to the proper conduct of Visiting Medical Practitioner and Visiting Practitioner activities as well as a level of practice that is required of each Visiting Medical Practitioner or Visiting Practitioner of the Hospital. Such rules and regulations shall be a part of the By-Laws.

Clinical ethical issues of concern to the Hospital and/or appointed Visiting Medical Practitioners and Visiting Practitioners are to be reviewed by the MAC. Where an ethical issue arises requiring consideration, the MAC may seek advice from an approved Institutional Ethics Committee and/or the appropriate Jewish advisory body on Halacha. Resulting policy recommendations will be presented to the Board for consideration and/or adoption.

15. LIABILITY

Deliberations and decisions by the MAC are made in good faith and implemented without prejudice or malice in the interest of the patients and on behalf of the Board of Wolper Jewish Hospital.

No liability in law for such action is accepted therefore by the members of the MAC either singularly or collectively.

16. AMENDMENT OF BY-LAWS

Recommended amendments to these By-Laws may be considered at any meeting of the MAC and presented to the Board for consideration and/or adoption.

17. REVIEW PROCESS

These By-Laws shall be reviewed and/or revised by the Board through the MAC every five (5) years or more often as deemed necessary by the Board.

18. DISPUTES

Any dispute or difference that may arise as to the meaning or interpretation of these By-Laws or as to the powers of any committee or the validity of proceedings of any meeting shall be determined by the Board.

19. MEDICAL CLINICAL RESPONSIBILITIES

Admission and discharge of patients

All admissions shall be arranged through the Director Clinical Services, Ward Manager or his/her delegate, in liaison with the referring hospital and/or the patient's attending practitioner. An appointed Visiting Medical Practitioner shall be responsible for the medical care and treatment of each patient in the Hospital. Whenever these responsibilities are transferred to another Medical Practitioner a note covering the transfer of responsibilities shall be entered on the medical record.

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In general, the Hospital shall accept patients for care and treatment, except as outlined in the Admission and Exclusion Policy. However, the Visiting Medical Practitioner will admit only those patients who, in the opinion of the Director Clinical Services, Ward Manager or his/her delegate, can be safely and properly managed within the Hospital, and only then when a bed is available to accommodate the patient.

The Chief Executive Officer, Director of Clinical Services and/or delegate are entitled to refuse permission for the admission of any patient without necessarily giving a reason.

The attending Visiting Medical Practitioner is expected to visit their patients in the Hospital with reasonable frequency (and as a minimum every 72 hours) as is necessary for the care of the patient. The Visiting Medical Practitioner shall cooperate with the Hospital in its discharge planning for patients to ensure that each admission has a clinically appropriate length of stay.

The Visiting Medical Practitioner will request diagnostic and allied health services for patients in the Hospital only from those providers of these services who have current agreements for service with the Hospital.

All admissions shall comply with the Hospital's Infection Prevention and Control Policies, as determined from time to time.

Subject to clause 11 in the case of an emergency or as otherwise authorised in writing by the MAC, Visiting Medical Practitioners are not permitted to treat immediate family members. Immediate family member includes:

- Spouse
- De facto partner
- Child
- Parent and parent-in-law
- Grandparent
- Grandchild
- Sibling
- Child, parent, grandparent, grandchild or sibling of the Visiting Medical Practitioner's spouse or de facto partner

The Chief Executive Officer, Director of Clinical Services and/or delegate are entitled to require the removal of a patient at any time. In such an event the Chief Executive Officer, Director of Clinical Services and/or delegate will make reasonable efforts to notify the Visiting Medical Practitioner and the patient. In such circumstances, the Visiting Medical Practitioner is responsible for making all necessary arrangements for the removal of the patient. Should the Visiting Medical Practitioner be unable to be notified on a timely basis, or fails to make adequate arrangements, the Hospital is entitled to do all such necessary acts and procedures to arrange the removal of the patient.

On discharge from the Hospital, the patients are to be provided with appropriate guidance and instructions for ongoing care by the attending Visiting Medical Practitioner.

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Should a patient leave the Hospital against the advice of the attending Visiting Medical Practitioner or without proper discharge, a notation of the incident shall be made in the patient's medical record.

Patient's fees are payable in accordance with the Patient Estimate of Fee/Informed Financial Consent Policy.

Open Disclosure Policy

All appointed Visiting Medical Practitioners and Visiting Practitioners are required to comply with the Hospital's Open Disclosure Policy if any of the following incidents occurs:

- A reportable incident (refer to Incident Management procedure)
- A clinical incident that has or is expected to have a significant clinical effect on the patient
- A clinical incident that necessitates a change in the patient's care
- A clinical incident with a known risk of serious future health consequences
- A clinical incident that requires treatment/procedure without the patient's consent. e.g. if it occurs under anaesthesia or where the patient is otherwise not conscious.

Antimicrobial Stewardship Policy

All antibiotics administered in the Hospital must be in line with the Antimicrobial Stewardship Policy. Compliance audits are undertaken as part of the quality program.

To support a high standard of infection prevention and control, all appointed Visiting Medical Practitioners and Visiting Practitioners are required to comply with Hand Hygiene and Aseptic Technique protocols. Compliance audits are undertaken as part of the quality program.

Patient Centred Care

Appointed Visiting Medical Practitioners and Visiting Practitioners are required to support the Hospital's commitment to Patient Centred Care that incorporates:

- Respect for patient's values, preferences and needs
- Coordination and integration of care
- Information, Communication and Education
- Physical Comfort
- Emotional Support
- Involvement of friends and family
- Continuity and Transition
- Access to ongoing care.

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Medical records

The attending Visiting Medical Practitioner shall be responsible for the preparation and maintenance of a legible original medical record for each patient. Whether electronic or hard copy, its contents shall be pertinent and current and must include information necessary for delivery of quality patient care.

All clinical entries in the patient's medical record shall be accurately dated and authenticated.

The procedure conducted, findings and medications administered are to be recorded in the patient's clinical record.

A summary of discharge instructions shall be written on all medical records of patients attending the Hospital, before or at the time of discharge.

Written consent of the patient or representative, if applicable, is required for release of medical information to persons not otherwise authorised to receive this information.

Records may be removed from the Hospital's jurisdiction and safekeeping only in accordance with a court order, subpoena or statute. All records are the property of the Hospital and shall not otherwise be removed from the Hospital.

A medical record shall not be permanently filed until it is completed.

The attending Visiting Medical Practitioner will assist the Hospital in maintaining a patient medical record of high quality in accordance with the Hospital policies and statutory requirements.

In the event of re-admission of a patient, the previous records shall be available for the use of the attending Visiting Medical Practitioner and unless the patient has any valid objections, shall be available whether the patient is being attended by the same practitioner or another.

General conduct of care

All orders for treatment shall be in writing. A verbal order over the telephone shall be considered to be in writing if dictated to a Registered Nurse, functioning within his/her sphere of competence, who will read the order back to the Visiting Medical Practitioner for confirmation. As a further check, the Visiting Medical Practitioner must repeat the order to a second person. The record of these orders must be entered into the notes and signed off by the Visiting Medical Practitioner within 24 hours.

The practitioner's orders must be written clearly, legibly and completely. Orders that are illegible or improperly written will not be carried out by the nurse until they are rewritten or understood.

The attending Visiting Medical Practitioner is primarily responsible for requesting consultation when indicated and for calling in a qualified consultant.

Consultation request forms for radiology and pathology shall be completed and signed by the Medical Practitioner who is responsible for providing necessary clinical data.

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Emergency procedure/response

In cases of emergency the Hospital is authorised to take such action as it deems fit in the interests of the patient. This may include a request for attention by any available appointed Visiting Medical Practitioner.

In such cases, the following provisions apply:

- a) The patient's Visiting Medical Practitioner will be advised of the circumstances of the patient and the action taken at the earliest possible opportunity.
- b) The Senior Nurse involved shall advise the Director Clinical Services or delegate of the action taken at the earliest possible opportunity.
- c) The Director Clinical Services or delegate may make appropriate referral for the purpose of the urgent consultation or treatment.
- d) The Resident Medical Officer or other Visiting Medical Practitioner may make appropriate arrangements for referrals for the purposes of the urgent or necessary consultations or treatment.
- e) The Resident Medical Officer or other Visiting Medical Practitioner involved must advise the patient's admitting Visiting Medical Practitioner of the action taken at the earliest possible opportunity.
- f) The patient will generally be returned to the care of the admitting Visiting Medical Practitioner as soon as possible, who will then give instructions regarding further care or consultations.

The Hospital assumes the willingness of Visiting Medical Practitioners to assist the Hospital where possible and necessary in cases of emergency.

Other matters

The Board encourages appointed Visiting Medical Practitioners and Visiting Practitioners to assist the Hospital in other ways. This may include help on emergency cases, work on committees, participation in Quality Improvement Programs, participation in in-service staff training programs and attendance at MAC general meetings. The Board requires appointed Visiting Medical Practitioners and Visiting Practitioners to abide by the written policies and procedures of the Hospital.

Appointed Visiting Medical Practitioners and Visiting Practitioners are responsible for reporting all adverse incidents to the Director Clinical Services and/or the CEO.

Complaints relating to staff are to be reported to the Director Clinical Services and/or the CEO.