



Facility By-laws

November 2019

Windsor Private Hospital

1. Definitions

- 1.1 **Accredited Medical Practitioner (AMP)** means a medical practitioner, dental practitioner or podiatric surgeon that has been granted Clinical Privileges at the Facility
- 1.2 **Board** means the board of directors of the Facility
- 1.3 **Clinical Privileges** means the right to treat patients at the Facility within a defined Scope of Clinical Practice. Granting of Clinical Privileges does not automatically extend the right for a Medical Practitioner to admit patients for treatment to the Facility.
- 1.4 **Company** refers to Nexus Hospitals
- 1.5 **Credentialing Committee** means the body responsible for evaluating applications for Clinical Privileges at the Facility
- 1.6 **Facility** means Windsor Private Hospital
- 1.7 **Nexus Clinical Governance Committee** means the body appointed by the Nexus Hospitals Board to provide advice to Nexus Hospital Management and the Nexus Hospitals Board in relation to clinical governance at Nexus Hospitals facilities.
- 1.8 **Nexus Hospitals Board** means the board of directors of Nexus Day Hospitals Holdings Pty Ltd
- 1.9 **Procedures** may refer to diagnostic or interventional procedures
- 1.10 **Scope of Clinical Practice** means the specialty, procedures or treatments for which a medical practitioner is granted Clinical Privileges
- 1.11 **Services** may refer to treatments, programs or procedures provided by or accommodated at the Facility
- 1.12 **Specialties** refers to the medical practitioner specialties recognised by the Australian Health Practitioner Regulation Agency (AHPRA)

2. By-Laws Purpose and function

- 2.1 These By-laws are the management policies approved by the Board which apply to all Accredited Medical Practitioners. The Board and Management of Nexus Hospitals recognises that the primary therapeutic relationship is between the admitting Accredited Medical Practitioner and the patient.
- 2.2 Amendment to By-Laws
In consultation with the Windsor Private Hospital Medical Advisory Committee (MAC), these By-laws may be amended by Nexus Hospitals from time to time.

3. Medical Advisory Committee (MAC)

- 3.1 Medical Advisory Committee Purpose
The Windsor Private Hospital Medical Advisory Committee (MAC), shall review and provide advice to Windsor Private Hospital the Board, Nexus Hospitals Board and Windsor Private Hospital Management in relation to the accreditation of Medical Practitioners, patient care and safety, and to provide a forum for open communication.
- 3.2 The appointment and responsibilities of the Medical Advisory Committee, and process of accreditation of Medical Practitioners is governed by the Nexus Facility MAC Terms of Reference as amended from time to time (see Appendix 1)

4. Confidential information

- 4.1 Subject to clause 4.3 of these By-laws, every Accredited Medical Practitioner must keep confidential the following information:
- a. Business information concerning the Company or the Facility;
 - b. Information concerning the insurance arrangements of the Company;
 - c. The proceedings relating to the accreditation and determination of Scope of Clinical Practice of the medical practitioner;
 - d. Discussions relating to performance of any Accredited Medical Practitioner;
 - e. Sentinel events and clinical incidents; and
 - f. Information concerning any patient or member of the staff of the Facility.
- 4.2 The confidentiality requirements of clause 4.1 of these By-Laws prohibit the recipient of the confidential information from using it, copying it, disclosing it to someone else, reproducing it or making it public.
- 4.3 When confidentiality can be breached
The confidentiality requirements of clause 4.1 of these By-Laws do not apply in the following circumstances:
- a. Where disclosure is required by law;
 - b. Where disclosure is required by a regulatory body in connection with the Accredited Medical Practitioner or the Facility;
 - c. Where the person benefiting from the confidentiality consents to the disclosure or waives the confidentiality; or
 - d. Where disclosure is required in order to perform any requirement of these By-laws.
- 4.4 Confidentiality obligations continue
The confidentiality requirements of clause 4.1 of these By-Laws continue with full force and effect after the Accredited Medical Practitioner ceases to be accredited.

5. Accreditation of Medical Practitioners

- 5.1 Purpose
The purpose of accreditation is to ensure that there is evidence of appropriate credentials and a defined Scope of Clinical Practice for medical practitioners applying for Clinical Privileges at the Facility. The accreditation process is in keeping with the requirements of the relevant state or territory department of health.
- 5.2 Accreditation process
The process of accrediting medical practitioners, and the granting, reviewing, suspension and termination of Clinical Privileges is the responsibility of the Windsor Private Hospital Board under the advice of the MAC (Appendix 1: Nexus Facility Medical Advisory Committee Terms of Reference cl. 6.1-6.13)

6. Introduction of new Clinical Services, Procedures and Other interventions

6.1 Definition of New Procedure

A New Procedure means a new interventional technology or procedure being introduced in the Facility for the first time, or an interventional technology or procedure not routinely performed by the Accredited Medical Practitioner seeking to perform such procedure in the Facility for the first time.

6.2 An interventional technology or procedure may be deemed to be a New Procedure (or substantially new) at the discretion of the Medical Director or Director of Nursing.

6.3 Once deemed a New Procedure, and prior to treating patients with the following:

- A new technology;
- A new instrument;
- A new procedure; or
- Altered technology or instruments used to treat patients,

The AMP is required to obtain the written approval of the MAC and Board (or Director of Nursing as delegate) prior to treating patients with the New Procedure.

6.4 In the event that the Accredited Medical Practitioner requires approval from the MAC and Board prior to the next ordinary meeting of the MAC, the Director of Nursing in conjunction with the Medical Director have the discretion to grant temporary approval.

6.5 Prior to admitting patients for treatment with the New Procedure, the MAC should consider if the AMP's medical indemnity insurance is appropriate for the New Procedure, what training is required and if appropriate training is available through the manufacturer or otherwise, before approving the treatment of patients with the New Procedure.

7. Participation in Research Activities

7.1 Before any activities related to medical research may be undertaken at the Facility, approval must be given in writing. Before providing approval, the MAC would require the following:

1. A letter from the Accredited Medical Practitioner(s) involved describing their planned involvement, procedures involved and the impact on the Hospital
2. Proof that approval has been obtained from an appropriate National Health and Medical Research Council (NHMRC) constituted human research ethics committee, and confirmation that necessary insurance cover is provided under current Nexus insurance policies.

7.2 The MAC should be satisfied that the protocol contained within the ethics committee application can be complied with and accurately represents the capacity of the Facility and its services.

- 7.3 The MAC should make its own assessment of the clinical risks involved, with external advice if necessary.
- 7.4 The DON should quantify the nursing, consumables and equipment requirements relating to the study. The DON should also provide confirmation to the Board that the Facility's insurance provides appropriate cover for any proposed medical research activities.
- 7.5 If the proposed research activities involve a new procedure to the hospital, then the introduction of New Procedure process should also be followed (see 6.1-6.5).

8. Responsibilities of Medical Practitioners

- 8.1 Professional conduct
Accredited Medical Practitioners are required to comply with the Facility Code of Conduct (Appendix 2) as well as any standards, Regulations, Acts, Laws and policies relating to their practice as an Accredited Medical Practitioner.
- 8.2 An Accredited Medical Practitioner is required to always treat patients in accordance with their Scope of Clinical Practice as defined by the terms of their accreditation, and within the limits of their professional registration.
- 8.3 Use of logos and trademarks
Unless a practitioner has prior written approval of the Director of Nursing, a practitioner may not use any Nexus Hospitals trademark, logo or letterhead in any way that would purport that the practitioner represents the Facility or Nexus Hospitals.
- 8.4 Behaviours in violation of By-Laws
AMPs must report to the Director of Nursing knowledge of any violation of these By-Laws, or any information of concern that may indicate that an Accredited Medical Practitioner is unfit for practice.
- 8.5 Disclosure obligations
AMPs must disclose any pecuniary interest that they (or any related party) may have a duty to disclose to the Facility, Nexus Hospitals or any associated entity in accordance with applicable Acts or Regulations, and where required by the AMP's membership or registration with a professional body.
- 8.6 Privacy and Confidentiality
Accredited Medical Practitioners must abide by patient confidentiality principles as well as the confidentiality provisions described in 4.1-4.4.
- 8.7 Open disclosure
Accredited Medical Practitioners agree to adhere to Open Disclosure principles as well as the Facility's Policies and Procedures on Open Disclosure.
- 8.8 Surgical complications and Post-Operative infections

All AMP's are obliged to contact the facility Director of Nursing as soon as possible in the event they become aware of a post-operative complication or infection requiring treatment, relating to a patient's admission to the Facility.

- 8.9 Provision of data necessary to billing
AMPs shall ensure that all data reasonably necessary to allow the facility to collect revenue is provided. This includes but is not limited to discharge summaries, medical certificates and other documents as required.
- 8.10 Participate in quality activities
The Facility will undertake reviews and audits in the interests of maintaining quality assurance and professional standards. All AMPs are required to participate where relevant, and to comply with relevant policies, procedures and guidelines of the hospital.
- 8.11 AMPs are required to participate in continuing professional education activities as appropriate and as required by their relevant professional body and will contribute to continuous improvement by recommending improvements that may improve the quality and safety of patient care.
- 8.12 AMPs will participate in the timely collection of data pertaining to the hospital's participation in Clinical Indicator collection or other quality activities.
- 8.13 AMPs will ensure that medical indemnity insurance appropriate to the AMP's Scope of Clinical Practice is maintained at all times.
- 8.14 AMPs will cooperate with any investigations undertaken by Facility management or the MAC relating to the AMP
- 8.15 Alterations to credentials
An Accredited Medical Practitioner is required to promptly advise the Medical Advisory Committee (or DON as delegate) if any of the following occur:
A statutory professional registration board makes an adverse finding against the AMP;
A statutory professional registration board revokes or suspends the AMP or places any condition, notation or limitation on the AMP'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 AMP's appointment as an Accredited Medical Practitioner at another hospital is changed in any way; or
The AMP is charged with or convicted of a serious criminal offence.
- 8.16 Suspension of accreditation
On the advice of the Medical Director, the Board may in consultation with the Director of Nursing suspend the accreditation of an AMP if the Medical Director believes that:
Patient care or safety is being compromised by the AMP;
The efficient operation of the facility is being unduly hindered by the AMP;
The AMP is in breach of these By-laws; or
The matter cannot be deferred until the next MAC Meeting.

- 8.17 The Medical Director may only suspend the accreditation of the AMP under 8.16 if the matter cannot be deferred until the next MAC meeting.

The Medical Director of the Facility will advise the AMP the reasons why accreditation is being suspended, and what action or actions required to be done within a specified period for the suspension to be lifted. An AMP's accreditation may only be suspended if the Medical Director of the Facility reasonably believes the matter can be rectified within a reasonable period of time by the practitioner.

- 8.18 Termination of accreditation

On the advice of the Medical Director, the Board may in consultation with the Director of Nursing terminate an AMP's accreditation immediately in the following circumstances:

- The AMP fails to rectify a matter notified in accordance with 8.17 within the time prescribed;
- A statutory professional registration board revokes or suspends the AMP or places any condition, notation or limitation on the AMP's registration or right to practice;
- The AMP has not exercised admission rights for a continuous period of 11 months;
- The clinical services able to be supported by the facility change for any reason;
- The AMP is found guilty of professional misconduct or unprofessional conduct (however) described by a statutory professional registration board;
- Clinical skills and performance are consistently below an acceptable standard; or
- The AMP is convicted of a sexual or violent offence or any other serious criminal offence which affects the AMP's ability to discharge the duty of care owed to patients.

- 8.19 Fitness to practice

An assessment of an AMP's current fitness to practice evaluates the confidence able to be placed in the practitioner's ability to discharge the duty of care owed to patients. An assessment of fitness to practice may be undertaken by Internal Review or External Review.

- 8.20 Internal Review of fitness to practice

An Internal Review may be initiated by the Medical Director and undertaken by the Medical Director and the MAC. The Internal Review may be undertaken as part of an ordinary MAC meeting or by Extraordinary MAC meeting. The meeting must consist of a Quorum and result in a vote by MAC members to recommend to the Board whether to continue, impose conditions upon, suspend or terminate an AMP's accreditation based on the MAC's assessment of the AMP's current fitness to practice. Following an assessment, the Medical Director will communicate in writing the MAC's recommendation to the Board.

- 8.21 Dispute Process

If the AMP concerned disputes the decision of the Board following an Internal Review of fitness to practice, the AMP may request an External Review under the following clause 8.22.

- 8.22 External Review of fitness to practice

An External Review may be initiated by the Medical Director and undertaken by a Medical Practitioner (Reviewer) who is not an Accredited Medical Practitioner of the Facility and independent of the AMP who is subject of the review. The Reviewer is

required to provide a report to the Board. The report will be required to contain a summary of the Reviewer's assessment of the AMP's fitness to practice as well as a recommendation to continue, impose conditions upon, suspend or revoke the AMP's accreditation.

8.23 Board obligations following Internal or External Review

On receipt of the MAC's written recommendation following an Internal Review, or the External Reviewer's report following an External Review, the Board shall consider and respond in writing to MAC and the AMP concerned regarding the recommendation within 7 days.

8.24 A practitioner may request the Medical Director of the Facility to suspend accreditation for a stated period for good cause such as study leave so as to preserve the practitioner's right to automatically resume exercising privileges at the end of the period without having to re-apply for accreditation or without threat of termination for non-use of privileges.

8.25 Resignation

An AMP who wishes to resign their accreditation status shall forward a written resignation to the chairman of the Medical Advisory Committee, giving 14 days' notice.

8.26 Appeals relating to re-accreditation and Scope of Clinical Practice decisions

If an AMP disputes a decision not to reappoint the AMP, or to impose conditions or vary the AMP's Scope of Clinical Practice on reaccreditation, the AMP may seek a review of the decision up to 30 days after notice of the finding is deemed to have been received. A request for review is required to be in writing and addressed to the Medical Director of the Facility.

The requested review will be undertaken by the Medical Director and the MAC. This may be undertaken as part of an ordinary MAC meeting or by Extraordinary MAC meeting. Following the review, the Medical Director will communicate in writing the MAC's recommendation to the AMP and to the Board.

9. Clinical Guidelines

9.1 Patient rights and responsibilities

AMPs will adhere to the principles of the Australian Charter of Healthcare Rights (Appendix 3).

9.2 Management of care

An AMP is required to provide professional services with due skill, care and diligence in undertaking the responsibilities of preoperative diagnosis and care, the selection and performance of the appropriate operation or procedure, and postoperative surgical care.

9.3 Attend/Review patients

AMPs are required to ensure that all reasonable requests by Facility staff are responded to in a timely manner and in particular, patients are promptly attended to when reasonably requested by Facility staff for valid clinical reason.

10. Other AMP requirements

10.1 Admission Criteria

AMPs must adhere to the Facility's admission criteria at all times.

10.2 Consent

Explanation of the nature and risks of an operation is essential and is to be undertaken personally by the AMP. The practitioner admitting the patient must ensure that consent for any procedure or anaesthetic is documented (and signed by both the patient and AMP) on the Facility's consent form prior to commencement of the procedure or anaesthetic.

10.3 Financial Consent and Fee Conduct

AMPs must confirm with accepted standards of Informed Financial Consent. AMPs also agree, in line with the Royal Australasian College of Surgeons Code of Conduct, to ensure that the professional fees charged to patients are justifiable and reasonable and do not exploit a patient's need or take financial advantage of the patient.

10.4 Medication Management

AMPs must write all medication orders in the patient's medical record as well as completing any necessary prescription forms.

Where medication is ordered by telephone, the order is to be provided to the Registered Nurse and her/his witness, and the order to be subsequently confirmed on the occasion of the AMP's next visit to the Facility, or otherwise as required by law.

10.5 Medical record documentation

An AMP must ensure that patient medical records are adequately and accurately maintained, including that they:

- Satisfy the standards required by NSQHSS accreditation practices and government legislation;
- Include all information and discharge instructions reasonably necessary to allow the Facility to care for patients.

10.6 Allocation and use of operating room sessions

Sessions shall be allocated to AMPs by management as it sees fit, taking into consideration the available times and the business needs of the Facility. AMPs are expected to have arrived in the facility and be ready to commence their operating session at the agreed time. In the event of unavoidable delay, the facility should be notified as soon as possible.

10.7 Admitting details

The patient's name, provisional diagnosis, the nature of the operation to be performed, the patient's age, telephone number, health insurance details etc. shall be notified to the Facility by the AMP or AMP delegate before a booking for admission

can be confirmed. The nature of the planned anaesthetic and the name of the anaesthetist should also be advised.

10.8 If an operating session is required to be cancelled, it is required that a period of at least 14 days' notice shall be given to the Facility management.

10.9 Anaesthetics

For surgery involving the use of regional, general anaesthesia and/or sedation to commence, it is a requirement that at least one accredited anaesthetist is present in the hospital and prepared to be responsible for the patient. The AMP performing the surgery must be present in the facility before the anaesthetic or sedation is commenced.

10.10 Surgical assistants

The provision of a surgical assistant is the responsibility of the treating AMP. All surgical assistants must also be credentialed as an AMP by the Facility. Each AMP is responsible for the conduct of each assistant engaged by him or her.

10.11 Adherence to Facility Policies and Procedures

All AMPs will adhere to the Facility's policies and procedures as amended from time to time.

10.12 Pathology

AMPs must ensure that copies of all pathology reports relating to a patient's admission are supplied to the Facility for its records as soon as practicable.

10.13 Emergency situations

AMPs must advise the Director of Nursing in writing of any changes to their contact details (including mobile telephone numbers, email and postal addresses along with the contact details for any locum practitioners responsible in the event of the AMP being unavailable in an emergency. In the event of an emergency involving a patient where the AMP cannot be contacted immediately, the DON or their delegate shall take whatever action is necessary in the best interest of the patient. The AMP will be notified as soon as possible and ongoing care of the patient will remain the AMP's responsibility.

10.14 Discharge of Patients

Discharge instructions and operation records are required to be completed by Accredited Medical Practitioners in a timely manner and all information reasonably necessary to safely discharge a patient. If overnight care is required, the discharge plan must be communicated to the facility prior to admission and any changes notified as soon as possible.

Appendix 1 – Nexus Facility Medical Advisory Committee Terms of Reference

1. Definitions

Definitions used in this Terms of Reference are those used in the Nexus Facility By-Laws

2. Terms of Reference Purpose and function

2.1 These Terms of Reference are the management policies approved by the Board which apply to the appointment and conduct of the Facility Medical Advisory Committee.

2.2 Amendment to Terms of Reference

In consultation with the MAC, these Terms of Reference may be amended by the Board from time to time.

2.3 Facility By-laws

These Terms of Reference are to be read in conjunction with the Facility By-laws as amended from time to time.

3. Medical Advisory Committee (MAC)

3.1 Medical Advisory Committee Purpose

The Windsor Private Hospital Medical Advisory Committee (MAC), shall review and provide advice to the Board, Nexus Hospitals Board and Windsor Private Hospital Management in relation to the accreditation of Medical Practitioners, patient care and safety, and to provide a forum for open communication.

3.2 The MAC will provide the Board and Management of the Facility consultation and advice on:

The range of clinical services, procedures or other interventions that can be provided safely in the specific organisational setting,

The facilities and clinical and non-clinical support services reasonably necessary to sustain the safe, high-quality provision of specific clinical services, procedures or other interventions,

The accreditation of Medical Practitioners including defining the Scope of Clinical Practice to which a Medical Practitioner may be granted Clinical Privileges.

Information that should be requested of, and provided by, applicants for appointment to specific positions or for a specific Scope of Clinical Practice, Other matters relating to patient safety.

3.3 The MAC will act as the Credentialing Committee, or if a separate sub-committee is nominated, provide oversight for the Credentialing Committee to undertake the processes of credentialing and defining the scope of clinical practice for Accredited Medical Practitioners. Where the Credentialing Committee is separately established, a reference in these Terms of Reference to the MAC (when performing a credentialing function) will be read as a reference to the Credentialing Committee.

- 3.4 The MAC will review and provide advice to the Board regarding:
Investigations involving AHPRA,
Internal and external audit findings,
Registration and scope of practice issues relating to Accredited Medical Practitioners,
Conflicts of interest involving medical practitioners.
- 3.5 Where nominated by the Board as separate bodies to the MAC, the MAC will oversee the following sub-committees:
Antimicrobial Stewardship Committee
Credentialing Committee
Drugs and Therapeutics Committee
Other committees as nominated by Board
- 3.6 Communication
The MAC will provide a forum for facilitating communication between the Facility, Accredited Medical Practitioners and the Nexus Clinical Governance Committee.
- 3.7 The MAC will advise the Board regarding the implementation of actions to manage risk and facilitate continuous improvement at the Facility. These may include:
Eliminating adverse practices and behaviours that may be considered a risk to patient safety,
Introduction of new specialties, services or procedures
Modifying existing approved specialties, services or procedures
Monitoring of performance of AMPs including suspension or cancellation of Clinical Privileges
Changes to the infrastructure and staffing of the Facility
- 3.8 To report to the Secretary of the Department of Health and Human Services Victoria (or other as required) any repeated failure by the Board to act on advice from the MAC on matters where the failure is likely to adversely impact on the health and safety of patients.
- 3.9 Review of MAC Terms of Reference
These Terms of Reference may be amended by the Nexus Board from time to time, with any changes to be tabled for MAC comment at the next scheduled MAC meeting.
- 3.10 MAC composition (Ordinary Members)
A minimum of 5 representatives including:
a. Surgeon representatives (minimum 3) from at least two of the Facility's major surgical specialties
b. Anaesthetist representatives (minimum 1)
c. Director of Nursing or delegate
d. The Medical Director, also acting as MAC Chair. The Board may appoint a separate MAC Chair in addition to the Medical Director, in which case the Medical Director may also be a MAC representative if appointed as such by the Board.

All of the above shall have voting rights.

Ex-officio attendees do not have voting rights, and may include:

- a. The Facility CEO/General Manager
- b. A representative of Board
- c. Other as agreed by the MAC

3.11 Medical Director

The Medical Director shall be appointed by the Board for a term of three years. Where the Board has not appointed a separate MAC Chair, the Medical Director shall also act as MAC Chair with equal voting rights to Ordinary Members.

3.12 MAC appointment process

3.12.1 Members of the Medical Advisory Committee will be appointed by the Board.

3.12.2 The Board must notify each member of the Medical Advisory Committee of the terms of their appointment, with a copy of these By-laws to accompany the notification.

3.12.3 Members of the Medical Advisory Committee shall be appointed for a period of three years unless otherwise notified in writing at the time of their appointment and shall be eligible for re-appointment.

3.12.4 Members of the Medical Advisory Committee are not entitled to and waive any and all claims for consideration for or in connection with their appointment to the Medical Advisory Committee (including salary, wages, directors' fees or any other fees and charges).

3.12.5 MAC Members who are not Accredited Medical Practitioners are to provide confirmation of registration with the Australian Health Practitioner Regulation Agency (AHPRA) and provide evidence of current Medical Indemnity Insurance.

3.13 MAC Power of Co-opt

The MAC may co-opt the services of any other person it considers necessary to provide expert advice on any matter. The co-opted member shall not have voting rights.

3.14 MAC Resignation processes

3.14.1 A resigning member will provide notice in writing to the MAC Chair (with copy to the DON) providing at least one month's notice.

3.14.2 In the event of a resignation of an MAC medical member, the MAC may nominate another Medical Practitioner to be appointed by the Board.

3.14.3 The nominated Medical Practitioner must be appointed in accordance with 3.12.

3.15 Declaration of conflict of interest

Any real or potential conflicts of interests shall be advised to the Committee at the commencement of any meeting of the Medical Advisory Committee. In those area of conflict (real, potential or perceived), the Member shall abstain from voting.

- 3.16 Other MAC Member obligations
No MAC Member may purport to represent the Facility or Nexus Hospitals without the express written permission of the Board or the Managing Director, Nexus Hospitals

The marks, logos and symbols of the Company and the Facility may not be used without the written authorisation of the Board or its authorised delegate.

4. Confidential information

- 4.1 Subject to clause 4.3 of these Terms of Reference, MAC members must keep confidential the following information:
Business information concerning the Company or the Facility;
The particulars of these By-Laws;
Information concerning the insurance arrangements of the Company;
The proceedings for the Accreditation and designation of Scope of Clinical Practice of the Health Practitioner;
Discussions relating to performance of any Accredited Medical Practitioner;
Sentinel events and clinical incidents; and
Information concerning any patient or staff member of the Facility.
- 4.2 The confidentiality requirements of clause 4.1 of these Terms of Reference prohibit the recipient of the confidential information from using it, copying it, disclosing it to someone else, reproducing it or making it public.
- 4.3 When confidentiality can be breached
The confidentiality requirements of clause 4.1 of these Terms of Reference do not apply in the following circumstances:
Where disclosure is required by law;
Where disclosure is required by a regulatory body in connection with an Accredited Medical Practitioner or the Facility;
Where the person benefiting from the confidentiality consents to the disclosure or waives the confidentiality; or
Where disclosure is required in order to perform some requirement of these Terms of Reference.
- 4.4 Confidentiality obligations continue
The confidentiality requirements of these Terms of Reference continue with full force and effect after a Medical Advisory Committee member ceases to be a member.

5. Conduct of MAC Meetings

- 5.1 Frequency of Meetings
Ordinary meetings shall be held as required but not less than 2 times per year.
- 5.2 Notice of Meetings
Fourteen days' notice in writing shall be provided for each ordinary MAC meeting.
- 5.3 Quorum

A quorum will include the Medical Director, the DON or delegate, and any Medical Practitioner MAC Members from at least two disciplines.

- 5.4 Postponement of meeting
Should it be apparent that there is not, or will not be, enough members to form a quorum, the DON may postpone the meeting and re-schedule at the next possible opportunity.
- 5.5 Extraordinary meetings
In the event there is a need for the MAC to address urgent business the Medical Director or DON may call an extraordinary meeting. The quorum for an extraordinary meeting will comprise the Medical Director, DON and one other MAC Member. The minutes of such meetings are to be tabled and ratified at the next scheduled MAC meeting.
- 5.6 Decisions
Decisions shall be made by a majority vote, with each MAC Member having a single vote, the MAC Chair holding a casting vote in the event there is no clear majority. In matters directly relating to accreditation of Medical Practitioners, the person to whom the discussion relates shall absent themselves from such discussion and endorsement of clinical privileges.
- 5.7 Emergency situations requiring a change in clinical/medical practice
Should there be an emergency situation at any time in which it is necessary to obtain the advice of the Medical Advisory Committee, the Medical Director (or if he or she is unavailable, another Accredited Medical Practitioner member of the MAC) and the DON (or delegate if the DON is unavailable), in consultation together, shall be empowered to undertake such necessary action (such action to be reviewed by the Medical Advisory Committee at the earliest possible opportunity). Where appropriate, the Medical Director (or alternate) and DON (or delegate) must consult with the surgeon or anaesthetist involved in the emergency.
- 5.8 MAC Meeting Minutes
Minutes will be recorded at each meeting and accepted as a correct representation of the meeting by the MAC Chair.
- 5.9 Distribution of Minutes
Draft minutes will be distributed within 30 days to MAC Members for review. Finalised MAC meeting minutes are to be signed by the MAC Chair as a true representation of MAC meeting proceedings and distributed by the Director of Nursing to the Nexus Group Medical Director and Chief Operating Officer for review by the Nexus Clinical Governance Committee.
- 5.10 Reports to be tabled at MAC meetings
Reports to be tabled at a meeting of the MAC shall include, and are not limited to, the following:
Director of Nursing/General Manager report
Quality reports including clinical indicators and incidents registers
Consumer participation
Non-conformance/accreditation action requirements
Internal and external audit findings

6. Accreditation of Medical Practitioners

6.1 Purpose

The purpose of accreditation is to ensure that there is evidence of appropriate credentials and a defined Scope of Clinical Practice for Medical Practitioners applying for Clinical Privileges at the Facility. The accreditation process is in keeping with the requirements of the relevant state or territory department of health.

6.2 Final approval of applications for Clinical Privileges

The Medical Advisory Committee, and its Credentialing Committee if nominated, is the body responsible to review applications for clinical privileges and to make recommendations to the Board regarding whether in its opinion applications should be approved. The Board shall have final authority to approve applications which have been recommended for approval by the MAC.

6.3 Clinical Privileges

Only Medical Practitioners who are Accredited Medical Practitioners may care for and treat patients at the Facility.

6.3.1 Not all categories of Medical Practitioner may be awarded Clinical Privileges as an Accredited Medical Practitioner. Clinical Privileges may only be provided for the following categories of Medical Practitioner on authorisation by the Nexus Hospitals Board:

Non-specialist Anaesthetists

6.3.2 Not all categories of Accredited Medical Practitioner carry admission rights. Admitting rights are not provided for:

Surgical assistants

Career Medical Officers or Resident Medical Officers

3rd Party medical service providers such as radiologists or pathologists.

6.4 Accreditation of Non-specialist practitioners

Clinical privileges may only be approved for Non-specialist practitioners with the written authorisation of the Nexus Hospitals Board.

6.5 Emergency Accreditation

Emergency accreditation may be provided as required in the instance of a clinical emergency by the DON after consultation with the Medical Director. The period of Emergency accreditation is for twenty-four hours.

6.6 Temporary Accreditation

Temporary Accreditation may be granted by the Board for a period of up to 6 months prior to the MAC considering the application and recommending the appointment to the Board. Applications for Temporary Accreditation are made by completing an Application for Privileges form and submitting to the Medical Director or Director of

Nursing. The criteria for the awarding of Temporary Accreditation are the same as those for Full Accreditation as defined in clause 6.7.

6.7 Applying for Clinical Privileges

A practitioner may apply for Clinical Privileges by submitting a completed Application for Privileges form to the Medical Director or Director of Nursing of the Facility. The Director of Nursing is required to submit the application to the MAC or Credentialing Committee as appropriate. Applicants may be accredited for a period of up to 3 years.

6.8 Provisional Accreditation

In certain circumstances, the MAC may decide to award a limited term of 12-months accreditation. This is to be reviewed at the conclusion of the Provisional Accreditation term after a longer term of accreditation of up to 3 years may be awarded.

6.9 Criteria for credentialing

Evidence of minimal credentials

- a. Curriculum vitae and evidence of undergraduate and specialist qualifications
- b. Evidence of ongoing education

Professional referees

- a. Two current referees who are preferably senior practitioners within the relevant area of specialist practice being applied for and have been in a position to judge the applicant's experience and performance during the last 3 years. Referees must have no conflict of interest in the awarding of Clinical Privileges to the applicant.

Registration as a Medical Practitioner or Dental Practitioner with the Australian Health Practitioner Regulation Agency (AHPRA)

Podiatric surgeons must be registered as a Podiatrist with AHPRA, and also provide evidence of postgraduate training in podiatric surgery

Professional Indemnity Insurance

Hand hygiene certification

Pre-employment checks

- a. Proof of identity
- b. Police checks
- c. Working with Children checks

6.10 Delineation of Scope of Clinical Practice

Any Medical Practitioner applying for clinical privileges should nominate their intended Scope of Clinical Practice within their indicated discipline. The MAC should take into consideration the applications qualifications and experience in considering the intended Scope of Clinical Practice. The MAC must also determine that the facility has adequate infrastructure, staffing and licensing necessary to accommodate the intended Scope of Clinical Practice. An Accredited Medical Practitioner is required to always treat patients within their Scope of Clinical Practice.

6.11 Register of Accredited Medical Practitioners

The Facility will keep a register of all AMPs in accordance with applicable regulations and NSQHS Standards.

6.12 Annual verification

An annual process of verification of Medical Registration and Medical Indemnity Insurance will be undertaken by Facility Management and recorded on the register of Accredited Medical Practitioners. Prior to expiry, AMPs must provide evidence of renewal of AHPRA Registration and Medical Indemnity Insurance with a term of not less than 12 months.

6.13 Confidentiality of credentialing matters

The process of credentialing Medical Practitioners, and the process for change to accreditation, including revocation or termination of accreditation are confidential and should not be disclosed to any person not involved in the process except in accordance with these By-laws.

Appendix 2 – Facility Code of Conduct – (HR-14-01-03)

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER - WINDSOR PRIVATE HOSPITAL

Windsor Private Hospital, (WPH) has a vision to be recognised as a leader of quality private day surgery services.

In delivering our vision, we know that when we provide service excellence for our patients, everything else takes care of itself. WPH operates in an environment where safety and quality are paramount, to all our practitioners, staff, patients, clients and stakeholders.

Our Board and management are committed to our Code of Conduct, which is based on our core values and on the expectations of our clients, and of the broader community. It complies with the law and with other guidelines on appropriate ethical standards.

Our Code of Conduct outlines how WPH expects its employees to behave and to conduct business. The term employees" also extends to the behaviour of, Visiting Medical Officers, Practitioners, and Management

The Code of Conduct aims:

- to promote a high level of professionalism and provide a benchmark for ethical and professional behaviour throughout WPH;

- to promote a healthy, respectful and positive workplace and environment for all our employees;

- to support our business reputation and professional image within the wider community;

- to make employees aware of the consequences they face if they breach our Code of Conduct.

Everyone at WPH needs to be familiar with our Code of Conduct, live our values every day in the workplace and, at all times, act and behave in a manner consistent with establishing trust and confidence in our organisation.

Tracy Cameron CEO

CODE OF CONDUCT: OVERVIEW AND VALUES

Our Code of Conduct helps you understand how Windsor Private Hospital expects you to behave at work and at work related events, and how WPH expects you to handle ethical issues so as to maintain the highest standards of integrity. The Code of Conduct is not a set of absolute rules. Nor is it meant to cover every situation that might arise. Rather it gives you practical, useful, common sense guidelines that you can apply and follow in all situations.

The Code of Conduct complements our quality policies and procedures. If there is any inconsistency between the Code of Conduct and another WPH policy, then the policy overrides the Code of Conduct.

You must comply with the Code of Conduct and the documents that underpin it - this is part of your employment agreement with WPH.

Everyone at WPH is to behave in line with these guidelines in their everyday work. So you can do that, you need to read and understand the Code of Conduct, and the documents, which support it. You can get a copy of these documents from the Director of Nursing, DON.

If you do not understand anything in these documents, please clarify with the DON.

Windsor Private Hospital is a values-driven organisation and insists that its people go beyond just complying with laws, with regulations and with basic standards of personal conduct. For this reason, our four core values set the framework for the ethical and professional behaviour we expect from each other and for the standards set in our Code of Conduct:

Professionalism: We treat all patients and service users with respect, communicating clearly, and involving people in decisions about their own care, keeping accurate records of treatments and interventions.

The values that underpin our behaviour are:

- Trustworthy;
- Competent;
- Respectful;
- Act with Integrity;
- Considerate; and
- Empathetic.

By understanding and living WPH's values, we aim to create and sustain an organisation where we can all be proud of everything we do.

WHAT HAPPENS IF YOU DON'T COMPLY

You must comply with this Code of Conduct and our organisation policies and procedures - this is part of your employment agreement with WPH. Each employee is responsible for reading and understanding this document. If you don't comply with the Code of Conduct or our organisation policies and procedures, then we may take appropriate disciplinary action against you. That action may include:

- Disciplinary action up to and including ending your employment;
- Notifying the relevant industry or professional regulatory agency;
- Taking civil action; and/or
- Referring the issue to a law enforcement agency.

COMPLYING WITH THE LAW

You must comply with the laws that apply to your work. You must comply with both:

The "letter of the law" - a strict and literal interpretation; and

The "spirit of the law" - the reason for the law and its clear purpose.

If you break the law while working for us, then you will be held personally accountable. So it is important that you understand the law that applies to your work. Some laws affect everyone - for example, privacy laws, and workplace health and safety laws. While other laws might affect you only if you work in a particular role - such as laws about pathology licences and competitive business practice.

You must prevent or stop illegal or undesirable behaviour to make sure WPH is kept free from criminal influence or exploitation.

Wherever you work, if you observe serious misconduct or illegal activity, then you must immediately report it to your manager or to the relevant investigations officer.

The laws that govern our activities can be complex. So, if you are unsure about how the law applies to your work, then you must ask your manager.

COMPETITION

Windsor Private Hospital competes ethically at all times in the industry sectors in which we operate.

You must conduct all business competitively, honestly and ethically. You must never behave in a way that breaches competition laws in the countries in which we operate. For example, under the Competition and Consumer Act (formerly known as the Trade Practices Act) in Australia:

You must not have agreements or understandings with competitors that restrict competition - such as exclusive supply or distribution arrangements;

You must not attempt to misuse WPH's market power to damage competitors; you must not use unlawful means to acquire a competitor's trade secrets or other confidential information; and

You must not engage in misleading or deceptive conduct or collusive conduct - including understandings on prices, volumes and terms of sale.

WORK COLLEAGUES

We are committed to provide a challenging, enjoyable and positive workplace in which employees can achieve their full potential and can make a difference.

To help us achieve this, you need to be polite and courteous and you need to treat your colleagues fairly, and with respect and consideration, in an environment free from harassment.

In particular, this means you must:

not use indecent, offensive or abusive language;

Never threaten others; or

Not behave in a violent way - such as fighting with or assaulting others.

Even though we encourage you to be loyal to your work colleagues, if you are concerned that a colleague is or might be involved in misconduct, then we expect you to co-operate in any WPH investigation and to provide relevant information to management and authorised external parties.

EQUAL EMPLOYMENT OPPORTUNITY AND DISCRIMINATION

We value the diversity of our workforce and we strive to provide a work environment in which everyone is treated fairly and with respect.

Our policies, procedures, work conditions and practices:

Treat and evaluate employees:

- According to the results they achieve;
- on the basis of their job-related skills, qualifications, abilities, attitudes and behaviours; and
- do not directly or indirectly discriminate against employees as individuals or groups.

HARASSMENT OR BULLYING

You have the right to do your work without being harassed or bullied. At the same time, you and your colleagues need to maintain acceptable standards of behaviour both at work and off duty, including at third party functions.

You must never take part in:

Sexual or other forms of harassment that might humiliate, offend or intimidate another person; or

Workplace bullying.

We treat these types of misconduct very seriously. Any proven claims of this behaviour may lead to disciplinary action up to and including ending your employment.

WORKPLACE HEALTH, SAFETY AND WELLBEING

We are committed to providing a healthy and safe work environment with systems in place to identify, assess and control workplace health and safety issues. Our focus is on continually improving workplace health, safety and wellbeing with the aim to minimise hazards and risks.

You must:

- Take reasonable care of yourself and your colleagues at work
- Comply with our workplace health and safety policies and practices.

If you supervise, manage or control a workplace, then in a timely manner you must also:

Identify and report hazards

Report incidents and accidents

Conduct safety inspections; and

Make sure that patients, clients and their families, employees and others on site are not exposed to health or safety risks.

PRIVACY

We respect and protect the privacy of our employees, VMO's, patients and clients (and their families) and others. We collect personal information only if it is necessary, ethical and lawful to do so. We restrict access to employees' sensitive information. We will release that information only if we have the employee's consent (unless required by law).

If you have access to any personal information, you must protect the privacy of that information.

CONFIDENTIALITY

Employees are required to protect and keep confidential all information relating to WPH's business. This includes information about our patients, clients and operations as well as information concerning our business, commercial arrangements and employees.

You must not disclose confidential information to anyone outside WPH unless it is disclosed in the proper exercise of you performing your duties for WPH, information that is disclosed with the prior consent of WPH, information which is available in the public domain or required by law. In such a case, you must first discuss the proposed disclosure with your manager. You must never use confidential information for your personal benefit, for the benefit of a third party or to disadvantage WPH.

These obligations of confidentiality apply while you work for WPH and after you leave the organisation.

GRIEVANCES

We aim to achieve a safe, positive and productive environment in which our priority is the interests of excellent patient / client service. Raising and settling grievances is an important part of a culture of continuous improvement.

We encourage our employees to resolve grievances co-operatively. When grievances cannot be settled co-operatively, we use a confidential, stepped process. Through this process, we aim to resolve issues as soon as possible, starting at the first level of management.

COACHING, COUNSELLING AND DISCIPLINARY PROCESS

We aim to achieve a safe, positive and productive environment for everyone. To achieve this, we need to promptly, constructively and fairly recognise, address, and correct inappropriate behaviour or performance by our employees.

When the performance or behaviour of an employee falls short of our expectations we set in their position descriptions, in departmental procedure manuals and in workplace policies, we may take action to address the situation.

In some cases, we may decide to take disciplinary action to address substandard or unacceptable performance or behaviour. This involves coaching and counselling, verbal warning, written warning(s) and dismissal.

WPH may be legally obliged to notify the relevant industry or professional regulatory agency in instances of misconduct or unsafe practice concerning the professional practice of health practitioners in its employ.

WHISTLEBLOWERS AND REPORTING MISCONDUCT

We aim to achieve a culture of honesty and integrity in everything we do. We acknowledge the role of whistleblowers in helping to disclose misconduct, which could threaten WPH's integrity.

Whistleblowers are people, usually employees, who disclose criminal behaviour or serious misconduct - for example serious breaches of this Code of Conduct and associated policies.

Our employees need to feel they can safely report crimes and serious misconduct. It is our aim:

- To protect whistleblowers against recrimination; and
- To acknowledge the importance of protecting whistleblowers under the law where possible.

Occasionally, you might see someone at work doing something wrong, which may not seem to be serious misconduct or criminal activity. When deciding on whether to report this behaviour, you should use common sense and your own sense of what is right and wrong.

If you decide to report an incident or misconduct, then we encourage you first to raise the issue with your manager. If the matter is too sensitive or if it involves the conduct of your manager, then speak to the General Manager or to the Chief Executive Officer.

If you act in good faith when you make a report - even if you breach our confidentiality rule, then WPH will not act against you. However, if you intentionally make a false or misleading report, then we will take appropriate disciplinary action.

INFORMATION SYSTEMS AND OTHER GROUP RESOURCES

We use a range of information systems to run our business including voice mail, telephones, facsimiles, internet, drop box and email. We expect you to use these information systems, which are available for business purposes, in line with the standards of behaviour set out in this Code.

This means:

You must not use our information systems to bully or harass co-workers including accessing, transmitting or storing offensive material;

You must not use our systems to break the law; and

You must never use social networking sites to comment adversely about WPH, its staff, patients, clients or other person connected with our business.

We expect you to protect the information communicated via, or stored on, our information systems. You also need to safeguard the hardware, software and all data against damage, loss, theft, alteration and unauthorised access.

WPH's information systems are organisation resources. We can, and do, monitor your use of these systems.

OTHER RESOURCES

Our resources include money, property, equipment, information and intellectual property. You may use our resources only for authorised business purposes and never for your own or anyone else's personal benefit.

You must take reasonable precautions to make sure no-one steals, damages or misuses any resources under your control. You may only use your ID, access cards and system passwords for authorised purposes.

If you are responsible for keeping Group records and reports, then you must keep them accurately and in line with the law. For some employees this includes:

Complying with accounting rules and controls
Reporting expenditures accurately and on time
Being able to provide proper evidence as required.

These requirements also apply to all non-financial records, including employee files, leave records, time sheets,
Workers' compensation and environmental documents.

INTELLECTUAL PROPERTY

When you joined WPH, you assumed specific obligations relating to intellectual property as well as the treatment of confidential information.

Intellectual property means all types of intellectual property and includes ideas, inventions, documents and programs which relate to WPH's actual or anticipated business, research or development that is suggested by, or results from, work or tasks you perform, or on behalf of WPH. It includes copyright, registered patents, designs, trademarks, know-how, trade secrets, logos, business names, confidential information and similar rights and includes reports, policies, manuals and the logos and business names of WPH and its facilities.

Any discovery, invention, secret process, business method, procedure or improvement made or discovered by you while in the service of WPH in connection with or in any way affecting or relating to (any of) the businesses of WPH or its associated companies shall be disclosed to WPH and shall belong to and be the absolute property of WPH.

Subject to the law, this obligation applies no matter where and when – at work or after hours – such intellectual property is created. That intellectual property must be reported to WPH, and the property must be protected like any other propriety information of the organisation.

DEALING WITH OTHERS

WPH's stakeholders include everyone who has an interest in what we do. They include: our VMO'S, practitioners, patients and clients; the families and other interested parties of our patients and clients;; suppliers; communities; regulators; government agencies; competitors; as well as our employees.

When you deal with stakeholders, you need to be aware that they may judge WPH by the way you behave. You are to be professional, diligent, courteous and efficient at all times. You need to always aim to protect our good reputation and avoid harm to others, which may be caused by your neglect or misconduct.

If someone makes a complaint and you are responsible for dealing with it, then you need:

- To handle the complaint with a positive and courteous attitude
- To be determined to satisfactorily resolve it.

GIFTS, FINANCIAL INDUCEMENTS AND BRIBES

We must make our business decisions ethically and transparently - both in Australia and in overseas countries. So you need to exercise the utmost care when you give or accept any benefits. You need to remember that this behaviour may create a sense of obligation to, or conflict of interest with, the other person or organisation.

You must never solicit gifts from others - such as cash or other financial benefits. You must never offer bribes or financial inducements.

You must not do anything that is against the law or which might create an obligation or a real or perceived conflict of interest.

MEDIA

We aim to make our public communications fair, accurate, clear and consistent. To help us achieve this, we only authorise certain employees or external consultants:

- To speak to the media;
- To provide information to the media;
- To make public comments on WPH or health care industry matters.

If the media contacts you for comments or information regarding a WPH facility, then you must refer them to the Director of the facility.

DONATIONS AND SPONSORSHIPS

We encourage our employees to be involved in their communities. We recognise the outstanding efforts of employees who support local community organisations.

You need to refer all requests for corporate donations and sponsorships to the Director of WPH.

CONFLICT OF INTEREST

As an employee, your primary duty is to us. So, we expect you to devote your work efforts to WPH and to make sure that your behaviour at work is transparent and based on what is best for WPH. .

To achieve this, you must always avoid having a real or perceived conflict of interest. A conflict of interest exists when your personal or private interests - or those of your family or friends - conflict with WPH's business interests or the interests of its patients, clients (and their families) and others. You must never engage in activities or businesses that involve - or could look like they involve - a conflict of interest with WPH.

It is your responsibility to tell your Manager about anything that could involve a conflict of interest. In particular, you should be aware of the potential for conflict in areas like purchasing, engagement of consultants or contractors, sales and marketing, and giving and receiving gifts, prizes and hospitality.

WORKING FOR OTHERS

You may only take on additional work outside WPH if:

There is no conflict of interest

You disclose and seek the prior approval of the relevant manager if you wish to conduct business or engage in a business in competition with WPH

Never take on additional work which may harm our reputation or negatively affect your performance while working for us.

RESPONSIBILITY FOR THE CODE

Line management and Chief Executive Officer are responsible for implementing the Code of Conduct.

Corporate Human Resources is responsible for making sure the Code is regularly monitored and reviewed. They will work closely with line management and the quality and legal functions to update the Code as needed.

All management must include the Code of Conduct in new employee orientation and must conduct training and education about the Code of Conduct as needed.

MORE INFORMATION

As our organisation's policies and procedures may change from time to time, you are responsible for making yourself familiar with any updates.

I have read and understand the above information regarding the Code of Conduct, and I intend to conduct myself accordingly.

Name: _____

Dated ____/____/____

Signature: _____

My healthcare rights

This is the second edition of the **Australian Charter of Healthcare Rights**.

These rights apply to all people in all places where health care is provided in Australia.

The Charter describes what you, or someone you care for, can expect when receiving health care.

I have a right to:

Access

- Healthcare services and treatment that meets my needs

Safety

- Receive safe and high quality health care that meets national standards
- Be cared for in an environment that is safe and makes me feel safe

Respect

- Be treated as an individual, and with dignity and respect
- Have my culture, identity, beliefs and choices recognised and respected

Partnership

- Ask questions and be involved in open and honest communication
- Make decisions with my healthcare provider, to the extent that I choose and am able to
- Include the people that I want in planning and decision-making

Information

- Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent
- Receive information about services, waiting times and costs
- Be given assistance, when I need it, to help me to understand and use health information
- Access my health information
- Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe

Privacy

- Have my personal privacy respected
- Have information about me and my health kept secure and confidential

Give feedback

- Provide feedback or make a complaint without it affecting the way that I am treated
- Have my concerns addressed in a transparent and timely way
- Share my experience and participate to improve the quality of care and health services



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AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

For more information
ask a member of staff or visit
safetyandquality.gov.au/your-rights