



# By-Laws

APRIL 2024

## **THE SYDNEY PRIVATE HOSPITAL**

The Sydney Private Hospital is a fully accredited 88-bed Surgical/Medical/Rehabilitation Private Hospital. The Sydney Private Hospital is part of the Macquarie Health Corporation (MHC) / Independent Private Hospitals of Australia (IPHoA).

## **BY-LAWS FOR VISITING PRACTITIONERS (VP)**

The following guidelines have been established to:

Assist Accredited Medical Practitioners (AMP) to understand the requirements of the Hospital Management (the Hospital) to ensure the AMP continues to enjoy the *at will* privileges awarded to them by the Hospital; and provide the Hospital Director and MAC Chairman with a framework that will ensure expectations of the organisation are achieved with the goals of:

- Delivering excellence in patient care.
- Achieve customer satisfaction.
- Promotion of a healthcare facility in which professional relationships exist between members of the healthcare team, thus provides a positive and safe workplace environment for our staff.
- Ensures the existence of Professional Therapeutic Relationships for our AMPs and their patients while utilising their privileges at the Hospital, and
- Ensures the fiscal viability of the Hospital.

## **RATIONALE**

- a) Health care facilities are required to ensure all Medical Practitioners are credentialed in a manner as required by the relevant Departments of Health and/or regulatory agencies. For example: The Hospital Director must verify information received.
- b) Must require Medical Practitioners to advise the Hospital Director of any change in conditions (medical or otherwise) that could impact their licensure or ability to practice,
- c) Credentialing, while not a guarantee, ensures the safe delivery of patient care in their organization by ensuring appointment by qualified Medical Practitioners
- d) Defining the scope of clinical practice exists to ensure the delivery by qualified medical practitioners of safe and quality health care.

## **MEDICAL ADVISORY COMMITTEE**

The Medical Advisory Committee (MAC) is the advisory group to the Hospital Director and SMM. Membership in the MAC includes The Hospital Director, the Theatre Manager (or other Senior Manager of the Organisation), a MAC Chairman, and any Visiting Practitioner in the Hospital.

Membership: Invitation(s) for attendance at the MAC can be extended by the Hospital Director, after consultation with the MAC Chairman. After a recommended period, the invitee can become a formal member by a vote of the committee.

The Chairman of the Medical Advisory Committee works in collaboration with the Hospital Director in the review of accreditation of AMPs. Temporary accreditation can be extended by the Hospital Director and/or the Chairman of the Medical Advisory until submission at the

next regularly scheduled MAC Meeting. Applicants are then presented to the MAC for review and recommendation.

Other Functions of MAC: In addition, the Medical Advisory Committee, or a special sub-group of the Medical Advisory Committee as determined by the MAC Chairman together with the Hospital Director, may review any other issues in relation to the Visiting Medical Officers practice and/or behaviour, suitability for ongoing accreditation, appropriateness for the hospital setting, and make recommendations onwards to the Hospital Director, Senior Management Committee and Corporate Management as requested and/or required in relation to such behaviours and/or activities.

The MAC is a multi-disciplinary and peer group with the clear objective of supporting the Hospital Director and SMM to ensure that professional, safe, and therapeutic behaviour is always undertaken by Medical Professionals and to ensure that the Hospital can achieve these goals in a fiscally viable manner.

### **STRUCTURE OF THE MEDICAL ADVISORY COMMITTEE**

- a) The Medical Advisory Committee shall consist of appointed and/or elected Visiting Practitioners that represent the hospital's sub-specialties.
- b) Ideally, The Medical Advisory Committee shall elect office bearer to the position of Chairman.
- c) The MAC chairman will be elected for a 5-year term of office, renewable at the mutual consent of the Hospital Director and supported by the Senior Management Committee
- d) Ideally, the number of Visiting Practitioners is to be no less than 3, unless otherwise determined appropriate by the Hospital Director and/or MAC Chairman
- e) Five members of the Committee shall constitute a quorum and no business shall be transacted at a meeting of the Committee unless a quorum is present.
- f) Ordinary meetings of the Medical Advisory Committee shall be held at least twice a year and at a time and place to be determined by the Hospital Director in collaboration with the MAC Chairman.

### **THE FUNCTIONS OF THE MEDICAL ADVISORY COMMITTEE**

1. Provide a means whereby visiting practitioners can participate in the policy making and planning processes of the hospital.
2. Advise the Management and the Board of the hospital of appropriate conditions for clinical practice and safety within the hospital.
3. Receive Quality and Infection Control Reports from the Quality / Infection Control Manager and to advise on appropriate action where necessary.
4. The Committee will review patient care, be informed of complications and unexpected returns to the Operating Theatre or unexpected transfer to other hospitals and advise where necessary.
5. Participate in the planning, development and application of Quality Assurance

Programmes within the hospital considering the hospital's commitment to a hospital-wide programme of Total Quality Management.

6. Consider applications for appointment and re-appointment of Visiting Practitioners to the hospital.
7. Recommend to the Board such clinical responsibilities for such practitioners that are commensurate with the planning, experience, competence, judgement and character of the applicant for appointment or re-appointment as Visiting Practitioner.
8. The process of credentialing visiting practitioners at this hospital will be based on the guidelines issued by the Royal Australasian College of Surgeons.
9. Allow Visiting Practitioners the opportunity to discuss any grievances or concerns.

It is the function of the Medical Advisory Committee under the Private Hospitals Regulation to report to the Director General any persistent failure by the Hospital Board to act on the Committee's advice.

#### **TERM OF OFFICE**

The term of office for the Chair of the Medical Advisory Committee shall be till the Chairperson decides to resign from the position or till when the Senior Management Team/IPHoA Board requests that the Chair needs to stand down from the role.

Should a member of the Medical Advisory Committee resign their position, an election will be held for that position.

#### **OBJECTIVES OF BY LAWS OF THE SYDNEY PRIVATE HOSPITAL**

##### **Rationale:**

The objective is to maintain and improve the safety and quality of the delivery of health care service, promote and support a professional and therapeutic working environment for Staff, Patients and other customers (internal and/or external and including VMOs) while ensuring the ability of the Hospital to function in a fiscally viable and safe manner.

#### **USE OF THE HOSPITAL – INITIAL CREDENTIALS**

- a) Any registered Visiting Practitioner (Medical, Dental Practitioner or Allied Health Practitioner) is eligible to apply for consideration to use the facilities of the Hospital. After completing the application form, the Hospital Director reviews all required evidence and supporting documentation (Registration, Insurance, References, etc.).
- b) All visiting privileges will be subject to review by the Hospital Director in collaboration with the Senior Management Committee and Medical Advisory Committee every three (3) years as part of recredentialing and/or as deemed appropriate by the Hospital Director in collaboration with the MAC Chairman.

- c) The Hospital Director, in collaboration with the MAC Chairman and/or SMM, CMM reviews the clinical services being requested and/or performed by the Visiting Medical Officer in relation to the Hospital's ability to continue to support the services being requested by the VMO for any reason whatsoever. The Committee should review both the clinical services being requested by the medical practitioner, and objective performance data, references, and professionalism of the medical practitioner. Once the review is complete, the Committee should determine if the services will benefit the patient population and are within the organisation's service needs and capacity before making any initial and/or ongoing recommendations.
- d) VMO privileges are voluntary and of an "at will "nature. Either the VMO or the Hospital can discontinue use of the Hospital without any notification and/or for any reason. The Hospital Director, after consultation with the Medical Advisory Committee's Chairman and/or in consultation with SMM and/or CMM may withdraw permission for the use of the Hospital at its discretion, at any time,
- e) These By-Laws are subject to revision every three years or as required by the Hospital Director after consultation with SMM, CMM and/or MAC Chairman. Amendments may be discussed by the Medical Advisory Committee and recommendations, or comments will be provided by the Hospital Director to the Senior Management Committee and/or Corporate Management for consideration and where appropriate, actioning. Copies of the current By-Laws (and, where appropriate, any amendments in progress) are available from the Hospital Director.  
It is the express intent of the Hospital and IPHOA that Visiting Practitioner's adhere to the By-Laws and applicable Policies and Procedures and Standards of Care and Practice.
- f) All Visiting Practitioners will receive a copy of current By-Laws upon initial accreditation and may request a copy at any time by contacting the Hospital Director.
- g) By-Laws can be identified as current by the effective date noted in the footer of the current edition, and Amendments to By-Laws will be minuted at the next routine MAC Meeting.
- h) It is the policy of The Sydney Private Hospital that All Practitioners who apply for visiting rights, should specify in detail, the scope of practice and/or where applicable the nature of any procedures they wish undertake in the Theatres and/or other areas of the Hospital. This must be supported with appropriately accredited documents to validate their competence in those procedures.
- i) Recredentialing is required every three (3) years. The Hospital reserves the right to request updated documentation at any time.
- j) Visiting Practitioners are expected to advise the Hospital Director of any changes in medical-related status, or any concern that could impact their ability to act in a professional and/or therapeutic manner in the delivery of patient care and/or in interacting with patients, staff or other customers of the Hospital (internal/external)

- k) Visiting Practitioners are required to advise the Hospital Director of any medical and/or legal action that could impact their ability to maintain ongoing registration.
- l) Visiting Practitioners are required to advise the Hospital Director if their privileges in any healthcare organisation are under review, suspended or impacted in any way other than by voluntary resignation.

### **TEMPORARY CREDENTIALITY**

The Hospital Director and/or Chairperson of the Medical Advisory Committee may give temporary permission for Visiting Practitioner rights. Thereafter following recommendation by the Medical Advisory Committee, the MAC and the Hospital Director the name of the Visiting Practitioner will be added to the Visiting Practitioner Register and an “at will” relationship between the Hospital and the Visiting Practitioner will be established, terminable upon written notice, without any required notification period, and for any reason, by either the Visiting Practitioner and/or Hospital Director. Prior to the termination of admitting privileges, the Hospital Director would have consulted together with the MAC Chairman, Senior Management Committee and/or Corporate Management as appropriate.

### **APPEALS MECHANISM / SUSPENSION OF RIGHT TO PRACTICE**

- Privileges to admit patients to the Hospital is considered to be an “at will” relationship, and as such, no appeal mechanism is required. However, should a Practitioner desire to lodge a Request for Reconsideration, he/she may do so in writing to the Hospital Director, within a period of 30 days following any decision, listing out objective and professional comments with supporting documentation where appropriate.
- The Hospital Director will advise the MAC Chairman of the receipt of any such request for His/her comment and/or recommendation.
- The Hospital Director will provide any Visiting Practitioner’s request for reconsideration together with any comment and/or recommendation by the MAC Chairman to the Senior Management Committee and/or Corporate Management for consideration and actioning where appropriate.
- The decision of the Hospital Director, after consideration of any comment/recommendation by the MAC Chairman and in consultation with the Senior Management Committee and/or Corporate Management is final.

### **TERMINATION OF APPOINTMENT –**

Accreditation for Clinical Privileges to admit patients to the Hospital is an “at will” relationship between the Hospital and the Visiting Practitioner. This relationship is not guaranteed and is able to be suspended or terminated upon written notification, without notice, and for any reason, by either party.

Notwithstanding, the following situations will result in immediate suspension or termination of Clinical Privileges after notification by the Hospital Director to the MAC Chairman and/or a member of Corporate Management:

- a) An appointment will be immediately terminated if an Accredited Visiting Practitioner ceases to be currently registered with AHPRA.
- b) Clinical Privileges may be suspended or terminated should a Visiting Practitioner become incapable of performing his or her duties, or acting in an unprofessional way that is considered, by the Hospital, to be detrimental to patients, staff and the wellbeing of the Hospital.
- c) The appointment of a Visiting Practitioner may be at any time suspended or terminated by the Hospital Director and/or a member of Corporate Management where the Visiting Practitioner fails to reasonably observe the terms and conditions of his or her appointment as a Visiting Practitioner within the Terms of the By Laws herein, or is judged guilty of professional misconduct or unsatisfactory professional conduct.
- d) Clinical Privileges may be suspended or terminated should a Visiting Practitioner be party to a significant clinical incident resulting in the involvement of the MAC or its delegates which results in the MAC determining an appropriate cause of action.
- e) In the event of the Visiting Practitioner's Clinical Privileges being suspended or terminated then the Hospital Director will work together with the Visiting Practitioner to ensure the safe transfer of patient care of any of their currently admitted patients in the Hospital to a suitably qualified Visiting Practitioner. In the event that the Visiting Practitioner is unavailable and/or unwilling or unable to confer with the Hospital Director to ensure the safe management of their patient through discharge or transfer of patient to another Visiting Practitioner or facility for their management, the Hospital Director will notify the MAC Chairman for further instruction and will consult together with Corporate Management to achieve a safe outcome for the afore mentioned patients.

The Hospital Director will work together with the Practitioner to ensure the safe transfer of patient care of any currently admitted patients in the Hospital. In the event that the Accredited Practitioner is unavailable and/or unwilling/unable to confer with the Hospital Director to ensure the safe management of patient care through discharge, and/or transfer of patient care to another facility for management by the Practitioner.

### **HOSPITAL GOVERNANCE**

The Sydney Private Hospital is managed by the Hospital Director who is governed by, the IPHOA Board of Directors (The Board). The Hospital Director must report and involve a member of the Board in any/all contracts with outside entities and/or any matters of a legal nature. The Board delegates the day-to-day needs of the hospital to the Hospital Director together with the Senior Management Committee (SMM) who reports onwards to Corporate Management Committee (CMM) and upwards to the IPHOA Board. The SMM is composed of

a Board Representative, Hospital Director, and other members of the hospital “leadership” team as deemed appropriate, or by invitation.

### **GOVERNANCE ISSUES:**

The governing body should ensure:–

- Strong leadership in safety and quality;
- Comprehensive governance systems;
- Clearly defined delegated authority;
- Independence of processes;
- Systematic reports on performance;
- Transparency and accountability; and
- Involvement of consumers and communities.

### **ORGANISATIONAL ISSUES**

The organisation should ensure:–

- a) Medical Practitioners agree to comply with the policy for credentialing and a defined scope of clinical practice.
- b) Medical Practitioners who are awarded admitting privileges at The Sydney Private Hospital understand that such accreditation is considered to be:
  - a. An “at will” appointment with no guaranteed term
  - b. The appointment can be revoked at the discretion of the Hospital Director, after consultation with the MAC Chairman.
- c) Medical staff and management have a clear understanding of the clinical need and capability of the organisation.
- d) Appropriate mentoring and professional support is provided for the medical practitioner’s clinical practice, where deemed appropriate, and at the discretion of the Hospital Director, in consultation with the MAC Chairman, ensuring communication involves a member of the IPHoA Board
- e) Compliance with all relevant standards of care and practices, Hospital Policies and Procedures and Professional Codes of Behaviour and Ethics.
- f) Maintenance of comprehensive records;
- g) Appropriate indemnity insurance must be held by credentialed practitioners and credentialing committee members.

### **ACTIVELY ACCREDITED VP CLINICAL RESPONSIBILITIES**

- a) The Visiting Practitioner admitting the patient will be regarded as responsible for the care of the patient until such time as the Hospital Director/Clinical Services Manager is notified of referral and/or transfer to the care of another Doctor, who is approved to use the Hospital. Such action is to be confirmed in writing as part of the Medical Record.
- b) All patients and or legal guardian(s) are required to sign an approved document for informed consent for all procedures or treatment. This is the responsibility of the Attending Medical Officer.
- c) Discharge of a patient may be authorised only by the attending Visiting Practitioner or another Visiting Practitioner acting on her/his behalf.

THIS DOCUMENT IS CONTROLLED –

IPHoA – The Sydney Private Hospital – Accredited Practitioners By Laws – V4 – AUTHORISED 28/04/2024  
ISSUING AUTHORITY - Hospital Executive



- d) Visiting Practitioners admitting patients to the Hospital must see their patients within 24 hours of admission and also remain available for contact at all times, either in person or direct telecommunications or by the nominated Visiting Practitioner approved by the Hospital.
- e) If Visiting Practitioners are not available in the case of any emergency, the hospital is authorised to take such action as is deemed necessary in the interest of the patient. This may include a request for attention by an available Visiting Practitioner or transfer to another hospital. In such cases the following provisions will apply:
  - The Registered Nurse will advise the Hospital Director or Clinical Services Manager of any developing situation that could be considered out of ordinary, for further advice, and an Incident Report will be filed by the Nurse in Charge at the time of any event.
  - The patient's Visiting Practitioner will be advised of the circumstances and the action at the earliest possible opportunity.
  - The patient will be returned to the care of their Visiting Practitioner or his/her deputy as soon as he/she becomes available and subsequent action will depend on the nature of the emergency and the normal process of consultation.
- f) Visiting Practitioners shall assist where possible, in the cases of emergency and on request, in terms of the above provisions.
- g) All approved Visiting Practitioners may be required to assist and advise the Hospital on clinical matters which from time to time may arise.
- h) Leave to be notified. If an accredited Practitioner wishes to take a period of leave of absence from admitting rights, and/or use of routinely scheduled lists, he or she will give reasonable written notice to the Hospital Director.

#### **THERAPEUTIC INSTRUCTION**

The following procedures have been reviewed by the Quality Management Committee, the Department of Anaesthesia and the Department of Surgery.

1. Patients will be requested to bring in all of their medications as prescribed in their containers with dosage and frequency instructions on the label.
2. On the day of admission, the patients will be allowed to self-medicate.
3. Within 25 hours, the medications must be written on the treatment sheet by a doctor.
4. If the patient is having surgery, it has been recommended that post-operative medications, which include some drugs normally taken by the patient and new drugs prescribed, should be written on the treatment sheet by a doctor at the time of surgery. The most appropriate doctor to do this may be the anaesthetist, as many drugs will affect the post-anaesthetic recovery.
5. Phone ordered drugs can be accepted by the nursing staff from doctors, but the order should be written on the treatment sheet and signed by the attending doctor or his delegate within 24 hours.

## **PAEDIATRIC PATIENTS**

The following procedures have been reviewed by the Medical Advisory Committee, the Department of Surgery and the Department of Anaesthesia.

### **Paediatric Admissions**

Plan of Care Paediatric patients in a hospital must have a clearly defined and documented treatment plan and must include:

- the name and contact details of the Attending Medical Officer (AMO)
  - a diagnosis (provisional or definitive)
  - a treatment plan consistent with clinical practice guidelines
  - a plan for hydration, nutrition and fluid balance
  - observation type and frequency, outline in the deteriorating patient policy
  - expected frequency of clinical review and estimated date of discharge, and
  - changes in patient condition aligned with the deteriorating patient policy. A comprehensive and contemporaneous record of care must be documented in the patient's health record with changes in condition noted at the time they occurred including actions taken. The process of care planning must reflect the preferences of the child, the adolescent, and their parents/carers and:
  - be tailored to children and adolescents' individual needs.
2. Surgical procedures considered appropriate for The Sydney Private Hospital have been listed in **"Medical Practitioner Scope of Practice"** GH076 and **"Paediatric Policy"** NS027.
  3. All practitioners appointed to the hospital should be familiar with the paediatric facilities available at The Sydney Private Hospital and refer patients to the hospital accordingly.
  4. As a general principle, children should not remain as an in-patient in The Sydney Private Hospital for more than 3 days.
  5. Children should not be in The Sydney Private Hospital for surgical procedures where there is a pre-existing medical condition which may predispose them to complications, e.g. patients with bleeding disorders, diabetes, epilepsy, severe respiratory diseases or cardiac diseases.

### **Paediatric Emergencies**

Please refer to **"Transfer of Patient following Medical Emergency"** NS049

## **VP HOSPITAL ASSISTANCE**

- a) Our Hospital can only stay in the business of supporting Visiting Practitioners provided all Visiting Practitioners recognise their direct impact on the costs and staffing of the Hospital. In so doing it is essential that Visiting Practitioners understand the method and amount of payment of rebates by Health Funds and Veterans' Affairs, and how the management of their patients, theatre time, equipment usage and selection of supplies impacts the fiscal viability of the Hospital
- b) Risk Management is assured by improved prevention methods involving clinical, operational, communications and a good working understanding of Hospital pressures in all areas, not just legal issues.
- c) Cost pressures can often be linked to Visiting Practitioner performance and attitudes. Accordingly it is the responsibility of the Visiting Practitioner to work together with the Hospital to achieve the best possible outcomes for patient care while practising in a manner that is cost effective and safe. Suggestions to minimize costs are always appreciated and considered.

Some of the main and significant cost issues directly caused by Visiting Practitioners include:

- Not arriving on time for scheduled OT lists.
  - Short lists or lists that cause overtime, which greatly increase staffing costs and pressures.
  - Lack of notice of planned absences from usual lists. Adequate (need to define "adequate" and what period of leave you are referring to: i.e. "if you are going to be absent from regularly rostered theatre lists for longer than a 1 week (for example) period, then written notice should be provided to the Hospital Director at your earliest convenience prior to the scheduled list. Theatre lists that are not actively booked will be released for general use 48 hours (or whatever period) prior to the start time. Once a list remains "unbooked" without written notice, for a period of longer than 14 days, the Hospital may, at its sole discretion, release the list for use by another admitting professional on a temporary or permanent basis. Notice is required to ensure staff rosters are adjusted accordingly.
  - Staff interaction and professional, courteous behaviour is essential at all times, to avoid unnecessary distress and possible loss of staff or be construed as creating an unsafe or unproductive working environment.
  - Correct use of and care of equipment is vital to avoid unnecessary repair costs.
- d) Health Fund Rebates are very competitive and your services are directly linked to Hospital costs due to the procedures or treatments you provide. Accordingly it is vital that Visiting Practitioners ensure all relevant details, item numbers and activity which influence fees are made available in a comprehensive, timely and accurate way to the Hospital. This avoids health fund rebate delays.

### **MEDICAL RECORDS/PATIENT HEALTH INFORMATION**

- a) The Hospital requires a certain standard of documentation in order to provide good and acceptable standards of patient care, and in order to meet Department of Health legal requirements. Visiting Practitioners are therefore expected to give high priority in this regard. The provision of full and accurate details on and after admission of all aspects relevant to the care of patients including clinical history and to provide clear and accurate instructions regarding medication and treatment. Medical Orders must be **written legibly**, signed and dated, and appear on a Hospital Approved Order Form as required by the Hospital and by the Laws of the State.
- b) All orders and instructions for treatment shall be given in writing. Telephone orders may be given by the Visiting Practitioner only to a Registered Nurse and repeated to a second responsible person who will confirm by reading back the order given. The order must be written up and signed on the correct medical record by the Visiting Practitioner within 24 hours.
- c) Medical Records which are the property of the Hospital are to remain confidential. In so doing, it is recognised that the Visiting Practitioner attending the patient and the Hospital Staff will have constant access to these records.
- d) The patient has a legal right on written and duly signed application to view their medical records provided that such access in no way jeopardises the patient's care nor interferes with, alters or defaces their medical records. Patient may have access to their record if the Visiting Practitioner is agreeable. The Doctor or Hospital Director must be in attendance to explain the records and then document the procedure in the patient's file.

### **CONDUCT OF SURGERY**

- a) All patients admitted for surgery should have adequate investigation and preparation as may be deemed necessary for such a case by the admitting Visiting Practitioner.
- b) Surgical and rehabilitation patients should only be admitted into Holroyd Private Hospital in line with current resourcing, equipment and staff expertise. The Hospital Director should be made aware prior to admission of any specific requirements that the patient or Visiting Practitioner may require.
- c) All tissue, which is regarded by the Visiting Practitioner as pertinent to the diagnosis and treatment of the patient must be submitted for histological examination. A copy of the histopathological report shall be placed with the Medical Records held at the Hospital.
- d) Visiting Practitioners shall become familiar with the Hospital procedure relating to the use of any accountable items in the operating theatre. This information is available from the Theatre Manager in the OR Policy and Procedure Manual. The Visiting Practitioner remains responsible for accepting the validity of procedures followed and the accuracy of the swab count.

- e) Details of surgical operations with findings and anaesthetic procedures shall be recorded in the Medical Records by Visiting Practitioners.
- f) The Visiting Practitioner in charge of a major surgical case should arrange for a suitable assistant, as required.

### **ETHICS**

- a) The Sydney Private Hospital is entitled to expect adequate and reasonable standards of personal competence and professional conduct from accredited Practitioners.
- b) It is expected that the Practitioner should adhere to the generally accepted ethics of professional, clinical practice both in relation to his/her colleagues and to the patients under his/her care and observe the general conditions of clinical practice acceptable in the hospital.

### **CLINICAL REVIEW**

The Sydney Private Hospital is committed to quality and thus has an ongoing program of clinical review, in the interests of maintaining institutional and/or professional standards. These processes involve Visiting Practitioners who maybe required participating from time to time.

### **CONSENT**

#### **Patient information and Consent to Medical Treatment Policy Statement**

- 1. A patient needs to give written informed consent before undergoing a procedure or treatment – this is to avoid an action for assault and battery;
- 2. A patient needs to be informed of the material risks associated with a procedure or treatment – this is good practice, and a practitioner who fails to provide this information before a patient undergoes a procedure risks an action for negligence;
- 3. Responsibility for the above is the attending medical officer. Administrative and Nursing Staff cannot be delegated the task of informing a patient about the material risk of an operation, procedure or treatment and obtaining consent;
- 4. No operation, procedure or treatment may be undertaken ***without*** the consent of the patient. Adequately informing patients and obtaining consent in regard to an operation, procedure or treatment is both a specific legal requirement and an accepted part of good medical practice.

#### **'VALID' CONSENT:**

The Sydney Private Hospital's policy is that written consent using the standardised consent form is to be sought for **all admissions**;

- 1. All operations or procedures requiring general, spinal, epidural, or regional anaesthesia and/or intravenous sedation;
- 2. Any invasive procedures or treatment where there are known significant risks or complications;
- 3. Blood transfusions or the administration of blood products;
- 4. Clinical care requiring hospitalisation.

Signed consent forms are not required for minor procedures performed under local anaesthesia, e.g. insertion of IV cannula, urethral catheterisation, or suture of minor lacerations. However, the ***criteria for obtaining a valid consent must still be met***, the procedure must still be explained to the patient which is supported by an entry in the clinical record – integrated notes.

## **DISCLOSURE OF PECUNIARY INTERESTS**

### **SPECIFIC DISCLOSURE**

A member of a Hospital Committee or a person authorised to attend any committee meeting who has a direct or indirect pecuniary interest:

- In a matter that has been considered or is about to be considered at a meeting, or
- In a thing being done or about to be done by the Hospital.

Will as soon as possible after the relevant facts have come to the person's knowledge, disclose the nature of the interest at the meeting.

### **GENERAL DISCLOSURE**

A disclosure by a person at a meeting of the committee that the person:

- a) Is a member, or is in the employment of a specified company or other body,
- b) Is a partner, or is in the employment of a specified person; or
- c) Has some other specified interest relating to a specified company or other body or a specified person,

Is a sufficient disclosure of the nature of the interest in any matter or thing relating to that company or other body or to that person which may arise after the date of disclosure.

### **OPEN DISCLOSURE POLICY**

At The Sydney Private Hospital, Open Disclosure is conducted as part of the risk management policy. The Hospital Director through the Hospital Review Committee and Medical Advisory Committee formulates and authorises open disclosure communication and correspondence where warranted. The elements of which may include:-

- a) A factual explanation of what happened.
- b) Consequences of the event, and
- c) Steps being taken to manage the event and prevent a recurrence.
- d) Medical Advisory Committee and Hospital Review Committee Recommendations.

**VP BY-LAWS POLICIES.**

- a) **Personal Communications Devices (PCD)** – In order to maximize patient care and safety the use of PCDs must be limited while attending patients unless directly related to patient care. Notwithstanding, the use of PCDs is prohibited in the Operating Theatre during the course of an operation unless directly related to patient care. Should the VP require communications at that time, then hospital provided communication facilities into the theatre may be utilized."
- b) **Requesting Drugs, Consumables, Equipment and Other Supplies** –There is a continuous change in availability of drugs, consumables, equipment and other supplies which are constantly requested by VPs. In order to control this, the VP must seek approval through hospital procedures for the introduction of new items. This is to prevent unnecessary cost burdens on the hospital without due consideration as to the merits of such a request.

**These By-Laws must be read in conjunction with Federal and State Laws and any associated regulations.**

**Professional Ethics are to be read as per the Code of Ethics of the Australian Medical Association and the Learned Colleges.**

**Professional and Professional Therapeutic behaviour is set out in AHPRA.**

**Standard for Credentialing and Defining the Scope of Clinical Practise July 2004.**