



MONASH HOUSE
Private Hospital

By-Laws

To be read and signed by all Visiting Medical Practitioners

Created:

April 2016

Revised March 2023

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1. Purpose

This document outlines the requirements for credentialing and defining the scope of clinical practice at Monash House Private Hospital to ensure that:

- Services are provided within the capability and role of the health service
- Medical practitioners that are appointed to the health service are competent and have the appropriate experience.
- A positive environment for medical practitioners is in place with a clear recognition of the resources required to support high quality services
- Appropriate and effective clinical governance

Monash House Private Hospital (MHPH) is a day and overnight surgery facility undertaking interventional pain management procedures, oral maxilla-facial, orthopaedics and ophthalmology at this time. The Hospital is open from Monday to Friday for short stay elective surgical/ medical services only. MHPH aims to provide a high standard of surgical/medical care for its patients. The primary relationship concerning medical treatment is between the patient and his/her Doctor.

Use of the MHPH facilities by medical practitioners, radiographers and allied health is subject to acceptance of these by-laws as published. Copies of the by-laws will be provided to all medical and allied health practitioners as part of the credentialing process.

2. Responsibilities

The Chair of the Medical Advisory Committee, along with the Medical Director, has accountability for authorising the credentialing and scope of practice for medical practitioners along with other members of the MAC committee. The chair, with the Medical Director, of the Medical Advisory Committee can provide temporary approval for medical practitioners until the entirety of the MAC have reviewed and agreed upon the applicant's application at the next scheduled MAC meeting.

The Medical Advisory Committee oversees the responsibility for credentialing and approving scope of practice for medical practitioners. The Director of Nursing is responsible for maintaining the systems for credentialing and Scope of Practice at MHPH.

3. Definitions

3.1 Credentialing

The formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of medical practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care services at MHPH.

3.2 Defining the scope of clinical practice

This follows on from credentialing and involves delineating the extent of an individual medical practitioner's clinical practice within MHPH, based on the individual's credentials, competence, performance and professional suitability and the needs and the capability of the facility to support the medical practitioner's clinical practice and provision of appropriate follow up care. The MAC committee is responsible for defining the applicant's scope of practice at MHPH, along with procedures that they are permitted to conduct.

3.3 Appointment

Is defined as the employment or engagement of a medical practitioner to provide services within MHPH according to conditions defined by general law and supplemented by contract.

4. Procedure

4.1 Credentialed Medical Practitioners

Only a medical practitioner who has been formally credentialed by the Medical Advisory Committee shall be entitled to engage in the care and treatment of patients at MHPH and to have the use of the hospital's facilities.

Those practitioners who wish to be credentialed should apply to the Medical Advisory Committee through the Director of Nursing. The Medical Advisory Committee shall have sole discretion as to whether an applicant shall be credentialed and as to the terms of such credentialing.

Applicants must:

- Complete the Application for Credentialing and Defining the Scope of Clinical Practice form including names of two referees
- Attach a current curriculum vitae, including referee names and contact details both an email and mobile phone number will be required. MHPH will contact referees. Anaesthetist must provide referees of which one of the referees is a surgeon or proceduralist
- Attach the current AHPRA registration certification
- Advise in detail of any investigations they have had under AHPRA or previous or current suspension
- Provide a valid copy of current professional indemnity insurance
- Provide valid police check for first time applicants
- Provide a current working with Children's check
- Provide 100 points of ID
- Provide evidence of annual mandatory training
- Provide evidence of mandatory immunisation including annual flu vaccination
- Completed Staff Health form, including relevant serology report

The tenure shall be three (3) years with scope of practice review annually.

Doctors are free to resign from the position of credentialed Medical Practitioner, and the Medical Advisory Committee reserves the right to withdraw credentialing at any time upon not less than 14 days' notice being given and reason for withdrawal explained in writing, or a face-to-face meeting can be organised.

The Medical Director, in consultation with the Medical Advisory Committee Chairman and Director of Nursing is authorised to act for and on behalf of the Medical Advisory Committee in appointing and in suspending the appointment of VMO's without prior notice, until the next meeting of the Committee at which time ratification or review of such action can take place as per By-Laws governing the Medical Advisory Committee. Appeal against any decisions made by the Medical Director on behalf of the Medical Advisory Committee can be made before the Chairman of the Medical Advisory Committee.

4.1.1 Urgent Credentialing

In the event that a Medical Practitioner not previously credentialed by MHPH is urgently required by the hospital (e.g. an Anaesthetist covering sick leave), the credentialing process must still take place immediately including:

- The completion of the Application for Credentialing and Defining the Scope of Clinical Practice form (attempt to complete form entirely should be made)
- Ensure scope of clinical practice is appropriate for required role/procedure and confirm scope of clinical practice with Chair of Medical Advisory Committee
- Attempts must be made to contact references as provided by the Medical Practitioner
- Verify and document AHPRA registration
- Verify and document professional indemnity and insurance coverage
- Verify and document police check

- Verify and document working with children check

In the instance where credentialing is required urgently, time restraints may not allow for credentialing to be completed in full. All attempts should be made to complete the credentialing process before clinical work undertaken and any uncompleted components of the credentialing process must be completed within four (4) weeks. No further clinical work may be performed by the Medical Practitioner at MHPH until the credentialing process has been completed.

4.2 Responsible Medical Practitioners

- i. "Responsible Medical Practitioner" means the Credentialed Medical Practitioner who is responsible for the medical care and treatment of a patient at MHPH. The responsible Medical Practitioner shall be:
 - a) the credentialed Medical Practitioner who arranged such admission of the patient to MHPH; or
 - b) where no credentialed Medical Practitioner arranged such admission the credentialed Medical Practitioner who has assumed the responsibility for the medical care and treatment of the patient; or
- ii. The names of the Responsible Medical Practitioners shall be entered on the patient's notes.
- iii. Where a Responsible Medical Practitioner is to be changed from one Credentialed Practitioner to another, the patient's permission should be recorded and the medical record shall be changed accordingly.

4.3 Other medical practitioners

- In the event that a replacement is appointed due to absence of the Responsible Medical Practitioner then the replacement must be fully credentialed prior to engaging in any work at MHPH.

MHPH reserves the right to refuse access to the hospital to any medical practitioner who is not a Credentialed Medical Practitioner. Following approval from the Medical Advisory Committee the medical practitioner will receive a letter of confirmation of appointment.

4.4 Annual requirements for ongoing appointment

To maintain current credentialing applicants agree to provide updated documents as they expire or on annual basis whichever comes first. Failure to do so may result in temporary suspension of credentialing as directed by the Australian Commission on Safety and Quality in Health Care (the Commission) and will be referred to the Medical Director for follow up.

- A copy of their medical indemnity information
- AHPRA registration Certificate
- A copy of CPD information from the professional college
- Valid Police Check (renewed every 3 years)
- Valid Working with Children Check
- National Hand Hygiene Initiative certificate
- Fire and Safety certificate
- BLS (anaesthetics exempt)
- Sharps, clinical waste training
- Annual Flu Vaccination certificate

4.5 Re-Credentialing

Every three years an appointed medical practitioner will be required to be re-credentialed. This will require the practitioner to provide:

- A completed short application form for re-credentialing
- CPD Statement / Log from professional college / institute
- Current Medical Indemnity Insurance

- Current AHPRA registration

The Director of Nursing and Medical Director will complete a recredentialing review form for each medical practitioner wishing to be recredentialed and present this to the Medical Advisory Committee along with the supporting application and documents. If the Chair of the Medical Advisory Committee and Credentialing Committee are satisfied that there are no issues the practitioner can be credentialed for a further three years.

Following approval from the Medical Advisory Committee the practitioner will receive a letter of confirmation of appointment.

4.5.1 Post-credentialing

Medical Practitioners must inform the Medical Director immediately if there have been any changes post-credentialing at Monash House Private Hospital, such as suspension, investigations or issues with registration renewal. The Medical Director must be informed prior to insurance or AHPRA updates are due.

4.6 Medical Care

MHPH provides facilities, nursing care and support services for the treatment and management of patients of Credentialed Medical Practitioners. It is the responsibility of the Credentialed Medical Practitioner to ensure that the written consent of his/her patients to all treatment medical, surgical or otherwise is obtained. No consent-no treatment.

Monash House Private Hospital does not provide end of life care for patients.

The Responsible Medical Practitioner shall provide, whenever possible before admission, a provisional diagnosis and relevant past history and examination in the patient's medical record. During the course of the patient's admission concise, pertinent and relevant information shall be documented in the patient's medical record.

- In the event of an order for treatment being given by telephone, it shall only be given to a Registered Nurse or medical practitioner who shall write such orders in the notes. Such orders should be documented in the patient's medical record by the Registered Nurse who took the order and signed and dated when completed.
- Procedural reports shall contain a pre-procedure diagnosis, description of the findings, the procedure that has been carried out, any tissue removed or biopsies taken and any post-procedure diagnosis and management. This should be completed on the day of the procedure.
- It is expected that, in the interest of high quality patient care, the Responsible Medical Practitioner will speak with his or her patient following their procedure and if requested by the nursing staff at any time throughout their admission.
- Where a situation arises which, in the opinion of the Registered Nurse who is in charge of the patient at the time, requires the attention of the Responsible Medical Practitioner, every reasonable effort will be made to communicate with the Responsible Medical Practitioner with regard to the situation and to consult with him/her as to the care and treatment of the patient. However, if the Responsible Practitioner cannot be contacted, MHPH has the right to take whatever action it considers necessary in the interests of the patient. This may include the calling of another medical practitioner to care for the patient, or the transfer of the patient to another hospital. In either case, the Responsible Medical Practitioner will be advised of the action as soon as possible.
- In the event that a credentialed medical practitioner wishes to undertake any new procedures at MHPH he or she must make application to the Medical Advisory Committee and seek extension to Scope of Practice. Following approval by the committee the medical practitioner will receive written confirmation as to the change in their scope of practice.

4.7 Open Disclosure

The process of Open Disclosure is undertaken by the patient's medical practitioner at MHPH along with the Clinical Manager or delegate. The main elements of open disclosure are:

- an apology or expression of regret, which should include the words 'I am sorry' or 'we are sorry'
- a factual explanation of what happened
- an opportunity for the patient to relate their experience of the adverse event
- a discussion of the potential consequences of the adverse event
- an explanation of the steps being taken to manage the adverse event and prevent recurrence.
- Open disclosure is a discussion and an exchange of information that may take place in one conversation or over one or more meetings. Examples of phrases that may be useful include:
 - *"I am very sorry this has happened"*;
 - *"I am sorry that this hasn't turned out as expected"*

4.8 Infection Control

All Visiting Medical Practitioners will be expected to meet the requirements of the Hand Hygiene and Aseptic Technique Procedures. The VMO's should provide annually a certificate of completion of hand hygiene on line completion and aseptic technique competency learning package.

4.8.1. Hand Hygiene

Hand hygiene must be performed before and after every episode of patient contact. This includes:

1. Before touching a patient
2. before a procedure
3. after a procedure or body substance exposure risk
4. After touching a patient
5. After touching a patient's surroundings

4.8.2. Aseptic Technique

Differentiation between Standard and Surgical Aseptic non touch technique is intended to provide clarity and structure to aid understanding, but not polarise practice. ANTT guidelines help standardise practice, technique and equipment levels.

Standard Aseptic non touch technique — Clinical procedures managed with Standard Aseptic non touch technique will characteristically be technically simple, short in duration (approximately less than 20 minutes), and involve relatively few and small key sites and key parts. Standard Aseptic non touch technique requires a main general aseptic field and non-sterile gloves. The use of critical micro aseptic fields and a non-touch technique is essential to protect key parts and key sites. At MHPH, Standard Aseptic non touch technique is used for simple dressings and Invasive Device Insertion.

Surgical Aseptic non touch technique — Surgical Aseptic non touch technique is demanded when procedures are technically complex, involve extended periods of time, large open key sites or large or numerous key parts. To counter these risks, a main critical aseptic field and sterile gloves are required and often full barrier precautions (Pratt et al, 2007). Surgical Aseptic non touch technique still utilise critical micro aseptic fields and non-touch technique where practical to do so. Surgical aseptic non touch technique can be considered for some interventional pain management procedures.

4.9 Antimicrobial stewardship

All medical practitioners are expected to prescribe antimicrobial therapy according to the following key principles:

- Therapeutic decisions regarding the prescription of antimicrobials will be based on best available evidence

- Prescribed antibiotics will be of the narrowest spectrum possible for achieving the intended effect
- Dosage, route and frequency and indication of prescribed antimicrobials will be appropriate for the individual patient as well as the site and type of infection
- The duration of antimicrobial therapy will be defined and/or regularly reviewed (based on evidence-based guidelines and clinical improvement)
- Monotherapy is used in most indications, where clinically appropriate

4.10 Management of Medicines

All medications to be administered to patients shall be clearly documented and signed for on the NIMC Medication Chart in the medical record, except for anaesthetic drugs which must be recorded on the Anaesthetic Record and medications given during a procedure the treating doctor which must be accurately in the Operation Report. Alternatively, these medications should be recorded on the NIMC Medication Chart.

Prescriptions shall be completed for all drugs required by the patient for use upon discharge following their procedure. MHPH does not have facility for the dispensing of any drugs or medications; these must be obtained from a pharmacy by the patient.

It is not acceptable for medical practitioners to use the same ampoule or vial for multiple patients. There is a considerable risk of cross contamination between patients and/or contamination of the ampoule or vial which may be left open for a period of time.

A new ampoule or vial of medicine must be opened for each patient. It is opened only when needed and disposed of following the conclusion of each procedure.

4.10.1 Schedule 8 medicines

In the case of Schedule 8 medications the patient's name and unit record number must be recorded against the drug used and any amount not used **MUST** be discarded and this amount recorded in the Drug of Addiction administration book (S8) in the discarded drug amount section. **This is a Department of Health Regulation.**

4.11 Surgical Procedures

4.11.1 Conduct of Surgical Procedures:

Any specimens taken from the patient during the procedure shall be sent for pathological examination. A copy of the pathologist's report shall be kept in the patient's medical record.

Proceduralists shall adopt MHPH Theatre policies and procedures, this includes participating in the Time Out Procedure before commencing each case in order to ensure correct procedure, correct location & side (if applicable) and correct patient. This is applicable for any procedure being undertaken including procedures in the CT Procedure Room.

4.11.2 Allocation of Operating Room Sessions:

- Sessions are allocated to proceduralists on an agreed basis either weekly or as suitable for that proceduralist.
- The patient's name, address, telephone number, date of birth, provisional diagnosis, and the nature of the procedure to be performed, will be provided to the Theatre booking clerk at least 7 days prior to session.
- When a proceduralist wishes to cancel a session for any reason, including personal leave, it is required that 4 weeks' notice is given to the Theatre booking Clerk, so that the session time may be allocated to another proceduralist if possible and MHPH resources can be appropriately allocated.

- MHPH reserves the right to make casual theatre bookings for any session where there are no bookings ahead of any allocated session, or part of session not fully utilised. MHPH also reserves the right to cancel cases that may exceed expected theatre allocation times as it is expected that all patient's procedures in theatre must be completed before 1800 hrs, otherwise they are considered late finishes and discussion prior must be held with the Director of Nursing or delegate.

4.12 Anaesthetics

Only credentialed anaesthetists are entitled to practice at MHPH, it is their responsibility to ensure they are acquainted with the patient's medical history, drug sensitivities and current therapy before administering any drugs.

- The administration of anaesthetics (excluding local anaesthetic procedures requiring local anaesthetic only) to a patient shall be given only by the anaesthetist, or under his/her direct supervision.
- The medical practitioner who is to perform the procedure for which an Intravenous sedation is to be administered to the patient shall be in attendance in the Operating Room /CT Procedure Room before the sedation is administered.
- In the event that no credentialed anaesthetists are available for a scheduled operating list it is permissible for temporary credentialing to be granted to an anaesthetist providing he or she supplies their current professional medical indemnity certificate and AHPRA registration. The Director of Nursing must be informed and provide written approval for such an anaesthetist to practice on a temporary basis at MHPH. If he or she wishes to continue to practice at MHPH then the procedure as outlined in 4.1 must be followed.

4.13 Admission of Children

- Children under the age of 6 years are not admitted to MHPH.
- Only Paediatric accredited Anaesthetists will provide services to children under the age of 16.

4.14 Admission of High Risk patients

Patients identified by the treating doctor and pre-admission nursing staff as a high-risk individual will be reviewed by the anaesthetist in a specific pre-operative consult. In particular, patients who fit the following criteria require review:

- BMI>35 with co- morbidities: or BMI>40 without co morbidities: for any surgery involving more than a local anaesthetic block.
- Anaesthetist must review all patients >135kg regardless of comorbidities, for sedated procedures, to determine if they are appropriate be admitted at MHPH
- Patients up to 145kg may be admitted for unsedated procedures without anaesthetic review
- Patents over 145kg will not be admitted to MHPH
- A history of sleep disordered breathing, including central or Obstructive Sleep Apnoea or obesity related hypoventilation
- Patients with prior history of difficulty with anaesthesia, such as difficulty with intubation and/or a reaction to anaesthetic
- Patients with an ASA score over II
- Patients whom have had oesophagectomy and gastrectomy
- Previous severe cardiopulmonary disease- acute myocardial infarctions, chronic pulmonary disease or stroke
- Age>90
- All children under 18 must be a minimum of 25kgs

4.15 Introduction of a new technology / patient intervention / service

A comprehensive business case is required to be approved by the Director of Nursing, the hospital Board and the Medical Advisory Committee prior to the introduction of any new technology, patient intervention or service. All new technology must be evidence based.

4.16 Emergency clinical situations

In the event of an emergency clinical situation where a patient may be at harm if treatment is not provided, Credentialed Medical Practitioners may provide/administer necessary treatment outside their authorised scope of practice, providing other alternative, appropriate treatments or other Medical Practitioners are not available.

4.17 Quality Assurance

Credentialed Medical Practitioners are expected to assist their peers in the conduct of quality care and the appropriate use of resources. MHPH will assist Specialist Groups in this work, and provide the appropriate use of resources and relevant documentation.

MHPH conducts a range of clinical internal audits. During the year, reports from these audits will be provided to the Medical Advisory Committee. These reports may indicate areas for process improvement by any clinician. The Chair of the Medical Advisory Committee or the Medical Director will bring these areas for improvement to the attention of a medical clinician.

MHPH is regularly audited and accredited to maintain high quality and safety standard. By signing the Bylaws, the Medical Practitioner is agreeing to participate in quality reviews of policy and procedure processes in the hospital setting.

Monash House Private is committed to providing an engaged and collaborative culture. Thereby recognising the cultural diversity of our patients and carer's and our workforce and we endeavour to endure our services meet the needs of the people we serve or employ both culturally and linguistically.

4.18 Other Matters

MHPH encourages Credentialed Medical Practitioners to assist MHPH in other ways. This may include assistance on emergency cases, work on committees, participation in post-graduate education programs and the attendance at meetings of medical staff. They may also be asked to be involved in the peer review process

5. Evaluation of the procedure

The Medical Advisory Committee will review the Medical Bylaws once every three years.

6. References and Standards

- Credentialing and defining the scope of clinical practice in Victorian Health Services 2011
- Drugs, Poisons and Controlled Substances Act 1981
- Drugs, Poisons and Controlled Substances Regulations 2006
- NSQHSS, second edition
- Health Services Regulations, 2013

<http://docs.health.vic.gov.au/docs/doc/Credentialling-and-defining-the-scope-of-clinical-practice-in-Victorian-health-services---2011-update>

7. Related Legislation

- Health Service Act 1988

8. Associated documents

- MHPH credentialing application form doc_65
- VMO file checklist doc_142
- NIMC Medication Chart MR 300
- Anaesthetic Record MR105
- Operation Report MR105
- Surgical/procedural safety checklist MR115
- Schedule 8 register

- MHPH specimen register

Acceptance

I agree to abide by the Monash House Private Hospital Bylaws.

Signed: _____ Dated: _____

Monash House Private Hospital respectfully acknowledges the Bunurong people, the traditional custodians of this land on which we gather. We pay our respect to their Elders, past and present, and Indigenous Elders of other communities.