

# **FULLARTON CLINIC**

## **HOSPITAL BY-LAWS**

Authorised by: CEO	Version 1.1	Page 1 of 6
Date: 24/03/2025	Review date: 24/03/2025	Next review date: 23/03/2027

## **FULLARTON CLINIC**

Is a fully accredited 65 bed private mental health hospital. The hospital is part of the Luminar Health group.

## **HOSPITAL GOVERNANCE**

Fullarton Clinic (the Hospital) is governed by the Hospital Board which delegates day to day needs to the Board (BOARD), the members of which are Board Representatives, CEO, Hospital Director/Director of Nursing (HD/DON) and Administration Manager plus other invitees from time to time.

### **GOVERNANCE ISSUES:**

The governing body ensures:

- a) Strong leadership in safety and quality
- b) Comprehensive governance systems
- c) Clearly defined delegated authority
- d) Independence of processes
- e) Systematic reports on performance
- f) Transparency and accountability; and
- g) Involvement of consumers and communities.

### **ORGANISATIONAL ISSUES:**

The organisation should ensure:

- a) Visiting Medical Officers (VMOs) agree to comply with the policy for credentialing and defining the scope of clinical practice
- b) Medical staff and management have a clear understanding of the clinical need and capability of the organisation
- c) Appropriate mentoring and professional support is provided for the VMO's clinical practice
- d) Compliance with the standard
- e) Maintenance of comprehensive records; and
- f) There exists appropriate indemnity insurance for credentialled VMOs and credentialing committee members.

## **BY-LAWS FOR VISITING MEDICAL OFFICERS (VMO)**

The following By-Laws have been drawn up to help the users and the management of the Hospital to establish guidelines for optimum patient care.

### **WHY?**

- a) Health care facilities are not allowed to permit VMOs to work without appropriately credentialing and defining their scope of clinical practice.
- b) All information must be verified.
- c) Prior to re-appointment, every VMO is subject to re-evaluation.
- d) Credentialling exists to serve patients by enabling medical staff and hospitals to appoint qualified VMOs.
- e) Defining the scope of clinical practice exists to ensure the delivery by qualified VMOs of safe and quality health care.

## **MEDICAL ADVISORY COMMITTEE**

The Medical Advisory Committee (MAC) which is selected by the Board and the office bearers of the MAC is the advisory group to the Board that oversees all approvals of VMOs as well as all related activities pertaining to VMOs involvement in the Hospital.

The MAC is a peer group with the clear objective of ensuring an acceptable professional working environment, in all respects, is maintained for the benefit of patients, VMOs and the Hospital.

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

- a) The MAC shall consist of appointed and/or elected VMOs that represent the Hospital's clinical departments.
- b) The MAC shall elect office bearers to the position of Chairman and Secretary; these office bearers shall be known as the Medical Executive.
- c) Office Bearers of the MAC (also known as the Medical Executive) shall be elected for a 3-year term of office.
- d) The number of office bearers is to be no less than 2.
- e) Three 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 MAC shall be held quarterly or at least twice a year and at a time and place to be determined by the Medical Executive.

Authorised by: CEO	Version 1.1	Page 2 of 6
Date: 24/03/2025	Review date: 24/03/2025	Next review date: 23/03/2027

## **OBJECTIVES OF BY-LAWS OF FULLARTON CLINIC**

### **Rationale:**

The objective is to maintain and improve the safety and quality of the delivery of health care service.

The processes also protect VMOs by ensuring that the environment within which they practice supports and facilitate safety and quality.

From the viewpoint of the VMO, the Standard recognises that they have a right to be provided with the necessary resources to deliver their appropriate scope of clinical practice.

From the viewpoint of the health care facility, the Standard recognises the legal responsibility the health care facility has to ensure that services are provided in circumstances where the safety and quality of the delivery of health care has been properly addressed.

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

- a) Any registered VMO is eligible to apply to use the facilities of the Hospital once the following requirements have been met –
  - The application form must be completed.
  - The CEO and/or HD/DON must receive evidence of current AHPRA registration.
  - Proof must be provided of current Medical Indemnity Insurance and evidence of any appropriate professional fellowship or membership.
  - Two written references are also to accompany the application form.
  - Proof of current AHPRA Registration and Medical Indemnity Insurance must be submitted annually and evidence of recognition as a Specialist VMO (if appropriate) must also be submitted annually.
- b) All visiting privileges will be subject to review by the Board and the MAC every two years.
- c) The Committee should review both the clinical services being requested by the VMO, including objective performance data and references. 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 recommendations.
- d) The Board, in conjunction with the MAC Chairman, may withdraw permission for the use of the Hospital at its discretion.
- e) These By-Laws are subject to revision biennially or as required by the Board or MAC. Amendments may be discussed by the MAC with recommendations to the Board for consideration and if felt appropriate, acceptance. Copies of the By-Laws and amendments are available from the Hospital Director/Director of Nursing and online. The use of the Hospital by a VMO is subject to their observing the By-Laws of the Hospital and adhering to them.
- f) All VMOS will receive access to the By-Laws and will be notified of all formalised amendments within 28 days of such amendments.
- g) It is the policy of the Hospital that all VMOs who apply for visiting rights, and who would like to access the procedure area, should specify the procedures they wish to carry out. This must be supported with appropriate accredited documents to validate their competence in those procedures.

## **TEMPORARY CREDENTIALITY**

The CEO or HD/DON may give temporary permission for VMO rights. Thereafter following approval by the MAC and the Board, the name of the VMO will be added to the VMO Register.

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

- a) Any VMO may appeal or request review of status, with regard to visiting rights and clinical privileges. Such review will be conducted by the Board assisted by the MAC. The Board may also refer to other bodies or parties. Any request for review should be directed to the Chairman of the MAC. Organisations may suspend a VMO's right to practice for various reasons such as:
  - Changes in the organisation's ability to provide support services
  - Changes in the service needs of the organisation; or
  - Concerns about the VMO's performance or competence.
  - Any suspension may be temporary or permanent and may take effect in part or in whole.
- b) A formal appeals mechanism is established for both the granting of admission privileges and the delineation of clinical privileges. The appeals mechanism may be invoked by the VMO who lodges the objection to the privileges they have been granted or to the Hospital's refusal of admitting privileges rights. The appellant has the right to make submissions to the Hospital, in writing within six months of receiving notice of their suspension of rights to practice at the Hospital.
- c) After registering an appeal, the Board may nominate a committee to act as an Appeals Committee to hear the appeal. This committee shall consist of:
  - Two representatives of the MAC.
  - Two representatives of the Board.
  - A nominee requested of a recognised association e.g., Australian Medical Association or appropriate Learned College.

## **TERMINATION OF APPOINTMENT**

Accreditation for Clinical Privileges to admit patients to the Hospital is an "at will" relationship between the Hospital and the VMO. 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.

Authorised by: CEO	Version 1.1	Page 3 of 6
Date: 24/03/2025	Review date: 24/03/2025	Next review date: 23/03/2027

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

- A. An appointment will be immediately terminated if an Accredited VMO ceases to be currently registered with AHPRA.
- B. Clinical Privileges may be suspended or terminated should a VMO 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 VMO may be at any time suspended or terminated by the CEO, HD/DON and/or a member of Board where the VMO fails to reasonably observe the terms and conditions of his or her appointment as a VMO 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 VMO 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 VMO's Clinical Privileges being suspended or terminated then the HD/DON will work together with the VMO to ensure the safe transfer of patient care of any of their currently admitted patients in the Hospital to a suitably qualified VMO. In the event that the VMO is unavailable and/or unwilling or unable to confer with the HD/DON to ensure the safe management of their patient through discharge or transfer of patient to another VMO or facility for their management, the HD/DON will confer with the MAC Chairman for further instruction and will consult together with Board to achieve a safe outcome for the afore-mentioned patients.

### **VMO CLINICAL RESPONSIBILITIES**

- a) The VMO admitting the patient will be regarded as responsible for the care of the patient until such time as the HD/DON is notified of referral and 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 their legal guardian are required to sign an approved document for informed consent for all procedures or treatment. This is the responsibility of the VMO.
- c) Discharge of a patient may be authorised only by the attending VMO or another VMO acting on her/his behalf.
- d) VMOs admitting patients to the Hospital must see their patients within 24 hours of admission and also be available for contact at all times, either in person, or via direct telecommunications, or by the nominated VMO approved by the Hospital.
- e) If VMOs 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 VMO or transfer to another hospital. In such cases the following provisions will apply:
  - The Registered Nurse will advise the HD/DON of the action taken and the reason for this action.
  - The patient's VMO will be advised of the circumstances and the action at the earliest possible opportunity.
  - The patient will be returned to the care of their VMO or their deputy as soon as they become available and subsequent action will depend on the nature of the emergency and the normal process of consultation.
- f) VMOs shall assist where possible, in the cases of emergency and on request, in terms of the above provisions.
- g) All accredited VMOs 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 VMO wishes to take a period of leave of absence, they will give reasonable notice to the HD/DON.

### **VMO HOSPITAL ASSISTANCE**

- a) The Hospital can only stay in the business of supporting VMOs provided all VMOs recognise their direct impact on the costs and staffing of the Hospital. In so doing it is essential that VMOs understand the method and amount of payment of rebates by Health Funds and the Department of Veterans' Affairs.
- 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 VMO performance and attitudes. Accordingly, it is the responsibility of the VMO to always minimise costs where they can. Suggestions to minimize costs are always appreciated and considered.

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

- Not arriving on time for scheduled Hospital visits
  - Lack of notice of planned absences from usual lists. Adequate notice is required to ensure staff rosters are adjusted accordingly.
  - Staff interaction and courteous behaviour by VMOs is always essential, to avoid unnecessary distress and possible loss of staff.
  - Correct use of and care of equipment is vital to avoid unnecessary repair costs.
- d) Health Fund Rebates are very competitive, and VMO services are directly linked to Hospital costs due to the procedures or treatments they provide. Accordingly, it is vital that VMOs 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 payment 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. VMOs are therefore expected to give high priority to this aspect of their practice. 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

Authorised by: CEO	Version 1.1	Page 4 of 6
Date: 24/03/2025	Review date: 24/03/2025	Next review date: 23/03/2027

provide clear and accurate instructions regarding medication and treatment. Medical Orders must be **written legibly**, signed and dated, as required by the Hospital and by the laws of the State.

- b) All orders and instructions for treatment shall be given in writing or via the selected platform. Telephone orders may be given by the VMO 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 into the correct medical record by the VMO 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 VMO attending the patient, and the Hospital staff will have constant access to these records.
- d) The patient has a legal right via a written and duly signed application to view their medical record provided that such access in no way jeopardises the patient's care nor interferes with, alters or defaces their medical record. Patients may have access to their record if the VMO is agreeable. The VMO or HD/DON must be in attendance to explain the record and then document the procedure in the patient's file.

### **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 procedure area during the course of a procedure unless directly related to patient care. Should the VMO require communications at that time, then Hospital provided communication facilities into the theatre may be utilized.

### **REQUESTING DRUGS, CONSUMABLES, EQUIPMENT AND OTHER SUPPLIES**

There is a continuous change in availability of drugs, consumables, equipment and other supplies which are requested by VMOs. To control this, the VMO must seek approval through Hospital procedures for the introduction of new items. This is to prevent unnecessary cost

### **ETHICS:**

- a) The Hospital is entitled to expect adequate and reasonable standards of personal competence and professional conduct from accredited VMOs.
- b) It is expected that the VMO should adhere to the generally accepted ethics of professional, clinical practice both in relation to their colleagues, Hospital staff and to the patients under their care and observe the general conditions of clinical practice acceptable in the Hospital.

### **CLINICAL REVIEW:**

The 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 VMOs who may be required to participate 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 VMO who fails to provide this information before a patient undergoes a procedure risks an action for negligence.
3. Responsibility for the above is the VMO attending. Administrative and Nursing Staff cannot be delegated the task of informing a patient about the material risk of a procedure or treatment and obtaining consent from the patient.;
4. No procedure or treatment may be undertaken **without** the consent of the patient. Adequately informing patients and obtaining consent regarding a procedure or treatment is both a specific legal requirement and an accepted part of good medical practice.

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

The Hospital policy is that written consent using the standardised consent form is to be sought for **all admissions** and, in particular -

1. All procedures requiring any kind of anaesthetic and /or intravenous sedation.
2. Blood transfusions or the administration of blood products.
3. Clinical care requiring hospitalisation.

Signed consent forms are not required for minor procedures performed under local anaesthesia. 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.

### **DISCLOSURE OF PECUNIARY INTERESTS**

#### **Specific Disclosure**

A member of a committee of the Hospital or a person authorised to attend any committee meeting who has a direct or indirect pecuniary interest in-

- a) A matter that has been considered or is about to be considered at a meeting, or
- b) Anything 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,

Authorised by: CEO	Version 1.1	Page 5 of 6
Date: 24/03/2025	Review date: 24/03/2025	Next review date: 23/03/2027

- 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**

Open Disclosure is conducted as part of the risk management policy of the Hospital. The CEO and/or HD/DON through the MAC 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) MAC recommendations.

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

Standard for Credentialling and Defining the Scope of Clinical Practice July 2004.

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

Authorised by: CEO	Version 1.1	Page 6 of 6
Date: 24/03/2025	Review date: 24/03/2025	Next review date: 23/03/2027