

RULES OF THE BENDIGO DAY SURGERY

PART I – DEFINITIONS AND INTERPRETATION

1.1 Definitions

In these Rules, unless inconsistent with the context:

“Accreditation” means and refers to the process of credentialing by which a Practitioner is granted authority to provide health care services with specified limits within BDS.

“Accredited Practitioner” means a Practitioner accredited to BDS.

“Acts” means all Acts of Parliament, State or Federal, and extends and includes all regulations and by – laws made there under and enforced from time to time; **“Act”** has a corresponding meaning.

“AHPRA” means the Australian Health Practitioner Regulation Agency. AHPRA is the national board that governs the registration of all healthcare practitioners.

“Bendigo Day Surgery” means the Day Procedure Centre conducted at 1-7 Chum Street, Bendigo in the State and registered pursuant to the certificate numbered 2010/2440 issued under section 90 of the Health Services Act 1988.

“BDS” means Bendigo Day Surgery.

“BDS Company” means Bendigo Day Surgery ACN 115 409 240 or any legal successor, therefore.

“Caregiver” and **“Staff”** mean a person employed at BDS and where the context admits, includes a person employed by other than the BDS Company.

“Code of Conduct” means any code concerning the behaviour or conduct required of Practitioners issued or promulgated by the BDS Company.

“Commonwealth” means the Commonwealth of Australia.

“Defining the Scope of Clinical Practice” and **“Clinical Privileges”** means and refers to the authority granted to a Practitioner to provide health care services as a result of the process of credentialing conducted in accordance with these Rules.

“Dental Board” means the board established in the State which governs the registration, conduct and practice of dental practitioners in the State.

“Dental Practitioner” means a practitioner registered as a dental practitioner under the Dental Practice Act 1999 (VIC).

“Director of Medical Services” means the person for the time being holding the position of, or bearing that title, or if there is none, then the person for the time being responsible for the oversight of medical services within BDS.

“Director of Nursing” means the person for the time being holding the position of Director of Nursing within BDS whether or not that position is combined with another position and howsoever titled and means the person who holds primary responsibility for the conduct of nursing service within BDS.

“Designated Medical Practitioner” when used in relation to any particular matter or purpose means the Director of Medical Services or in the event of there being none appointed means the Chair of the Medical Advisory Committee or other person designated by the Chief Executive Officer for that particular matter or purpose.

“Full Accreditation” means accreditation granted pursuant to Rule 22.13.

“Board of Directors” means the duly appointed Board of Directors of the BDS Company.

“Hospital Policies” means and refers to Hospital Policies and Directives in relation to the conduct of Accredited Practitioners or Clinical practice issued by the BDS Company from time to time.

“Laws” means All Acts of the State and Commonwealth and includes all by – laws, ordinances and regulations made there under.

“Medical Advisory Committee” means the Medical Advisory Committee of BDS established pursuant to Rule 19.1.

“Medical Practitioner” means a person registered as a medical practitioner under the provisions of the Medical Act of the relevant State.

“NSQHS” means National Safety and Quality Health Service.

“Orders” mean orders and prescriptions for the treatment of patients referred to Rule 7.1 and following of these rules.

“Person” includes corporation.

“Practitioner” means and refers to each of a Medical Practitioner and a Dental Practitioner.

“Provisional Accreditation” means accreditation granted to a Practitioner pursuant to Rule 22.10.

“Rules” means these rules and includes the Statement of principles as amended from time to time.

“State” and **“Relevant State”** means the State of Victoria, Australia.

“Statement of Principles” means the Statement of Medico-Moral Principles and Philosophy Statement attached to these Rules.

“Temporary Accreditation” means accreditation granted to a Practitioner pursuant to Rule 22.9.

“Trade Practices Act” means the Trade Practices Act 1974 of the Commonwealth as amended.

“Values” mean the Values of the BDS Company as notified on the website of BDS from time to time.

1.2 Interpretation

In these Rules:

- (a) Words importing the singular include the plural and vice-versa.
- (b) Reference to a person of one gender includes a person of any gender.
- (c) Month or monthly includes calendar month or calendar monthly.
- (d) Reference to an Act includes all regulations, ordinances or by-laws made under that Act.
- (e) References to statutes, regulations, ordinances, or by-laws include all statutes, regulations, ordinances, or by-laws amending, consolidating, or replacing them.

PART II – VISION AND VALUES

2. VISION

2.1 The vision of BDS is to be a partner in Medical Excellence.

2.2 Philosophy to fulfil Vision

In order to fulfil its vision, BDS attempts to:

- (a) Develop a culture where:
 - Each person is respected.
 - There is a deep commitment to its vision
- (b) Provide services of the highest standards,
- (c) Be an inclusive organisation where all people receive opportunities to learn and develop.
- (d) Be a respected leader in the local health care sector and a credible contributor to the wider health care industry.

3. VALUES AND GOALS

3.1 The core values of BDS are:

- ACCOUNTABILITY
- BEING FRIENDLY
- CONFIDENTIALITY
- COMPASSION
- INTEGRITY
- HARMONY
- INVITING
- HAPPY
- EMPATHETIC
- KNOWN
- PROFESSIONAL
- SMILING
- PEACEFUL
- RESPONSIBLE
- THOUGHTFUL
- REALISTIC
- CO-OPERATIVE
- DYNAMIC
- FAMILY

3.2 The core goals of BDS are:

- (a) Providing patients with the highest level of care
- (b) Treating patients and carers with respect and dignity
- (c) Providing an effective and safe environment for treatment
- (d) Providing professional, efficient, and confidential management
- (e) Providing a safe and happy workplace for employees

4. SAFETY AND QUALITY

4.1 Commitment to Safety and Quality Care

BDS is committed to:

- (a) providing the best quality care and service to all patients; and
- (b) continuously improving the quality of patient care which it provides – both clinically and in its systems of delivery.

BDS strives to achieve its objectives by:

- (c) involving all Caregivers/staff employed by BDS and Accredited Practitioners in the process of quality improvement.
- (d) maintaining a comprehensive system of clinical risk management, incorporating processes of monitoring and measurement of standards of care; and
- (e) promoting a culture supporting safety and quality through education and blame free analysis of outcomes of care.

4.2 Accredited Practitioners – Contribution to Quality Improvement

To assist BDS in its commitment to Safety and quality, all Accredited Practitioners are expected to contribute towards the continued improvement of quality care within BDS by:

- (a) participating in the clinical quality activities of BDS; and
- (b) assisting BDS in achieving certification standards as set or required by the NSQHS Standards, and other bodies charged with the accreditation or licensing of BDS and health care services; and

- (c) reporting to the Director of Nursing and/or Board of Directors
 - (i) circumstances where the care provided at BDS could be improved; or
 - (ii) complaints which have been made to them in respect of the conduct of BDS or the quality of care provided by it; or
 - (iii) incidents which may or could lead to either claims being brought against the BDS Company on the grounds of negligence, want of care or a failure to provide safe working conditions.

PART III – MANAGEMENT STRUCTURE

5. MANAGEMENT

5.1 Board of Directors

The Board of Directors is appointed by the shareholders of Bendigo Day Surgery Pty Ltd.

5.2 Role of the Board of Directors

The primary role of the Board of Directors is to manage BDS.

In fulfilling that role, the Board of Directors is to:

- (a) provide executive leadership and direction to all employees of the BDS Company.
- (b) ensure that BDS remains faithful to the Vision, Philosophy, Values and Goals of BDS.
- (c) be responsible for managing BDS.

5.3 Role of Director of Nursing – Clinical Services

The Director of Nursing – Clinical services provides leadership and direction for the overall management of Nursing Services.

5.4 Establishment of Committees

The Board of Directors:

- (a) must establish:
 - (i) a BDS Management Review Committee; and
 - (ii) and a Medical Advisory Committee
- (b) may, from time to time, establish such other committees or sub-committees as the Board of Directors deems appropriate.

5.5 Management Review Committee – Function and Role

The Management Review Committee:

Bendigo Day Surgery

- (a) reports to the Director of Nursing
- (b) is subject to the direction of the Director of Nursing
- (c) is to assist the Director of Nursing:
 - (i) in the fulfilment of the role and duties of the Director of Nursing as set out in these Rules.
 - (ii) in:
 - (A) implementing the operational and strategic plans of the BDS Company.
 - (B) evaluating the overall quality, effectiveness, relevance, and utility of services to patients in BDS; and
 - (C) determining the health care needs of the local community and an appropriate role for the BDS Company in satisfying those needs; and
- (d) is responsible for the review of policies directed towards ensuring the provision of quality patient care and the proper planning, management and monitoring of the performance of BDS in accordance with the Vision, Philosophy, Values and Goals of the BDS Company.

5.6 Management of Quality

- (a) The Quality System is organised by the Quality Manager on behalf of the Board of Directors, DON, Medical Advisory and Management Review Committees.
- (b) The Quality Manager or coordinator is authorised by the DON to distribute all documentation relating to the Quality System following approval by the relevant personnel.
- (c) All documentation within the Quality Management System is to be reviewed and approved by the DON.
- (d) The original signature of the Quality Manager should appear on the front of all hard copies of controlled documents.
- (e) The Management Review Committee may review and approve documents within the quality system.

Bendigo Day Surgery

- (f) All quality documents at BDS are maintained on the 'P' drive of the computer network, and within the Quality Index.
- (g) The Quality Index is password protected and alterations are to only be made by the Quality manager or Quality Co-Ordinator.
- (h) All superseded documents are archived electronically
- (i) Hard copies of documents within the Quality System are to be distributed by the Quality Manager or Quality Coordinator

5.7 Limitation of Authority of Committees

Neither the Management Review Committee or the Medical Advisory Committee shall have power to bind the Board of Directors or the BDS Company whether by contract or otherwise.

PART IV – ACCREDITED PRACTITIONERS

6. RIGHTS AND DUTIES OF ACCREDITED PRACTITIONERS

6.1 Accreditation

Only practitioners who have been accredited and granted clinical privileges at BDS may admit patients to and consult and attend patients at BDS.

6.2 Care of Patients

- (a) Each Accredited Practitioner is responsible for the care and treatment of patients whom he/she admits to BDS. An Accredited Practitioner may not assign the treatment of a patient to anyone other than an Accredited Practitioner.
- (b) An Accreditation Practitioner may admit and treat patients only in accordance with that Accreditation Practitioner's scope of practice and competencies.

6.3 Obligations of Accredited Practitioners

At all times whilst at BDS each Accredited Practitioner must:

- (a) observe, perform, and comply with these Rules and all Policies of BDS.
- (b) neither do any act or thing nor behave in a manner which is contrary to the Vision, Philosophy, Values and Goals of BDS;
- (c) if any doubt or question arises as to whether any practice infringes or is contrary to the Vision, Values and Goals of BDS then the Practitioner shall refer the matter of doubt or question to the Medical Advisory Committee for determination.
- (d) provide to the Medical Advisory Committee punctually, at such times as the Medical Advisory Committee shall require, evidence that he/she remains registered and entitled to practice under the Medical Act of the State.
- (e) participate in continuing professional development programmes concerning his or her discipline or specialty not less than once in each period of three (3) years or more

frequently if required by the Medical Advisory Committee and provide to the Medical Advisory Committee evidence of his or her participation in those programmes.

- (f) provide to the Medical Advisory Committee:
 - (i) forthwith upon his or her being accredited and also not less than fourteen (14) days prior to the expiration of any period for which he/she has professional indemnity insurance cover, evidence that such insurance cover is held and has been renewed; and
 - (ii) at such times as the Medical Advisory Committee shall require, an authority directed to the Accredited Practitioner's insurer, authorising that insurer to provide to the Medical Advisory Committee evidence of the extent and currency of the Practitioner's Insurance.
- (g) comply with all standards required or set by the NSQHS Standards, and with all those requirements and standards set by any authority having control of or jurisdiction over BDS with which the Medical Advisory Committee may require him/her to comply.
- (h) the highest standards of professional competence and quality care for all patients whom he/she attends.
- (i) practice only within the scope of the clinical practice and competencies for which he/she is accredited.
- (j) adhere to generally accepted conventions, practices, and standards of professional conduct in relation to colleagues, caregivers and staff, patients, and their families.
- (k) ensure that all orders, prescriptions, and other documentation which he/she writes in the patient's records are:
 - (i) in a clearly legible form
 - (ii) provide sufficient detail and information to allow ongoing care of the patient by other health professionals; and
 - (iii) timed, dated and signed.
- (l) use all reasonable means to keep every patient under his or her care fully informed of his or her condition, management, and progress, and to respond to reasonable requests for information from nominated family members.

- (m) subject to requirements of relevant laws, keep confidential all information which comes to his or her knowledge concerning clinical practice, quality assurance, peer review and other activities which relate to the assessment and evaluation of clinical services within BDS.
- (n) comply with the policy of BDS in relation to infection prevention and control.
- (o) participate in quality assurance (including clinical audit) programs approved by the Director of Nursing or Medical Advisory Committee.
- (p) participate in the review of clinical performance indicators and other measures of clinical care.
- (q) ensure his or her availability when deputising for another Practitioner.
- (r) participate in educational activities as required by the clinical college awarding the qualifications upon which accreditation is based.
- (s) participate in such reasonable activities of BDS as the Medical Advisory Committee requires.
- (t) provide relevant detail of current medical malpractice public liability insurances and current medical registration, according to the administrative requirements of BDS.
- (u) at the request of the Medical Advisory Committee provide evidence of his or her holding any licence required for the conduct of his or her practice.
- (v) as soon as reasonably practicable after their occurring any incident which, in the opinion of the Accredited Practitioner, could give rise to a claim that there has been negligence or a breach of duty of care or a want of care on the part of the Accredited Practitioner or an employee of the BDS Company, furnish to the Director of Nursing and Medical Advisory Committee, a report in writing of all facts and circumstances surrounding that incident.
- (w) forthwith upon the same occurring, notify the Medical Advisory Committee of:
 - any act, event, or occurrence and or finding of a medical board or other authority affecting the Practitioner's practice or any condition or sanction placed on his or her registration which, if known to the Medical Advisory Committee or Board of Directors, may render his or her accreditation liable to suspension or termination; and
 - his or her being charged with or convicted of any indictable or criminal offence.

6.5 Breach of Rules

A practitioner, who has failed to observe, perform, or comply with his or her obligations under Rule 6.4 or has committed a breach of Rule 6.4 or any other Rule, shall be guilty of a breach of these Rules.

6.6 Surgical Assistants

All surgical assistants who are medical practitioners must be accredited at BDS prior to commencing practice at BDS.

6.7 Nurse Surgical Assistants

Accredited Practitioners may be assisted in an operating theatre by a nurse as surgical assistant if he/she shall have first satisfied the Director of Nursing that he/she holds current registration and is of good standing with AHPRA. Where the nurse is not an employee of Bendigo Day Surgery, he/she must also furnish to the Director of Nursing full particulars of his or her insurance.

An application for Accreditation must also be completed and submitted to the Medical Advisory Committee for approval.

6.8 Students

Accredited Practitioners may train medical students at BDS provided that any person undergoing training shall always be under direct supervision of an Accredited Practitioner and that prior approval has been obtained from the Director of Nursing.

6.9 Responsibility for Surgical Assistants and Students

Each accredited Practitioner is responsible for the conduct of each assistant and student engaged by or assigned to him/her.

6.10 Record of Assistants

BDS must maintain a record of all persons who assist in procedures in the operating theatres.

6.11 Availability

Every Practitioner who admits a patient to BDS must be always available for contact either personally or by another appropriately qualified Accredited Practitioner in the place of the first named Practitioner and must provide to the Medical Advisory Committee and Director of Nursing a telephone number for contact at any time.

6.12 Respect for Caregivers/Staff

It is the obligation of all Accredited Practitioners to treat all Caregivers/Staff and all other persons employed, engaged, or working in BDS and any medical clinic justly and with respect. An Accredited Practitioner shall not abuse, insult or assault (sexually or otherwise) bully, harass or intimidate any caregiver/staff or any other such person.

7. CLINICAL RESPONSIBILITIES

7.1 Clinical Findings and Instructions

Every Accredited Practitioner must in clearly legible form:

- (a) record in the medical record of each patient all procedures conducted, all instructions given and, so far as practicable, all clinical findings made, and the results of all investigations conducted with respect to that patient.
- (b) prepare and retain an operation record for all operative procedures; and
- (c) ensure that there are adequately detailed case notes concerning each of his or her patients in the Division.

7.2 Orders, Prescriptions and Other Documents

- (a) Every Accredited Practitioner must give all orders and prescriptions for the treatment of patients in writing and in accordance with all laws.

An Accredited Practitioner may give an order or prescription verbally (including by telephone) to a registered nurse, who must write the order in the patient's notes and confirm the order by reading it back to the Practitioner; and repeat the order to a second registered nurse when requested

- (b) An Accredited Practitioner who gives an order or prescription verbally must confirm that order or prescription in writing on the patient's medication record within (24) hours of giving that order or prescription.
- (c) The Accredited Practitioner and BDS must ensure that:
 - (i) all prescriptions are prepared and maintained as required by law; and
 - (ii) the administration, handling and recording of schedule drugs shall be in accordance with all laws governing poisons and the poison control plan of BDS.

- (d) Every Practitioner must, immediately following the discharge of a patient, complete and sign all documents required to be completed, signed, and submitted to a health fund and to the Health Insurance Commission to enable BDS to claim, receive or be reimbursed moneys due to it.

7.3 Responsibility for and Discharge of Patients

- (a) An Accredited Practitioner admitting a patient will be regarded as the Practitioner treating that patient and responsible for that patient until he/she notifies the patient and the appropriate nurse of the transfer of that patient to the care of another Practitioner; and
- (b) the discharge of a patient may be authorised only by the Practitioner responsible for that patient, or by a registered nurse in accordance with standard written discharge criteria of Bendigo Day Surgery, which is established by the Medical Advisory Committee and monitored by the Director of Nursing.

7.4 New Procedures, New Equipment and New Techniques

- (a) In this law:
 - (i) “New Procedure” is a procedure or intervention:
 - (A) which, in the case of a particular Practitioner is outside his or her approved scope of clinical practice; or
 - (B) which has not been practised or undertaken at BDS previously; or
 - (C) which involves or requires the use of equipment, which is new to, or is untried in the course of that procedure or intervention.
 - (ii) “New Technique” is a technique which is intended to be applied by a Practitioner in relation to a particular procedure for which the Practitioner has clinical privileges at BDS, but which technique is not within that Practitioner’s approved scope of clinical practice.
- (b) No Practitioner shall undertake any New Procedure or apply or use any New Technique which is outside or beyond the limits of his or her approved scope of clinical practice without the prior approval of the Medical Advisory Committee.

- (c) A Practitioner who proposes to undertake a New Procedure or to employ or use a New Technique at BDS shall:
 - (i) first, apply to the Director of Nursing and Medical Advisory Committee for approval to do so; and
 - (ii) secondly, provide to the Director of Nursing and Medical Advisory Committee all information which the Director of Nursing and Medical Advisory Committee seek in relation to the New Procedure or New Technique which he or she proposes to undertake, employ or use; and
 - (iii) thirdly, comply with every policy of BDS relevant to a New Procedure or the application or use of a New Technique.
- (d) The Director of Nursing must, as soon as practicable after receiving the application for approval to a New Procedure or New Technique, refer the Practitioner's application to the Medical Advisory Committee.
- (e) Upon receipt of an application to undertake a New Procedure or to apply or use a New Technique, the Medical Advisory Committee
 - (i) must consider all matters relevant to the subject matter of the application, including, but not limited to, sufficiency of peer reviewed literature, the safety or effectiveness of the proposed New Procedure or New Technique, the training of the applicant, and all aspects of patient care, safety, and risk relevant to the New Procedure or New Technique; and
 - (ii) may inform itself as to any matter in relation to the application as it, in its sole discretion, sees fit.
- (f) The Medical Advisory Committee must, as soon as practicable after receiving and considering the application, make to the Board of Directors such recommendation in relation to it as the Medical Advisory Committee sees fit including, but not limited to:
 - (i) whether the Practitioner may undertake the New Procedure or apply or use the New Technique without oversight, or with or subject to restrictions or requirements as to reporting or audit; or

- (ii) whether the Practitioner's application must be referred to another authority or body for advice or comment (whether as to ethical issues or otherwise) prior to it making a recommendation; or
 - (iii) whether the Practitioner's application is to be refused.
- (g) The Board of Directors must, as soon as practicable after receiving the recommendation of the Medical Advisory Committee, consider that recommendation, make a decision in respect of it and then inform the Practitioner of the outcome of his or her application.
- (h) A Practitioner who is in doubt as to whether:
- (i) a procedure which the Practitioner intends to undertake is a New Procedure; or
 - (ii) a technique which he intends to use is a New Technique; or
 - (iii) this Rule applies to any procedure or technique which he intends to undertake, or use shall refer the matter to the Medical Advisory Committee for a decision.
- (i) Notwithstanding any other provision of this Rule the Medical Advisory Committee may refuse approval to a Practitioner undertaking a New Procedure or applying or using a New Technique where the Medical Advisory Committee is of the opinion that BDS does not have the equipment, resources or staff required to support that procedure.

7.5 Action by Medical Practitioners

In each and every case of emergency a Medical Practitioner may, irrespective of the nature of his or her accreditation:

- (a) render assistance and do all that is possible to sustain the life of a patient.
- (b) have access to all medical equipment and supplies within BDS; and
- (c) request any other Practitioner to render assistance for the treatment of the patient.

7.6 Procedure in Case of Emergency

In the case of an emergency the following apply:

- (a) the person dealing with the emergency treatment of the patient:
 - (i) must advise the patient's Practitioner at the earliest possible opportunity of the emergency and of action taken in regard to the patient.
 - (ii) may make referrals for the purpose of urgent consultations or treatment as he/she considers appropriate; and
 - (iii) must prepare a written report on the emergency and on the steps taken in dealing with it and will place that report in the patient's medical record.
- (b) the patient will be returned as soon as possible to the care of the Practitioner who admitted that patient who will then be responsible for giving instructions regarding further care.
- (c) only the Medical Practitioner treating the patient or the person dealing with the emergency may release clinical information to another Medical Practitioner, Hospital or Day Procedure Centre.

7.7 Review

BDS may develop at any time as system of review or audit of medical records in the interests of BDS and for the maintenance and improvement of professional standards.

All Accredited Practitioners are expected to participate actively in audit and case reviews.

8. LEAVE OF ABSENCE

8.1 Locum Tenens

An Accredited Practitioner shall ensure that:

- (a) an alternative suitably qualified locum tenens is available to provide care and treatment in his or her absence; and
- (b) that the locum tenens is accredited to BDS and, if necessary, arrange temporary accreditation for him/her.

9. CONSENT

9.1 Patient's Consent

Each Practitioner who is to undertake a procedure must:

- (a) ensure that each patient who is to undergo the procedure has been informed fully of
 - (i) the nature of the procedure.
 - (ii) its probable effects on the patient.
 - (iii) how it will affect the patient's condition.
 - (iv) why it is considered necessary.
 - (v) the material risks attendant upon the procedure.
 - (vi) the alternative types of treatment available; and
 - (vii) the likely consequences of the patient declining the procedure.
- (b) obtain from the patient who is to undergo the procedure his or her informed written consent on the form provided or approved by BDS for the purpose signed by the patient.
- (c) date and sign the consent form.
- (d) ensure that the form of written consent is delivered to BDS at or before the time of the admission of the patient to BDS

For the purposes of paragraph (a), by this rule, a risk is a material risk if in the circumstances of a particular case, a reasonable person in the patient's position, is warned of the risk, would be likely to attach significance to it if the Practitioner is or should reasonably be aware that the particular patient, if warned of the risk, would be likely to attach significance to it.

9.2 Minors

The competence of a person under the age of eighteen (18) years to consent to or to withhold consent to treatment depends not on his or her age, but on his or her level of intelligence,

maturity and understanding. If that person understands and retains all the matters mentioned in rule 9.1 (a) he/she can consent to or withhold consent to a procedure.

As a general principle, where a person is under the age of fourteen (14) years, the required consent should be sought from that person's parent or the person in loco parentis to that person, provided that where that consent cannot be obtained within the required time, the approval should be sought from the Medical Advisory Committee or the Director or Nursing.

9.3 Decision-making capacity

To have decision making capacity, a person must be able to:

- a) understand the information relevant to the decision and the effect of the decision.
- b) retain that information to the extent necessary to make the decision.
- c) use or weigh that information as part of the process of making the decision; and
- d) communicate the decision and the person's views and needs as to the decision in some way, including by speech, gestures, or other means.

If medical treatment is clinically indicated and a person does not have the decision-making capacity a health practitioner must obtain consent through an instructional directive, or if there is none, obtain consent from a medical treatment decision maker.

If an adult does not have decision-making capacity, the medical treatment decision-maker will be the first person who is willing and available in the list below (NB: there can only be one medical treatment decision maker at a time):

- an appointed medical treatment decision maker
- a guardian appointed by the Victorian Civil and Administrative Tribunal (VCAT)
- the first of the following with a close and continuing relationship with the person:
 - o the spouse or domestic partner
 - o the primary carer of the person
 - o the oldest adult child of the person
 - o the oldest parent of the person
 - o the oldest adult sibling of the person

The person needs to be reasonable available, and willing and able, to make the decision. The medical treatment decision maker needs to stay with the patient until the admission process is complete and there are no concerns regarding the consent for procedure.

This Rule is subject to Rule 9.4.

9.4 Consent Not Obtainable

Informed consent in writing is not required for an emergency procedure which is deemed urgent and necessary to save life. Advice should be sought from the Medical Advisory Committee or Director of Nursing in all cases where informed consent cannot be obtained.

This principle of necessity does not extend to discretionary procedures even if performed in association with a life-saving procedure.

10. OPERATING ROOMS

10.1 Utilisation of Operating Sessions

Sessions for the use of operating rooms are allocated by the Operations Manager to Accredited Practitioners on the basis that each session will be fully utilized.

Wherever possible an Accredited Practitioner shall give to the Operations Manager not less than (28) days' notice of times during which operating session assigned to him/her will not be fully utilized.

The Operations Manager and Director of Nursing may, and reserves the right:

- (a) to modify or change the allocation of theatre sessions having regard to the usage or the demands for urgent surgery or any other reason which the Director of Nursing considers appropriate.
- (b) to make casual bookings for the whole or part of any operating suite session which is not fully utilized; and
- (c) upon fourteen (14) days' notice to the practitioner, to vary or terminate the Practitioner's right to utilise the theatre sessions allocated to him/her.

10.2 Variations in Session Times

Practitioners may negotiate variations from the standard session times with the Operations Manager, Director of Nursing or Nurse in charge.

11. ANAESTHETICS (OTHER THAN LOCAL)

11.1 Accreditation

Anaesthetics may be administered only by Practitioners who are accredited to BDS and who hold clinical privileges in anaesthesia.

11.2 Administration of Anaesthesia

All anaesthetists who administer anaesthesia at BDS shall comply with and practice in:

- (a) accordance with all professional standards of the Australia & New Zealand College of Anaesthetists; and
- (b) all professional documents and publications published by that College.

11.3 Documentation and Records

The Anaesthetist administering an anaesthetic must, by the end of each procedure complete the anaesthetic records of that procedure which records must include details of:

- (a) a pre-anaesthetic assessment, including documentation of ASA
- (b) all drugs administered, and procedures undertaken as part of the anaesthetic.
- (c) the patient's condition and observations during the anaesthetic; and
- (d) post-anaesthetic observations and care including information as to a contact telephone number for the anaesthetist in the event of any complication or concern

The information above must be provided by the anaesthetist in a comprehensive clinical handover each and every time the care of a patient is transferred to staff responsible for the ongoing care and treatment of that patient.

11.4 Consultation Prior to Administration

An anaesthetist who is to administer an anaesthetic to a patient must see that patient at an appropriate time prior to his or her administering that anaesthetic.

12. MEDICAL RECORDS

12.1 Property in Medical Records

All medical records compiled at BDS are the property of the BDS Company.

12.2 Patient Health Records

The Practitioner treating a patient must, in the medical record of that patient and at all times:

- (a) keep full and detailed documentation of a patient's condition and treatment (including a final diagnosis and any co-morbidities).
- (b) ensure that all writing in the medical records of patients is in clearly legible form and complies with all policies of BDS in relation to the keeping and maintaining of medical records.
- (c) provide any relevant discharge or post operative orders for the ongoing care of patients as required

13. Privacy Legislation

The BDS Company manages all of the personal information it handles in accordance with the Privacy Act (1988).

13.1 Release of Information

All practitioners must keep confidential at all times all matters related to the clinical care of patients in BDS and shall not release any information in relation to a patient except where the:

- (a) Patient has approved in writing the release of that information (as per AF02).
- (b) Practitioner is required by law to release that information; or
- (c) Information is necessary for the on-going clinical care and management of the patient

PART V – CLINICAL ORGANISATIONS

14. MEDICAL ADVISORY COMMITTEE

14.1 Requirement for Medical Advisory Committee

There shall be a Medical Advisory Committee the purpose of which shall be to advise the Board of Directors and Director of Nursing with respect to:

- (a) Making clinical policy, planning and review of the clinical procedures of BDS
- (b) the ensuring of appropriate conditions for clinical procedures within BDS
- (c) the introduction of new surgical and medical procedures within BDS
- (d) the conduct of the process for delineation of clinical privileges.
- (e) the review of matters and incidents relating to clinical practice and accreditation.
- (f) dealing with managing and prescribing the practice and behaviour of impaired and disruptive medical practitioners
- (g) all matters relating to safety and quality of patient care; and
- (h) issues of competency of Practitioners
- (i) applications for accreditation and re-accreditation of Practitioners to BDS
- (j) review of clinical indicators

14.2 Function and Role of Medical Advisory Committee

The Medical Advisory Committee shall:

- (a) provide advice and assistance to the Director of Nursing in all aspects of clinical practice, safety, and quality of care.
- (b) promote and participate in continuous quality improvement activities relating to clinical practice and in such programs and reviews as may be established by BDS as part of its program of clinical risk management
- (c) use its best endeavours to ensure that patient care is delivered at the highest possible level of quality and efficiency and in accordance with:
 - (i) the vision, philosophy, values, and goals of the BDS company and
 - (ii) these rules

- (d) use its best endeavours to ensure that.
 - (i) education, teaching and research in regard to clinical practice are fostered and promoted within the BDS.
 - (ii) there is promoted within BDS a close working relationship between the Accredited Practitioners and BDS
- (e) assist in identifying health needs in the community and provide advice to BDS on appropriate services to meet those needs.
- (f) where appropriate monitor progress of clinical research conducted or undertaken at BDS and, in particular its impact on clinical care, and make to the Board of Directors such recommendations as it considers appropriate; and
- (g) at the request of the Board of Directors or Director of Nursing provide advice on matters relating to clinical research or applications for clinical research conducted or undertaken at BDS.
- (h) receive and consider all applications for accreditation and re-accreditation of Practitioners to BDS.
- (i) make recommendations to the Board of Directors and Director of Nursing regarding the appointment and delineation of clinical privileges in respect of each applicant for accreditation; and
- (j) review as required from time to time the scope of clinical practice of any practitioner, and make recommendations concerning the amendment of those privileges, conditions of accreditation, or suspension or termination of accreditation.
- (k) The Medical Advisory Committee may, at any time and from time to time, of its own volition and shall if requested by the Board of Directors or Director of Nursing, review and vary the Clinical Privileges granted to a Practitioner.

14.3 Constitution of Medical Advisory Committee

The Medical Advisory Committee will comprise persons who are:

- (a) elected from the Accredited Medical Practitioners of BDS; and
- (b) appointed by the Board of Directors.

The Board of Directors shall at their discretion determine:

- (a) the numbers of persons who are to comprise the Medical Advisory Committee from time to time; and
- (b) the process by which persons are to be elected or nominated to the Medical Advisory Committee.

The Board of Directors may institute a process to facilitate the election of persons to the Medical Advisory Committee of persons from each of the principal clinical specialities.

In respect of the Medical Advisory Committee the Board of Directors shall determine and set out in writing:

- (a) the term of office of its members.
- (b) the manner in which its Chair and Deputy Chair are to be elected or nominated.
- (c) the frequency of its meeting.
- (d) its quorum for its meetings.
- (e) its voting procedures; and
- (f) its taking and keeping of minutes of its meetings.

The Board of Directors may at any time and from time to time and at its discretion, amend or vary any determination made by it or any process instituted by it under this rule.

14.4 Terms of Reference

As per document QP04 – Medical Advisory Committee Terms of Reference.

14.5 Resignation

- (a) A member of the Medical Advisory Committee may resign his or her membership at any time by notice in writing to the Chair of the Medical Advisory Committee.
- (b) The Chair of the Medical Advisory Committee shall determine whether and in what manner there shall be filled any vacancy created in the Medical Advisory Committee by the resignation or death or incapacity of one (1) of its number.

14.6 Conflict of Interest

A Committee Member prior to the first Medical Advisory Committee meeting which he/she attends.

- (i) must raise all Conflicts of Interest with the MAC prior to a discussion of the business of the Credentialing Committee where the Conflict of Interest is perceived to exist.
- (ii) must, where he/she believes that another Committee member has an undisclosed Conflict of Interest, raise matters of the alleged Conflict of Interest with the MAC as soon as practicable after becoming aware.
- (iii) may participate in all discussions of the MAC that relate to the item of business where the Conflict of Interest is perceived to exist, however.
- (iv) must, where he/she has a Conflict-of-Interest excuse himself or herself from the MAC meeting prior to, and must not otherwise participate in, the decision being made in relation to the business where the Conflict of Interest is perceived to exist.
- (v) must, if he/she identifies a Conflict of Interest after the MAC had discussed the business the subject of the Conflict of Interest reports the Conflict of Interest to the Chair as soon as practicable. The Chair must then inform the next meeting of the MAC of the Conflict of Interest and the MAC must decide, in the absence of the Committee Member with the Conflict of Interest, to confirm the previous decision of the MAC or to re-open the matter for discussion.
- (vi) a Committee Member who fails to report a Conflict of Interest will be subject to such disciplinary action as the Chair may determine.

14.7 Research

Clinical research or research which is related to clinical practice (Research) may not be undertaken without the approval of Medical Advisory Committee.

All proposals for research shall be referred to the Medical Advisory Committee. The Medical Advisory Committee shall:

- (a) liaise with the Director of Nursing which who assess its impact on clinical practice.

- (b) if he/she considers it appropriate that the research proposed be conducted at BDS, submit the proposal to the Medical Advisory Committee for its decision as to whether the research should proceed.
- (c) inform the proponent if approval is given for the research proposed to be undertaken at BDS; and
- (d) notify the Board of Directors in writing of such approval

The person undertaking the research (Researcher) shall report to the Medical Advisory Committee

- (e) progress of the research at the end of each period of three (3) months or at such other intervals as the Medical Advisory Committee shall require; and
- (f) advice in writing of all adverse outcomes as soon as practicable after the same shall occur.

The Medical Advisory Committee shall report to the Board of Directors all adverse outcomes occurring in the course of that research.

15. MEETINGS – CONFIDENTIALITY

15.1 Proceedings of Meetings of Committees

- (a) The proceedings and minutes of all committees of the BDS Company will be confidential and will not be disclosed by any member of a committee or any other persons having access to those proceedings and minutes except as:
 - (i) required by law; or
 - (ii) may be necessary for the obtaining of professional advice for or on behalf of the BDS Company or for any member of that committee.
- (b) Notwithstanding paragraph (a) decisions or recommendations of committees may be published by the Board of Directors in abridged or other form by way of information or otherwise as they see fit.

PART VIII – PROCESS OF REVIEW OF RULES

16. REVIEW OF RULES

16.1 Amendments

These Rules may be amended and or modified by the BDS Company from time to time.

16.2 Ratification

No amendment or variations to the procedure for accreditation shall come into effect until such date as shall be specified by the Board of Directors. This date shall be not less than one (1) month after the date upon which notice of the amendment or variation shall have been forwarded to all Accredited Practitioners.

16.3 Review of By-laws

The Board of Directors shall cause these Rules to be reviewed every three (3) years by the Director of Nursing and the Medical Advisory Committee with a view to:

- (a) ensuring that they remain appropriate and current; and
- (b) for them to be given the opportunity to recommend any amendments, variations, or additions which they consider ought to be made to these Rules.

PART IX – EFFECT OF RULES

17. BINDING EFFECT

17.1 Agreement of Practitioners

Each Accredited Practitioner agrees that:

- (a) He/she will be bound by these Rules (as amended) from time to time upon seeking or renewing accreditation or by continuing to practice at BDS following receipt of these Rules or notification of the publication of these Rules.
- (b) He/she will comply with these Rules and the Vision, Values and Goals of Bendigo Day Surgery during his/her practice at BDS.