Shared Health Inc.

Medical Staff Rules and Regulations

Approved and Effective January 17th, 2022

TABLE OF CONTENTS

WHEREAS a provincial approach to Appointments and credentialing has been developed to enhance patient safety and to streamline recruitment processes for medical staff throughout the Province of Manitoba;

AND WHEREAS it is understood that meaningful consultation with medical staff is an important principle;

AND WHEREAS with the proclamation of *The Regulated Health Professions Act,* C.C.S.M. c. R117, an inter-professional approach to health care delivery in Manitoba is essential;

AND WHEREAS the Authority has adopted a Medical Staff By-law which provides for the creation and implementation of Medical Staff Rules and Regulations, in consultation with its Practitioners, as the Authority deems necessary for patient care and the conduct of Practitioners;

NOW THEREFORE it is hereby adopted as the Medical Staff Rules and Regulations for the Authority.

PART I – GENERAL PROVISIONS

1.0 Title and Interpretation

These are the Medical Staff Rules and Regulations for the Authority.

Interpretation
In the event of a conflict between the Medical Staff Rules a n d Regulations and the Medical Staff By-Law, the Medical Staff By-Law shall prevail. In the event of a conflict between the Medical Staff Rules and Regulations and the Authority's policies, the Medical Staff Rules and Regulations shall prevail.

Words in the singular include the plural, and words in the plural include the singular.

1.1 Definitions

In these Rules:

"Act" means *The Regional Health Authorities Act,* C.C.S.M. c. R34, as amended from time to time.

"Active Staff" means the Practitioners to whom section 3.2 of these Rules applies.

"Admitting Privileges" means the authority to admit patients to a Site and function as the Practitioner of Record for that patient. Only those Practitioners who have been granted privileges may admit patients to a Site.

"Annual Verification of Information and Attestation Form" or **"AVIA Form"** means the form each Practitioner must complete on an annual basis in order to renew and maintain their appointment to the Authority's Medical Staff.

"Applicant" means an individual applying for appointment to the Medical Staff.

"Appointment" means the process by which physicians, dentists, psychologists, midwives, physician assistants, clinical assistants, trainees, Lab Scientists, and nurse practitioners become members of the Medical Staff of the Authority.

"Associate Staff" means Practitioners to whom section 1 of these Rules applies.

"Associate Year" means the twelve (12) month period referred to in section 3.1.1 of these Rules or such other length of time established pursuant to that section 3.1.5(b).

"Authorities" means the collective of all the Manitoba regional health authorities, including Shared Health and the Authority.

"Authority" means the Shared Health Inc. or any successor.

"Authority CMO" means the Chief Medical Officer appointed by the Authority or equivalent who is licensed by the College of Physicians and Surgeons of Manitoba or any successor regulatory body for physicians in Manitoba.

"Board" means the Board of Directors of the Authority.

"CancerCare Manitoba" or "CCMB" means CancerCare Manitoba or any successor.

"CEO" means the Chief Executive Officer of the Authority as appointed by the Board.

"Clinical Medical Leader" means the Practitioner appointed as the medical leader of a clinical specialty or Site within the Authority.

"Complaint" means an allegation concerning a professional, ethical or administrative infraction or misconduct of a Practitioner, which includes but is not limited to:

(a) conduct which is unprofessional or unethical;

(b) incompetence or demonstrable deficiencies in clinical practice;

(c) violation of the Medical Staff By-Law or the Medical Staff Rules and Regulations, or any formal agreement with, or applicable policy of, the Authority or Site/specialty in which the Practitioner has Privileges; or

(d) failure to follow a direction issued by anyone having authority to do so under the Medical Staff By-Law, the Medical Staff Rules and Regulations or under any formal agreement with the Authority.

"Consultant" means the Practitioner from whom another Practitioner is seeking advice and/or opinion about the diagnosis, management or treatment of a patient.

"Consultation" means the process whereby one Practitioner obtains advice and/or opinion from a Consultant about the diagnosis, management or treatment of a patient.

"CPSM" means the College of Physicians and Surgeons of Manitoba or any successor under *The Regulated Health Professions Act*, C.C.S.M. c. R117.

"Emergency" means any situation wherein a patient is in immediate danger of death or serious harm, and in which any delay in administering treatment could contribute to that danger or harm.

"Health Region or Region" has the same meaning as set out in the Act as may be amended from time to time.

"Itinerant Staff" means a physician who resides outside of Manitoba and travels to a Site within Manitoba or who resides in a Health Region and travels to a different Health Region to provide health care services on a regular and established basis.

"Lab Scientist" means an individual with a PhD degree in one of microbiology, chemistry, immunology, genetics or cytology and who has successfully completed a minimum of two years clinical training in one of clinical chemistry, clinical microbiology, clinical genetics, clinical

immunology or clinical cytology, sanctioned by their respective national association.

"Locum Tenens" means a physician who is replacing a member of the Medical Staff or is providing necessary support to the Medical Staff as needed on a temporary or episodic basis.

"LTC" means long term care.

"MAC" means the Medical Advisory Committee to the Authority established pursuant to the Medical Staff By-Law.

"Manitoba Clinical Leadership Council" or "MCLC" means the provincial committee enabled to establish and support clinical governance, provincial medical staff and standards of care. Reporting to the Deputy Minister of Health, MCLC includes the chief medical officers from each of the regional health authorities in Manitoba, Shared Health, CancerCare Manitoba, the Chief Provincial Medical Officer of Health, a representative from Indigenous health, a representative from each of the College of Physicians and Surgeons of Manitoba, the College of Registered Nurses of Manitoba, and the University of Manitoba Rady Faulty of Health Sciences, as well as other representatives from the practice of nursing and allied health.

"Manitoba Privileges Advisory Committee" or "MPAC" means the provincial committee that oversees the credentialing process for the medical staff in Manitoba for the Authorities. The provincial specialty privileges committees report to the MPAC, which in turn reports to the MCLC.

"Manitoba Privileges Advisory Committee Specialty Privileges Committee" or "MPAC Specialty Committee" means a subcommittee of MPAC comprised of specialists in a specific professional discipline who are responsible to make recommendations as to the appropriate privileges for Selected Applicants in that specialty. These specialty committees report to MPAC and make recommendations to the relevant MACs.

"Medical Staff" is comprised of all physicians, dentists, psychologists, midwives, physician assistants, clinical assistants, trainees, Lab Scientists, Locum Tenens, and nurse practitioners who are appointed pursuant to the Medical Staff By-Law.

"Medical Staff By-Law" means the Shared Health Inc. Board By-Law which establishes the consistent structure and processes to carry out the objectives contained therein.

“Medical Staff Rules and Regulations” or “Rules” means the rules and processes established by MCLC from time to time based upon a provincial template approved by MCLC.

“Outbreak” means an outbreak as declared by the Government of Manitoba, which will be informed by its Public Health and/or Infection Prevention and Control branches.

“Pandemic” means any disease outbreak in Manitoba, declared to be a pandemic by the Minister of Health or by the Minister’s public health delegate, e.g. the Chief Public Health Officer.

“PCH” means personal care home.

“Performance Review” or “Performance Feedback” means the regular review, assessment and consideration of matters which are intended to identify a Practitioner’s strengths and weaknesses, and which provide direction for improving their future performance including:

(a) a Practitioner’s accomplishments and shortcomings, relating to their assignment of duties;
(b) the clinical specialty needs and the performance guidelines (as are applicable to the Practitioner’s assignment of duties);
(c) the Medical Staff member’s documented performance feedback history; and
(d) professional goals and continuing professional development.

“Practitioner” means a licensed member of the Medical Staff whether Active, Associate, Trainee, and includes Locum Tenens.

“Practitioner of Record” means the Practitioner who accepts responsibility for a specific patient’s care. The Practitioner of Record shall be responsible for the admission, discharge and treatment options for that patient as set out in the Medical Staff By-Law. Any exemption from this requirement requires a specific written policy outlining the parameters of the exception.

"Privileges" means the authority granted to a Practitioner by the Authority to provide care to patients which may include admitting, treatment and consultation privileges. Privileges are limited by the individual Practitioner's professional license, experience and competence and are Site specific and may include multiple specified Sites. The Privileges granted by the Authority cannot exceed the privileges recommended by the MPAC Specialty Committee. A grant of Privileges alone does n o t confer the right to participate in any roti or on-call roster, access to resources, or other like opportunities. Such rights are provided through contracts for services or employment or, where applicable, through collective agreements.

“Privileging Body” means a health authority.

"Provincial Health Workforce" means the provincial division responsible for health workforce in the Province of Manitoba and which oversees the services provided by the Provincial Medical Administration Office.

"**Provincial Medical Administration Office**" or "PMAO" means the office or person designated by the CEO to receive and maintain records, applications, correspondence and information pertaining to the Medical Staff.

"Regional Medical Lead or Regional Specialty Lead" means the medical leader of the Health Region, in a particular medical specialty (e.g. long-term care), appointed by the Authority's CMO.

"Selected Applicant" means an Applicant selected by the Authority to fill a vacancy subject to the recommendations of the MPAC Specialty Committee and MAC and the approval of the Authority CMO as set out in the Medical Staff By-Law.

"Site" includes, but is not limited to, any facility owned or operated by the Authority, or funded by the Authority, providing health care services.

"Site Medical Leader" means the medical leader of the Site appointed by the Site. The responsibilities of the Site Medical Leader a r e assumed by the Authority CMO or their designate for all Sites where there would not otherwise be an on-site medical leader.

"Temporary Privileges" means the time limited permission granted in exceptional circumstances to a Practitioner by the Authority to provide care to patients, including admitting, treatment and consultation privileges. Temporary Privileges may be granted by the Authority CMO without the need to consult MAC in advance. Temporary Privileges cannot be granted for a period longer than one hundred and twenty (120) days. Temporary Privileges shall expire on the date specified by the Authority unless an extension is granted by the Authority CMO in exceptional circumstances for one further period of no longer than one hundred and twenty (120) days. No further extension is permitted without the consent of MCLC.

"Trainee Staff" means the individuals to whom section 3.3 of these Rules applies.

PART II - PURPOSE AND APPLICATION

2.0 The Purpose of the Rules

2.0.1 The purpose of the Rules is to:

(a) provide structure for the administration and governance of Applicants and Practitioners;

(b) promote the provision of quality health care services and patient safety; and

(c) establish processes for patient care and the conduct of Medical Staff.

2.0.2 Failure to abide by the Rules may result in a Complaint under the Medical Staff By-Law and other corrective actions up to and including a restriction or suspension of Privileges, or termination of an Appointment.

2.1 The Application of the Rules

2.1.1 These Rules shall be applicable to all Applicants and Practitioners governed by the Medical Staff By-Law of the Authority.

PART III – ORGANIZATIONAL STRUCTURE OF THE MEDICAL STAFF, APPOINTMENT AND PRIVLEGES

3.0 Medical Staff

3.0.1 The Medical Staff shall be comprised of Practitioners assigned to a specialty pursuant to the Medical Staff By-Law which reflect their formal training and experience as well as their involvement and responsibilities to the Authority. Practitioners shall receive an Appointment to a primary specialty but may be permitted or required to receive further Appointments to additional specialties.

3.0.2 Practitioners shall practice within the scope of their formal training and experience as limited by their Appointment and Privileges.

3.0.3 In addition to the duties set out in section 4.4 of the Medical Staff By-Law, the obligations of Practitioners include, but are not limited to:

(a) ensuring arrangements are in place for the ongoing care of their patients by another Practitioner with the appropriate Privileges as may be required;

(b) attending patients and undertaking such care and treatments in accordance with and within the limits of the Privileges granted;

(c) unless otherwise specifically established by the Authority or a regulatory body, promptly responding to pages, telephone calls, electronic communications or other inquires;

(d) conducting themselves with professionalism in a collegial and collaborative manner with Medical Staff, health care professionals, patients and their families;

(e) abiding by the authority, jurisdiction and powers conferred upon the Authority CMO, the applicable Site Medical Leader, and the Clinical Medical Leader by the Medical Staff By-Law and these Rules, including but not limited to any decision or direction;

(f) abiding by the authority, jurisdiction and powers of the various committees governing standards and ethics of the Practitioner's profession;

(g) undertaking such duties respecting patient care as may be reasonably assigned by the Site Medical Leader, Clinical Medical Leader, or designate as the case may be;

(h) performing administrative functions as reasonably required by the Site Medical Leader or Clinical Medical Leader or designate as the case may be;

(i) conducting themselves in a manner consistent with the Authority's budgetary controls and the cost-effective use of public resources including but not limited to the appropriate use of supplies and equipment, compliance with capital equipment planning, procurement, and logistic services, and compliance with financial expenditure policies and processes

(j) participating in appropriate provincial and regional standards and quality improvement initiatives aimed at improving access, safety and quality of care and assisting the Authority to attain or maintain accreditation;

(k) attending meetings as required by the Rules or policies and procedures of the Authority, the Authority CMO, Site Medical Leader, or Clinical Medical Leader;

(l) conducting themselves in a manner consistent with fulfilling the mission, vision and values of the Authority and to assist in the mission, vision and values of the Authority by contributing where reasonably possible to planning, assessments, resource management and quality management activities; and

(m) abiding by all applicable legislation.

3.04 Practitioners must be granted and maintain an Appointment to the Medical Staff in order to:

(a) hold any Privileges pursuant to the Medical Staff By-Law; and

(b) provide any service to an individual or patient in a Site except in the event of an Emergency as set out in the Medical Staff By-Law section 5.1.5.

3.0.5 Practitioners shall immediately notify in writing the Authority CMO in the event that their license to practice within their profession is changed, suspended, revoked, terminated, subject to any conditions, or is otherwise altered in any way, and shall forthwith provide a copy of any notices received from, or undertakings given to, the Practitioner's professional regulatory body.

3.1 Associate Staff

3.1.1 The Associate Staff shall consist of those Practitioners who apply for an initial Appointment to the Medical Staff, and who are appointed by the Authority for their first full calendar year, including any period of extension as a result of a leave of absence.

3.1.2 Subject to subsections (5) and (6) and the Medical Staff By-Law section 4.2.1, an Associate Staff member shall, if directed by the Authority CMO, Site Medical Leader or Clinical Medical Leader, work for a twelve (12) month period under the mentorship of an Active Staff member. A mentor shall be assigned, with the mentor's consent, to the Associate Staff member. Mentors shall, to the greatest extent feasible, be assigned from the same practice area or field of expertise. The PMAO shall be notified of the appointment of each mentor.

3.1.3 In the event an Associate Staff member has been assigned a mentor, the Associate Staff member may request to be assigned to a different mentor at any time during the Associate Year. The Clinical Medical Leader shall consider the request, the availability of a suitable alternate, and whether it would be appropriate to reassign a mentor, prior to deciding whether or not to assign a new mentor.

3.1.4 At the end of the Associate Year, and subject to the provisions of the Medical Staff By-Laws and the Rules respecting Appointments, a Performance Review of the Associate Staff shall be conducted by the Clinical Medical Leader who shall recommend to the Authority's MAC either:

(a) the Appointment of the Associate Staff to Active Staff upon completion of a satisfactory performance review; or

(b) the Associate Staff be subject to reappointment to the Associate Staff for a further period not exceeding twelve (12) months.

3.1.5 The Performance Review and assessment of an Associate Staff at the end of the Associate Year shall include an assessment of the Practitioner's demonstrated ability and willingness to meet the criteria for Appointment to Active Staff, and shall include a review of:

(a) the services provided by the Practitioner, the procedures performed, and the Practitioner's performance in the Authority's owned, operated or funded facilities;

(b) information on the Practitioner's contributions to professional development during the Associate Year, if any;

(c) clinical performance by the Practitioner as evaluated by the Clinical Medical Leader or designate;

(d) the Practitioner's contribution to and participation in other clinical and administrative responsibilities as assigned, if any; and

(e) the Practitioner's contribution to and participation in the Authority's teaching programs and activities, if any.

3.2 Active Staff

3.2.1 The Active Staff shall consist of those Practitioners who have been appointed as Active Staff by the Authority CMO and includes Itinerant Staff**.**

3.2.2 Active Staff members shall have Privileges as specified in their Appointment.

3.3 Trainee Staff

3.3.1 The Authority CMO may accept as Trainee Staff on the recommendation of an accredited university, individuals who are licensed or registered to practice in Manitoba or hold an educational license or registration to practice in Manitoba. Trainee Staff shall not have admitting privileges.

3.3.2 Trainee Staff shall be entitled to practice only in an approved training program and under the supervision of an appropriate Practitioner, and in accordance with the requirements of the Authority and the applicable professional regulatory body.

3.3.3 Where Trainee Staff participate in the management or care of a patient, the Practitioner supervising the Trainee shall retain full responsibility for all aspects of the management and care of that patient.

3.3.4 The clinical duties and responsibilities assigned to Trainee Staff shall be appropriate to their position in the training program and to their individual skills and abilities on the basis of graded responsibility.

3.3.5 Practitioners responsible for Trainee Staff shall respect the applicable provisions of any collective agreement between the Authority and the Provincial Association of Residents and Interns of Manitoba or any successor entity.

3.4 Locum Tenens

3.4.1 The granting of a Locum Tenens Appointment by the Authority CMO provides no preferential access to an Appointment to any other category of the Medical Staff during or after the term of Locum Tenens.

3.4.2 The Practitioner who will be replaced by the Locum Tenens has a responsibility to determine what aspects of their practice the Locum Tenens is prepared and qualified to cover and for deciding with other qualified Practitioners to attend to those aspects of the practice that the Locum Tenens will not be covering.

3.4.3 The Practitioner who will be replaced by the Locum Tenens, in conjunction with the applicable Clinical Medical Leader, shall familiarize the Locum Tenens with the Site and any applicable policies or procedures.

3.5 Application for Initial Appointment to the Medical Staff

3.5.1 An application for initial Appointment shall be processed in accordance with the Act, the Medical Staff By-Law, the Rules, and the policies and procedures of the Authority as amended from time to time.

3.5.2 An Applicant for initial Appointment to the Medical Staff shall apply in a form approved by the Authority and MCLC, together with all information required to be submitted by the Medical Staff By-Law and the Rules.

3.5.3 Each application shall include at a minimum:

(a) an indication of the category of Appointment being sought and the Privileges requested;

(b) an up-to-date curriculum vitae which shall include a chronological account of all of the Applicant's education, training, academic qualifications, continuing education, professional experience, and memberships and positions held in professional organizations and committees;

(c) a statement detailing any past or pending proceedings in which there was a failure to obtain, or subsequent reduction in classification or resignation, or termination or suspension of any professional license or certification, fellowship, professional academic appointment or privileges at any hospital, health facility, health authority, or other health related organization;

(d) information regarding any pending criminal proceedings or past criminal convictions involving the Applicant, including any pending proceedings or past convictions in regard to any other federal or provincial statute or regulation, excluding *The Highway Traffic Act (Manitoba)* or the equivalent highway traffic legislation in another jurisdiction.

(e) the results of current security checks from any jurisdiction in which the Applicant has resided since the age of majority, as required by MCLC, which may include but not be limited to: criminal record checks; vulnerable sector searches; adult abuse registry checks; child abuse registry checks; and if applicable, a notarized copy of a police clearance certificate from the Applicant's country of origin in the event the Applicant was a resident of a foreign country at a time when the Applicant was of the age of majority;

(f) information regarding any past or pending claims, allegations, or civil proceedings related to the Applicant's professional practice in which the Applicant has been involved;

(g) information regarding any physical or mental impairment or health condition known to the Applicant that affects, or may affect, the Applicant's ability to exercise the necessary skill, ability and judgment to provide appropriate care or professional services;

(h) evidence of:

(i) a current license, certification, membership, or registration, or proof of eligibility to obtain a license, certification,membership or registration, from the applicable professional regulatory body in Manitoba as the case may be;

(ii) the appropriate Certification or Fellowship of the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada, or current eligibility to write the appropriate specialty examination, if applicable;

(iii) proof of enrollment in an educational institution, if applicable;

(i) evidence of membership in the Canadian Medical Protective Association or equivalent professional liability insurance coverage satisfactory to the Authority;

(j) a signed consent authorizing any professional regulatory body, health facility, health authority, or other health care organization in which the Applicant provided services to disclose:

(i) a report on any disciplinary action taken or a description of any disciplinary action pending;

(ii) a report or, if unavailable, a description of any voluntary or involuntary restriction of privileges, competency investigations, performance reviews, and details of previous or ongoing Privileges disputes of any nature; and

(iii) a letter or certificate of good standing from the Applicant's current licensing body.

(k) a direction authorizing the Authority CMO, or their designate, to contact any previous health care facility, health authority, or other health care organization where the Applicant has provided services or held Privileges with such direction to include the names and addresses of the following who may be contacted:

(i) the chief executive officer, chief medical officer, Clinical Medical Leader, or other person exercising similar responsibilities, of the most recent facility where the Applicant held Privileges or received training;

(ii) the director or head of a graduate training program, if the Applicant was enrolled in that training program within the past three (3) years;

(iii) in the case of an Applicant that graduated within three (3) years of application, the dean of the applicable faculty andthe residency program director of all educational institutions in which the Applicant was enrolled;

(iv) at least three references who have had a professional or business relationship with the Applicant and who can attest to both the character and professional competence of the Applicant based on first-hand knowledge of the Applicant within the previous four (4) years.

(l) a signed authorization to any applicable professional regulatory body, health care facility, health authority, and other health care organization, to release and disclose personal information respecting the Applicant on any matter required by this section;

(m) evidence as to the legal right to live and work in Canada;

(n) any additional relevant information that the Authority CMO, MAC, MCLC, MPAC or MPAC Specialty Committee in the course of the review or consideration of the Applicant's application, deem necessary in order to decide in respect of the application;

(o) a statement by the Applicant confirming that the Applicant has read and agrees to be bound by the Medical Staff By-Law and the Rules;

(p) an undertaking that, if appointed to the Medical Staff, the Applicant shall provide those services to the Authority which have been agreed upon, shall participate in the discharge of Medical Staff obligations applicable to the membership category to which the Applicant is assigned and shall act in accordance with applicable legislation, the Medical Staff By-Law, these Rules, the Authority's policies and procedures, and such professional and ethical standards as may be established from time to time; and

(q) a statement by the Applicant declaring the truth of the information outlined in the application and supporting materials provided by the Applicant, and acknowledging that the discovery of any untruth therein may result in the Appointment not being granted or, where such occurs following the Appointment being granted, the immediate revocation of the Privileges and Appointment granted.

3.5.4 The Applicant is required to produce adequate information to ensure a proper evaluation of the Applicant's competence, character, ethics and other qualifications to address the requirements of the application process. The Applicant may produce any additional information in support of the application, should the Applicant so desire, prior to consideration.

3.5.5 Until the Applicant has provided all the information required by the Medical Staff By-Laws and these Rules, or as requested by the Authority CMO, MAC, MCLC, MPAC or MPAC Specialty Committee, as the case may be, the application for Appointment shall be deemed incomplete and shall not be processed. If the information required or requested as set out herein is not provided within thirty (30) days from the date of initial submission of the application, or the date of the request, the application is deemed to be withdrawn.

3.5.6 The MPAC Specialty Committee shall evaluate the Applicant's application and credentials based on the following criteria:

(a) the Applicant is a member in good standing with the applicable professional regulatory body;

(b) the Applicant shall have the education, training and experience appropriate to the Privileges being sought;

(c) the Applicant shall have the appropriate certification, license or eligibility to practice a specialty if Privileges are being sought in respect to that specialty;

(d) the Applicant has demonstrated:

(i) the competencies necessary to provide patient care at an appropriate level of quality and efficiency;

(ii) the ability to work and cooperate with and relate to others in a collegial and professional manner;

(iii) the ability to communicate and relate appropriately with patients and patients' families;

(iv) the willingness to participate in the discharge of committee and other duties or obligations appropriate to the appointment sought;

(v) ethical character, performance, and behavior;

(vi) proof of membership in the Canadian Medical Protective Association or equivalent professional liability insurance coverage satisfactory to the Authority, as the case may be; and

(e) such other factors as the MPAC Specialty Committee may from time to time consider relevant, following discussion with the applicant

3.5.7 Following consideration of the application for initial Appointment, the MPAC Specialty Committee shall make a written recommendation to the MAC that:

(a) the application is to be accepted in accordance with the category and Privileges requested; or

(b) the application is to be accepted but with a category and/or with Privileges modified from those requested, with reasons supporting the recommended variance as required by section 5.3.8(v) of the Medical Staff By-Law; or

(c) the application is to be denied.

3.6 Maintaining or Changing Categories and Privileges

3.6.1 The AVIA Form shall be submitted to the Authority CMO through the PMAO within twelve (12) months of being appointed to the Medical Staff and annually thereafter or within such other period of time as directed by PMAO. The AVIA Form shall be provided to the Practitioner by the Authority CMO through PMAO and shall include, but not be limited to, a requirement by the Practitioner to provide the following information:

(a) proof of current membership in the Canadian Medical Protective Association or suitable alternative professional liability insurance to the satisfaction of the Authority, as the case may be;

(b) evidence as to the legal right to live and work in Canada for non-citizens and permanent residents; and

(c) any professional liability judgments, disciplinary actions by a professional regulatory body, undertakings and/or restrictions on the Practitioner's license or privileges, orders or arbitration decisions involving the Practitioner with details of the allegations, response and outcome or disposition.

3.6.2 Upon receipt of the completed AVIA Form or a subsequent written disclosure from a Practitioner notifying the Authority CMO of any adverse action by a professional regulatory body, Privileging Body or law enforcement agency as may be required by the Medical Staff By-Law, the Authority CMO may require further information and shall determine if any further investigation or action is required.

3.6.3 In the event that the Authority CMO determines no further investigation or action is required, the AVIA Form or written disclosure from the Practitioner shall be placed on the Practitioner's file.

3.6.4 In the event that the Authority CMO determines further investigation or action is required, the Authority CMO or their designate may request further information. The Practitioner shall meet with the Authority CMO if required by the Authority CMO within thirty (30) days, or such other period as may be directed by the Authority CMO, of receipt of the information to discuss any concerns arising from the information provided. The Authority CMO may require the attendance of anyone whom the Authority CMO determines, in their sole discretion, would assist them in understanding the matters and issues to be considered and may require the Practitioner to provide further information following the meeting with the Practitioner.

3.6.5 If, following the meeting pursuant to section 3.6.5, the Authority CMO determines no further investigation or action is required, or if the Authority CMO and the Practitioner agree on an appropriate resolution of the matters and issues, the AVIA Form or written disclosure from the Practitioner shall be placed on the Practitioner's file.

3.6.6 If, following the meeting pursuant to section 3.6.5, the Authority CMO determines further investigation or action is required, or the Authority CMO and the Practitioner are unable to agree on a resolution of the matters and issues, then the matter shall be treated as a Complaint and the Authority CMO shall proceed in accordance with section 8 of the Medical Staff By- Law.

3.6.7 A Practitioner may request a change of staff category during the term of the Practitioner's Appointment by written application to the PMAO. The Practitioner shall complete the required process as outlined by the PMAO and in accordance with sections 5.3.4 through 5.3.15 of the Medical Staff By-Law which shall apply with necessary modification.

3.6.8 The Practitioner shall participate in a periodic review of the Practitioner's professional performance by the Clinical Medical Leader or designate to determine planned or considered changes to the Practitioner's practice, including categories and Privileges, and to identify professional goals.

3.7 Leave of Absence

3.7.1 Any absence from practice for a period exceeding ninety (90) days shall be considered a leave of absence and requires approval from the Authority CMO or designate.

3.7.2 The Authority CMO may grant a request for a leave of absence in any of the following circumstances:

(a) the Practitioner has enrolled in an educational program approved by the Authority CMO;

(b) maternity leave, parental leave, disability/illness, or any other leave permitted in accordance with applicable laws; or

(c) in any other circumstance where the Authority CMO in their discretion considers appropriate.

3.7.3 A Practitioner shall advise the PMAO of any approved leave of absence exceeding ninety (90) days.

3.7.4 A Practitioner may apply for consecutive leaves of absence, which the Authority CMO may approve if the Authority CMO, in their discretion, considers advisable and where the consecutive leaves do not exceed two (2) years in total.

3.7.5 If the Practitioner's leave of absence exceeds two (2) years the Practitioner shall be deemed to have resigned from the Medical Staff.

3.7.6 While on an approved leave of absence, Practitioners maintain their Appointment to the category to which they are appointed subject to section 3.7.4 above, but during the leave Privileges are temporarily suspended for the period of the leave, and the Practitioner may receive but is not guaranteed access to the same resources upon return.

3.7.7 Prior to commencing the leave of absence, Practitioners must ensure arrangements are in place for the ongoing care of their patients by another member of the Medical Staff and shall notify the Authority CMO of the identity of the Practitioner who shall be attending to their patients during their absence unless they are medically unfit to do so.

PART IV – PERFORMANCE REVIEWS

4.0 Performance Reviews Standards

4.0.1 As set out in the Medical Staff By-law, Performance Reviews are intended to provide for the regular documented assessment of a Practitioner's development and to identify concerns before they become serious problems and as such are a component of performance management.

4.0.2 In accordance with the Medical Staff By-law, the Performance Review will be conducted by the individual to whom the Practitioner most directly reports, which is the applicable Clinical Medical Leader, or by the Provincial Specialty Lead or the Authority CMO. Performance Reviews provide for the manner by which regular feedback will be provided and received by both Practitioners and the Authority, in order to facilitate a culture of support and development within clinical specialties.

4.0.3 The applicable Clinical Medical Leader with whom the Practitioner most directly reports and the Practitioner shall ensure that Performance Reviews occur in accordance with these Rules.

4.0.4 Performance Reviews shall be both formative and summative and shall be documented using, wherever possible, objective criteria.

4.0.5 A Performance Review form shall be used to document and complete the Performance Review process. Objective documentation relevant to the performance of a Practitioner may be used at the discretion of the Authority. In addition, the Performance Review may include formal and informal feedback from students, peers, supervisors or patients.

4.0.6 Performance Reviews may be taken into consideration when reviewing contracts, Privileges, and/or Appointments.

4.1 Career Development:

4.1.1 Performance Reviews shall be used to support Practitioners in their career development through candid and constructive assessment, evaluation, review and the development of plans intended to meet the needs of both the Practitioner and the Authority. Career development involves support and where applicable, resources from the Authority and the Authority's applicable clinical specialties.

4.2 Performance Improvement:

4.2.1 A Practitioner who received a Performance Review that does not meet expected standards or whose performance requires improvement shall be required to meet with their Clinical Medical Leader or designate to reevaluate their career development plans to incorporate achievable performance targets for the following year.

4.2.2 Where a Practitioner continues to have difficulty meeting or is unable to meet the established performance targets after their career development plans have been reevaluated, shall be referred to the Provincial Specialty Lead, the Authority CMO and if applicable to the Site Medical Leader(s) of the Site(s) where the Practitioner maintains privileges for resolution in accordance with sections 6.1.7 through 6.1.9 of the Medical Staff By-Law.

4.3 Response to Performance Review:

4.3.1 A practitioner may respond to a Performance Review. In the event that a Practitioner wishes to respond to their Performance Review, they shall submit the response in writing, within thirty (30) days of the completion of the Performance Review form by the Clinical Medical Leader or designate, which response shall be appended to and remain with the Performance Review form.

4.4 Performance Review Process

4.4.1 The Authority shall conduct the Performance Review meeting with the Practitioner to discuss the Practitioner's performance relative to their assignment of duties and career goals, as applicable, taking into consideration circumstances which may have affected performance.

4.4.2 The Authority and the Practitioner shall acknowledge completion of the Performance Review by signing the Performance Review form and the Practitioner shall be provided a copy of the Performance Review form.

4.4.3 The Authority shall remain accountable for ensuring that Performance Reviews are completed for all Practitioners within their specialties regardless of whether their responsibilities were delegated to a designate.

4.4.4 Performance Review forms must be submitted to the PMAO within thirty (30) days of completion of the Performance Review and shall include any response by the Practitioner provided within the time limits set by these Rules following receipt of the completed Performance Review Form.

PART V - COMPLAINTS

5.0 Complaints - Levels of Authority Responsible for Complaints

5.0.1 The initial level of authority responsible for receiving Complaints shall be the Clinical Medical Leader and/or the Site Medical Leader. In the event that a Clinical Medical Leader receives a Complaint, the Clinical Medical Leader shall forward the Complaint to the Site Medical Leader for response and the Site Medical Leader shall:

(a) in coordination with the Clinical Medical Leader, determine whether the Complaint may appropriately be responded to on an informal basis;

(b) in the event that the Complaint against a Practitioner is not resolved on an informal basis, refer the Complaint to the Authority CMO or their designate for resolution pursuant to section 8 of the Medical Staff By- Law.

5.0.2 Reprisals against Practitioners or other staff who report a Complaint in good faith shall not be tolerated and may result in corrective or disciplinary action.

5.0.3 Complaints made by a Practitioner in respect to another Practitioner shall only be made in good faith. Complaints that are made in bad faith or without a bona fide purpose may result in corrective or disciplinary action.

5.0.4 The record of the Complaint set out in section 8.3.3 of the Medical Staff By-Law may, among other matters, include the details of the Complaint, the response, and the disposition.

5.0.5 The reasons for decision of the Authority CMO made in accordance with section 8.3.7(c), (d), (e), (f) or (g) of the Medical Staff By-Law may include:

(a) a description of the behavior;

(b) a description of the discussions with individuals interviewed;

(c) an indication that the Practitioner has been informed that their behavior is perceived as and/or has been determined to be an infraction, misconduct or breach pursuant to section 8 of the Medical Staff By-Law;

(d) an explanation of any decision;

(e) evidence of any mitigating factors that have been considered;

(f) the documents or resources offered or mandated to assist in changing behaviors;

(g) reports or references to reports received from professionals engaged for the purposes of the investigation, remediation or resolution of the Complaint; and

(h) documentation that the consequences of continued behavior have been openly and clearly outlined to the Practitioner.

PART VI – PATIENT CARE

6.0 Admission of Patients

6.0.1 A patient whose clinical condition warrants admission shall be admitted to an appropriate Site by a Practitioner with appropriate admitting Privileges. Upon accepting such an admission and care of the patient, the Practitioner shall have primary responsibility for the patient and be designated as the patient's Practitioner of Record.

6.0.2 Where there is no dispute in regard to whether the patient's condition warrants admission, but there exists a dispute in respect to which Practitioner or service within the specialty shall receive or accept the patient for admission, the matter shall be referred to the Clinical Medical Leader or designate who shall determine which Practitioner and service shall receive and accept the patient for admission. Where directed by the Clinical Medical Leader, the Practitioner and service shall accept the patient for admission. If there is no Clinical Medical Leader designated for the Site, then resolution of the dispute shall occur in accordance with section 6.0.3.

6.0.3 Any dispute in respect to whether a patient's clinical condition warrants admission, or whether a particular specialty or service within a Site shall receive or accept a patient for admission, shall be referred to the Site Medical Leader or designate who shall determine whether the patient's condition warrants admission, and if so, may direct:

(a) the specialty or service to receive and accept the patient for admission;

(b) any Practitioner with appropriate privileges to accept the admission and be designated as the Practitioner of Record; and

where so directed by the Site Medical Leader, the specialty, service and Practitioner, as the case may be, shall accept the direction or designation.

6.0.4 If an appropriate Practitioner willing and able to accept the admission of the patient cannot be identified by the time of admission to the Site, the Site Medical Leader may assign a Practitioner of Record who shall accept the patient for admission.

6.0.5 The Site Medical Leader may refer any dispute in respect to the admission of a patient, the assignment or designation of a Practitioner of Record, or the assignment or designation of a patient to a particular specialty, service or Site to the Authority CMO for determination. The Authority CMO shall have, at their sole discretion, the authority to make a final determination in respect to any admission, assignment or designation of a patient and may direct any Practitioner, specialty, service or Site to accept the direction. Where so directed by the Authority CMO, the Site Medical Leader, specialty, service, Site and Practitioner, as the case may be, shall accept the direction.

6.0.6 Where there is a dispute in respect to which Site a patient shall be admitted any Site, Medical Leader affected by the admission or a refusal to admit may refer the dispute to the Authority CMO for determination. The Authority CMO shall have, at their sole discretion, the authority to make a final determination in respect to any admission and may direct any Site, Site Medical Leader, specialty, Site and Practitioner to accept the direction. Where so directed by the Authority CMO, the Site, Site Medical Leader, specialty, service and Practitioner, as the case may be, shall accept the direction.

6.0.7 No patient shall be admitted under the care of a Practitioner without that Practitioner's agreement except in accordance with sections 6.0.2, 6.03, 6.04, 6.05 and 6.06.

6.0.8 All patients admitted to Sites require a provisional diagnosis by the Practitioner of Record. The Practitioner of Record shall ensure that determining a definitive diagnosis shall not delay the admission of a patient or otherwise act as a barrier to admission.

6.0.9 Practitioners who intend to admit a scheduled patient to a Site shall book the admission according to established Site admitting procedures and policies.

6.0.10 A patient requiring emergent admission shall be:

(a) assigned to the Practitioner requesting or accepting the admission and care of the patient; or

(i) assigned temporarily to an emergency department Practitioner who may admit the patient and remain the Practitioner of Record, provided that they have the appropriate Privileges;

(ii) admit the patient, then transfer care to another Practitioner provided that the receiving Practitioner is available, accepts the admission and care of the patient, and has the appropriate Privileges; or

(iii) refer the patient prior to admission to another Practitioner who has appropriate Privileges to admit and care for the patient.

6.0.11 Upon admission, the Practitioner of Record shall advise the patient and the staff caring for the patient that they are the Practitioner of Record, and document in the patient's chart that they are the Practitioner of Record. The Practitioner of Record shall provide the patient with an explanation that they are responsible for directing and managing the patient's care.

6.0.12 The Practitioner of Record and any other Practitioner providing care to the patient shall provide sufficient information to staff as may be necessary to ensure the protection of other patients or staff, or to ensure the protection of the admitted patient from self-harm.

6.0.13 The Practitioner of Record shall ensure that they, or if the patient consents another appropriate Practitioner, provides the patient with a full explanation of their diagnosis, any proposed diagnostic, medical or surgical procedure, and shall keep the patient and/or, where appropriate, the patient's family informed of the initial status and any significant changes.

6.0.14 The Practitioner of Record shall ensure that a medical history inclusive of medication, an appropriate physical examination, a provisional diagnosis and plan of action is completed for all patients receiving inpatient care at the time the patient is admitted and in the case of an Emergency, no later than twenty-four (24) hours from admission. The medical history, physical examination, provisional diagnosis and proposed plan of action shall be documented in the patient's chart and shall be signed by the Practitioner of Record.

6.0.15 The Practitioner of Record shall review the admission orders and ensure a management plan, including discharge plan, is recorded in the chart. The Practitioner of Record shall, where appropriate add additional history regarding the present illness, note any special precautions regarding care (such as infectious disease, emotional disturbance, chemical dependency, potential suicide, history of violence or seizures, etc.).If the Practitioner of Record wishes to transfer or withdraw as the Practitioner of Record while medical services are still required, the Practitioner of Record shall arrange for another Practitioner with appropriate qualifications to assume responsibility for the care of the patient. The replacement Practitioner must agree to accept the transfer of care.

6.0.16 The Practitioner of Record shall continue to be responsible for the care of the patient until:

(a) the replacement Practitioner has agreed to accept responsibility;

(b) the Practitioner of Record or their delegate has appropriately notified the other members of the patient's health care team of the identity of the replacement Practitioner of Record;

(c) the replacement Practitioner has been identified in the patient's health record by the Practitioner of Record or their delegate or through other automated systems;

(d) the Practitioner of Record or their delegate has complied with any other standards, processes or requirements established for their transfer or withdrawal by the Authority, Site, or professional regulatory body.

6.0.17 Where a competent patient or their legally authorized representative requests a change of their Practitioner of Record, and if another Practitioner with appropriate qualifications is reasonably available and is prepared to accept the transfer of care, the Practitioner of Record shall cooperate in transferring responsibility for the care of that patient to the other Practitioner with appropriate qualifications. In the event another Practitioner with appropriate qualifications is not reasonably available or no such Practitioner is prepared to accept the transfer of care, the applicable Clinical Medical Leader shall discuss with the patient, or the patient's representative, their options.

6.1 Attendance Upon Patients

6.1.1 Each patient shall receive timely and professional care appropriate to their condition. The frequency of attendance shall be determined having regard to the condition of the patient, the specialty requirements and these Rules.

6.1.2 Attendance upon a patient by the Practitioner of Record, or their designate, shall be as often as is required by the patient's condition and/or as specified by the Site or Authority. The Practitioner of Record shall remain accountable for ensuring that appropriate attendance occurs regardless of whether the responsibilities were delegated to a designate.

6.1.3 Where a patient requests the attendance of the Practitioner of Record, the Practitioner of Record shall attend to the patient within a reasonable period of time.

6.1.4 The Practitioner of Record and/or their designate shall communicate with nursing staff with respect to scheduling rounds or patient reviews in order to facilitate nursing and other health care team members' attendance with the Practitioner. The Practitioner of Record shall remain accountable for ensuring that appropriate communication with nursing staff occurs regardless of whether the responsibilities were delegated to a designate.

6.1.5 The Practitioner of Record shall ensure that during any absence coverage of all their responsibilities are met by an appropriately qualified Practitioner with Privileges and shall identify in the medical record the Practitioner assuming the Practitioner of Record's responsibilities.

6.1.6 In the absence of a mechanism approved by the Authority to ensure clear direction as to which Practitioner is responsible for an inpatient, such as call schedules or attending rosters, or where a Practitioner elects not to participate in a mechanism approved by the Authority, the Practitioner of Record shall:

(a) for absences up to ninety-six (96) hours, inform appropriate individuals of the expected period of absence and the name and means of contacting the replacement Practitioner who shall be covering for the Practitioner of Record; or

(b) for absences of more than ninety-six (96) hours: record on the applicable order sheet the formal transfer of the care of the patient to another Practitioner who has been duly informed and has agreed to accept the patient.

6.2 Practitioner's Orders

6.2.1 Practitioner orders shall be legibly written on the approved form in the medical record, comply with the policies and procedures of the Authority and the applicable Site including the use of abbreviations, symbols and acronyms, and comply with the standards of the applicable professional regulatory body, and shall include:

(a) the date and time of the entry as well as the date and time of the event being documented if different that the date and time of the entry; and

(b) the signature of the Practitioner and their professional designation.

6.2.2 All Medical Staff shall promptly respond to pages, telephone calls, and electronic communications, including inquires made to clarify a Practitioner's orders.

6.2.3 Verbal or telephone orders are only permitted in accordance with the policies of the Authority.

6.2.4 Orders may be faxed if signed by a Practitioner.

6.2.5 In the event of a change in the condition of the patient that requires a change in an order, the Practitioner of Record shall be responsible for ensuring the timely entry of new orders are documented in the patient's medical record to reflect the change in condition.

6.2.6 Existing orders shall be reconciled at all point of care transfers according to the policies and procedures of the Authority and the applicable sites.

6.2.7 Orders for personal care home residents are to be reviewed by the Practitioner of Record with the interdisciplinary team at least once every ninety (90) days.

6.2.8 Any Practitioner, including Practitioners who have Privileges from another Privileging Body, may write orders within the scope of their practice in respect to a patient if:

(a) they have appropriate Privileges;

(b) have been approved by or received privileges from the Authority where the patient is located if different from where the Practitioner normally maintains privileges;

(c) have been requested to participate in the patient's care by the Practitioner of Record; and

(d) if such orders are made in accordance with the policies and procedures of the Authority and the applicable Site.

6.2.9 Practitioners prescribing medication shall comply with the Controlled *Drugs and Substances Act*, the *Narcotic Control Regulations* and other applicable legislation and regulations pertaining to the use of drugs. No drug, whether supplied by a Site or not, shall be administered to a patient without an order from a Practitioner legally authorized to do so.

6.2.10 Trainee Staff shall only prescribe medication if they are registered and approved by their professional regulatory body to prescribe medication and shall do so in compliance with any applicable legislation and regulations.

6.3 Informed Patient Consent

6.3.1 Practitioners shall be responsible for ensuring informed consent is obtained and documented from patients receiving medical procedures, treatments and interventions, including blood and blood products, in a manner consistent with the policies and procedures of the Authority and the applicable Site, as well as any applicable legislation including but not limited to *The Health Care Directives Act*, C.C.S.M. c. H27 and *The Mental Health Act,* C.C.S.M. c. M110.

6.3.2 Where a patient is admitted to a Site, it should be determined if the patient has a health care directive. Upon admission, the Practitioner of Record should discuss the provisions of any health care directive, advance care planning if applicable, and goals of care with the patient and/or their legal representative, and ensure that a copy of any directive or plan is included in the patient's health record.

6.4 Surgical Procedures

6.4.1 Surgical procedures shall be performed by a licensed surgeon with appropriate Privileges except in cases of emergency. Practitioners performing surgeries shall follow all applicable policies and procedures of the Authority and the applicable Site, including the surgical safety checklist.

6.4.2 The Practitioner performing the surgery and the anesthetists shall be in the operating room and ready to commence an operation at the time scheduled for the surgical procedure.

6.4.3 No surgical procedure shall commence unless the following has been completed:

(a) a pertinent history and physical examination;

(b) the report of any consultation required;

(c) the pre-operative diagnosis;

(d) the signed patient consent pursuant to the policies and procedures of the Authority and the applicable Site;

(e) the surgical safety checklist if the procedure is performed in an operating room;

except where the Practitioner confirms in writing that any delay would constitute a serious and immediate threat to the health or safety of the patient.

6.4.4 When a surgical procedure is to be performed by a dentist or oral surgeon, it is the responsibility of the dentist or oral surgeon to arrange coverage by a Practitioner of Record with Admitting Privileges to manage and coordinate the care of any inpatient. For outpatient or day surgeries the dentists and oral surgeons performing the surgery may provide a history and physical examination and the dentist or oral surgeon shall act as the Practitioner of Record.

6.4.5 Surgeries shall be performed with the assistance of a second Practitioner when so required by the policies and procedures of the Authority and the applicable Site.

6.4.6 The Site Medical Leader shall have the authority to determine whether a Practitioner is appropriate to perform surgical assistance in respect to any surgery performed at the Site regardless of whether the surgical assistance is mandatory or permissive and may direct the Practitioner performing the surgery to refrain from proceeding with surgery if the Site Medical Leader determines the assisting Practitioner is not appropriate.

6.4.7 The manager or supervisor of the operating room has the authority to cancel any procedures if there are insufficient operational resources. The operation shall be rescheduled in consultation with the Practitioner of Record with the main considerations being the patient's level of urgency to receive the procedure, the availability of Medical Staff, and the optimum use of the surgical operating rooms.

6.4.8 Before leaving the operating room, the surgeon shall ensure appropriate arrangements are made with respect to any pathology tissues or other material that requires examination pursuant.

6.5 Anesthesia

6.5.1 The anesthesiologist is the Practitioner responsible for administering the anesthetic.

6.5.2 With the exception of minor peripheral nerve blocks, field blocks, and infiltration anesthesia, a Practitioner shall not be both the individual that monitors the anesthesia and the individual that performs or assists the surgical procedure.

6.5.3 The Practitioner administering the anesthesiashall:

(a) complete a preoperative examination of the patient and assess the anesthetic risk;

(b) supervise positioning of the patient in consultation with the surgeon;

(c) ensure that the anesthetic equipment is functioning properly;

(d) complete the anesthetic record;

(e) admit and discharge patients in the post anesthetic recovery area; and

(f) at the request of the Practitioner of Record, make an adequate post-operative examination of any patient who has been given an anesthetic and to make a record of the examination.

6.5.4 The Practitioner administering a general, regional, or monitored intravenous anesthetic, with the exception of an epidural administration for labor and delivery, shall be in attendance in the operating room and remain with the patient during the entire conduct of the procedure until care is transferred to an appropriate care unit, or delegate this responsibility to a qualified designated substitute. All delegations shall first be recorded in the anesthetic record.

6.5.5 If the Practitioner administering a general, regional, or monitored intravenous anesthetic, with the exception of an epidural administration for labor and delivery, leaves the operating room temporarily, they must delegate care of the patient to another anesthesiologist, resident in anesthesia, physician assistants or a clinical assistant, and the Practitioner shall remain responsible for the management of the patient and be on-site and immediately available.

6.5.6 Practitioners shall comply with the By-Laws, standards, and policies of the Authority and their applicable professional regulatory body in respect to patient care when using procedural or conscioussedation.

6.5.7 The supervision of a patient receiving an epidural for labour and delivery may be assigned to an adequately trained nurse where safe to do so. The Practitioner administering the epidural shall remain responsible for the patient. The Practitioner shall document in the health record that the supervision of

the patient was assigned, be present in the Site or otherwise available as may be determined by the policies of the Authority, and be readily accessible by a communication device at all times where the supervision has been assigned to a nurse.

6.6 Transfers of Patients to Another Site for In-Patient Care

6.6.1 It is the responsibility of the Practitioner of Record to ensure that there is an appropriately qualified Practitioner on staff at the receiving facility who is prepared to assume responsibility for the patient's care.

6.6.2 The Practitioner of Record shall be responsible to:

(a) identify the patient who requires transfer;

(b) ensure safe and appropriate arrangements for equipment transportation, and staffing needed to affect the transfer, which may include accompanying the patient; and

(c) provide the relevant medical information in keeping with clinical policies and procedures to the delivering and receiving facilities and the receiving Practitioner.

6.6.3 The Practitioner of Record shall complete a transfer order and/or any other documentation required by the policies and procedures of the Authority and applicable health care facilities immediately prior to or upon patient transfer and shall include at a minimum:

(a) identifying information in respect to the patient, the patient's next of kin and the substitute decision-maker if applicable;

(b) date of admission and discharge;

(c) admission and discharge diagnoses, including major complications;

(d) details of discharge medications, including reasons for giving or altering medications, frequency, dosage and proposed length of treatment;

(e) allergies;

(f) a brief summary of the management of each of the active medical problems during the admission; including major investigations, treatments and outcomes; and

(g) the reason for the transfer, patient disposition and advanced directives.

6.6.5 The Practitioner of Record shall report apparent inappropriate delays and/or concerns to the applicable site's bed manager, Clinical Medical Leader, and/or the Authority's utilization manager.

6.7 Consultations

6.7.1 The Practitioner of Record or the Practitioner who has temporarily assumed care of the patient, may request a Consultation and any Practitioner with appropriate Privileges may provide a Consultation within the area of their expertise.

6.7.2 Physician assistants, clinical assistants and Trainee Staff assigned to the care of a particular patient may request a Consultation.

6.7.3 Requests by a Practitioner for a Consultation shall be recorded in the appropriate Consultation request form and entered into the patient's health record. Requests for Consultations shall include the specific Consultant or service sought, the date and time of the request, the specific reason for the Consultation, a brief history, the degree of urgency and specific timelines in which the Consultation is to be provided based upon the patient's condition and circumstances.

6.7.4 The Consultant is responsible for signing the applicable health care facility's Consultation form or report which shall be entered into the patient's health record. The Consultation form or report shall include the specific Practitioner requesting the Consultation, the date and time of the response, and the assessment, findings and recommendations made by the Consultant.

6.7.5 In addition to requesting and providing a Consultation in writing, the Practitioner requesting the Consultation and the Consultant shall communicate the request and the response to the Consultation by direct verbal communication in all urgent or emergent cases, and as needed.

6.7.6 The Practitioner of Record is responsible for communicating to the Consultant the degree of urgency in respect to a consult. The Consultant is thereafter responsible for completing the Consultation in a timely manner. Where other urgent patient care needs may cause a delay, which may compromise the patient for whom a Consultation is being requested, the Consultant shall verbally advise the Practitioner requesting the consult and may recommend an alternative Consultant.

6.7.7 Any dispute in respect to requesting, receiving or providing a Consultation, including disputes between specialties or the availability of Consultants shall be determined by the Site Medical Leader or designate.

6.7.8 Physician assistants, clinical assistants and Trainee Staff working with a particular Consultant may perform the Consultation provided that the physician assistant, clinical assistant or Trainee Staff indicate that the Consultation has been reviewed with the Consultant, or the Consultant signs the applicable Consultation form.

6.7.9 Consultants may order tests or treatments as set out in the request for Consultation and as appropriate.

6.7.10 The Clinical Medical Leader, Site Medical Leader, or Authority CMO may require a Practitioner with Privileges within their specialty, Site or Health Region, as the case may be, to obtain a Consultation.

6.8 Discharge Planning and Leaving Against Advice

6.8.1 Patient discharge planning shall commence at the time of admission to a Site. Discharge plans and agreements should be made prior to admission for scheduled or planned admissions. It is the responsibility of the Practitioner of Record to anticipate and communicate discharge planning with the Authority's staff, including other relevant health care professionals and social service professionals, as early as possible. Discharge planning shall include discussion with the patient, the patient's family, and a receiving facility or specialty in the event the patient is being transferred. The Practitioner of Record shall ensure timely transmission of sufficient patient information to facilitate safe and responsible care after discharge. Wherever feasible, discharge orders shall be written in advance of the planned day for discharge in order to facilitate the process of discharging the patient.

6.8.2 Patients shall be discharged in accordance with a safe discharge plan and according to the policies and procedures established by the Authority, the applicable Site, and these Rules.

6.8.3 Patients shall be discharged only upon the order of the Practitioner of Record, their designated substitute, the Clinical Medical Leader or Site Medical Leader, and according to the policies and procedures established by the Authority, the applicable Site, and these Rules. Any dispute in regard to whether a patient shall be discharged shall be resolved according to section 6.9.2 of these Rules.

6.8.4 If a competent patient leaves a Site after admission and without a prior discharge order or authorization of the Practitioner of Record or their designate, the Practitioner of Record or designate shall make reasonable efforts to explain the risks associated with leaving to the patient and obtain a written acknowledgement by the patient and/or their legal representative that the patient is leaving against medical advice, and shall record that the patient has left the Site against the Practitioner's advice in the medical record according to the policies and procedures established by the Authority, the applicable Site, and these Rules.

6.8.5 If a competent patient leaves a Site without being seen and a Practitioner of Record has been identified, the Practitioner of Record or designate shall record in the medical record that the patient has left the Site without being seen according to the policies and procedures established by the Authority, the applicable Site, and these Rules.

6.8.6 In addition to completing the discharge order, the Practitioner who discharges or transfers a patient shall complete a discharge summary in a timely manner after discharge that is in accordance with the policies and procedures established by the Authority, the applicable Site and these Rules.

6.9 Patient Flow

6.9.1 Practitioners shall work together, and with the Authority's staff and administration, to ensure inpatient beds are managed in an effective and efficient manner, consider patient safety and in accordance with the policies and procedures established by the Authority, the applicable Site and these Rules.

6.9.2 In the event that the bed utilization manager a n d the Practitioner of Record disagree with respect to bed utilization and management, including patient discharge, the issue shall be reviewed by the Clinical Medical Leader, or Site Medical Leader of the Site. In the event that the matter cannot be resolved after review, the matter shall be referred to the Authority CMO or their designate for determination.

6.10 Patient Death, Autopsies and Pathology

6.10.1 Pronouncement of death is the responsibility of the last attending medical Practitioner and must be made by the last attending medical Practitioner.

6.10.2 As soon as practical following the death of a patient, the Practitioner of Record or their designate shall:

(a) notify the next of kin;

(b) determine whether the chief medical examiner should be notified;

(c) notify the family of the deceased, if reasonably available, of their options to request an autopsy and including, if applicable, the role of the Office of the Chief Medical Examiner;

(d) notify the Site Medical Leader if the body of the deceased patient represents a significant risk to public health or safety;

and the Practitioner of Record shall remain accountable for ensuring that appropriate notification occurs regardless of whether their responsibilities were delegated to a designate.

6.10.3 Unless the medical examiner is required to do so, the Practitioner of Record shall ensure that a medical certificate of death is completed in accordance with *The Vital Statistics Act,* C.C.S.M. c. V60.

6.10.4 A medical examiner shall be notified in all circumstances required by *The Fatality Inquiries Act*, C.C.S.M. c. F52.

6.10.5 Autopsies shall only be performed in compliance with *The Anatomy Act*, C.C.S.M. c.A80, *The Fatality Inquiries Act*, C.C.S.M. c.F52, and any other applicable legislation or regulation.

6.10.6 No autopsy shall be performed on a body without:

(a) direction from the chief medical examiner; or

(b) the consent of the preferred claimant as that term is defined pursuant to *The Anatomy Act*, C.C.S.M. c.A80.

6.10.7 Autopsies shall only be performed by a qualified pathologist unless a Practitioner is engaged by the medical examiner with the prior approval of the chief medical examiner pursuant to *The Fatality Inquiries Act,* C.C.S.M. c.F52.

6.11 Organ and Tissue Procurement

6.11.1 Practitioners shall follow all applicable organ and tissue donation and retrieval policies and procedures of the Authority, the applicable Site, and the provisions of *The Human Tissue Gift Act*, C.C.S.M. c.H180 and regulations.

6.11.2 In the absence of an applicable policy in respect to a Practitioner's obligation to discuss organ donation with patients, it is the responsibility of all Practitioners to facilitate discussions about organ and tissue donation with the patient, the next of kin or the patient's legal representative.

PART VII – GENERAL MATTERS RELATING TO MEDICAL STAFF

7.0 Coverage When Practitioner of Record is Unavailable

7.0.1 Each Practitioner of Record shall ensure safe and effective coverage of their patients when they are not available. Arrangements for covering the care of patients when the Practitioner of Record is unavailable for whatever reason shall be made with a specific Practitioner of Record or where the Practitioner of Record is practicing within in a group, another Practitioner from the group who has appropriate Privileges to properly provide care for the patients.

7.0.2 The responsibilities of the Practitioner of Record shall include ensuring that the Practitioner providing coverage is aware of the patient's condition and is covering the patient.

7.0.3 The Practitioner providing coverage shall be available and able to function as the Practitioner of Record for the patient during the period of unavailability.

7.1 On-Call Coverage

7.1.1 The responsibilities of on-call Practitioners shall include, but are not limited to:

(a) responding appropriately and in a timely manner to calls and requests from other Practitioners and other health care professionals regarding patients for whom they are responsible while on-call, or about whom they have been consulted;

(b) personally, attending to a patient if clinical circumstances are such that it would be appropriate to do so;

(c) being responsible for adverse outcomes in the event the on-call Practitioner is requested to attend the patient by another Practitioner and decides not to attend the patient;

(d) discussing with the referring or consulting Practitioner the urgency of the Consultation and, when possible, offering advice to a referring Practitioner in advance of the on-call Practitioner attending the patient;

(e) working with a referring Practitioner to stabilize the patient and provide urgent care if applicable and as required, and consistent with the level of resources available; and

(f) working with a referring Practitioner to coordinate the timely admission or appropriate transfer of the patient as required and in accordance with the policies and procedures of the Authority and the applicable Site.

7.1.2 Practitioners shall resolve any issues or disputes related to appropriate on-call coverage or schedules. If unsuccessful, the issue or dispute shall be referred to the Clinical Medical Leader for resolution.

7.2 Supervision

7.2.1 In all cases involving supervision of Trainee Staff, clinical assistants, physician assistants, and other applicable staff, the Practitioner of Record must maintain sufficient knowledge of the patient to ensure the patient is

receiving safe and appropriate care, and must remain readily available to assist or intervene if necessary within the timeframes set by the clinical specialty. In the event that the clinical specialty has not established policies, practices or guidelines in respect to timeframes within which the Practitioner of Record must be available, in no circumstances shall the Practitioner of Record be unavailable to assist or intervene for a period greater than ninety (90) minutes inclusive of travel time.

7.2.2 When involved in the education of any staff, Practitioners shall supervise all procedures undertaken by such staff. The degree of supervision shall be consistent with the principles of graded responsibility. If the staff member has obtained and demonstrated the necessary skills, and is considered by the supervising Practitioner to be competent to perform procedures independently, the supervising Practitioner or their designate shall only be required to be available to assist or intervene if necessary.

7.2.3 When involved in the education of staff, Practitioners shall ensure such staff is aware they have the following responsibilities:

(a) to explain their role in the patient's care to the patient and/or their legal representative;

(b) to inform the patient and/or their legal representative of their name and the name of the Practitioner of Record;

(c) to notify the Practitioner of Record and/or the supervising Practitioner when a patient's condition is deteriorating, the diagnosis or management is in doubt, or where a procedure with possible serious adverse effects is planned;

(d) to notify the Practitioner of Record and/or the supervising Practitioner when discharge is appropriate and planned;

(e) to notify the Practitioner of Record and/or supervising Practitioner of all patients assessed on behalf of the Practitioner; and

(f) to assess all referrals and consultations in a timely manner as appropriate to the patient's condition or notify the Practitioner of Record and/or the supervising Practitioner that the demands of the patient exceed their ability to assess referrals and consultations.

7.3 Research

7.3.1 Practitioners are encouraged to participate in and shall support approved research activities.

7.3.2 Practitioners conducting research shall:

(a) abide by the policies and procedures of the Authority and applicable Site that govern research; and

(b) ensure that all overhead and direct costs related to the research are paid to the applicable Site.

7.4 Quality Improvement and Peer Review

7.4.1 All Practitioners shall be responsible for monitoring the quality of patient care and services.

7.4.2 All Practitioners shall comply with the policies and procedures of the Authority and the applicable Site with respect to quality assurance, quality improvement, patient safety and peer review, including but not limited to, participating in any programs regarding patient clinical outcomes,

legislatively mandated reviews, adverse clinical events arising from patient care, and mortality in acute care environments.

7.4.3 The failure of a Practitioner to comply with the policies and procedures of the Authority or Site with respect to quality assurance, improvement and peer review shall be reported to the applicable Clinical Medical Leader who may refer the matter to the Authority CMO. The Authority CMO may direct appropriate educational, disciplinary or other corrective action which may include suspension of Privileges, in whole or in part, until the failure has been resolved all in accordance with the Medical Staff By-Laws.

7.5 Communication

7.5.1 All Practitioners shall comply with the policies and procedures of the Authority in respect to the manner and mode of communications between the Authority

and the Practitioner including any requirement to maintain access and training in respect to any electronic health record systems.

7.5.2 All Practitioners shall:

(a) utilize email addresses approved or issued to the Practitioner by the Authority when communicating with the Authority in respect to administrative matters;

(b) be responsible for regularly monitoring communications made through email addresses approved by or issued to the Practitioner by the Authority; and

(c) respond in a timely manner to communications from the Authority to the Practitioner made through email addresses approved by or issued to the Practitioner by the Authority.

7.5.3 All Practitioners shall be solely responsible for the failure or neglect to regularly monitor and provide a timely response to communications with the Authority regarding administrative matters made through email addresses approved or issued to the Practitioner by the Authority.

PART VIII –RECORDS AND RECORD KEEPING

8.0 Health Records

8.0.1 All health records created and maintained by the Authority are the property of the Authority. The Authority has a legal obligation to protect personal health information pursuant to *The Personal Health Information Act*, C.C.S.M. c.P33.5.

8.0.2 Practitioners shall ensure that they comply with the policies and procedures of the Authority, any applicable Site, *The Personal Health Information Act,* C.C.S.M. c.P33.5 and these Rules in respect to the confidentiality, collection, security, retention, destruction, use and disclosure of personal health information.

8.0.3 Practitioners shall not remove originals of records that contain personal health information from a Site without prior authorization from the Authority or Site.

8.0.4 A completed medical record shall include, but not be limited to, such information as required by the policies and procedures of the Authority, the applicable Site and these Rules.

8.0.5 Except where a patient is being transferred from one Site to another, the admission record, including the case history, physical examination, provisional diagnosis and plan of action, shall be completed by the Practitioner of Record or their designate within twenty-four (24) hours of admission. The Practitioner of Record shall remain accountable for ensuring that is completed appropriately regardless of whether their responsibilities were delegated to a designate**.**

8.0.6 Practitioners shall complete their medical records in as timely a manner as possible and as prescribed in the policies and procedures of the Authority, the applicable Site and these Rules. In the event the policies and procedures or Rules do not set out the time period within which a medical record shall be completed, the medical record shall be completed no later than twenty-one days (21) from the date the medical services were provided.

8.0.7 Practitioners who are retiring or resigning from the Medical Staff shall make reasonable efforts to complete all medical records on or before the last day of attending to the patient but in no event shall a Practitioner complete medical

records for a patient beyond thirty (30) days of providing the notice of retirement or resignation in the event the Practitioner is no longer attending to the patient or subsequent to the effective date of the retirement or resignation from the Medical Staff, whichever is sooner.

8.0.8 If the Practitioner is unable to complete medical records within the required time for any reason including planned absences, the Practitioner shall advise the applicable medical records department and Site Medical Leader in writing in advance of the expiration of the required timeline or prior to the absence, as the case may be. The Site Medical Leader of the applicable Site may grant an extension of the time required for completion of medical records upon the request of a Practitioner in the event that the Practitioner reasonably cannot complete the medical records within the required period due to exceptional circumstances.

8.0.9 The failure to complete medical records and Practitioner orders within the timelines or deadlines established by the policies and procedures of the Authority, the applicable Site, these Rules, or as required by the Site Medical Leader, the applicable health information services staff, or their designate, may result in a suspension of admitting Privileges and/or other Privileges if required until the medical records are completed. A suspension of Privileges on the basis of failing to complete medical records and Practitioner Orders at one Site may result in the suspension of Privileges at other Sites.

8.0.10 The suspension of a Practitioner's Privileges for failure to complete medical records may result in a report to the applicable professional regulatory body.

8.1 Documentation Standards

8.1.1 All Practitioners making entries into a patient's medical record shall include documentation as required by the policies and procedures of the Authority, applicable Site and these Rules.

8.1.2 All medical record entries and orders shall, at a minimum, include:

(a) the date and time;

(b) the signature of the Practitioner; and

(c) the name of the Practitioner and professional designation printed legibly.

PART IX – MISCELLANEOUS PROVISIONS

9.0 Disaster Planning and Emergency Preparedness

9.0.1 All Practitioners shall participate as required by the Authority CMO and/or the Regional Specialty Lead, in emergency and/or pandemic preparedness, planning and implementation work, including the review of communications and other pertinent reading material, in in-person and virtual training, site and regional planning and coordination meetings, and simulation exercises.

9.1 Communicable Diseases

9.1.1 Practitioners shall provide care within their area of expertise to all patients, including those known or suspected of having transmittable infections, including infections that are transmitted during a pandemic. Practitioners shall also ensure that all appropriate precautions are taken to prevent transmission of these infections to others, including themselves.

9.1.2 It is the duty of Practitioners to take appropriate action to protect themselves and patients from known, suspected or possible transmittable infections and conditions, including during a pandemic. Such action shall include compliance with basic infection control strategies, referred to as routine practices (also known as standard or universal blood and bodily fluid precautions), for every patient encounter. Additional precautions may be necessary for patients with pathogens transmitted by contact, droplet or airborne routes, as determined by the Authority's occupational health physician or Authority CMO. Exclusion of a Practitioner from work may also be required based upon a Practitioner's susceptibility to, and potential for transmission of, a communicable disease.

9.1.3 Practitioners shall follow current Infection Prevention and Control (IPAC) protocols and practices, including hand washing and isolation policy and procedures of the Authority and the applicable Site.

9.1.4 The Practitioner of Record shall be responsible for promptly reporting all cases of communicable disease, or any other patient condition which might present a threat to public health, as required by law including *The Public Health Act*, C.C.S.M. c.P210. This notification can be provided by a designated delegate, as approved by the Authority's CMO.

9.2 Long Term Care

9.2.1 Practitioners shall meet the requirements of Manitoba Health's Standards *for Manitoba's Personal Care Homes* in regard to the delivery of medical care to residents of personal care homes.

9.2.2 Practitioners shall complete the required forms for placement as soon as possible but no later than fourteen (14) days of being notified that placement in a personal care home is necessary.

9.2.3 Prior to admission, the current Practitioner of Record shall:

(a) submit a legible, complete and updated medical record;

(b) adhere to the paneling processes, guidelines, protocols and policies of the Authority in respect to admission procedures for personal care homes;

(c) note special precautions regarding the care of the patient in the medical record such as but not limited to infectious disease, emotional disturbance, and risk of aggression;

(d) assess the long-term care resident in regard to the risk of any communicable disease which may pose a risk to staff or other patients and act in accordance with the policies and procedure of the Authority and the applicable Site;

All Practitioners shall also ensure that all appropriate precautions are taken to prevent transmission of infections to others, including to themselves.

9.2.4 Upon admission to a personal care home:

(a) every resident of a personal care home shall be attended by a member of the Medical Staff who has Admitting Privileges to long term care and who has primary responsibility for the care of the resident as the Practitioner of Record; and

(b) the Practitioner of Record shall discuss advance care planning with the resident of a personal care home, their family, and/or legal representative either prior to or shortly after admission. Choices for care, including resuscitation when stated, should be documented in the medical record.

9.2.5 Attending to residents of personal care homes:

(a) the Practitioner of Record shall attend to all residents of personal care homes within seven (7) days of admission and thereafter every ninety (90) days, or more frequently if clinically indicated;

(b) the Practitioner of Record shall participate in a documented interdisciplinary assessment of the resident of a personal care home within eight (8) weeks of admission and thereafter on an annual basis;

(c) the Practitioner of Record shall respond to inquiries from personal care home staff about the resident of a personal care home in an appropriate and timely manner;

(d) progress notes shall be recorded in the medical record by the Practitioner at each visit and at least once every ninety (90) days. If the resident of a personal care home is seen in the Practitioner's private office, then the Practitioner shall forward to the applicable Site all relevant notes, reports, results and treatment orders arising from the visit;

(e) the Practitioner of Record shall carry out a medication review every ninety (90) days or more frequently if appropriate;

(f) the Practitioner of Record shall visit the resident of a personal care home within seven (7) days of the resident returning from acute care and provide an update in the resident's medical record detailing changes in physical findings, health status and plans for the resident;

(g) if in the opinion of the nurse in charge, the condition of the resident of a personal care home changes significantly, the Practitioner of Record shall be informed and shall act according to the urgency of the situation.

PART X – PANDEMIC OUTBREAK

10.0 Pandemic Outbreak

10.0.1 During a pandemic, a coordinated approach to outbreak management will be developed and implemented within LTC/PCHs, which may involve the Regional LTC/PCH Medical Lead (or Regional Chief Medical Officer) and/or the LTC/PCHs Site Medical Lead or designated Infection Prevention and Control (IPAC) Practitioner providing on site outbreak/pandemic care, in addition to Site administration and/or the Practitioners involved in regular care of the LTC/PCH residents.

During a pandemic, such a coordinated approach to outbreak management may include but is not limited to:

a) a site command structure ("Incident Command") being established which may involve, where appropriate, the Regional and Site Medical Leads as well as Site Practitioners;

b) working with Provincial Public Health and Infection Prevention and Control Leads and Site/Regional administration, to help ensure the care needs of the LTC/PCH residents are met;

c) Incident Command meeting rapidly, following the declaration of an outbreak during a pandemic, to review the recommended plan for care of the LTC/PCH residents, which plan may include:

i. review of the frequency of onsite medical care needed, including thresholds to trigger daily onsite care of PCH/LTC residents;
ii. additional team members (allied health and emergency response providers) needed to support daily visits and on -site care;
iii. discussion with family and LTC/PCH residents related to updated care plans and expectations with respect to LTC/PCH resident care;
iv. management of and adjustments needed to site/regional care plans;
v. working closely with staff at the LTC/PCH Site to ensure continuous, appropriate and safe care of LTC/PCH residents;
vi. meeting regularly to problem solve and respond to the pandemic.

d) Subject to any additional guidelines or exceptions being provided by the Regional LTC/PCH Medical Lead which would be informed by direction received from the Provincial Incident Command Structure (e.g. whether virtual visits may be used in place of in-person visits for rural sites covered by one physician), the following thresholds for care will be implemented at PCH/LTC sites:

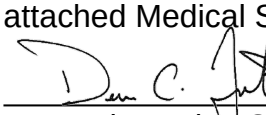
i. When the first PCH/LTC resident tests positive during an outbreak, that will trigger the provision of on-site visitation at least three times a week by a Practitioner (Physician or Nurse Practitioner), to the resident's PCH/LTC site.
ii. If more than three (3) residents (not staff) test positive at a PCH/LTC site within a week, that will trigger the provision of daily visitation by a Practitioner (Physician or Nurse Practitioner) at the PCH/LTC site.

Refer to the Roles & Responsibilities of Medical Leadership and Medical Staff during a Pandemic / Serious Outbreak document which can be located on Shared Health Inc.'s LTC website for further outbreak management guidance.

Shared Health Inc.
Medical Staff Rules and Regulation

MEDICAL CLINICAL LEADERSHIP COUNCIL

Our signatures, affixed this 9th day of December, 2022 shall hereby indicate approval by the Medical Clinical Leadership Council of the attached Medical Staff Rules and Regulations of the Shared Health Inc.

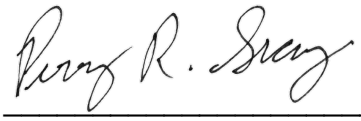


Dr. Denis Fortier, Chair

CHIEF EXECUTIVE OFFICER APPROVAL

Our signatures, affixed this 14th day of December 2022 shall hereby indicate approval by the undersigned of the attached Medical Staff Rules and Regulations of Shared Health Inc.

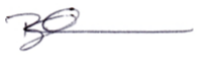
Mr. Adam Topp, CEO



Dr. Perry Gray, CMO

BOARD OF DIRECTORS APPROVAL

Our signatures, affixed this 23rd day of December, 2022 shall hereby indicate approval by the undersigned of the attached Medical Staff Rules and Regulations of Shared Health Inc.



Dr. Brenna Shearer, Chair