

Purpose

Melbourne Day Surgery aims to provide a high standard of medical care for its patients undergoing Ophthalmic procedures.

These By-laws are the management policies approved by the MAC which apply to all Credentialed Medical Practitioners (CMP).

The MAC recognises that the primary therapeutic relationship is between the admitting CMP and the patient.

Process

The use of Melbourne Day Surgery's facilities by Credentialed Medical Practitioner's is subject to the credentialling and scope of practice of individual practitioners and acceptance of these By-Laws.

Clinical Guidelines

1 Patient rights and responsibilities

CMPs will adhere to the principles of the Australian Charter of Healthcare Rights.

2 Management of care

An CMP is required to provide professional services with due skill, care and diligence in undertaking the responsibilities of preoperative diagnosis and care, the selection and performance of the appropriate operation or procedure, and postoperative surgical care.

3 Attend/Review patients

CMPs are required to ensure that all reasonable requests by staff are responded to in a timely manner and in particular, patients are promptly attended to when reasonably requested by staff for valid clinical reason.

4 Admission Criteria

CMPs must adhere to the Facility's admission criteria at all times including the Exclusion criteria.

5 Consent

Explanation of the nature and risks of an operation is essential and is to be undertaken personally by the CMP. The practitioner admitting the patient must ensure that consent for any procedure or anaesthetic is documented (and signed by both the patient and AMP) on the Facility's consent form prior to commencement of the procedure or anaesthetic.

6 Informed Financial Consent and Fee Conduct

CMPs must conform with accepted standards of Informed Financial Consent. AMPs also agree, in line with the Royal Australasian College of Surgeons Code of Conduct, to ensure that the professional fees charged to patients are justifiable and reasonable and do not exploit a patient's need or take financial advantage of the patient.

7 Medication Management

CMPs must write all medication orders in the patient's medical record as well as completing any necessary prescription forms. Where medication is ordered by telephone, the order is to be provided to the Registered Nurse and her/his witness, and the order is to be subsequently confirmed and signed for on the day, or otherwise as required by law.

8 Medical record documentation

An CMP must ensure that patient medical records are adequately and accurately maintained, including that they:

Satisfy the standards required by NSQHSS accreditation practices and government legislation; Include all information and discharge instructions reasonably necessary to allow the day surgery to care for patients.

9 Allocation and use of operating room sessions

Sessions shall be allocated to CMPs by management as it sees fit, taking into consideration the available times and the business needs of the Facility. AMPs are expected to have arrived in the facility and be ready to commence their operating session at the agreed time. In the event of unavoidable delay, the facility should be notified as soon as possible.

10 Admitting details

The patient's name, provisional diagnosis, the nature of the operation to be performed, the patient's age, telephone number, health insurance details etc. shall be notified to the day surgery by the CMP or CMP delegate before a booking for admission can be confirmed. The nature of the planned anaesthetic and the name of the anaesthetist should also be advised.

11 Cancelling an operating session

If an operating session is required to be cancelled notice shall be given to management as soon as possible.

12 Anaesthesia

For surgery involving the use of regional, general anaesthesia and/or sedation to commence, it is a requirement that an accredited anaesthetist is present in the hospital and prepared to be responsible for the patient up until the patient meets discharge criteria.

The CMP performing the surgery must be present in the facility before the anaesthetic or sedation is commenced.

13 Adherence to Policies and Procedures

All CMPs will adhere to the Day Surgery policies and procedures, National Safety and Quality Health Service Standards, Infection control policies and guidelines.

14 Pathology

CMPs must ensure that copies of all pathology reports relating to a patient's admission are supplied to the Facility for its records as soon as practicable.

15 Emergency situations

In the event of an emergency involving a patient where the CMP cannot be contacted immediately, the DON or their delegate shall take whatever action is necessary in the best interest of the patient. The CMP will be notified as soon as possible and ongoing care of the patient will remain the CMP's responsibility.

16 Discharge of Patients

Discharge instructions and operation records are required to be completed by CMP in a timely manner and all information reasonably necessary to safely discharge a patient.

If overnight care is required, the discharge plan must be communicated to the facility prior to admission and any changes notified as soon as possible.

CMPs must advise the Director of Nursing in writing of any changes to their contact details (including mobile telephone numbers, email and postal addresses along with the contact details for any locum practitioners responsible in the event of the CMP being unavailable in an emergency

17 Confidential information

Every CMP must keep confidential the following information:

- Business information concerning the Company or the Facility;
- Information concerning the insurance arrangements of the Company;

- The proceedings relating to the accreditation and determination of Scope of Clinical Practice of the medical practitioner;
- Discussions relating to performance of any CMP;
- Sentinel events and clinical incidents;
- Information concerning any patient or member of the staff of the Facility.

The confidentiality requirements of these By-Laws prohibit the recipient of the confidential information from using it, copying it, disclosing it to someone else, reproducing it or making it public.

18 When confidentiality can be breached

The confidentiality requirements of these By-Laws do not apply in the following circumstances:

- Where disclosure is required by law;
- Where disclosure is required by a regulatory body in connection with the CMP or the Facility;
- Where the person benefiting from the confidentiality consents to the disclosure or waives the confidentiality;
- Where disclosure is required in order to perform any requirement of these By-Laws.

Confidentiality obligations continue

- The confidentiality requirements of these By-Laws continue with full force and effect after the CMP ceases to be accredited.

19 Medical Advisory Committee

The role of the MAC is to:

- *Reviewing quality & safety data/performance and contributes to the safety and quality of the health service including evidence of review of compliance with policies and procedures and outcomes from clinical and health and safety audits.*
- Credentialing and re-credentialing of medical practitioners including but not limited to:
 - Providing advice on the minimum credentials necessary for a medical practitioner to fulfil competently the duties of a specific position or a scope of clinical practice within the health service.
 - Considering each medical practitioner's credentials and performance in the context of the organisation's needs and capability and recommendation of the scope of clinical practice that is appropriate.
 - The re-credentialing of medical practitioners at least 3 yearly.
- Advise management on medical equipment and resources and the impact of patient safety in business making decisions.
- Review the Risk Register *including safety and quality risks*

- Regular review of Infection Control management including review of hand hygiene audits, *infection control audits* and infection rates response should they occur
- Antibiotic stewardship/
- Input into the review and update of *clinical* policies and procedures related to *patient* care including any medication protocols and nurse-initiated medications
- Review and make recommendations following patient adverse events/clinical incidents, *complaints and key trends, actions being taken in response to these issues and variations.*
- Review reports from other meetings (staff meetings, management review meeting)
- *Consumer Engagement, Consumer/Staff Feedback and Complaints*
- Regulatory changes and other changes that may impact on the quality system
- Actions from previous meetings
- *Review clinical variations, key performance indicators and benchmarking.*
- *Receive a briefing on externally published reports on the organisation's performance*

20 Appointment of Medical Practitioner

The Medical Advisory Committee is responsible for the review and approval of all Medical Practitioners. Applicants must complete an Application for Credentialing form and provide 100 points of identification, national police history check, original qualifications or certified copies, current AHPRA registration, current medical indemnity insurance that reflects scope of practice, current CV, CPD evidence, staff health form and 2 professional referees that must work largely within the speciality of the applicant and be in a position to judge performance during the previous 3 years. Successful applicants will be assigned clinical privileges for the speciality requested for a term of three years. At the end of the three year term, a Re-application for Credentialing Form must be completed.

Successful applicants will be advised in writing to confirm their clinical privileges and scope of practice. If a change in scope of practice is sort, a complete credentialing application for the proposed new service / change in scope of practice must be completed and will be submitted to the MAC for consideration. The applicant must provide evidence of Medical Indemnity insurance that covers the change, additional procedure qualifications or experience related to the requested change and CPD evidence.

All Medical Practitioners must notify the Director of Nursing immediately if any conditions have been placed on their Medical Registration or any other changes to registration or insurance occur. All credentialed Medical Practitioners agree to participate in performance reviews to ensure their competence in the practice that they undertake.

21 Open Disclosure

MDS has a policy of open disclosure for all clinical adverse events and follows the open disclosure principles of the Open Disclosure Standard 2011 Australian Commission on Safety and Quality in Healthcare. It is the responsibility of the Credentialed Medical Practitioner to complete the Open Disclosure Procedure if required.

22 Antimicrobial Stewardship

It is the policy of MDS that prescribing of antibiotics will be in accordance with Therapeutic Guidelines for Antibiotics and the approved list of antibiotics for use at MDS as per our Antimicrobial Stewardship policy. Therapeutic Guidelines are available electronically onsite as part of ETG Complete.

23 Quality & Safety

CMPs are expected to contribute to the ongoing quality and safety of the day surgery by participation in the quality management program through peer review, collection of relevant clinical indicators, completing incident reports, review of policies and procedures and assistance with quality and safety activities as required.

24 Partnering with Consumers

Patients and their carers are to be involved in treatment planning, shared decision making, informed consent and all aspects of their care in relation to the treatment being provided, pre-admission and discharge planning. They must be provided with adequate written information for pre-procedure instructions and information and discharge information including contact phone numbers in case of an emergency or any concerns.

Patient goals of care and individual needs should be taken into consideration when care planning commences

Related Policies and Forms

Medical By Laws

Credentiailling of Medical Practitioners

Clinical Governance

Legislation, Standards and References:

- National Safety and Quality Health Service Standards Version 2 Standard 1
- Credentialing and defining the scope of clinical practice for medical practitioners 2011
- ACSQH [Credentialing health practitioners and defining their scope of clinical practice: a guide for managers and practitioners](#)
- Safer Care Credentialing and scope of clinical practice for senior medical practitioner's policy April 2020
- AHPRA