



# CENTRAL ZONE MEDICAL STAFF RULES

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ZMAC Approved: 21 November 2012  
PPEC Approved: 16 January 2013  
CMO Approved: 06 January 2014

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## **PART 1 – GENERAL PROVISIONS**

### **1.0 PREAMBLE**

- 1.0.1 The Central Zone Medical Staff Rules govern the conduct of the Medical Staff in the Central Zone of Alberta Health Services in accordance with the Alberta Health Services (AHS) Medical Staff Bylaws (The Bylaws) and AHS Medical Staff Rules (The Rules). In any situation where the Rules conflict with the Bylaws, the Bylaws govern.
- 1.0.2 While subservient to The Bylaws and The Rules, the Central Zone Rules (CZ Rules) specify the organization and standards for Medical Staff appointed in the Central Zone and provide a framework for the development of specific details particular to individual levels and sites of implementation.
- 1.0.3 The Central Zone Medical Staff Rules relate to those matters that the Central Zone Medical Administrative Committee (CZMAC) and the Central Zone Medical Director (CZMD) agree are deemed necessary for Patient care and the conduct of the Central Zone Medical Staff as per The Bylaws 1.5.1. and The Rules 2.14.3.
- 1.0.4 New Zone Rules or amendments to Zone Rules may be proposed by any member of the Central Zone Medical Administrative Committee. Upon consideration, the Central Zone Medical Director and Central Zone Medical Administrative Committee forward a recommendation to approve, amend (if applicable) or reject the proposed new or amended Central Zone Rule(s) to the Provincial Practitioner Executive Committee (PPEC) as per The Bylaws 1.5.4.
- 1.0.5 In the Central Zone, four principles guide the development and implementation of general and individual rules:
- Rules should be made in the best interest of patients.
  - Development of details for implementation of these rules is best done Facility by Facility and Department by Department.
  - Decision making about rules must recognize the limits of resources and other contextual factors.
  - Rules shall include a process of appeal and arbitration for dispute resolution.
- 1.0.6 In the Central Zone, the development and implementation of rules for the Medical Staff of a particular Central Zone Clinical Department, Section or Facility may be delegated to the concerned Central Zone Department, Section or Facility. All such rules are submitted to for inclusion in the Central Zone Medical Administrative Committee Consent Agenda, or for inclusion in the Central Zone Medical Administrative Committee regular agenda at the discretion of the Central Zone Medical Director.

- 1.0.7 In the Central Zone, where agreement on a matter for Medical Staff of a particular Central Zone Clinical Department, Section or Facility can not be reached at that level, the Central Zone Medical Administrative Committee will be asked to establish a ruling on such an issue. To facilitate this process the Central Zone Medical Director will review the issue and submit a recommendation to the Central Zone Medical Administrative Committee prior to their deliberation.
- 1.0.8 As per The Bylaws 2.6.5 (and 2.0.2.2), Central Zone facility-level Medical Staff Rules must fit within the standards of the Medical Staff Rules of the Central Zone Clinical Departments.
- 1.0.9 The Central Zone Rules shall be reviewed by the Central Zone Medical Administrative Committee at least once in each three year period from the date of most recent adoption or more frequently as required in accordance with the Bylaws 1.5.2.

## **1.1 DEFINITIONS**

- 1.1.1 Unless otherwise provided herein, all defined terms have the same meaning as that ascribed to them in the Definitions sections of the Bylaws and the Rules and are subject to any amendments to the Bylaws or the Rules.
- 1.1.2 In the Central Zone, the Medical Staff who serve within one facility, when meeting as a group are referred to as the Facility Medical Staff Committee (FMSC). In larger facilities, this group may be divided into sub-groups according to service.

## **PART 2 – ORGANIZATIONAL STRUCTURE OF CENTRAL ZONE**

### **2.0 GEOGRAPHIC DIVISIONS**

- 2.0.1 The Central Zone Medical Staff serve within communities and Alberta Health Service medical facilities in an area of Central Alberta defined by Alberta Health Services as the Central Zone and under the leadership of the Central Zone Medical Director whose appointment, accountability, responsibility and duties are defined by The Bylaws 2.3.
- 2.0.2 The Central Zone is divided, for administrative purposes, into three sub-zones described as Central Zone North, Central Zone South and Red Deer Metro—each under the leadership of an Associate Zone Medical Director whose appointment, accountability, responsibility and duties are defined by The Bylaws 2.4.
- 2.0.3 Central Zone North and Central Zone South are both divided further into four community areas each under the leadership of a Community Medical Director whose appointment, accountability, responsibility and duties are defined by The Bylaws 2.5. Red Deer Metro has one Community Medical Director, responsible for oversight of community physician service provision.

- 2.0.4 Each community area includes several facilities, each under the leadership of a Facility Medical Director whose appointment, accountability, responsibility and duties are defined by The Bylaws 2.5. In some cases, one person fills the role of both Community Medical Director and Facility Medical Director. Where there is no Facility Medical Director, responsibilities of that position lay with the Community Medical Director of the community area in which that facility is located.
- 2.0.5 Each Central Zone Facility shall have a Central Zone Facility Medical Staff Committee (FMSC):
  - 2.0.5.1 Each Facility Medical Staff Committee meets at least four (4) times per year.
  - 2.0.5.2 Facility Medical Staff meetings are organized under the leadership of the Facility Medical Director who is responsible for the meeting schedule, agenda and minutes.
  - 2.0.5.3 A quorum for an FMSC meeting shall be fifty percent plus one of the members entitled to be present and vote. This and other aspects of an FMSC meeting are as specified in The Rules 2.8.1.7.
  - 2.0.5.4 Facility Medical Staff, in their meetings, consider matters particular to that Facility and management at the local level. This includes facility level Medical Staff rules, and plans for Medical Staff participation in the Disaster Preparedness Plan for that facility.
  - 2.0.5.5 Minutes of all Facility Medical Staff meetings are submitted for inclusion in the Central Zone Medical Administrative Committee Consent Agenda.

## **2.1 CLINICAL DEPARTMENTS**

- 2.1.1 Central Zone Medical Staff members are each appointed primarily to a Central Zone Clinical Department, established and organized as per The Bylaws 2.6 and Appendix F of the Rules, and led by a Department Head whose appointment, accountability, responsibility and duties are defined by The Bylaws 2.7.
- 2.1.2 Some Central Zone Clinical Departments are divided into Clinical Sections or grouped into Clinical Programs and led by Clinical Section Chiefs or Program Directors as per The Bylaws 2.6.4 and 2.6.8 and The Rules 2.6 and 2.7 respectively.
- 2.1.3 The Central Zone Clinical Programs, Departments and Sections are listed in Part 5 of these rules as per The Bylaws 2.6.6.2.
- 2.1.4 Each Central Zone Clinical Department has an Executive Committee with membership and Terms of Reference as per The Bylaws 2.6.7.
- 2.1.5 Each Central Zone Clinical Department and/or Section will hold not less than six (6) meetings per year in application of The Bylaws 2.6.9.
- 2.1.6 Minutes of all Central Zone Clinical Department and Section meetings (and Executive Committee meetings) are submitted to the Central Zone Medical Director for inclusion in the Central Zone Medical Administrative Committee Consent Agenda.

## **2.2 CLINICAL LEADERSHIP**

- 2.2.1 In the Central Zone, a search committee process similar to that described in The Bylaws 2.7.1.3 is used to provide advice to the Central Zone Medical Director on making appointments to medical leadership positions in the Central Zone.
- 2.2.2 Selection processes for medical leadership positions in the Central Zone will involve Search Committees according to the principles in The Bylaws 2.1.1. These committees make recommendations to the Central Zone Medical Director who may or may not accept those recommendations.
- 2.2.3 The composition of these committees will be as follows (members may suggest designates, who must be confirmed by the Central Zone Medical Director prior to the search Committee meeting):
- 2.2.3.1 For Zone Clinical Department Heads, 5 or 6 members including:
- Associate Zone Medical Director or designate
  - Program Medical Director (for Departments organized into Programs)
  - Incumbent Zone Clinical Department Head
  - One or two Department appointees identified in collaboration with the Central Zone Medical Staff Association Executive
  - AHS Central Zone Senior Vice President or designate
- 2.2.3.2 For Zone Clinical Section Chiefs, 4 or 5 members including:
- Zone Clinical Department Head or designate
  - Incumbent Zone Clinical Section Chief
  - One or two Department appointees identified in collaboration with the Central Zone Medical Staff Association Executive
  - AHS Central Zone Vice President or designate
- 2.2.3.3 For Associate Zone Medical Directors, 5 members including:
- Incumbent Associate Zone Medical Directors (2) or designate(s)
  - President of Zone Medical Staff Association or designate
  - one physician at large identified in collaboration with the Central Zone Medical Staff Association Executive
  - AHS Central Zone Senior Vice President or designate
- 2.2.3.4 For Community Medical Directors, 5 members including:
- Associate Zone Medical Director
  - Incumbent Community Medical Director
  - One Facility Medical Director from a Central Zone facility in that community area
  - One community physician inclusive to that community area
  - AHS Central Zone Vice President or designate

- 2.2.3.5 For Facility Medical Directors, 4-5 members including:
- a) Community Medical Director or designate
  - b) Incumbent Facility Medical Director
  - e) One or two Medical staff from that facility identified in collaboration with the Central Zone Medical Staff Association Executive
  - c) AHS Central Zone Director or designate
- 2.2.4 Central Zone medical leaders must have a Zone-wide perspective and an approach to leadership of contributing to the broader vision. Leaders will be supported in, and must subscribe to, leadership development opportunities.

## **PART 3 – PROCESSES OF MEDICAL STAFF APPOINTMENT AND CLINICAL PRIVILEGE**

### **3.0 PRACTITIONER WORKFORCE PLAN AND RECRUITMENT**

- 3.0.1 The Central Zone Practitioner Workforce Plan, updated annually, provides information and projections for the recruitment and retention of a sufficient number and appropriate mix of Practitioners with the required skill sets and in the required communities and Sites of Clinical Activity in the Central Zone in accordance with The Rules 3.2.1.
- 3.0.2 The Central Zone Practitioner Workforce Plan considers the needs of each Central Zone Facility as recommended through each Central Zone Clinical Department Executive Committee and reviewed by the Central Zone Medical Administrative Committee.
- 3.0.3 Positions within the Central Zone Practitioner Workforce Plan have been initially identified by Central Zone Clinical Departments, Clinical Sections or Facilities, and categorized as either new or replacement positions and resource-neutral or resource-requiring as per a completed Impact Analysis that identifies required resources and operational impact.
- 3.0.4 Recruitment for positions within the Central Zone Practitioner Workforce Plan is co-managed by the Central Zone Medical Affairs Department in consultation and collaboration with the relevant Central Zone Clinical Department Head or designate, relevant Central Zone Community and Facility Medical Directors, and relevant Central Zone Community Retention and Recruitment Committee.
- 3.0.4.1 Review of applicants' training, experience and qualifications (CV) is the responsibility of the relevant Central Zone Clinical Department Head or designate (e.g. ZCSC, CMD, FMD), and must be attended to in such a manner as to expedite recruitment procedures as specified in The Bylaws 3.3 and 3.4, and particularly The Bylaws 3.3.3 and 3.4.3-3.4.5.
- 3.0.4.2 Details of the tri-partite approach to recruitment in the Central Zone are included in Appendix A: Central Zone Recruitment and Retention.

- 3.0.5 It is the responsibility of Central Zone Departments, Sections and Facilities to manage the supply of locum services in the event of such need. They may be assisted by Central Zone Medical Affairs.

### **3.1 PRACTITIONER ACCOUNTABILITY**

Each Practitioner in the Central Zone is accountable to his/her Zone Clinical Department Head or designate in the first instance for the responsibilities and obligations contained in The Bylaws and The Rules in accordance with The Rules 3.3. At the Facility level, accountability is delegated to, and managed by, the Facility Medical Director. Where there is no Facility Medical Director, responsibilities of that position lay with the Community Medical Director of the community area in which that facility is located.

### **3.2 MEDICAL STAFF APPOINTMENT AND CLINICAL PRIVILEGES**

- 3.2.1 In the Central Zone, the processes for Medical Staff appointment and clinical privileges are managed by the Central Zone Medical Affairs Department in consultation with and under the direction of the relevant Zone Clinical Department Head or designate as per the conditions of The Bylaws 3.1 to 3.3 and of The Rules 3.4.

3.2.1 Privileges:

- 3.2.1.1 In the Central Zone, physicians appointed to the Central Zone Clinical Department of Family Medicine with active status and under no restriction, may have reciprocal privileges in any Central Zone Facility designated or considered to be rural, for the purpose of providing locum service for up to ten (10) days with appropriate notice to the Central Zone Medical Director and Central Zone Medical Affairs.
- 3.2.1.2 In the Central Zone, physicians appointed to the Central Zone Clinical Department of Family Medicine with probationary status and under no restriction, may request reciprocal privileges in any Central Zone Facility designated or considered to be rural, for the purpose of providing locum service for up to ten (10) days with the approval of the Central Zone Medical Director and appropriate notice to Central Zone Medical Affairs.
- 3.2.1.3 In the Central Zone, non-Family Medicine Specialist Physicians with active status and under no restriction may have reciprocal privileges for consultation in another Central Zone facility upon their request and with approval of the Facility Medical Director, the appropriate Clinical Department Head and the CZMD and with appropriate notice to Central Zone Medical Affairs. Should that facility not have appropriate (cost neutral) resources for that specialty, a review for such a service must consider the Central Zone Operational Plan for service provision.

### **3.3 PERFORMANCE ASSESSMENT**

- 3.3.1 In the Central Zone, the process of Performance Assessment for Probationary Staff is the responsibility of the relevant Central Zone Clinical Department Head and may be delegated to the Practitioner's most immediate physician leader from among the appropriate Central Zone Clinical Section Chiefs, Associate Zone Medical Directors, Community Medical Directors or Facility Medical Directors.
- 3.3.2 In the Central Zone, the Practitioner may request an alternate member of the Central Zone Medical Leadership to undertake their assessment as mutually agreed with the Central Zone Medical Director.
- 3.3.3 The Performance Assessment is intended to generate a collegial discussion at the local level and with the Central Zone Medical Director if necessary.

### **3.4 PERIODIC REVIEW**

- 3.4.1 In the Central Zone, the process of Periodic Review for Active or Locum Medical Staff is the responsibility of the relevant Central Zone Clinical Department Head and may be delegated to the Practitioner's most immediate physician leader from among the appropriate Central Zone Clinical Section Chiefs, Associate Zone Medical Directors, Community Medical Directors or Facility Medical Directors.
- 3.4.2 In the Central Zone, the Practitioner may request an alternate member of the Central Zone Medical Leadership to undertake their review as mutually agreed with the Central Zone Medical Director.
- 3.4.3 The Periodic Review is intended to generate a collegial discussion at the local level and with the Central Zone Medical Director if necessary.

### **3.5 NEW PRACTITIONER ORIENTATION**

In the Central Zone, each new Practitioner shall receive orientation to Alberta Health Services and his/her sites of Clinical Activity. This is a joint responsibility of the Practitioner, Central Zone Medical Affairs and the relevant Central Zone Clinical Department Head(s) and Central Zone Facility Medical Director(s) in accord with The Rules 3.7.

## **PART 4 –ZONE MEDICAL STAFF RESPONSIBILITIES**

### **4.0 GENERAL RESPONSIBILITY**

- 4.0.1 All Practitioners must adhere to the Bylaws and Rules regarding Medical Staff responsibilities.
- 4.0.2 All Practitioners appointed in the Central Zone must adhere to Central Zone Rules which further qualify or particularize responsibilities specified in The Bylaws and The Rules to the Central Zone in general or to an individual Department, Section or Facility in the Central Zone.

### **4.1 ATTENDANCE ON PATIENTS**

- 4.1.1 All Practitioners must adhere to the Bylaws and Rules regarding attendance on patients as defined by The Rules 4.2.
- 4.1.2 In the Central Zone, at the Department, Section or Facility levels, special arrangements with Medical Staff colleagues regarding attendance on patients in certain circumstances are acceptable as long as this is pre-arranged and appropriate clinical summaries are in place for transferring care. Attention to resource utilization including appropriate discharge of patients must be addressed in these arrangements.

### **4.2 ON CALL SCHEDULES AND COVERAGE**

- 4.2.1 In the Central Zone, specific arrangements for establishing and maintaining on call schedules and coverage are jointly agreed by the Medical Staff of each Facility and Department—according to the conditions of The Bylaws 4.1.3 and 4.2.7 and of The Rules 4.11—and shall be included in that Department’s or Facility’s Medical Staff Rules.
- 4.2.2 Practitioners appointed to a rural facility in the Central Zone must subscribe to the on-call service provisions for that facility in an equitable rotation.
  - 4.2.2.1 Details of on-call service provision must be included in each Facility Medical Staff rules, and may be divided according to service type: e.g. emergency, general call, call for obstetrical services, call for inpatient care, and call for long term care.
  - 4.2.2.2 Specific exceptions to the on-call rotation may be negotiated with Medical Staff colleagues who agree to sign a time-limited waiver of agreement to the exceptions subject to approval of the FMSC.

### **4.3 TRANSFER OF CARE**

In the Central Zone, specific arrangements for transfer of care within the facility are jointly agreed by the Medical Staff of each Facility, department or section—according to the conditions of Article 4.15 of the Rules—and included in the Medical Staff rules for that Facility, department

or section. A Transfer of Care Protocol Development Guide has been prepared and circulated by the Central Zone Clinical Department of Family Medicine.

#### **4.4 PRACTITIONER ORDERS & PATIENT HEALTH RECORDS**

- 4.4.1 All Practitioners must adhere to the specifications of The Bylaws 4.1.4 and 4.2.4 d) and The Rules 4.3 regarding Orders, specifically as to clarity, legibility and appropriate, timely signatures.
- 4.4.2 In the Central Zone, in addition to the conditions of The Rules 4.21.4, Practitioners who fail to complete Patient health records to the point of being curtailed, may be invited to the Central Zone Medical Administrative Committee to provide an explanation.

### **PART 5 – INDIVIDUAL CLINICAL DEPARTMENT’S, SECTION’S OR FACILITY’S RULES**

The rules for each Clinical Department and Section and for each Facility Medical Staff Committee in the Central Zone are appended to this document according to the following lists:

#### **5.1 CENTRAL ZONE CLINICAL DEPARTMENTS AND CLINICAL SECTIONS**

- 5.1.1 Clinical Department of Anesthesia
- 5.1.2 Clinical Department of Diagnostic Imaging
- 5.1.3 Clinical Department of Emergency Medicine
- 5.1.4 Clinical Department of Family Medicine
- 5.1.5 Clinical Department of Internal Medicine
- 5.1.6 Clinical Department of Laboratory Medicine
- 5.1.7 Clinical Department of Mental Health
- 5.1.8 Clinical Department of Obstetrics
- 5.1.9 Clinical Department of Pediatrics
- 5.1.10 Clinical Department of Surgery

#### **5.2 CENTRAL ZONE FACILITY MEDICAL STAFF COMMITTEES**

##### **5.2.1 Central Zone North**

- |                        |                           |
|------------------------|---------------------------|
| 5.2.1.1 Lamont FMSC    | 5.2.1.4 Vegreville FMSC   |
| 5.2.1.2 Two Hills FMSC | 5.2.1.5 Vermillion FMSC   |
| 5.2.1.3 Tofield FMSC   | 5.2.1.6 Llyodminster FMSC |

- 5.2.1.7 Wainwright FMSC
  - 5.2.1.8 Viking FMSC
  - 5.2.1.9 Camrose FMSC
  - 5.2.1.10 Daysland FMSC
  - 5.2.1.11 Killam FMSC
  - 5.2.1.12 Hardisty FMSC
  - 5.2.1.13 Drayton Valley FMSC
  - 5.2.1.14 Wetaskiwin FMSC
  - 5.2.1.15 Rimbey FMSC
  - 5.2.1.16 Ponoka FMSC
  - 5.2.1.17 CCMHBI – FMSC
- 5.2.2 Central Zone South**
- 5.2.2.1 Provost FMSC
  - 5.2.2.2 Consort FMSC
  - 5.2.2.3 Coronation FMSC
  - 5.2.2.4 Castor FMSC
  - 5.2.2.5 Stettler FMSC
  - 5.2.2.6 Hanna FMSC
  - 5.2.2.6 Drumheller FMSC
  - 5.2.2.8 Three Hills FMSC
  - 5.2.2.9 Rocky Mountain House FMSC
  - 5.2.2.10 Sundre FMSC
  - 5.2.2.11 Olds FMSC
  - 5.2.2.12 Innisfail FMSC
  - 5.2.2.13 Lacombe FMSC
- 5.2.3 Red Deer Metro**
- 5.2.3.1 Red Deer FMSC