

THE ALBERTA HEALTH SERVICES MEDICAL STAFF BYLAWS

Responsibilities and Accountability >>

Alberta Health Services (AHS) has established the Medical Staff Bylaws and Medical Staff Rules in order to assist Practitioners work within AHS. An important section in the AHS Bylaws related to patient safety and professional conduct is Medical Staff Responsibilities and Accountability. This section of the Bylaws provides Practitioners with information outlining the respective expectations of AHS and the Medical Staff, as well as the individual Practitioner's responsibilities and accountability for patient care. This document should not be used as a replacement for the Bylaws; it is simply a concise reference outlining a Practitioner's patient care, professional conduct and governance responsibilities. ■

As an AHS Practitioner, how am I responsible to AHS?

Upon Appointment to AHS Medical Staff, individual Practitioners are expected to comply with the AHS Medical Staff Bylaws and Rules, the AHS Code of Conduct, the AHS policies and all requirements or expectations within their Medical Staff Letter of Offer (LOO). Practitioners are also expected to comply with all obligations contained in contracts for service between a member of the Medical Staff and AHS. In keeping with AHS' focus on creating a respectful workplace, all Practitioners are expected to demonstrate respect, accountability, transparency and engagement in their interactions with AHS staff, colleagues and patients. In addition, Practitioners are expected to participate in quality improvement programs and other mechanisms to maintain and enhance clinical practice standards and professionalism. ■

What are AHS's responsibilities?

Practitioners and AHS share joint responsibility and accountability for delivering safe, patient-centered care to Albertans. AHS, subject to legislation and any direction provided by the Minister of Health, has the responsibility to take appropriate actions to assess, enhance and protect the health of Albertans, through the promotion of health generally, and by ensuring reasonable access to appropriate, high quality and safe health services. In addition, AHS is responsible for appointing a Senior Medical Officer of Health to carry out the duties pursuant to the Public Health Act. ■

What are my patient care responsibilities as an AHS Practitioner?

An AHS Practitioner is responsible for ensuring quality and safety in patient care. The individual Practitioner must demonstrate and maintain clinical skills and judgment to provide patient care that meets established professional standards. This includes providing information, expertise, and advice to AHS in assessing health needs and completing health records in an accurate and timely manner. ■

What about advocating on behalf of my patients?

AHS Practitioners have the right to advocate on behalf of their patients. Advocacy should always be conducted in a manner that is consistent with the values and principles of each Practitioner's regulatory College, their professional association, and AHS. If a Practitioner advocating on behalf of a patient holds a medical administrative leadership role within AHS, it should always be made clear that they are not speaking as a representative of AHS. Practitioners are encouraged to enquire about the matter internally before making public statements. ■

How is the on-call schedule determined?

Practitioners and their Zone Clinical Department Head(s) (ZCDH) and/or Facility or Community Medical Director will jointly establish and maintain reasonable, safe and effective on-call schedules. Disputes related to on-call coverage and/or schedules should be resolved between Practitioners themselves or discussed with the relevant ZCDH(s) and/or Facility or Community Medical Director. Any remaining on-call issues can be referred to the Zone Medical Director (ZMD) for resolution as required. ■

What if I am unavailable for on-call duties?

On-call expectations are typically included in the Practitioner's Letter of Offer (LOO); however, if a Practitioner is unavailable to perform their pre-scheduled on-call coverage, the Practitioner must ensure on-call coverage is provided by another Practitioner with appropriate skills and Clinical Privileges. If urgent circumstances limit or prevent the Practitioner from finding coverage, the ZCDH and/or Facility or Community Medical Director shall provide reasonable assistance to make alternative arrangements for coverage of the on-call period. ■

What do I do if I require a short-term leave of absence?

If a Practitioner will be absent from his/her Site(s) of Clinical Activity Coverage for less than 96 hours, patient coverage can be provided through the on-call schedule. If the absence will be greater than 96 hrs, formal patient transfer of responsibility is required. ■

What do I do if I am taking a longer leave of absence?

During an extended leave of absence from a Site(s) of Clinical Activity (more than 96 hours), a Practitioner shall ensure requirements are met for coverage of all his/her responsibilities, and shall identify an alternative Practitioner to assume those responsibilities and to serve

as Most Responsible Practitioner for his/her admitted patients. For an absence of greater than 30 consecutive days, a formal leave of absence is required and must be approved in advance by the ZMD with recommendation from the ZCDH. ■

How is patient transfer of responsibility determined?

Whether a Practitioner is taking an extended absence from his/her Site(s) of Clinical Activity or moving to a new Practice, s/he is required to identify an alternative Practitioner to serve as Most Responsible Practitioner for his/her admitted patients. The Most Responsible Practitioner providing coverage is largely up to the Practitioner's own choosing. However, the receiving Practitioner must document acceptance of patient responsibility in the patient's health record. The patient, and/or his/her family and/or the patient's Legal Representative must also be advised of the transfer. Notification of the Practitioner's absence and the identity of the Most Responsible Practitioner must also be provided to the relevant ZCDHs and Facility or Community Medical Director(s). ■

What are my responsibilities for Health Records documentation?

Practitioners and AHS share the responsibility to create and maintain an accurate health record of the care provided to every Patient in AHS Facilities or other AHS Sites of Clinical Activity. To accomplish this, AHS will provide and maintain the appropriate infrastructure and information management systems to create a health record and ensure the proper and timely completion of the health record by all staff including documentation of their role, the care provided, and the relevant events during the Patient's interaction with AHS. For more information on the Practitioner requirements related to proper and timely completion of health records, please refer to section '4. C. Documentation, Records and Record Keeping' of the AHS Medical Staff Rules. ■

If you have any questions about Responsibilities and Accountability, please contact your ZCDH(s) or ZMD. For additional information, please refer to "Part 4 – Responsibilities and Accountability" of the AHS Medical Staff Bylaws.

These documents may be updated on a regular basis so if you are printing or saving them, please visit the AHS Medical Staff website at www.albertahealthservices.ca/medicalstaff for the most recent versions.