ENDOSCOPY AUCKLAND

SPECIALIST BYLAWS

1. ENDOSCOPY AUCKLAND (EA) VISION AND VALUES

All Specialists are required to work collaboratively together with employees to enable the organisation to be a leading provider of health services, striving for excellence in patient care, quality, efficiency and service.

Each Specialist has a responsibility to contribute to the function of EA, with peer support, teamwork, and collegiality with their associated health professionals.

Each Specialist is responsible for:

- Ensuring that they are sufficiently competent, skilled and experienced to provide the services that are being provided at EA.and have appropriate registration to do so
- Declaring any conflicts of interest arising from relationships with health-related commercial organisations.
- Compliance with EA policies and procedures.
- Compliance with the EA Code of Ethics.
- Participating in and contributing to audit/mortality and morbidity reviews.
- Meeting their responsibilities as a *person conducting the business or undertaking* (PCBU) under the Health and Safety at Work Act 2015; including consulting, cooperating and coordinating on safety matters with the hospital.

2. CLINICAL GOVERNANCE

Specialists may be appointed to specific roles and committees within EA. Such Specialists hold specific responsibilities and accountability involving clinical management, monitoring of patient care and services. Specialists may be invited to be involved in such committees/boards.

- Ethics Committee.
- Credentialing Committee.
- Clinical Advisory Board.

EA holds specialty group meetings 6 monthly. Specialists and managers are invited to attend. The agendas will include M&M and issues relating to patient care and outcomes, new developments/improvements/procedures, policy review, and audit. Participation in the meetings is an expectation.

3. CREDENTIALLING

Credentialling is a formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of medical specialists, for the purpose of forming a view about a practitioner's competence, performance and professional suitability to provide safe, high quality healthcare services. We require all Specialists who provide patient care to be credentialled. Credentialling is an essential component of the Quality Programme and no Specialist shall be deemed to be credentialled until approved by the Credentialling Committee, and he/she has duly signed acceptance of the Bylaws.

The Specialist in signing acceptance of the Bylaws agrees to:

- Observe and be bound by the EA Bylaws.
- Respect and observe the principles of EA Vision and Values.
- Practise in accordance with the EA Code of Ethics (Appendix 1).
- Observe and be bound by EA policies.

3.1 Eligibility

Medical/Surgical Specialists are eligible to apply to be credentialled if they:

- Are registered with the Medical Council of New Zealand.
- Hold a current annual practising certificate of the Medical Council of New Zealand.
- Have appropriate vocational registration of Specialist qualification/s with the Medical Council of New Zealand and is a member of a recognised Specialty college.
- Have experience practising at Consultant or Fellow level.
- Are participating in a recognised Specialist College CME/CPD programme.
- Have, and can provide evidence of, current indemnity insurance.
- Are prepared to complete requisite health and safety checks and documentation.
- Have fitness to carry out clinical privileges sought or currently held in terms of physical and mental fitness

3.2 Application Process

The intending applicant applies to the Hospital Manager, in writing, for credentialling. Intending applicants must read the Bylaws, which includes the Code of Ethics before submitting an application. Acceptance of the Bylaws is a pre-requisite for the Credentialling process.

The applicant shall provide to the Hospital Manager:

- A completed application form (Appendix 3) which will include:
    - Advice of the scope of practice, **and** specific sub-speciality procedures within their scope of practice.
- Copies of the applicant's:
    - Curriculum vitae, which will include documentation of the base medical qualification and academic institution where obtained.
    - Documentation to support Specialist qualification and registration with an appropriate college, and qualification and registration with the Medical Council of New Zealand current Annual Practising Certificate.
    - Current indemnity insurance.
    - Statement of re-certification of the Specialist College "Continuing Professional Development Programme".
    - Documentation to support stated experience of specific sub-specialty procedures.
    - Completed Health and Safety Questionnaire.
    - Completed declarations – including, but not limited to, a declaration as to whether the applicant is or has been subject to any investigation, enquiry or proceeding undertaken by the Medical Council of New Zealand, a Specialty College, the Health and Disability

Commissioner, any other hospital or facility, or any other regulatory or disciplinary body.

- Written references of **two** referees of the same speciality as the applicant, who must be in clinical practice and of at least **five** years duration of such practice within NZ.

On receipt of a completed application, the documents will be forwarded in confidence to the Credentialling Committee for review. An interview may be organised with the applicant and senior EA Managers if necessary.

If the interview is necessary the Credentialling Committee will be notified of the outcome and make a recommendation for credentialling. The Committee reserves the right to seek further advice of the Chairperson of a Specialty Group, and/or from any other appropriate person, to advise on recommendations. The Credentialling Committee may impose restrictions on scope of practice.

The recommendations of the Committee are advised in writing to the Hospital Manager.

The Credentialling Committee has the final decision regarding such recommendation for credentialling (temporary or permanent), and may further define the scope of practice and clinical privileges. The outcome of the application will be advised in writing. The applicant will be notified of temporary credentialling in the first instance until ratification at the next formal Credentialling Committee meeting.

EA (through the Hospital Manager and the Credentialling Committee) retains an overall discretion as to whether an applicant is, or is not, granted privileges. The organisation is not required to notify the applicant of the reasons for its decision.

Approval

If approved, the applicant shall return the signed Acceptance of Bylaws and Code of Ethics to the Hospital Manager. The credentialled Specialist's details will be entered into the register of Specialists.

Declined

If declined, the applicant will not have any claim at law or in equity under any circumstance against the organisation, including but not limited to the Board, the Credentialling Committee, CEO or the Hospital Manager. There is no right of appeal.

Temporary Credentialling

Temporary credentialling status is granted in special circumstances for new applicants, until the application is considered at the next meeting of the Credentialling Committee. Such credentialling will be restricted from the date of application, with the timeframe to be defined. Full application criteria apply to the granting for temporary credentialling.

Orientation

On receiving temporary/permanent credentialling status, orientation will be arranged by the team leaders with appropriate administration, nursing, ward, and theatre teams.

Emergency Credentialling

In the event of an emergency any appropriately qualified medical, registered or enrolled nurse, or other health practitioner shall be permitted and assisted to do everything possible in the interest of a patient's well-being to prevent permanent, harm/or risk to life. An "emergency" is defined as any situation which could result in permanent harm/death of a patient where there is any delay in obtaining appropriate treatment. In such circumstances the CEO and/or Hospital Manager will be consulted for appropriate advice.

Visiting Specialists

From time to time a credentialled Specialist may have a colleague assisting or demonstrating techniques/procedures. A written request is to be provided by the Credentialled Specialist to the Hospital Manager with information of the intended visitor and planned procedure. This must be made within an adequate timeframe of at least seven days of the intended visit.

The visiting Specialist is to be under the supervision of the credentialled Specialist at all times, and is expected to uphold and comply with the Bylaws and all policies. Visiting Specialists may require clearance in accordance with the EA Infection Prevention and Control and Health and Safety policies. Where there may be any doubt in respect of this, it is recommended to seek advice at the time of initial application, so that a time-frame is available for suitable arrangements to be made.

Medical Students

EA encourages any education and training of medical students. There are established relationships with the University of Auckland Faculty of Medicine and Health Sciences for training of health professionals through observation of operating lists.

The Hospital Manager must be advised by the credentialled Specialist in advance of the attendance of any visiting Fellow, RMO or medical students. Fellows and RMOs will be credentialled within a supervised scope of practice to undertake work within EA.

Medical Students must have appropriate identification. They remain under the responsibility of the attending credentialled Specialist and are expected to uphold and comply with the Bylaws and Code of Ethics; and with policies.

Patients must be advised, appropriate consent obtained and documented if a visiting medical student will be attending during treatment, or attending any procedure within the operating theatre. The team leader of the appropriate department must be advised of such intended attendance.

3.3 Term of Credentialing and Re-Credentialing

Specialists may be credentialled for a maximum period of five years. A newly credentialled Specialist has a provisional term of one year, in order that EA has the right of reviewing any issues arising from credentialling, or the attendance of the Specialist.

Credentialling of each Specialist will be reviewed at intervals of not more than five years. The process of review will be as determined from time to time by the Hospital Manager and the Credentialling Committee.

Specialists at age 65 years or older will be advised of re-credentialling requirements, and provided with at least two months' notice to provide appropriate information for the Credentialling Committee at the next notified meeting. Specialists in this age group are required to submit re-credentialling applications 2 yearly.

Resignation

A Specialist may resign credentialled privileges by giving three months' notice in writing to the Hospital Manager who will advise the Credentialling Committee.

3.4 Status of Relationship

The credentialling of a Specialist allows the Specialist to practise at EA. Neither appointment as credentialled Specialist nor anything contained in these Bylaws creates any relationship of employer/employee or principal/independent contractor between the EA Board or the Hospital, and any Specialist. Neither the Board nor Hospital shall be liable for any acts, errors or omissions of any credentialled Specialist. Specialists are solely responsible for their own practice and conduct while practising at the facility.

3.5 Maintaining Credentialled Status

Credentialled status is maintained if the Specialist adheres to existing clinical privileges and credentialing responsibilities. Annual verification of appropriate professional registration, current practicing certificate and professional indemnity is a condition of maintaining clinical privileges. Annual submission of their Annual Practising Certificate (Medical Council of New Zealand); current indemnity insurance, appropriate documentation of participation/completion of a Specialist College Professional Development Programme, where appropriate membership of a relevant sub-specialty group and continued compliance with the Bylaws is required.

Medical practitioners must disclose if they start to practice at another facility or if they apply for a role to be credentialed at another facility and are declined.

3.6 Review of Credentialled Status

The CEO or Hospital Manager may at any time initiate a review into the credentialled status or scope of practice of a Specialist where concerns or allegations are raised about any of the following:

i. Potential for patient harm
ii. Misconduct or inappropriate behaviour on the part of the Specialist;
iii. The Specialist's competence or fitness to practise;
iv. Compliance with these Bylaws;
v. Conduct which may have been or may be prejudicial to the interests of EA or damage the reputation of EA;
vi. Failure to comply with criteria for acceptability to practice

Where a review is initiated the CEO or Hospital Manager will:

i. Establish the terms of reference for the review and determine an appropriate person(s) to carry out the review. In establishing the terms of reference and determining an appropriate person(s) to carry out the review, consultation with or utilisation of any person(s), and/or any EA committee; and
ii. As soon as practicable, notify the Specialist of the review, the terms of reference for the review and who will conduct the review.

Prior to commencing any review, the CEO may in his or her absolute discretion meet with the Specialist who is to be the subject of the review and advise the Specialist of the concerns or allegations raised and invite the Specialist to provide an initial response either at the meeting or within a time specified by the CEO. The CEO may in his or her absolute discretion include in that meeting any other person(s) he or she deems relevant and appropriate. The CEO may on hearing the Specialist's response determine in his or her absolute discretion whether or not to proceed with the review.

Any review will be conducted and concluded as soon as practicable having regard to the nature of the concerns or allegations. The Specialist will be notified of the outcome of the review (including any recommendations) in writing as soon as practicable following the conclusion of the review.

Suspension

The CEO may immediately impose restrictions and/or conditions on a Specialist's scope of practice or suspend a Specialist's credentialled status:

i. In the interests of patient safety;
ii. Where serious and unresolved allegations are made by any person in relation to a Specialist including without limitation allegations that relate to misconduct or inappropriate behaviour;
iii. Where the Specialist's conduct may have been or may be prejudicial to the interests or reputation of EA;
iv. On receipt of advice from a Specialist under paragraph 3.7 or a failure to provide the advice required under paragraph 3.7;
v. Where the Specialist fails to comply with a reasonable request from the person(s) carrying out any review under this paragraph or any recommendations made as a result of the review; or

vi. Where the outcome of any review under this paragraph 3.6 is adverse or on the recommendation of the person(s) carrying out the review.

Prior to imposing any restrictions and/or conditions or imposing a suspension under this paragraph 3.6, the CEO may in his or her absolute discretion consult any person(s) and/or any EA committee he or she deems appropriate and relevant in the circumstances.

The CEO will notify any Specialist immediately of any decision to:

i. Impose any restrictions and/or conditions on a Specialist's scope of practice, along with the detail of those restrictions and/or conditions, and the reasons for their imposition, and the period they will remain in place; or
ii. Suspend the Specialist's credentialled status, along with the period of the suspension, and the reasons for the suspension,

and will as soon as practicable provide this notice in writing. Any restrictions and/or conditions or suspension imposed will end either at the date specified or on the termination of the Specialist's credentialled status under this paragraph 3.6.

Permanent restrictions and/or conditions and termination

The CEO may, either on notice or immediately, permanently impose restrictions and/or conditions on a Specialist's scope of practice, or terminate a Specialist's credentialled status:

i. Where the outcome of a review under this paragraph is adverse;
ii. In the interests of patient safety;
iii. Where the Specialist has failed to comply with the Bylaws; or
iv. The Specialist has acted in a manner that has been prejudicial to the interests of EA.

Prior to imposing any permanent restrictions and/or conditions on a Specialist's scope of practice, or terminating a Specialist's credentialled status, under this paragraph 3.6, the CEO may consult the Board, and/or any person(s) and/or any committee he or she deems appropriate and relevant in the circumstances.

The CEO will notify the Specialist immediately in writing of any decision to impose any permanent restrictions and/or conditions on his or her scope of practice, or terminate his or her credentialled status, and the reasons for the permanent imposition of the restrictions and/or conditions, or termination.

Information

EA collects information from its Specialists. That information is confidential between EA and the Specialist. However any of that information may be disclosed to other relevant parties or organisations (including but not limited to, other hospitals, the Medical Council of New Zealand, a relevant Specialty College, the Coroner, the HDC) by EA where necessary to protect the interests of any patient or patient group at the hospital or elsewhere. Further, any suspension of a Specialist's credentialled status, restrictions and/or conditions imposed on a Specialist's scope of

practice, or termination of a Specialist's credentialled status may be reported by EA to the Medical Council of New Zealand, relevant Specialty College, or any other hospital or place where the Specialist does or has practised, or any other authority

deemed appropriate and relevant by EA.

EA may in the process of conducting an investigation, proceedings or general information gathering contact another healthcare provider or relevant regulatory or professional body to obtain information about a Specialist to inform investigations, proceedings or general information gathering.

Medical practitioners agree to cooperate with the exchange of information with those organisations and consent to EA both obtaining information about the practitioner from those organisations and disclosing personal information about the practitioner to those organisations.

3.7 Disclosure of a Change in Status

A Specialist must immediately advise the Hospital Manager in writing and in full where:

i. Any physical or mental condition, or substance abuse issue, arises that has the potential to affect the Specialist's ability to practise or that may require any special assistance to enable him or her to practise safely;
ii. Any proceeding, investigation or formal complaint is commenced in relation to the Specialist by the Medical Council of New Zealand, Specialist's College, Health and Disability Commissioner, Privacy Commissioner, Coroner, Police, Ministry of Health, the Specialist's employer or any hospital or any other place or organisation where the Specialist does or has practised;
iii. The Specialist's appointment, credentialling status or scope of practice at any other hospital or any other place where the Specialist does or has practised are altered in any way, including if withdrawn to any degree, suspended, restricted and/or made conditional and whether by way of agreement or otherwise; or
iv. The Specialist is charged with a criminal offence.

In respect of i. immediately above, EA may require the Specialist to seek independent medical advice on the condition or substance abuse problem, and under these Bylaws the Specialist concerned fully authorises EA to access the advice received by the Specialist from the independent medical practitioner and any records directly relating to that advice. EA will keep and maintain any advice and any directly related records it accesses on a confidential basis but EA may rely on that advice and any related records.

Where a Specialist requires time away from the work place for treatment, credentialled specialists must provide the Hospital Manager with evidence of medical clearance of being able to return to work. This information will be treated confidentially, unless disclosure is required to protect the interests of patients and/or EA.

The Health and Disability Commissioner and Medical Council of New Zealand has advised Healthcare Providers of the responsibility to advise other hospitals/facilities at which a Specialist

may operate when a risk to patient care and safety may exist. In being credentialled to EA the Specialist is agreeing to cooperate fully with the exchange and disclosure of such information with other Health Providers.

The Medical Council of New Zealand have advised that doctors who know or believe themselves to be infected with HBV, HCV, or HIV could put patients at risk, so must seek appropriate counsel, and act upon that advice. This advice could include a requirement not to practice, or limit practice in certain ways. No doctor with such infections should continue in clinical practice merely upon the basis of his/her own assessment. In any such circumstance the Hospital Manager is to be advised and the Specialist should inform their medical indemnifying authority.

Disclosure of any such health concern is a requirement of the Medical Council of New Zealand.

4. RESPONSIBILITIES

4.1 Code of Conduct

EA is committed to its core values of Excellence in patient care, Quality, Efficiency and Service. All attending Specialists are required to develop a professional teamwork approach with organisational employees. This should be based upon mutual respect of the talents and abilities of each other. All communication should be respectful and conducted in a civil manner.

Unprofessional behaviour may adversely affect the effective function of EA employees, and be prejudicial to patient care, safety and outcome. Any such behaviour is unacceptable. The CEO or Hospital Manager will review complaints of a breach of Code of Conduct, and these will be reported to the Board of Directors, which may lead to a review of credentialling privileges.

Specialists must at all times practise, and conduct themselves, in accordance with legal, ethical, professional and other relevant standards.

EA requires a practitioner to disclose if they have a reason to believe another practitioner poses a risk of harm to the public or is unable to perform their required functions due to a physical or mental condition.

4.2 Health and Safety

When working within the hospital, Specialists are expected to comply with Health and Safety, and, Emergency Response policies and procedures so as to ensure the safety of patients, employees, and themselves.

Specialists working at EA will, almost certainly, have their own responsibilities as a *person conducting the business or undertaking* (PCBU) under the Health and Safety at Work Act 2015 (HWSAA). Specialists are responsible for meeting their own responsibilities under the HWSAA. Specialists will consult, cooperate and coordinate on health and safety matters with EA and work collaboratively to ensure EA's Health and Safety obligations are met..

Specialists, and all employees, must report any incident that has caused or has the potential to cause personal harm. The incident is to be logged on an Incident & Adverse Event Awareness form and notified to the Team Leader or Hospital Manager for further investigation and management.

4.2.1 Vaccinations and other health measures

It is possible that your role may require you to be vaccinated or have immunity against diseases such as COVID 19, influenzas, measles, hepatitis, or other communicable / high risk diseases. If an organisational risk assessment, or other relevant directives or recommendations from authorities, determines that vaccinations or other relevant precautionary measures are a reasonable and appropriate in the circumstances, we may require you to take such measures to be able to fully perform your role. If required and reasonable, we reserve the right to ask you to undertake these measures, including vaccinations, booster shots, tests or other assessments throughout your period of employment. You agree to disclose your vaccination and / or immunity status and provide evidence of such, where required. We shall hold that information in accordance with the Privacy Act. If we are not able to agree on the appropriate measures at the time it is required, we reserve the right, after consultation with you, to review your credentialing status.

4.3 Infection Prevention and Control

Hospital acquired infection is an established risk for any patient who receives care in a hospital environment. EA supports all measures that contribute to minimising this risk.

Specialists admitting and caring for patients shall comply with Infection Prevention and Control policies and procedures. Compliance is demonstrated when the following actions are undertaken:

- Personally performing hand hygiene before and after each and every patient contact in line with the World Health Organisation and Health Quality and Safety Commission's 5 Moments of Hand Hygiene principles.
- Implementing standard precautions when in contact with any body fluids.
- Wear suitable attire
- Wearing appropriate personal protective equipment, mask/gloves/gown, if a patient is receiving isolation care, or during procedures.
- Follow hospital protocol for Blood/Body fluid Exposure (BBFE)
- Supporting the maintenance of the hygienic state of the patient's environment. This may include the restriction of visitors to the room, if deemed necessary to minimise infection risk.
- Follow best practice guidelines (including use of anti-microbials, wound surveillance) and advise the hospital of any significant post discharge complications
- Note on patient admission form if patient poses a risk of major transmissible viral infection

- Initiating pre-admission screening of a patient who meet the EA screening criteria for multi-drug resistant organisms (MDROs) which may include MRSA, VRE and ESBL and provision of results prior to admission (see Infection Control policy).
- Complying with the Policy of “Surgical Prophylaxis Practice”.
- Contributing to the Surgeon Reported Complication Report of surgical site infections.
- Supporting infection prevention and control audits which may be undertaken from time to time to monitor compliance with any infection control policies and procedures.

4.4 Confidentiality

Medical practitioners must comply at all times with the Privacy Act 2020, Health Act 1956, Health information Privacy Code 2020 and all other statutes and regulations that govern the collection and handling of personal information and health information. This continues to apply after the medical practitioner ceases to be credentialed to EA.

4.5 Quality, Audits and Improvement Projects

EA has a Quality Programme committed to the organisation’s Vision and Values. The programme is based on continuous improvement, and consequently services and processes may evolve and change over time. Specialists are expected and encouraged to contribute to the programme.

All deaths, sentinel events, near misses, transfers out will be investigated by qualified personnel and reviewed by the CQI Committee. When requested, Specialists must provide reports relating to such events and participate in reviews/investigations. Specialists will participate if they are directly involved in an event or may be asked to contribute in the capacity of an independent peer reviewer. M&M will be discussed at Specialist’s meetings.

In the event of any adverse outcome whilst receiving healthcare at EA, Specialists are responsible for disclosure of such issues to the patient/family or representative of the patient in line with open disclosure requirements and guidance. It is important

for such disclosure to be witnessed and documented within the clinical records. If appropriate, Specialists are responsible for advising such issues to the Accident Compensation Commission. In addition, Specialists must inform EA of any patient complication that may occur for patients treated at EA.

Specialists are expected to comply with audit programmes. Documentation of participation will be provided to Specialists relating to Professional Development Programme requirements.

From time to time an audit of practice may be initiated to review compliance of procedure, policy, standards and consider opportunities for improvement. Specialists are expected to participate in these audits.

Practices are reviewed regularly by external audit authorities for certification as part of requirements for Ministry of Health and Disability Standards and Accreditation. Specialists may be asked to participate in these audits.

EA, from time to time, seek feedback of each patient admitted for healthcare. Specific feedback will be advised from the Hospital Manager/Team Leaders to Specialists and employees. Specialists must participate in the resolution of any concerns.

EA actively seeks, and expects Specialists to contribute to improvements of care of patients, by way of reporting issues of concern to appropriate Team Leaders.

4.6 Clinical Research

Clinical research is a valued and integral component of clinical medicine. The special nature of EA however, is that patient expectations may differ from those within a Public Hospital setting.

Applications for a research study are to be submitted to the CEO. All applications must have approval of the relevant National/Regional Ethics Committee. All applications are reviewed by the CEO and Hospital Manager.

All research must be approved by the CEO. On completion of a research study, a report outlining results/outcomes must be submitted.

4.7 Innovative Procedures or Technologies

Medical practice is constantly evolving. Innovation is supported. However, it is important that new and innovative procedures or technologies are properly considered and assessed before being undertaken at EA. Where a Specialist is considering any treatment that is, or could be, a planned deviation from the currently accepted practice which involves untested or unproven clinical intervention, then the Specialist must seek approval from EA before providing such treatment. Likewise, where a known procedure is to be used in new or novel circumstances in which they have not previously been tested, prior approval must be sought. Applications will follow the EA new procedure or technology assessment process. Where required, the Specialist will be responsible for obtaining the required regulatory or ethical approvals for the procedure or technology within New Zealand.

All applications and questions are to be submitted to the CEO

4.8 Advanced Cardiac Life Support

It is important that Specialists maintain Advanced Cardiac Life Support (ACLS) skills in accordance with Specialty College guidelines. Anaesthetists need to ensure they are compliant with the ANZCA CPD Emergency Response requirements. Surgeons and Physicians must

maintain emergency response requirements in line with Specialty College recommendations. An onsite session will be provided 2 yearly.

5. PATIENT MANAGEMENT

Specialists are solely responsible for their own practice and conduct. Specialists admitting patients to EA are ultimately responsible for the care and management of their patients. Credentialed specialists may not opt out of their clinical responsibilities that are part of their role (e.g. record keeping) for reasons of convenience.

Specialists must advise Team Leaders of the operating rooms/wards of any specific requirements, cares, and preferences for their patients. It is recommended to annually update specific preferences.

Specialists must be available for contact at all times either in person or by telephone for the duration of all of their patients' stay in the hospital. Specialists must be able to attend callouts when requested by nursing staff.

In the event that a Specialist is not going to be available, it is that Specialist's responsibility to arrange appropriate cover, and to advise the Team Leaders in writing of the alternative arrangements, nominated cover and contact details. Failure to do so will be considered as a breach of duty of care.

At the time of discharge from EA, it is required that patients are provided with contact information in the event of complications/concerns following discharge from hospital.

In the event of any adverse outcome for a patient whilst receiving healthcare at EA Specialists are responsible for disclosure of such issues to the patient/family/or representative of the patient in line with open disclosure requirements and guidance. It is important for such disclosure to be witnessed and documented within the clinical records. If appropriate, Specialists are responsible for advising such issues to the Accident Compensation Commission.

In the delivery of patient care, a Specialist will comply with applicable laws, Codes of Conduct, ethics and Patient Rights according to the Health and Disability Commissioners Office, the Medical Council of New Zealand, the New Zealand Medical Association, the Specialty Royal Australasian College of Surgeons, the Royal Australasian College of Physicians and the Australian and New Zealand College of Anaesthetists, and other relevant Colleges or Professional bodies.

5.1 Scheduling – Operating Sessions/Lists

Regular operating/procedure sessions for credentialled Specialists are initiated by discussions between the credentialed Specialist and the Hospital Manager and confirmed in writing. Operating sessions remain under the control of EA at all times. In order to optimise operating session utilisation, specialists may be asked to work with colleagues to schedule additional cases

in unallocated sessions. Surgeons/Specialists agree to work collaboratively with EA to facilitate this process where allocated sessions can be shared or used by more than one Specialist.

In the event of any request for an **urgent return to theatre**, contact should be made with the Hospital Manager, where every endeavour will be made to accommodate the request.

Ad hoc sessions are available for all credentialled specialists. An email/phone call to the Hospital Manager or Deputy Hospital Manager will ensure appropriate resources in the operating room and wards or endoscopy unit are available. Only following confirmation from the Hospital Manager/Deputy Hospital Manager will the list be able to be confirmed.

Specialists are expected to maximise the use of their allocated sessions. Where utilisation falls consistently below 50% of the total time allocated, EA reserves the right to reallocate or remove the session time. Specialists must advise the Hospital as soon as possible, in writing, preferably within three working days of a session, if a scheduled session (regular or ad hoc) will not be utilised. If a session has been cancelled it will be made available as an ad hoc session for other Specialists.

If the specialist who cancelled the session requires the time again, it will need to be requested. Sufficient advance notice of lists is necessary to enable appropriate staffing and equipment availability throughout the organisation so as to ensure patient safety, efficiency and coordination of resources.

Specialists are responsible for ensuring the accuracy of the operating list, and must include:

- Each patient's full name and DOB.
- Each patient's residency/nationality status.
- Each patient's proposed procedure, and if relevant, the side, limb/digit.
- Notification if a patient is ACC/part ACC funded.
- Notification of payment via contract/funder/self-pay.
- Co-morbidities of patients and the advice to the patient of their medication regime prior to surgery.
- **Recent copies of the patient's physician's report/GP letter.**
- Specific pre-operative requirements for patients e.g. thrombo-embolic prophylaxis, TEDs, bowel preparation.
- Requirement for specialised equipment in the Operating Room or endoscopy room.
- Length of stay as indicated to the patient.

The order of the list should be confirmed as soon as possible in advance of the session to allow EA to confirm appropriate staffing and equipment availability and negotiate any further changes to the list order with the specialist.

If a patient is cancelled, and the order of list changed, the Team Leader must be advised as soon as possible. The Operating or Procedure Room must be notified to ensure no error arises through misidentification of the patient or procedure.

Annual/Conference/Other Leave

Specialists must advise the Administration Team or Hospital Manager in writing/email preferably four weeks in advance of leave to facilitate re-allocation of available operating sessions.

5.2 Pre-admission

LA Pre-admission Folder

When an admission date/procedural booking has been confirmed, the admitting Specialist shall provide each patient with a pre-admission folder. This advises:

- Time of arrival.
- The services provided within the hospital during their stay, discharge arrangements, and payment of accounts.
- Pre-admission documentation and forms.

The admitting Specialist is also responsible for the provision of specific pre-admission instructions. This responsibility includes instructing patients on:

- Completing the Pre-admission Patient Health Questionnaire, advice of any/all prescription or homeopathic medications.
- Completing the Consent for Operation/Procedure form.
- Arrival time of the patient.
- The time period for being nil by mouth prior to surgery.
- If regular or special medications are to be taken or not prior to surgery.
- Arranging transport to and from the hospital i.e. in most instances patients must not drive themselves home on discharge.
- Planning for any specific discharge needs – post-discharge support/care.
- How the procedure is paid for and providing estimates if necessary.
- Patient health questionnaire will be sent to anaesthetist if required.

EA Pre-Admission patients

- Appropriate information will be provided by EA Administration Team to facilitate the appointment.

Specialist referrals to EA

It is a requirement of Endoscopy Auckland that in the case of the Specialist rooms making a referral to EA for a procedure that

- The referral will clearly state what procedure is to be undertaken.

- The referral will clearly indicate if any special instructions are required for the procedure e.g. Propofol booking, extra preparation.
- If patient is on anticoagulants/antiplatelets then instruction for these will be clearly documented.
- If patient has a pacemaker this will be clearly documented (EA will initiate Pacemaker booking and get further information from Pacemaker clinic).
- If patient has any allergies these will be clearly documented.

If a referral is received without knowledge of these and we get subsequent information that one of these scenarios has arisen, Endoscopists will be responsive with written instructions immediately upon request.

Open Access referrals

Communication of any of the following will be relayed to the Specialist prior to the day of procedure

- Pacemaker
- Anticoagulant/antiplatelet use
- Drug allergies
- Other concerns

Please note that detail of any of the patients by the Specialist can be obtained by

- Contacting Administration staff directly on ph. 6232020 (Endoscopy patients) or ph. 6238525 (Surgical patients) or email on admin@endoscopyak.co.nz or LAAdmin@laparoscopyak.co.nz
- Establishing a remote access portal to our patient system (arrange with Hospital Manager)

Hospital Costs/Estimates

As part of Informed Consent, Specialists must ensure that each patient is advised of an estimated cost of the hospital stay and procedure prior to admission, and the possible deposit of monies to be payable at the time of admission. Surgeons may request an up-to-date estimate from the Hospital Manager/Deputy Hospital Manager. Surgeons must advise:

- **Insured patients** to obtain prior approval for treatment from their insurance company and determine if there may be a gap payment of hospital costs, to be deposited, on admission as part of their insurance agreement (except Southern Cross patients undergoing an Affiliated Provider procedure).
- **Un-insured patients** that they are required to pay the full estimate on admission and the outstanding balance on discharge. If the estimate remains unpaid the surgery/procedure will not proceed.

5.3 Admission

Patients will be admitted at the request of a credentialled Specialist, except for some endoscopy patients who are referred by their General Practitioners directly to the unit. Admissions may be denied where:

- Such admission might constitute a danger to the Hospital, any EA employee, or other patients.
- Adequate facilities/resources/nursing staff are not available for the proposed procedure and the provision of safe and adequate care of the patient.
- The proposed procedure or treatment is contrary to the Code of Ethics of the Hospital.
- An admission is specifically refused by the CEO, who may make such a refusal without giving reasons.

Acute/Urgent admission

Requests for admission are made to the Hospital Manager or Deputy Hospital Manager (normal business hours) or directly to the Ward if after-hours. Please note:

- Admission may be declined for any of the reasons noted in the previous section.
- The Specialist must provide the patient's details, and that of the proposed procedure/care.
- The patient must be made aware of hospital costs prior to admission.
- The Specialist must attend the patient as soon as possible after the patient has been admitted/or within 1 hour of the patient's admission.

5.4 Medication Orders

Prescribing of medications must comply with legal and professional standards, and with Hospital policies. The patient's name, DOB and NHI must be recorded on all medication charts/forms prior to charting.

Allergies/Medication Alerts/Adverse Reactions

All clinical and nursing staff have a responsibility to ascertain and clearly document any known allergy and/or adverse reaction to a medication. If a medication that is intentionally charted is associated with an Allergy alert or Adverse reaction flag, the reason for such use is to be clearly documented on the medication chart.

Clinical Records

Medical practitioners must comply at all times with legal, professional, ethical and other relevant standards of documentation. They must write notes in the patient clinical record on review of the patient.

Medication Charting

A specimen signature must be provided on the specimen signature list.

For all medications including, controlled, prescription, non-prescription, herbal and any regular medications:

- Each medication to be administered must be individually charted on the appropriate medication form, to include date of commencement, dosage, concentration, frequency and route of administration.
- Each prescribed medication is to be individually signed by the prescriber in his or her own handwriting.
- An indication, frequency and maximum dose must be included for all medications charted for administration on a PRN or "as required" basis.
- Where multiple PRN or "as required" medication orders are prescribed for administration for the same indication, a sequence of use for the specific indication must also be charted e.g. first line, second line for nausea and vomiting.
- Changes of prescribed medication/discontinuation of medication must be clearly annotated, with date, time, and signatory.
- For controlled drugs, where an unusual dose, or what may be regarded as a dangerous dose is prescribed, the legislation requires that the dose must be emphasized by being underlined and initialled by the controlled drug prescriber.

All outpatient Controlled Drug prescriptions for discharge must be hand written on the appropriate Controlled Drugs Prescription form.

Telephone Orders

Such orders must be given to a registered nurse/or anaesthetic technician. The instruction is to be verified by a second appropriately registered nurse/technician and duly recorded in the patient's medication record. This must be counter-signed by the Specialist within 24 hours.

Note: Verbal/telephone orders are no longer permitted for Controlled Drugs due to a change in the interpretation of the Misuse of Drugs Regulation. In addition to Class A and B Controlled Drugs, this includes Class C drugs such as codeine, ketamine and benzodiazepines.

Standing Orders

Medications charted by a registered nurse/pharmacist under the authority of a Standing Order must be signed by the Specialist caring for the patient within 24 hours or as specified by the specific Standing Order.

Unregistered medicines and off-label use

The prescriber must inform patients regarding the use of medications unregistered in New Zealand. The level of consent (written/verbal) is dependent on the risk and supporting evidence. Refer to guidance: www.medsafe.govt.nz.

Herbal/Alternative Medications

The use of these compounds is very common. Most should be discontinued at least seven days prior to surgery and through the peri-operative period.

Regular Medications

The surgical patient must be advised to bring **ALL** their regular medications, in their original pharmacy labelled containers, on admission. These will be reviewed on admission.

Self-Medication

Patients may only self-medicate with limited medications (e.g. inhalers, eye drops). **These must also be prescribed on the inpatient medication chart.**

SaferSleep Anaesthetic Application

This is provided for Specialist Anaesthetists. While all charting of medications prescribed in the system is the responsibility of the Specialist, prescribing templates within SaferSleep must also meet Hospital Certification Standards. For example, all PRN or "as required" orders for administration must include the indication for use and where multiple medications are prescribed for the same indication, an order for their use.

Prophylaxis Venous Thrombo-embolism

A VTE assessment and the regime decision recommended for each patient must be documented on the day of admission. This may include:

- Alteration/continuation/alternatives of anticoagulant medication, venous/arterial.
- Review of coagulation profile.
- Stockings.
- Sequential compression devices.

5.5 Operating/Procedure Room

EA acknowledges the collective responsibilities of specific Specialists within the operating and procedure rooms. The following applies to all patients undergoing procedures in the operating room/endoscopy procedure rooms:

- Only an Anaesthetist can administer anaesthesia to patients other than local anaesthesia. Anaesthetists are responsible to assess patients pre-operatively. The Anaesthetist must devote his/her whole attention to the care of the patient during and after the operation, with formal hand-over to the PACU team, or such time as attention is necessary.
- Only Specialists credentialed to LA are permitted to perform surgical treatments. Surgeons are responsible for liaising with the Anaesthetist concerning all aspects of care of the patient.
- Arrangements for pre- and intra-operative laboratory, radiology and imaging investigations are the responsibility of the Specialists.

- Every effort must be taken to ensure lists start at the time proposed (start is regarded as “knife to skin”). Team Leader must be informed of any possible delays as soon as possible.
- The Surgeon must be present in the operating room (or in the close proximity) prior to commencement of general anaesthesia for any procedure on his/her list. Where regional anaesthesia is being employed, the Surgeon must be in the building.
-

Specialists are expected to follow Operating Room and Procedure room policies and procedures. These include:

- **Consent Documentation**

  Documentation for consent of the procedure, and anaesthesia must be completed by the responsible surgeon and anaesthetist, as far in advance as possible, **prior to admission to the operating or procedure room.**

  This should identify management of return of body parts, bone donor requirements and the receiving of blood/blood products.

- **Specific Consent**
  This is required from the patient for any non-credentialled person/s to be present in the operating room. This includes observers, trainees, technical experts, assistants and visiting professionals. Written consent should be documented in the clinical record. The Operating Room Team Leader must be advised.

- **Marking of all operation sites**
  This is imperative. This should include markers outside the field of surgical draping. This must be performed by the operative Specialist prior to the administration of pre-medication, and admission to the operative/procedural area.
- **Regional Anaesthesia**
  It is imperative that the Anaesthetist and Surgeon confirm and verify the side and site of intended surgery.
- **Surgical Checklists**
  All members of the team are expected to participate and be actively involved in Safe Surgery checks (briefing, debriefing and checklist) in line with Health Quality and Safety Commission guidelines, confirming the correct person, correct site, and correct side. On completion of the procedure, any issues of concern should be discussed and reviewed by the team. This may include equipment/sterility/facility concerns.

- **Complying with the Surgical Count throughout an operative procedure**
  In the event of any discrepancy of the count, this must be reviewed by the surgical team regarding further management. Policy identifies recommendation in such circumstances, which may include x-ray, ultrasound or consideration of re-examination of the surgical

field, prior to the patient leaving the operating room. Any discrepancy of "the count" must be reported as an incident.
Any clinical incident must be documented by the Surgeon/Anaesthetist within the clinical record, with responsibility to inform the patient.

- **Specialised Equipment**
  Such equipment, instrumentation, specific supplies or electronic devices may be required for procedures. If the equipment is supplied by EA, Specialists are requested to provide adequate notification of the requirement to ensure availability. If such equipment is supplied by individual Specialists, these must comply with biomedical, electrical and Infection

  Control/Sterilisation standards. Appropriate certification and evidence of service documentation may be requested by the Team Leader. EA is not liable in any case of loss/damage to such equipment owned by a Specialist although being responsible for reasonable duty of care in handling such equipment. If a Specialist wishes for the hospital to consider purchase of new equipment, suppliers or devices they must make the request to the Team Leader who will present their request with supporting information to the Hospital Manager for consideration. Requests made directly from suppliers on the Specialists behalf are not accepted. Products not funded by ACC may be declined. EA supplies consumables for Specialist use which meet NZ regulatory and quality requirements. The Specialist acknowledges that commonly used consumables used by multiple Specialists may be selected based on their colleagues feedback. EA is not able to canvas each individual for acceptability nor meet individual requests for variation of products commonly used without adequate clinical reason.

- **New Service/Interventional Procedure**
  If a Specialist wishes to introduce a new Service or Interventional Procedure, in the first instance a verbal approach must be made to the Hospital Manager. Following this a written submission including a completed application form, covering letter and supplementary information and attachments should be submitted to the Hospital Manager. Following written approval appropriate changes to processes, education, staffing and supplies will enable the success of the introduction. See section 4.6.

- **Surgical/Anaesthetist Records**
  Specialists are responsible to provide accurate peri-operative records, post-operative instructions, and comply with prescription policies.
- **SaferSleep Anaesthetic Application**
  This will fully record the mode of anaesthesia, progress, timing, route, dose of medications. This may be hand-written if necessary within the anaesthetic record.

5.6 Inpatient/Daystay Care

Specialists have full responsibility for every patient under their care to:

- Provide and complete pre-admission documentation.
- Provide GP/specialist referral/recent medical assessment documentation.
- Complete operation/procedural records immediately following the procedure, with clear post-operative instructions with transfer to PACU or ward nurses.
- Attend and review patients on a daily basis and communicate plans to the ward team.
- Document progress notes, amend treatment orders and medications.
- Provide a Discharge Summary, which should include appropriate contact details in the event of emergency on leaving hospital.
- Respect a patient's privacy, and confidentiality of information.
- Clearly advise ward nurses of appropriate cover arrangements and contact details for periods of absence.

All clinical records remain the property of EA. Except where mandated by law, records are not available to third parties without the express written authority of the patient concerned.

In cases of a deteriorating patient condition or clinical emergency the following must occur:

- When a patient's Specialist or the nominated alternate is not immediately available, the ward/unit after-hours, will take such action as is deemed necessary in the interest of the patient, including a request for attention by the CEO/Clinical Director. The patient's primary care team (Surgeon and Anaesthetist) will be advised as soon as possible of the circumstances and the action taken and the patient will be returned to the care of the primary care time when the primary team becomes available.

In the eventuality of a patient being transferred from EA to another hospital the responsibility of care will remain with the primary team (Surgeon and Anaesthetist or Endoscopist) until the patient is transferred to the other institution. Transfer of patients is arranged through the Team Leader in accordance with the transfer protocol.

In circumstances where a patient's status, or progress is a cause of concern, or where the patient's progress deviates from a management pathway, the primary team should not hesitate in seeking further opinion. In such circumstances, where there are nursing concerns the Team Leader or equivalent, will communicate with the primary team or nominated alternate.

Specialists are encouraged to contact the ward to discuss overnight care of their patients if there are concerns.

5.7 Death of a Patient

A deceased patient must be pronounced dead by the admitting Specialist, or another duly qualified medical practitioner nominated by the Specialist. The CEO/Hospital Manager must be

immediately informed and the admitting Specialist must notify the Coroner in accordance with the New Zealand Law.

The Death Certificate must be completed before the body is released. The release of the body of the deceased must be in accordance with the Law

6. REVIEW OF BYLAWS

A review of part or all of these Bylaws may be initiated by the CEO/Hospital Manager and submitted to the Board of EA.

Appendix 1 EA Code of Ethics

1. GENERAL PRINCIPLES

a) The Patient's Right to Consent to Treatment

In all healthcare decisions, the patient's right to consent to treatment is fundamental. In respecting the autonomy of persons it is the right of every patient with the legal, physical and/or mental capacity to make considered judgements to refuse or request treatment and to own the decisions taken about their healthcare.

Healthcare professionals are responsible for giving patients accurate information about their conditions and the probable effects of treatment options, and for ensuring they have the opportunity to make free and informed judgements. It is recognised that in certain circumstances this ability may be modified by a person's lack of capacity to make considered judgements and/or some medical emergencies.

b) The Patient's Representatives

We acknowledge also the role of the designated or other representatives of the patient in receiving information and speaking on behalf of patients who do not have the capacity to make decisions about their treatment. In such cases the patient's best interests must be the paramount concern of the healthcare team. The role of a patient's representative is to advise the healthcare team of the wishes the patient would have expressed had he or she been able to do so, and to advise the team of the circumstances of the patient prior to admission to the facility.

c) The Purposes of the Treatment

The central obligation of healthcare personnel is to attend to the good of the patient and avoid, prevent or minimise any harm to the patient. This obligation is to be fulfilled in a way, which respects the patient's autonomy.

d) Responsibilities for Treatment Decisions

The ultimate responsibility for decisions about a patient's treatment lies with the patient in conjunction with his/her medical practitioner. It is always necessary to balance the overall probable benefit to the patient with the burdensome of intrusive nature of a procedure or treatment.

All members of the treatment team make their own professional contribution to healthcare decisions and are accountable for their own practice. Members of the team have a right to know the rationale for providing a particular treatment, which they are asked to perform, and an obligation to provide the medical practitioner with information, which may be relevant to the decision.

The integrity of all members of the treatment team must be respected. There must be an established and accessible avenue of appeal where employees believe that this integrity may be compromised. However, the exercise of this right must not jeopardise the quality of the patient's care.

e) Privacy and Confidentiality

Healthcare decisions involve a person's rights and many intimate aspects of a person's integrity. The healthcare team has access to confidential information and the patient's right to privacy must be respected. Information, which would be identified with a person, may not be divulged without his or her consent. However, at times information must be provided to statutory authorities as required by Law.

f) Justice

EA recognises responsibilities pertaining to justice and fairness. This includes stewardship over the available material and human resources for healthcare and recognises that these resources must be used responsibly. All personnel must act according to the highest ethical standards of their profession and that of EA.

2. **SPECIFIC ISSUES**

a) Medical Research and Teaching

The primary purpose of procedures undertaken in our facility is the good of the patient. We recognise however that valuable medical or nursing research and teaching may require the involvement of patients or other persons in procedures whose immediate objective is not for the good of the person, but for the advancement of medical knowledge or the teaching of health care professionals.

In both research and teaching, the involvement of patients or other persons, even where the procedure may be therapeutic, must respect the person's autonomy. Any research therapeutic or non-therapeutic requires the specific informed consent of

the patient or other person participating, together with the approval of the relevant DHB Ethics Committee

b) Ethics Committee

It is the role of the Ethics Committee to advise on the development, refinement and application of this code of ethics. The Committee may meet from time to time, or as required to consider issues relating to the Code of Ethics of EA.

Appendix 2 Criteria for acceptability to practice

Endoscopy Auckland

Colonoscopy:

- Good relationships with nurses, administration staff, specialists and management.
- General competence in endoscopic procedures demonstrated to the full satisfaction of the Director who may take advice from Hospital Manager, Team Leader, senior nursing staff and other specialists.
- 95% completion rate unassisted.
- Average total time $\leq$ 45 minutes.
- Average patient pain score $\leq$ 2.5
- Complication rate (bleeding requiring hospitalisation/transfusions, perforation) $\leq$ 1/1000

Gastroscopy:

- $\geq$ 99% completion rate.
- Average total time $\leq$ 20 minutes.
- Good relationships with nurses, administration staff, specialists and management.
- General competence in endoscopic procedures demonstrated to the full satisfaction of the Clinical Director who may take advice from Hospital Manager, Team Leaders, senior nursing staff and other specialists.

Surgery

- Conversion rate <2% (from Laparoscopic to Open).
- Unplanned re-admission rate <1%.
- Reasonable surgical times as deemed by the Clinical Director.
- Engaging in sufficient clinical surgery to satisfy the Clinical Director.
- Good relationships with nurses, administration staff, specialists and management.
- General competence in surgical procedures demonstrated to the full satisfaction of the Clinical Director who may take advice from Hospital Manager, Team Leaders, senior nursing staff and other specialists.