

Medical Staff Bylaws

Covenant Health Medical Staff Bylaws

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Definitions

In this document, the following words have the meanings set opposite to them:

Academic Physician	A physician Practitioner who also possesses an appointment as a Full-Time Faculty or Clinical Faculty member with either the Faculty of Medicine and Dentistry of the University of Alberta or the Faculty of Medicine of the University of Calgary.
Active Staff	The Practitioners who are appointed to the Active Staff category pursuant to these Bylaws.
Advisor	A person, lay or professional, who provides guidance, support, or counsel pursuant to these Bylaws.
Affected Practitioner	A Practitioner who is the subject of a Triggered Initial Assessment, Triggered Review or Immediate Action.
AHS or Alberta Health Services	The health authority established pursuant to applicable legislation for the Province of Alberta.
AHS Chief Medical Officer	The Executive Vice-President and Chief Medical Officer of AHS, who is the most senior medical administrative leader of AHS, appointed by the AHS CEO.
AHS Immediate Action Review Committee	A committee established as such pursuant to the Alberta Health Services Medical Staff Bylaws.
AHS Medical Affairs Office	An operational and organizational office of the AHS Executive Vice-President and Chief Medical Officer.
AHS Medical Staff Bylaws	The Medical Staff Bylaws of Alberta Health Services as approved and amended
AHS Medical Staff Rules	The Medical Staff Rules of Alberta Health Services as approved and amended.

AHS Primary Zone Clinical Department	The AHS Zone Clinical Department in which a Practitioner undertakes the majority of his/her Medical Staff responsibilities and roles, and through which changes in Appointment, Performance Reviews, and other administrative actions pursuant to these Bylaws will be managed.
AHS Zone	A geographically defined organizational and operational sub-unit of AHS, the boundaries of which may be revised from time-to-time by AHS.
AHS Zone Clinical Department	An organizational unit of Practitioners established by AHS to which members of the Medical Staff shall be assigned.
AHS Zone Clinical Department Head	The Practitioner who is the leader of an AHS Zone Clinical Department.
AHS Zone Clinical Department Facility Chief	The Practitioner who is the leader of an AHS Zone Clinical Department at a particular Facility or Site.
AHS Zone Clinical Section	An organizational sub-unit of an AHS Zone Clinical Department.
AHS Zone Clinical Section Chief	The Practitioner who is the leader of a Clinical Section.
AHS Zone Medical Director	The senior Medical administrative leader of an AHS Zone appointed pursuant to the AHS Medical Staff Bylaws.
AHS Zone Medical Staff	Collectively, all Practitioners, including Practitioners who are appointed to the Medical Staff of Covenant Health, who are assigned to AHS Zone Clinical Departments within a particular AHS Zone.
Application	The forms and process used to apply for a Medical Staff Appointment and Clinical Privileges in the manner specified in these Medical Staff Bylaws and the Medical Staff Rules.

Chief Executive Officer or CEO	The Chief Executive Officer appointed by the Board of Covenant Health to have overall administrative responsibility for Covenant Health.
Clinical Privileges	The delineation of the Procedures that may be performed by the Practitioner, the Sites of Clinical Activity in which the Practitioner may perform Procedures or provide care to Patients, and the Covenant Health Programs and Professional Services that are available to the Practitioner in order to provide care to Patients.
Code of Conduct	A code of conduct or standards of practice established by Covenant Health, AHS, or a College pursuant to the Health Professions Act, Podiatry Act or the Code of Ethics in the case of the Alberta Dental Association and College.
College	The relevant regulatory body which governs the Practitioner.
Community Physician, Dentist, Oral and Maxillofacial Surgeon, or Podiatrist	A physician, dentist, oral and maxillofacial surgeon, or podiatrist with a scope of practice limited to community office or clinic practice.
Community Staff	The Practitioners who are appointed to the Community Staff category pursuant to these Bylaws.
Complainant	A Patient or his/her legal representative(s), a member of the public, or another Practitioner(s) who initiate(s) a Concern.
Concern	A written complaint or concern from any individual or group of individuals about a Practitioner's performance, and/or conduct, either in general or in relation to a specific event or an episode of care, provided to a specific Patient.
Consensual Resolution	A consensual and confidential process to resolve a Concern. Consensual Resolution includes an Affected

	Practitioner, the relevant medical administrative leader(s), and any other relevant person(s).
Covenant Health	A faith-based health care service provider established by provincial legislation.
Covenant Health 'Health Ethics Guide'	The Health Ethics Guide as approved and amended from time to time by the Canadian Conference of Catholic Bishops.
Covenant Health Clinical Department	An organizational unit of Practitioners established by Covenant Health to which members of the Medical Staff shall be assigned and are also assigned to as members of the Alberta Health Services Zone Clinical Department.
Covenant Health Clinical Department Facility Chief	The Practitioner who is the leader of a Clinical Department at a particular Covenant Health Facility or Site.
Covenant Health Conflict of Interest Bylaw	The conflict of interest bylaw established by Covenant Health.
Covenant Health Representative	A Covenant Health employee, Senior Officer, Agent or board member.
Covenant Health Programs and Professional Services	Diagnostic and treatment services and programs operated by or for Covenant Health to which Practitioners with relevant Clinical Privileges can refer Patients.
Dentist or Oral and Maxillofacial Surgeon	A person in independent practice and in good standing with the Alberta Dental Association and College pursuant to the <i>Health Professions Act (Alberta)</i> .
Facilities	Approved hospitals, continuing care facilities, community health, urgent care, and public health centres, and any other facilities operated by Covenant Health.

Facility Medical Advisory Committee	A committee established as such pursuant to these Bylaws.
Facility Medical Director	The Practitioner who is the medical administrative leader of one or more Facilities.
Other Service Provider	The owner or operator of facilities, other than Alberta Health Services, and may be bound by principles of faith and ethics.
Hearing	The process of addressing concerns where a Triggered Initial Assessment and Consensual Resolution have not resolved the matter or are not considered appropriate means to resolve the matter.
Hearing Committee	A committee established as such pursuant to the AHS Medical Staff Bylaws.
Immediate Action	An immediate suspension or restriction of a Practitioner's Appointment and/or Clinical Privileges without first conducting a Triggered Review pursuant to these Bylaws.
Locum Tenens	A Practitioner temporarily placed into an existing practice and/or Facility in order to facilitate the short term absence of another Practitioner, or to address a temporary shortfall in Practitioner workforce.
Medical Executive Committee	A committee established as such pursuant to these Bylaws.
Medical Organizational Structure	The medical organizational structure of Covenant Health aligned with these Bylaws and the Rules.
Medical Staff	Collectively, all Practitioners who possess a Medical Staff Appointment pursuant to these Bylaws and the Alberta Health Services Medical Staff Bylaws.
Medical Staff Appointment or Appointment	The admission of a Practitioner to the Covenant Health Medical Staff.

Medical Staff Associations	An association of the Covenant Health Medical Staff.
Medical Staff Letter of Offer	An offer to join the Medical Staff which specifies the category of Appointment, assignment to a Zone Clinical Department(s), delineation of specific Clinical Privileges (if applicable), and the details of major responsibilities and roles.
Medical Staff Rules or Rules	The specific provisions established as Medical Staff Rules pursuant to these Bylaws.
Minister	The member of the Executive Council of Alberta who is charged with carrying out the statutory responsibilities conferred on him as Minister of Health and Wellness.
Office of the Senior Vice-President, Medicine	An operational and organizational office of the Senior Vice-President, Medicine.
Patient	An individual receiving health services from a Practitioner.
Periodic Review	A periodic review of the professional performance and all matters relevant to the Appointment and Clinical Privileges of a Practitioner with an Appointment in the Active and Locum Tenens Staff categories.
Physician	A person licensed in independent practice and in good standing with the College of Physicians and Surgeons of Alberta pursuant to the <i>Health Professions Act (Alberta)</i> .
Podiatrist	A person licensed in independent practice and in good standing with the Alberta Podiatry Association pursuant to the <i>Podiatry Act/Health Professions Act (Alberta)</i> .
Policies	Administrative and operational objectives, plans, values, principles, practices and standards established by Covenant Health with respect to its operations and Facilities, programs and services.

Practitioner	A Physician, Dentist, Oral and Maxillofacial Surgeon, Podiatrist, or a scientist medical administrative leader, who has a Covenant Health Medical Staff Appointment.
Practitioner Workforce Plan	A plan which provides projections and direction with respect to the recruitment, retention and organization of an appropriate number, mix and location of Practitioners with the required skill set.
Privacy Legislation	The Freedom of Information and Protection of Privacy Act and the Health Information Act.
Probationary Staff	The Practitioners who are appointed to the Probationary Staff category pursuant to these Bylaws.
Procedure	A diagnostic or therapeutic intervention for which a grant of Clinical Privileges is required.
Request to Change	A request to change the category of Appointment and/or the Clinical Privileges of a Practitioner pursuant to these Bylaws.
Scientist Leader	A person other than a Physician, Dentist, Oral and Maxillofacial Surgeon, or Podiatrist who holds a doctorate degree in a recognized health-related scientific or biomedical discipline, and who is a Covenant Health medical administrative leader responsible for, and accountable to, Physician, Dentist, Oral and Maxillofacial Surgeon and/or Podiatrist Practitioners.
Senior Vice-President, Medicine	The most senior medical administrative leader of Covenant Health, appointed by the Chief Executive Officer.
Sites of Clinical Activity	The locations and programs listed in the grant of Clinical Privileges where a Practitioner may perform Procedures, or provide care or services to Patients. The Sites of Clinical Activity may include Facilities, specific Covenant Health Programs and Professional Services within Facilities, and/or Telemedicine.

Telemedicine	The provision of services for Patients, including the performance of Procedures, via telecommunication technologies, when the Patient and the Practitioner are geographically separated. This may include Practitioners in Alberta, as well as those outside Alberta who are on the Telemedicine Register of the College of Physicians and Surgeons of Alberta.
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Temporary Staff	The Practitioners who are appointed to the Temporary Staff category pursuant to these Bylaws.
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Triggered Initial Assessment	An investigation and initial assessment of a Concern or other information/complaints about a Practitioner.
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Triggered Review	A review undertaken in response to a Concern about a Practitioner’s performance and/or conduct.
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Universal Programs and Professional Services	Those diagnostic and therapeutic services and programs available, within their respective scope of practice, to all Alberta Physicians, Dentists, Oral and Maxillofacial Surgeons, and Podiatrists without the need for a Covenant Health Medical Staff Appointment or grant of Clinical Privileges.
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The definitions, captions, and headings are for convenience only and are not intended to limit or define the scope or effect of any provisions of these Bylaws.

PART 1 – GENERAL PROVISIONS

1.0 General

- 1.0.1 These Medical Staff Bylaws, and the Medical Staff Rules, govern the Physicians, Dentists, Oral and Maxillofacial Surgeons and Podiatrists who provide medical care to Patients and the Scientist Leaders who provide medical administrative leadership, in relation to a Covenant Health Medical Staff Appointment. They establish and describe:
- a) the terms and conditions on which Covenant Health may grant Practitioners Clinical Privileges;
 - b) the responsibility of the Medical Staff to Covenant Health for the quality and safety of all professional services provided by Practitioners to Patients and to Covenant Health;
 - c) the responsibilities of the Medical Staff and Covenant Health to each other for the organization and conduct of the Medical Staff, and in particular the processes relating to Medical Staff Appointments and delineation of Clinical Privileges; and
 - d) the administrative structures for the governance of Practitioners working in Covenant Health Facilities or other Covenant Health Sites of Clinical Activity.
- 1.0.2 These Medical Staff Bylaws are prepared with the express intent of complementing the Medical Staff Bylaws of AHS. As such, while Covenant Health retains final authority in the matter of granting appointments and privileges to members of the Medical Staff, Covenant Health relies on the good offices of AHS to conduct, various functions on behalf of Covenant Health, pursuant to section 3.9 of the Alberta Health Services Medical Staff Bylaws as agreed to from time to time by Covenant Health and Alberta Health Services.

1.2 Objectives

- 1.2.1 Covenant Health, in collaboration with AHS, has the responsibility and authority to take appropriate actions to provide safe, quality medical services to its patients, residents and clients.
- 1.2.2 In order to carry out these responsibilities, Covenant Health shall, in consultation with Practitioners who have been appointed to the Medical

Staff, prepare and adopt Medical Staff Bylaws and Medical Staff Rules governing the creation, organization and operation of the Medical Staff, including:

- a) administrative structures, committees and positions for the governance of the Medical Staff;
- b) granting Appointments to Practitioners as members of the Medical Staff;
- c) granting Clinical Privileges to Practitioners;
- d) defining the responsibilities for all Practitioners who are granted Appointments and Clinical Privileges; and
- e) determining the accountability of Practitioners for discharging the responsibilities relating to Medical Staff Appointments and Clinical Privileges.

1.3 Binding Effect

In the application for and acceptance of an appointment to the Medical Staff of Covenant Health, all Practitioners and Covenant Health agree to be bound by these Bylaws and the Rules.

1.4 Records and Disclosure

1.4.1 Covenant Health shall, as a minimum, keep a record of

- a) all Medical Staff appointments
- b) all Clinical Privileges granted, and
- c) all changes to Medical Staff Appointments and amendments to Clinical Privileges granted.

1.4.2 Covenant Health shall, on request of a Practitioner, provide the Practitioner with a copy of the subsisting Medical Staff Appointment and Clinical Privileges, or other information on the Practitioner's file(s). All responses to access requests will be made according to the provisions of applicable legislation.

1.4.3 Covenant Health may disclose information requested by the College of Physicians and Surgeons of Alberta, the Alberta Dental Association and College, the Alberta Podiatry Association and other authorized bodies or persons, provided such disclosure is required by law or necessary to

ensure public or Patient safety, or the disclosure is agreed to, in writing, by the Practitioner.

- 1.4.4 Covenant Health may disclose to Alberta Health Services and Alberta Health Services may disclose to Covenant Health any and all information, including information governed by the Freedom of Information and Protection of Privacy Act or the Health Information Act for any purpose related to section 3.9 of the Alberta Health Services Medical Staff Bylaws or any agreement pursuant to section 3.9 between Covenant Health and Alberta Health Services.

1.5 Advisor

Notwithstanding the mutual desire and expectation of Covenant Health and the Medical Staff to encourage prompt and consensual resolution of disputes by the involved parties, whenever an applicant for a Medical Staff Appointment or a Practitioner is requested to appear before a person or persons in authority, the applicant/Practitioner may be accompanied by an Advisor of his/her choice, and shall provide advance notice of the Advisor's identity.

1.6 Medical Staff Rules

- 1.6.1 The Medical Executive Committee shall recommend such Medical Staff Rules, or amendments to existing Rules, as it deems necessary for Patient care and the conduct of the Medical Staff. The recommendation of the Medical Executive Committee shall be subject to final review and approval by the Senior Vice-President, Medicine.
- 1.6.2 The Medical Staff Rules shall be reviewed by the Medical Executive Committee at least once in each three year period from the date of the most recent adoption or more frequently as required.
- 1.6.3 New Rules, or amendments to existing Rules, may be proposed by any member of the Medical Executive Committee. All proposed new Rules, or amendment to existing Rules, shall be considered by the Medical Executive Committee which shall forward a recommendation to approve, amend (if applicable) or reject the proposed new or amended Rule(s) to the Senior Vice-President, Medicine.
- 1.6.4 All proposed recommendations to approve, amend (if applicable) or reject a proposed new Rule(s) or an amendment to existing Rule(s) shall

require a two-thirds majority of those present and entitled to vote at any duly constituted meeting of the Medical Executive Committee. A notice of motion is necessary and must be given at a previous meeting or at least thirty days prior to the meeting.

- 1.6.5 The input from the Medical Staff shall occur through representation on the Medical Executive Committee, pursuant to Part 2 of these Bylaws.
- 1.6.6 Rules established by AHS and amendments to those Rules approved by AHS shall automatically be considered by the Medical Executive Committee, for possible inclusion in the Covenant Health Medical Staff Rules, with or without modification to meet the circumstances of the Covenant Medical Staff.

1.7 Bylaws Review and Amendments

- 1.7.1 These Bylaws shall be reviewed by the Medical Executive Committee at least once in every three-year period from the date of the most recent adoption, or more frequently as required. The Medical Executive Committee shall define the process and timelines for the reviews, and the required approval through a vote by ballot of all members of the Medical Staff.
- 1.7.2 Amendments to these Medical Staff Bylaws may be proposed by the Medical Staff, Covenant Health, or the Medical Executive Committee.
- 1.7.3 Amendments to the Bylaws proposed by Medical Staff shall be forwarded to the Medical Executive Committee by one or more of the Medical Staff representative members of the Medical Executive Committee.
- 1.7.4 Amendments to the Bylaws proposed by Covenant Health shall be forwarded to the Medical Executive Committee.
- 1.7.5 The Medical Executive Committee shall consider all proposed amendments.
- 1.7.6 If the Medical Executive Committee unanimously agrees to recommend a proposed amendment(s), it will forward the proposed amendment(s) to the Medical Staff for consideration:

- a) A vote by ballot of the members of the Medical Staff shall be conducted by the Office of the Senior Vice-President, Medicine and the Medical Staff Association pursuant to the process described in the Medical Staff Rules.
 - b) The recommendation of the Medical Executive Committee shall be included with the proposed amendment(s) when forwarded for consideration by the Medical Staff.
 - c) The required majority for Medical Staff support of the proposed amendment shall be two-thirds of the properly cast ballots returned.
- 1.7.8 A proposed amendment(s) to the Bylaws supported by the Medical Staff will be forwarded by the Senior Vice-President, Medicine to the Minister for approval.
- 1.7.9 If the Medical Staff fail to support a proposed amendment(s) recommended by the Medical Executive Committee, the Medical Executive Committee may:
- a) withdraw its recommendation to support the proposed amendment(s) and notify, in writing, the party proposing the amendment(s) of its decision and the reason(s) for its decision;
 - b) meet with the party proposing the amendment(s) to revise the proposed amendment(s) in consideration of the reason(s) for the failure of the Medical Staff to support it; or
 - c) request that the proposed amendment be forwarded to the Minister for resolution. The Medical Executive Committee and the Medical Staff Association shall provide a written opinion regarding the proposed amendment(s) and the reason(s) for the failure of the Medical Staff to support it.
- 1.7.10 If the Medical Executive Committee agrees to recommend a proposed amendment(s) by a minimum two thirds majority of those present and entitled to vote at any duly constituted meeting, but is not unanimous in its recommendation, the party proposing the amendment(s) will be notified, in writing, of the reason(s) why the Medical Executive Committee did not reach unanimity. The party proposing the amendment(s) may:
- a) withdraw the proposed amendment(s);
 - b) revise the proposed amendment(s) in consideration of the reason(s) that the Medical Executive Committee did not reach

- unanimity, and forward the revised proposed amendment to the Medical Executive Committee; or
- c) request that the proposed amendment(s), and the written dissenting opinions of the members of the Medical Executive Committee, be forwarded to the Medical Staff for consideration pursuant to the processes described in section 1.7.6 of these Bylaws.
- i. If the Medical Staff support the proposed amendment(s), the proposed amendment(s) will be forwarded by the Senior Vice-President, Medicine to the Minister for approval.
 - ii. If the Medical Staff fail to support the proposed amendment(s), and the amendment(s) has (have) been proposed by a representative of the Medical Staff pursuant to section 1.7.2 of these Bylaws, the proposed amendment(s) will be considered as being rejected.
 - iii. If the Medical Staff fail to support the proposed amendment(s), and the amendment(s) has (have) been proposed by Covenant Health, Covenant Health may withdraw the proposed amendment(s); revise the proposed amendment(s); or request that the proposed amendment(s), the written dissenting opinions of the members of the Medical Executive Committee and the written opinion of the Medical Staff Association as to the reasons for the failure of the Medical Staff to support it be forwarded by the Senior Vice-President, Medicine to the Minister for resolution.
- 1.7.11 If a proposed amendment(s) is supported by less than the minimum two-thirds majority of those present and entitled to vote at any duly constituted meeting of the Medical Executive Committee, it shall not be forwarded to the Medical Staff for consideration. The Medical Executive Committee will notify, in writing, the party proposing the amendment of its decision and the reason(s) for the decision.

PART 2 – MEDICAL ORGANIZATIONAL STRUCTURE OF COVENANT HEALTH

2.0 General

- 2.0.1 This part of the Bylaws describes the committees and medical administrative leadership positions that are central to these Bylaws. The Medical Organizational Structure of Covenant Health is further described in the Medical Staff Rules.
- 2.0.2 Policy development, organizational planning and strategic decision-making related but not limited to recruitment and retention, resource allocation, service delivery models and the quality and safety of Patient care, shall be undertaken and/or coordinated by medical administrative leaders and committees with Covenant Health-wide responsibilities and duties.
- 2.0.3 Operational decision-making and reporting, particularly pertaining to the local provision of services to Patients, and the management of Concerns, may be undertaken and/or coordinated by medical administrative leaders and committees with either Zone-wide or Facility specific responsibilities and duties.
- 2.0.4 All committees and other groups within the Medical Organizational Structure of Covenant Health shall be subject to the collective responsibilities identified in these Bylaws and the Rules.
- 2.0.5 All medical administrative leaders within the Medical Organizational Structure of Covenant Health, including all those described in this part of these Bylaws, shall be members of the Medical Staff.

2.1 Senior Vice-President, Medicine

2.1.1 Appointment and Accountability

- 2.1.1.1 The Senior Vice-President, Medicine is the most senior medical administrative leader in Covenant Health and shall be appointed by the CEO.

- 2.1.1.2 The Senior Vice-President, Medicine shall be a member of the executive of Covenant Health and shall be directly accountable to the CEO.

2.1.2 Responsibilities and Duties

The Senior Vice-President, Medicine will be responsible for the implementation and operation of the Medical Staff Bylaws and Rules and policies established by Covenant Health related to the Medical Staff. Without limiting the authority of Covenant Health relative to its administrative structures, the responsibilities of the Senior Vice-President, Medicine include, but are not limited to:

- a) establishing and implementing the processes for Medical Staff Appointments, granting Clinical Privileges and conducting reviews of the Medical Staff;
- b) establishing and maintaining the Office of the Senior Vice-President, Medicine and any ancillary relationships or structures for the proper functioning of the Medical Staff Bylaws and Rules;
- c) advancing the perspectives, advice and resource requirements of the Medical Staff within Covenant Health;
- d) advocating for the provision of high quality and safe Patient care within Covenant Health;
- e) implementing and maintaining appropriate measures to ensure that the quality and safety of services offered by all Medical Staff are evaluated on a regular basis, that corrective actions are taken when problems are identified, and that ongoing enhancement of the skills and training of the Medical Staff is encouraged;
- f) implementing procedures to monitor and ensure Medical Staff compliance with the Bylaws, the Rules and Covenant Health Policies;
- g) approving new Medical Staff Rules or amendments to existing Rules;
- h) rendering final decisions related to recommendations emanating from the Triggered Review Process;
- i) supporting the processes related to Practitioner workforce planning, recruitment and retention;
- j) implementing and maintaining appropriate measures to review and manage the use of Covenant Health resources by the Medical Staff;
- k) within available resources and to the extent agreed to by Covenant Health, ensuring appropriate learning experiences and clinical

- supervision of postgraduate medical trainees, undergraduate medical students and other Practitioner-taught learners within Covenant Health facilities;
- l) reporting on the activities of the Medical Staff to the CEO;
 - m) performing all other duties assigned to him/her by these Bylaws and the Rules;
 - n) performing duties delegated by the Covenant Health Board to the CEO; and then to him/her;
 - o) generally performing other duties conducive to the proper functioning of the Medical Staff Bylaws and Rules and also their proper functioning and alignment with the AHS Medical Staff Bylaws and Rules; and
 - p) performing other duties as may be assigned by the CEO.

2.2 Associate Vice-President(s), Medicine

2.2.1 Appointment and Accountability

- 2.2.1.1 One or more Associate Vice-President(s), Medicine shall be appointed by the Senior Vice-President, Medicine after consideration of the recommendations of a search committee pursuant to the process specified in the Rules.
- 2.2.1.2 The Associate Vice-President(s), Medicine shall be directly accountable to the Senior Vice-President, Medicine.

2.2.2 Responsibilities and Duties

The Associate Vice-President, Medicine shall assist the Senior Vice-President, Medicine in fulfilling his/her duties. Without limiting the authority of Covenant Health relative to its administrative structures, the responsibilities of the Associate Vice-President, Medicine include, but are not limited to:

- a) performing all duties assigned to him/her by these Bylaws and the Rules;
- b) performing duties delegated to him/her by the Senior Vice-President, Medicine;

- c) acting for the Senior Physician Vice-President, Medicine in his/her absence and as his/her designate for those duties assigned to the Senior Vice-President, Medicine by these Bylaws and the Rules;
- d) advancing the perspective, advice and resource requirements of the Medical Staff within Covenant Health; and
- e) advocating for the provision of high quality and safe Patient care within Covenant Health;

2.3 Facility Medical Directors

2.3.1 Appointment and Accountability

- 2.3.1.1 Each Facility shall have a Facility Medical Director. The Facility Medical Director is the most senior medical administrative leader for a Facility and shall be appointed by the Senior Vice-President, Medicine after consideration of the recommendations of a search committee pursuant to the process specified in the Rules. An individual may be the Facility Medical Director of more than one Facility.
- 2.3.1.2 The Facility Medical Director shall be directly accountable to the Senior Vice-President, Medicine.

2.3.2 Responsibilities and Duties

Without limiting the authority of Covenant Health relative to its administrative structures, the responsibilities of the Facility Medical Director include, but are not limited to:

- a) accountability for Practitioner-related matters, as well as operational decisions requiring Practitioner input or leadership that arise within the Facility;
- b) ensuring clinical operational coordination within the Facility, collaboration between Facilities, and the implementation of Covenant Health Policies;
- c) advancing the perspective, advice and resource requirements of the Medical Staff providing services in the Facility;

- d) advocating for the provision of high quality and safe Patient care within the Facility;
- e) performing all duties assigned to him/her in these Bylaws and the Rules; and
- f) performing all duties as may be delegated by the Senior Vice-President, Medicine.

2.4 AHS Zone Clinical Departments

- 2.4.1 Covenant Health Practitioners shall be assigned by AHS to organizational units of Practitioners called Zone Clinical Departments, in accordance with AHS Medical Staff Bylaws. An AHS Zone Clinical Department shall consist of Practitioners who provide Patient care and clinical service:
 - a) related to a specialty or subspecialty recognized by the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada; and
 - b) that are established by AHS in accordance with AHS Medical Staff Bylaws.
- 2.4.2 Each AHS Zone Clinical Department shall be led by an AHS Zone Clinical Department Head whose duties and responsibilities are specified in the AHS Medical Staff Bylaws and the AHS Medical Staff Rules.
- 2.4.3 An AHS Zone Clinical Department may be further divided, as appropriate, into AHS Zone Clinical Sections, organizational sub-units which shall be directly accountable to the AHS Zone Clinical Department within which they function. AHS Zone Clinical Sections shall be established in accordance with AHS Medical Staff Bylaws.
- 2.4.4 Each AHS Zone Clinical Section shall have an AHS Zone Clinical Section Chief whose duties and responsibilities are specified in the AHS Medical Staff Rules.
- 2.4.5 An AHS Zone Clinical Department that is responsible for providing services to Patients in more than one Facility may, as appropriate, appoint AHS Zone Clinical Department Facility Chiefs who shall assist the AHS Zone Clinical Department Head. Where applicable, and in consultation with the AHS Zone Clinical Department Head, Covenant

Health may appoint Covenant Health Clinical Department Facility Chiefs in Covenant Health Facilities, who shall assist the AHS Zone Clinical Department Head.

- 2.4.6 The duties and responsibilities of the Covenant Health Clinical Department Facility Chiefs are described in the Covenant Health Medical Staff Rules.

2.5 Covenant Health Facility Clinical Departments

Where applicable, and in consultation with the relevant AHS Zone Clinical Department Head, Covenant Health may establish Facility Clinical Departments. Members of the Covenant Health Facility Clinical Departments shall be members of the AHS Zone Clinical Department and shall hold a Covenant Health Appointment and Clinical Privileges in that Facility.

2.6 Establishment of AHS Zone Clinical Departments and AHS Zone Clinical Sections

The AHS Zone Medical Director may create, modify or dissolve AHS Zone Clinical Departments and AHS Zone Clinical Sections in accordance with AHS Medical Staff Bylaws. The process to create, modify or dissolve AHS Zone Clinical Departments and AHS Zone Clinical Sections is described in the AHS Medical Staff Rules.

2.7 Medical Executive Committee

- 2.7.1 The purpose of the Medical Executive Committee is to advise Covenant Health and the Senior Vice-President, Medicine on matters pertinent to quality and safe patient care as well as issues including but not limited to:

- a) Practitioner workforce planning;
- b) the development and oversight of the Medical Staff Bylaws and Medical Staff Rules, and Covenant Health policies pertinent to the Medical Staff;
- c) reviewing Medical Staff Bylaws and Medical Staff Rules at least once in each three year period from the date of the most recent adoption or more frequently as required;

- d) considering proposed amendments to Medical Staff Bylaws and Medical Staff Rules in accordance with Articles 1.6 and 1.7 of these Medical Staff Bylaws;
- e) discharging responsibilities essential to maintaining appropriate accreditation of Covenant Health; and
- f) performing all other duties assigned to it by these Bylaws and the Medical Staff Rules.

2.7.2 The composition, duties and responsibilities of the Medical Executive Committee are described in the Medical Staff Rules.

2.8 Facility Medical Advisory Committees

2.8.1 Each Facility shall establish a Medical Advisory Committee, or where circumstances warrant, and after consultation with the Medical Staff at the Facilities involved, and after approval by the Senior Vice-President, Medicine, a single Medical Advisory Committee for two or more Facilities may be established.

2.8.2 The purpose of the Facility Medical Advisory Committee is to advise the Medical Executive Committee, Covenant Health and the Senior Vice-President, Medicine on Facility-specific matters pertinent to quality and safe patient care as well as issues including but not limited to:

- a) Practitioner workforce planning at the Facility(ies);
- b) developing and recommending Facility-specific policies pertinent to the Medical Staff at the Facility; and
- c) discharging responsibilities essential to maintaining accreditation and all other duties assigned to it by these Bylaws and the Medical Staff Rules.

2.8.3 The composition, duties and responsibilities of each Facility Medical Advisory Committee are described in the Medical Staff Rules.

2.9 Facility Medical Staff Associations

2.9.1 The Medical Staff in each Covenant Health Facility shall establish a Medical Staff Association to facilitate the engagement and participation of the Medical Staff in Practitioner-related matters, and the fulfilment of the responsibilities and duties of Practitioners pursuant to these Bylaws and the Rules. The Medical Staff Associations shall be the

representative bodies of Practitioners in matters related to these Bylaws and the Medical Staff Rules. The Medical Staff Associations shall be governed by their own constitution.

- 2.9.2 A single Facility Medical Staff Association of the Medical Staff in two or more Covenant Health Facilities may be established when approved by the majority of the Medical Staff in the Active Staff category in each of the relevant Facilities.
- 2.9.3 The Facility Medical Staff Associations shall establish a mutually agreeable process for the selection and appointment of Medical Staff representatives to the Covenant Health Medical Executive Committee, and to other Covenant Health Committees requiring Medical Staff representation.

PART 3 – THE PROCESS FOR MEDICAL STAFF APPOINTMENTS AND CLINICAL PRIVILEGES

3.0 General

- 3.0.1 Covenant Health is ultimately responsible for the granting of an Appointment and Clinical Privileges to any Practitioner who will be providing Patient care services within Facilities and Sites of Clinical Activity operated by Covenant Health.
- 3.0.2 A Medical Staff Appointment outlines the category of Appointment and the Practitioner's organizational rights and responsibilities. Upon being granted an Appointment, a Practitioner shall be assigned to the appropriate AHS Zone Clinical Department. A Practitioner may be assigned to more than one AHS Zone Clinical Department, but one AHS Zone Clinical Department must be assigned as the Primary AHS Zone Clinical Department.
- 3.0.3 Clinical Privileges that are granted to a Practitioner define the diagnostic or therapeutic Procedures or other Patient care services a Practitioner is deemed competent to perform, the Facilities within which the Practitioner is eligible to provide care and services to Patients and the specified Covenant Health Programs and Professional Services, in addition to Universal Services and Programs, that the Practitioner is eligible to access. A Practitioner is not entitled to perform procedures or treat patients simply by virtue of being a member of the Medical Staff.
- 3.0.4 The granting of Clinical Privileges shall consider the needs of Covenant Health; the Practitioner Workforce Plan; the resources available or the Facilities required for the requested Procedures and access to Covenant Health Services and Programs; and the Practitioner's training, experience, demonstrated ability and skills, and current clinical competence. Access to Covenant Health Programs and Professional Services and performance of Procedures will be subject to the availability of the required resources and staff.
- 3.0.5 The grant of a Medical Staff Appointment and Clinical Privileges to a Practitioner is exclusive to that Practitioner.

- 3.0.6 No Practitioner shall assign, transfer, encumber or delegate a grant of a Medical Staff Appointment and Clinical Privileges granted to that Practitioner and any purported assignment, transfer or encumbrance thereof shall be null and void.
- 3.0.7 A Medical Staff Appointment and Clinical Privileges may only be granted to an individual and will not be granted to a firm, partnership or corporation, including a professional corporation.

3.1 Medical Staff Appointments

- 3.1.1 Appointment to the Medical Staff is not a right. It shall be granted by Covenant Health only to professional and competent individuals:
 - a) with a license for independent practice with the relevant College, and who initially and continuously meet the qualifications, standards, and requirements set forth in these Bylaws, and in such Medical Staff Rules as are adopted from time to time, and
 - b) who hold a Medical Staff Appointment and Clinical Privileges granted by AHS
- 3.1.2 In the event that, for whatever reason, a Practitioner is no longer licensed for independent practice with the relevant College, or no longer holds a Medical Staff Appointment with AHS, the Medical Staff Appointment and Clinical Privileges granted by Covenant Health shall automatically terminated.
- 3.1.3 Practitioners shall be subject to the responsibilities, expectations and periodic review as outlined in these Bylaws and the Medical Staff Rules.
- 3.1.4 Practitioners in the Probationary Staff, Active Staff, Temporary Staff and Locum Tenens categories (pursuant to sections 3.1.9, 3.1.10, 3.1.11 and 3.1.13 of these Bylaws) may provide specified clinical services for Patients in Facilities and may access Covenant Health Programs and Professional Services as defined by Clinical Privileges.
- 3.1.5 A Medical Staff Appointment is required to access Covenant Health intranet/internal information technologies and systems.
- 3.1.6 Locum tenens Practitioners shall require a Medical Staff Appointment and Clinical Privileges appropriate to their assignment.

3.1.7 Physicians, Dentists, Oral and Maxillofacial Surgeons and Podiatrists, residing and practicing outside Alberta who wish to provide services by Telemedicine to Patients shall require a Medical Staff Appointment and grant of Clinical Privileges.

3.1.8 Categories of Appointment

Covenant Health Medical Staff Appointments shall be made to one of the categories listed below:

- a) Probationary Staff
- b) Active Staff
- c) Temporary Staff
- d) Community Staff
- e) Locum Tenens Staff

3.1.9 Probationary Staff

3.1.9.1 All initial Medical Staff Appointments shall be to the Probationary Staff, other than those in the Temporary or Community Staff category, or where, in the opinion of the Senior Vice-President, Medicine or designate, a direct appointment to the Active Staff is appropriate.

3.1.9.2 Members in the Probationary Staff category shall be assigned to a Primary AHS Zone Clinical Department through which their performance shall be assessed to determine eligibility for Appointment to the Active Staff category. Appointment to the Probationary Staff category shall be for a minimum period of twelve months and a maximum period of twenty-four months exclusive of approved leaves of absence. After a total of eighteen months in the Probationary Staff category, the Practitioner is deemed to have applied for a change from Probationary to Active Staff pursuant to Part 3 of these Bylaws.

3.1.9.3 The performance assessment shall be undertaken in accordance with AHS Medical Staff Bylaws and AHS Medical Staff Rules.

3.1.10 Active Staff

- 3.1.10.1 Members of the Active Staff category shall be Practitioners who have satisfied the requirements of the probationary period and have received an Appointment to the Active Staff category, or have been appointed directly to this category.

3.1.11 Temporary Staff

- 3.1.11.1 Covenant Health may grant a Medical Staff Appointment in the Temporary Staff category for a specific purpose and for a defined time, not to exceed one hundred and twenty consecutive days. This category of Appointment shall be used for short-term temporary situations and the scope of practice shall be defined according to Clinical Privileges granted.

3.1.12 Community Staff

- 3.1.12.1 A Community Physician, Podiatrist, Dentist or Oral and Maxillofacial Surgeon who does not provide specified clinical services for Patients in Facilities, and who does not require access to Covenant Health Programs and Professional Services, may apply for a Medical Staff Appointment in the Community Staff category in order to benefit from participating in the activities of Covenant Health and membership in the relevant Zone Clinical Department.
- 3.1.12.2 If a Practitioner in the Community Staff category requests access to Covenant Health Programs and Professional Services requiring a grant of Clinical Privileges, the Appointment must be changed to the Probationary or Active Staff category pursuant to Part 3 of these Bylaws.
- 3.1.12.3 Practitioners in the Community Staff category shall be entitled to access Covenant Health intranet/internal information technologies and systems.

3.1.13 Locum Tenens Staff

Covenant Health may grant a Medical Staff Appointment in the Locum Tenens category for the temporary placement or placements of a Locum Tenens in an existing practice and/or Facility in order to facilitate the short term absence of another Practitioner, or to address a temporary shortfall in Practitioner workforce. The scope of practice of the Locum Tenens shall be defined by the Clinical Privileges granted.

3.2 Clinical Privileges

3.2.1 Covenant Health grants Clinical Privileges which shall specify

- a) Covenant Health Programs and Professional Services that the Practitioner is eligible to access,
- b) Procedures that the Practitioner is deemed to be competent and eligible to perform, and
- c) Sites of Clinical Activity in which the Practitioner is eligible to provide Patient care and services.

3.2.2 Clinical Privileges, including Covenant Health Programs and Professional Services and Sites of Clinical Activity that the Practitioner is eligible to access, as well as Procedures that the Practitioner is deemed competent and eligible to access, shall be recommended by the AHS Zone Clinical Department Head(s). No AHS Zone Clinical Department, AHS Zone Clinical Section or specialty “owns” any Clinical Privilege, including Procedures.

3.2.3 In the case of a Practitioner in the Locum Tenens category, Clinical Privileges shall be granted in conjunction with the initial Appointment. Prior to the subsequent placement of the Locum Tenens in a new Site of Clinical Activity, the relevant Facility Medical Director shall be satisfied there are sufficient physical and human resources available to allow the Locum Tenens to utilize all the Clinical Privileges granted.

3.2.4 Neither appointment to the Medical Staff or the granting of Clinical Privileges shall confer entitlement to unrestricted use of Covenant Health Programs and Professional Services, and Sites of Clinical Activity. Access to, and allocation of, all physical and human resources shall be subject to their availability, budgetary considerations, and the administrative allocation procedures and

policies of Covenant Health. Such procedures and policies shall be established in consultation with the Medical Staff through the processes available in these Bylaws and the Rules.

3.2.5 Different Practitioners are not eligible, per se, for the same Clinical Privileges simply by virtue of being members of the same AHS Zone Clinical Department(s).

3.2.6 Procedures

3.2.6.1 The grant of Clinical Privileges shall delineate the Procedures which the Practitioner is entitled to perform.

3.2.6.2 Through a process defined in the Rules, Covenant Health shall establish the need for, and the capacity of Covenant Health to support, a new Procedure, and if deemed appropriate, privileging criteria for the new Procedure. The process will ensure that the eligibility to perform a new Procedure is determined fairly, rigorously and with regard to demonstrated competence, rather than limiting access to any particular AHS Zone Clinical Department or specialty.

3.2.6.3 The granting of Clinical Privileges for Procedures for all Practitioners is made on the basis of each Practitioner's documented training, experience, demonstrated abilities and skill, and current competence, as well as the available Covenant Health resources.

3.2.7 Sites of Clinical Activity

3.2.7.1 The grant of Clinical Privileges shall delineate the Sites of Clinical Activity including where the Practitioner is approved to perform various Procedures. Sites of Clinical Activity will be defined by the Senior Vice-President, Medicine in consultation with the Medical Executive Committee, and will reflect geographic restrictions, as well as access to Facilities operated by Covenant Health. Criteria for the delineation of Sites of Clinical Activity shall be described in the Rules.

3.2.7.2 Sites of Clinical Activity shall also specify:

- a) Inpatient Hospital Service – which will normally include admission and treatment of hospitalized Patients and the use of Covenant Health Programs and Professional Services for the needs of hospitalized Patients, as described in the Clinical Privileges granted.
- b) Outpatient Clinics and Services in Hospital and Other Facilities – which will normally include the treatment of ambulatory Patients with access to Covenant Health Programs and Professional Services for the needs of ambulatory Patients, as described in the Clinical Privileges granted.
- c) Continuing Care Facilities – which will normally include the admission and treatment of Patients in these facilities with access to Covenant Health Programs and Professional Services, as described in the Clinical Privileges granted.
- d) Telemedicine.

3.3 Appointment and Privileges Procedure

3.3.1 General Provisions

Applications for a Medical Staff Appointment and Clinical Privileges shall be made in the manner specified in AHS Medical Staff Bylaws and the Rules.

3.4 Application Process

- 3.4.1 All Applications shall be submitted on the prescribed forms to the AHS Medical Affairs Office, and shall be processed by AHS, on behalf of Covenant Health in accordance with the AHS Medical Staff Bylaws and AHS Medical Staff Rules, excepting only that all decisions shall be subject to final approval by the Senior Vice-President, Medicine.

3.4.2 Letter of Offer

3.4.2.1 An approved Application will result in the preparation of a Medical Staff Letter of Offer by the Office of the Senior Vice-President, Medicine. With the Medical Staff Letter of Offer, the applicant shall be provided with copies of, or access to, all documents referred to pursuant to section 3.4.2.3 of these Bylaws. The Medical Staff Letter of Offer shall:

- a) indicate the terms of the Appointment including the category of Medical Staff Appointment and the Clinical Privileges granted. Where a member of the Medical Staff is subject to a return-in-service agreement (RiSA) with Covenant Health, completion of the RiSA will also be a condition of the Appointment.

3.4.2.2 The Letter of Offer shall include a statement that the Applicant:

- a) has read and understands the Medical Staff Bylaws and Rules and agrees to be governed by them;
- b) accepts the category of Medical Staff Appointment and the Clinical Privileges granted;
- c) has read and understands all relevant Covenant Health Policies including, but not limited to, those pertaining to confidentiality/privacy, acceptable Information Technology/Information Management usage, health record keeping, and Patient safety; Covenant Health Health Ethics Guide and, agrees to be governed by them provided that their content does not contravene the respective Code of Conduct of the relevant Colleges, or the code of ethics of the profession; and
- d) understands and agrees that Covenant Health may disclose to Alberta Health Services and Alberta Health Services may disclose to Covenant Health any and all information, including information governed by the Freedom of Information and Protection of Privacy Act or the Health Information Act, for any purpose related to s.3.9 of the Alberta Health Services Medical Staff Bylaws or any agreement pursuant to s.3.9 between Covenant Health and Alberta Health Services.

- 3.4.2.3 In the case of a Practitioner being granted an Appointment in the Locum Tenens category, the Medical Staff Letter of Offer shall specify the requirement that prior to any subsequent placement of the Locum Tenens in a new Site of Clinical Activity, the Senior Vice-President, Medicine must be satisfied that there are sufficient physical and human resources available to allow the Locum Tenens to utilize the Clinical Privileges granted.
- 3.4.2.4 A Medical Staff Letter of Offer shall not take effect until a signed copy of the letter, indicating the applicant's agreement with its terms, is returned to the Office of the Senior Vice-President, Medicine within thirty days of it being forwarded to the applicant.

3.5 Request to Change a Medical Staff Appointment and Clinical Privileges

- 3.5.1 A Request to Change may include an application to terminate or change the category of a Medical Staff Appointment, including a recommendation not to extend continuation in the Probationary Staff category, or to change Clinical Privileges.
- 3.5.2 A Request to Change must be initiated on the prescribed form by the Practitioner and/or the AHS Zone Clinical Department Head, and will not be considered until such form is completed and submitted to the AHS Medical Affairs Office. Changes to a Medical Staff Appointment and/or Clinical Privileges arising from a Triggered Performance Review shall be addressed pursuant to Part 6 of these Bylaws.
- 3.5.3 A Request to Change will be submitted to the AHS Medical Affairs Office and must include particulars of the change requested, and reasonable support for the need or desirability of the change.
- 3.5.4 The Request for Change shall be processed by AHS on behalf of Covenant Health in accordance with the AHS Medical Staff Bylaws and AHS Medical Staff Rules, excepting only that all decisions shall be subject to final review and approval by the Senior Vice-President, Medicine.

- 3.5.5 The Senior Vice-President, Medicine or designate shall make a decision to accept or reject a recommendation, and shall provide the applicant with written notification of the decision within fifteen days of receipt of the recommendation by the Senior Vice-President, Medicine.

3.6 Decisions of the Senior Vice-President, Medicine

- 3.6.1 A decision of the Senior Vice-President, Medicine or designate may be favourable or unfavourable. An unfavourable decision may be either a decision to deny or to amend the Application or a Request to Change.
- 3.6.2 The applicant/Practitioner shall be notified of the decision within fifteen days of receipt of any recommendation arising from the Application for Appointment or Request to Change a Medical Staff Appointment and Clinical Privileges processes.
- 3.6.3 The decision of the Senior Vice-President, Medicine or designate relative to an Application or Request for Changes is final, subject only to legal rights of appeal.

3.7 Exceptional and Urgent Situations

- 3.7.1 In exceptional and urgent circumstances, the AHS Chief Medical Officer or the AHS Chief Executive Officer may make an interim Medical Staff Appointment and grant of Clinical Privileges, or a change in Appointment and/or Clinical Privileges, in accordance with the AHS Medical Staff Bylaws and AHS Medical Staff Rules, subject to approval by the Senior Vice-President, Medicine.
- 3.7.2 A Medical Staff Appointment and grant of Clinical Privileges or a change in Appointment and/or Clinical Privileges made under urgent situations shall be for a maximum of ninety days. During those ninety days, the applicant will be eligible to be considered for Appointment and a grant of Clinical Privileges or a change in Appointment and/or Clinical Privileges in the normal manner described in these Medical Staff Bylaws and Rules.

3.8 Agreement with Alberta Health Services

- 3.8.1 Covenant Health may enter into an agreement with AHS, as contemplated by section 3.9 of the AHS Medical Staff Bylaws, to allow for the proper functioning and alignment of the respective bylaws and rules and the utilization by Covenant Health of the good offices of AHS.

PART 4 - RESPONSIBILITIES AND ACCOUNTABILITY OF COVENANT HEALTH AND THE MEDICAL STAFF

4.0 General

- 4.0.1 The Medical Staff and Covenant Health share joint responsibility and accountability for the provision of health services to Albertans in a Patient-centered system. This Part of the Medical Staff Bylaws describes the joint responsibilities and accountability of Covenant Health and the Medical Staff, as well as the individual Practitioner's responsibilities and accountability.
- 4.0.2 Covenant Health, subject to legislation and any direction provided by the Minister, and in cooperation with AHS, has the responsibility and mandate 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. Covenant Health retains decision-making authority with respect to the distribution of resources to meet these responsibilities.
- 4.0.3 Within the medical governance and organizational structure jointly established by Covenant Health and the Medical Staff, the Medical Staff are expected to provide Patient services in a professional and competent manner, and to collaborate with, and contribute expert advice to, Covenant Health.
- 4.0.4 Within the medical governance and organizational structure jointly established by Covenant Health and the Medical Staff, Covenant Health is expected to consider the impact of decisions relating to the delivery of health care services on individual Practitioners, groups of Practitioners, and the Medical Staff generally; and shall facilitate Practitioner and Medical Staff input into the deliberation and decision processes.
- 4.0.5 Covenant Health administrative leaders and the Medical Staff jointly commit to demonstrating ethical behaviour and professionalism in all interactions.

- 4.0.6 Practitioners and medical administrative leaders shall be governed by the Covenant Health values of, compassion, respect, collaboration, social justice, integrity and stewardship, Covenant Health Policies and the Covenant Health 'Health Ethics Guide'. Practitioners shall also be governed by the relevant Professional Code of Conduct, and the respective code of ethics of the relevant profession. If the Covenant Health 'Health Ethics Guide' conflicts with the relevant Professional Code of Conduct or code of ethics, then the Professional Code of Conduct or code of ethics of the relevant profession shall take precedence.
- 4.0.7 Notwithstanding section 4.0.6 of these Bylaws, Practitioners who are Covenant Health Representatives or AHS Agents shall also be governed by the Covenant Health Conflict of Interest Bylaw when fulfilling the duties and responsibilities related to their role as a Covenant Health Representative or a Covenant Health Agent.

4.1 Joint Responsibilities and Accountability

4.1.1 Medical Staff Governance and Organizational Structure

Covenant Health and the Medical Staff shall jointly develop and maintain Bylaws and Rules. These shall provide a Medical Organizational Structure that fulfills statutory requirements, effectively manages Medical Staff Affairs, and facilitates the meaningful and effective participation of the Medical Staff in the affairs of Covenant Health. Covenant Health and the Medical Staff shall jointly contribute to an effective Medical Organizational Structure through:

- a) the development, implementation and amendment of Bylaws and Rules governing the creation, organization and operation of the Medical Staff, including:
 - i. administrative structures, committees and leadership for the governance of the Medical Staff;
 - ii. granting of Appointments to Physicians, Podiatrists and Dentists or Oral and Maxillofacial Surgeons as members of the Medical Staff;
 - iii. granting Clinical Privileges to Practitioners;
 - iv. defining the responsibilities of all Practitioners who are granted Appointments and Clinical Privileges;

- v. reviewing and determining Practitioner compliance with discharging the responsibilities related to Appointments and Clinical Privileges;
 - vi. establishing principles and process for the Periodic Performance Review of Practitioners;
 - vii. establishing principles and process for the Triggered Performance Review of a Practitioner; and
 - viii. establishing a transparent, consistent, and fair approach to dispute resolution; one encouraging and supporting consensual means and efforts as the preferred mechanism to resolve disputes; and thereafter, as appropriate, through more formal mechanisms in a graduated fashion.
- b) the management of the Practitioner Workforce Plan, as defined in the Rules.
 - c) the selection and evaluation of Covenant Health medical administrative leaders. While recognizing the final authority of Covenant Health, the Medical Staff shall have input in the process of selection and review of Covenant Health medical administrative leaders at an appropriate level, as defined in the Bylaws and Rules.
 - d) the efficient communication within the Medical Staff; as well as between Practitioners and other health care professionals, the executive and administrative staff of Covenant Health, and other health system stakeholders.

4.1.2 Quality and Safety of Care

Covenant Health and the Medical staff shall jointly participate in activities and planning that promote and support:

- a) quality improvement programs and systems of evaluation to achieve the highest standard of Patient care possible.
- b) the AHS Zone Clinical Departments in the development of mechanisms that maintain the highest standards of clinical practice and professionalism.
- c) Patient safety and engagement
- d) Practitioner and Covenant Health staff safety
- e) evidence-based decision-making wherever applicable.
- f) reasonable and effective on-call schedules.

4.1.3 On-Call and Service Coverage Responsibilities

- 4.1.3.1 Covenant Health and the Medical Staff shall jointly establish and maintain reasonable and effective on-call schedules for safe and effective Patient care and coverage at all times.
- 4.1.3.2 On-call schedules shall be consistent with the clinical services provided by the AHS Zone Clinical Department and the Clinical Privileges of the Practitioners who provide the on-call coverage.
- 4.1.3.3 Covenant Health, in collaboration with the applicable AHS Zone Clinical Department Head(s), and the Medical Staff shall work jointly to ensure on-call schedules do not place work demands on individual Practitioners that prevent the Practitioner from providing safe Patient care and coverage. Covenant Health medical administrative leaders shall work collaboratively with Practitioners to resolve such situations when they arise.

4.1.4 Documentation of Care

Covenant Health and the Medical Staff share the responsibility to create and maintain an accurate health record of the care provided to every Patient in Covenant Health Facilities or other Covenant Health Sites of Clinical Activity:

- a) Covenant Health will provide and maintain the appropriate infrastructure and information management systems to create a health record, and shall be the custodian of all such health records pursuant to applicable legislation.
- b) Covenant Health will 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 Covenant Health.
- c) The Rules shall describe the requirements for the proper and timely completion of health records, and shall be compliant with all applicable legislation, professional and ethical obligations, and Covenant Health policies.

4.1.5 Utilization of Covenant Health Resources

Covenant Health and the Medical Staff shall jointly participate in activities that promote and support the effective and efficient use of Covenant Health resources.

4.1.6 Administrative, Research and Education Activities

Covenant Health and the Medical Staff shall jointly participate in activities and planning that promote and support:

- a) administrative, research and education activities of Covenant Health.
- b) the safest and highest quality care.
- c) an environment that facilitates continuous improvement in the delivery of health care through biomedical, clinical, health services and outcomes research.
- d) the establishment, maintenance, and continual improvement of the educational, clinical and professional standards for all Practitioners.
- e) the education of all health care staff, with the objective of creating and sustaining an environment that supports excellence in undergraduate, graduate, and postgraduate education, and continuing professional development.

4.2 Individual Practitioner Responsibilities and Accountability

4.2.1 Medical Staff Governance

Individual members of the Medical Staff shall:

- a) comply with these Bylaws and Rules and such approved amendments as may from time to time be made, and with applicable Covenant Health Policies, the Covenant Health 'Health Ethics Guide', and the Professional Code of Conduct of the relevant College, and/or the respective code of ethics of the relevant profession.
- b) comply with all requirements or expectations in the Medical Staff Letter of Offer, provided that if the Medical Staff Letter of Offer conflicts with these Bylaws and the Rules, these Bylaws and the Rules shall take precedence.

- c) comply with all obligations contained in contracts for service between a member of the Medical Staff and Covenant Health, provided that if the contract for service conflicts with these Bylaws and the Rules, these Bylaws and the Rules shall take precedence.
- d) follow reasonable direction on matters pertaining to Practitioner responsibilities and accountabilities pursuant to these Bylaws and the Rules issued by anyone having the authority to do so under these Bylaws and the Rules, provided that the content of such direction does not supersede the respective code of ethics of the relevant profession.

4.2.2 Professional Qualifications and Liability Protection

Individual members of the Medical Staff shall obtain, provide proof of, and maintain:

- a) licensure from an appropriate College.
- b) specialty or sub-specialty certification where applicable.
- c) membership in the Canadian Medical Protective Association or suitable malpractice insurance to the satisfaction of Covenant Health.

4.2.3 Patient Advocacy

Individual members of the Medical Staff have the right and the responsibility to advocate on behalf of their Patients. In doing so, Practitioners should advocate in a manner that is consistent with the values and principles of their regulatory College, their professional association and Covenant Health. When advocating as individuals, Practitioners who hold medical administrative leadership roles within Covenant Health shall articulate clearly that they are not speaking as representatives of Covenant Health. Advocacy should reflect the principles of honesty, fairness, transparency, accountability and professionalism. Practitioners are encouraged to first advocate or enquire about the matter internally within Covenant Health before making public statements.

4.2.4 Quality and Safety of Care

Individual members of the Medical Staff shall:

- a) demonstrate and maintain clinical skills and judgment to provide Patient care that meets established professional standards.
- b) perform the activities and responsibilities expressed in the Medical Staff Appointment and Clinical Privileges granted.
- c) provide information, expertise, and advice to Covenant Health in assessing health needs, planning service delivery and programs, and Covenant Health resource utilization and management through the Medical Organizational Structures as set out in these Bylaws.
- d) complete health records in a proper, comprehensive, and timely manner that accurately reflects their role in the Patient's interaction with Covenant Health.

4.2.5 Accountability and Compliance

Individual members of the Medical Staff shall demonstrate their accountability and compliance with these Bylaws, Covenant Health Policies, the Covenant Health 'Health Ethics Guide', the relevant Professional Code of Conduct, and the respective code of ethics of the relevant profession by:

- a) reporting to their AHS Zone Clinical Department Head and to the Covenant Health Senior Vice-President, Medicine the presence of any physical or mental health issues that impair the Practitioner's ability to care safely for a Patient. Such information shall be kept strictly confidential unless disclosure to a specified party(ies) is required by law or is deemed necessary to ensure public or Patient safety or is agreed to, in writing, by the Practitioner;
- b) being subject to Periodic Performance Review pursuant to Part 5 of these Bylaws (only for Practitioners in the Active and Locum Tenens categories of Appointment);
- c) being subject to Triggered Initial Assessment and/or Triggered Review of Concerns, if required, pursuant to Part 6 of these Bylaws (for Practitioners in all categories of Appointment);
- d) choosing processes that are contained in these Bylaws and the Medical Staff Rules to resolve disputes provided however that in doing so the Practitioner does not waive any legal rights otherwise

- available should the processes in these Bylaws and the Rules not succeed in resolving the dispute;
- e) contributing to the functioning of the AHS Zone Clinical Department(s) to which they are assigned; and
 - f) using best efforts to attend AHS Zone Clinical Department meetings, as outlined in the AHS Medical Staff Rules.

4.2.6 Professional Conduct

Individual members of the Medical Staff shall meet the expectations for professional conduct and behaviour as defined in the Covenant Health 'Health Ethics Guide' and the relevant Professional Code of Conduct, and/or the respective code of ethics of the relevant profession.

4.2.7 On-Call and Service Coverage Responsibilities

Practitioners shall provide safe and effective on-call and service coverage. The individual Practitioner shall:

- a) participate equitably and fairly in an on-call schedule(s) consistent with his/her Clinical Privileges and as established within his/her Facility and/or AHS Zone Clinical Department(s).
- b) manage his/her other concurrent clinical activities in order to ensure that he/she can safely and appropriately fulfill his/her on-call duties and responsibilities.
- c) ensure on-call coverage by another Practitioner(s) with appropriate skills and Clinical Privileges if he/she is unable to provide the coverage assigned to him/her in a previously established on-call schedule. If urgent circumstances limit or prevent the Practitioner from fulfilling this responsibility, the AHS Zone Clinical Department Head or designate(s) shall provide reasonable assistance to make alternative arrangements for coverage of the on-call period in question.
- d) ensure service coverage of his/her Patients by another Practitioner(s) with appropriate skills and Clinical Privileges whenever the Practitioner is unavailable for any reason to provide such coverage. If urgent circumstances limit or prevent the Practitioner from fulfilling this responsibility, the AHS Zone Clinical Department Head or designate(s) shall provide reasonable assistance to make alternative arrangements for service coverage.

PART 5 – PERIODIC PERFORMANCE REVIEW

- 5.0.1 This Part of the Bylaws establishes the processes for Periodic Performance Reviews of Practitioners.
- 5.0.2 Members of the Medical Staff with an Appointment in the Active Staff category shall participate in Periodic Performance Reviews every three years or more often if specified in the Medical Staff Letter of Offer in order to retain Covenant Health appointment and privileges. All Practitioners shall be subject to an annual Periodic Review after attaining the age of 65 years.
- 5.0.3 Periodic Performance Review of Practitioners will be performed by AHS in accordance with the AHS Medical Staff Bylaws and AHS Medical Staff Rules, on behalf of Covenant Health, subject only to final review and approval of the Senior Vice-President, Medicine regarding any decision to proceed to a Triggered Review.

PART 6 – TRIGGERED INITIAL ASSESSMENT AND TRIGGERED REVIEW

6.0 General

This part of these Bylaws establishes the processes for conducting a Triggered Initial Assessment of a Concern or other information/complaints, and a Triggered Review of a Concern. This part of these Bylaws applies to all Practitioners, including medical administrative leaders, and to all categories of appointment.

- 6.0.1 A Triggered Initial Assessment:
 - a) shall be initiated upon receipt of a Concern
 - b) may be initiated upon receipt of other information / complaints regarding any aspect of a Practitioner's responsibilities and accountability pursuant to sections 4.2 and 6.1.3 of these Bylaws.

- 6.0.2 A Triggered Review may be initiated when recommended:
 - a) as a result of a Periodic Performance Review pursuant to Part 5 of these Bylaws; or
 - b) by the Senior Vice-President, Medicine at the conclusion of a Triggered Initial Assessment pursuant to section 6.3 of these Bylaws.

- 6.0.3 A Triggered Review may include:
 - a) Consensual Resolution pursuant to section 6.4 of these Bylaws;
 - b) a Hearing pursuant to section 6.5 of these Bylaws; and/or
 - c) an Appeal pursuant to section 6.6 of these Bylaws.

- 6.0.4 The timeframes for completion of a Triggered Initial Assessment and a Triggered Review, as described in this part of these Bylaws, are guidelines, and are meant to balance expediency in resolving Concerns with ensuring appropriate time for thorough investigation, a fair process, and best decisions. Unnecessary delays shall be avoided.

- 6.0.5 If the Affected Practitioner is a medical administrative leader with functions required of him/her pursuant to this part of these Bylaws, then such functions will be assumed by a more senior medical administrative leader selected by the Senior Vice-President, Medicine.

- 6.0.6 If the Senior Vice-President, Medicine is the Affected Practitioner and the Concern or other information / complaints involve his/her professional performance and/or conduct related to his/her Appointment, rather than his/her role as Senior Vice-President, Medicine, the Concern or other information/complaints shall be addressed pursuant to this part of these Bylaws; and the functions required of the Senior Vice-President, Medicine pursuant to this part of these Bylaws shall be fulfilled by the Chief Executive Officer of Covenant Health or a person designated by the Chief Executive Officer.
- 6.0.6.1 If the Senior Vice-President, Medicine is the Affected Practitioner and the Concern or other information/complaints pertain to his/her role and performance as the Senior Vice-President, Medicine, the Concern or other information/complaints shall be forwarded directly to the Chief Executive Officer.
- 6.07 A Concern or other information/complaints of a clinical/Patient care nature involving a member of the Medical Staff who is also an Academic Physician shall be addressed through the provisions of these Bylaws. A Concern or other information/complaints of an academic (research or teaching) nature shall normally be addressed through the processes and procedures of the relevant Faculty of Medicine (University of Calgary)/ Faculty of Medicine & Dentistry (University of Alberta). In cases involving issues of both a clinical and an academic nature, or where the academic activities in question are undertaken in Covenant Health Facilities and impact Patient care or clinical services in Covenant Health Facilities, Covenant Health and the relevant Faculty of Medicine/Medicine & Dentistry shall collaborate in addressing the Concern or other information/complaints and in determining which party's processes and procedures shall be followed.
- 6.0.8 A Triggered Initial Assessment or Triggered Review may, at the discretion of the Senior Vice-President, Medicine, proceed notwithstanding that the Affected Practitioner has resigned from the Medical Staff.
- 6.0.9 A Triggered Initial Assessment or Triggered Review may, at the discretion of the Senior Vice-President, Medicine, proceed notwithstanding that a Complainant has withdrawn the Concern.

6.1 Concerns

6.1.1 A Concern must be:

- a) in writing;
- b) signed by either the complainant or by the individual(s) conveying the Concern involving the Affected Practitioner; and
- c) supported by a reasonable degree of relevant detail forming the basis of the Concern.

6.1.2 A Concern may be received from a Complainant or may be initiated by Covenant Health.

6.1.3 Matters which form the basis of a Concern include, but are not limited to:

- a) quality and safety of patient care;
- b) clinical performance;
- c) participation in continuing professional development and maintenance of competence activities relevant to the Practitioner;
- d) contribution to AHS Zone Clinical Department objectives;
- e) issues related to leadership as raised by a member(s) of the Medical Staff;
- f) ethical conduct;
- g) professional behaviour and conduct including interactions with patients, families, visitors, professional colleagues, and Covenant Health clinical and non-clinical staff;
- h) breach of the responsibilities and expectations pursuant to these Bylaws, the Medical Staff Rules, the Practitioner's Medical Staff Letter of Offer (or any subsequent amendments to the letter), applicable Covenant Health Policies and the Covenant Health 'Health Ethics Guide', the Professional Code of Conduct of the relevant College, and/or the respective code of ethics of the relevant profession. If Covenant Health policies and/or the Covenant Health "Health Ethics Guide" conflict with the Professional Code of Conduct of the relevant College and/or the respective code of ethics of the relevant profession, then the Professional Code of Conduct and the code of ethics of the relevant profession shall take precedence;
- i) breach of any formal agreement with Covenant Health; and,
- j) any health problem that significantly affects the Practitioner's ability to carry out his/her Covenant Health professional responsibilities.

6.1.4 A Concern initiated by a Complainant:

- 6.1.4.1 The Complainant will be notified by the Office of the Senior Vice-President, Medicine that the Concern has been received.
- 6.1.4.2 The Senior Vice-President, Medicine or designate, subject to any legal requirements, will contact the Complainant to:
 - a) explain the Triggered Initial Assessment and the Triggered Review processes;
 - b) inform the Complainant(s) that a Triggered Initial Assessment or Triggered Review if recommended or required cannot proceed without the Affected Practitioner being provided with a copy of the Concern, which shall include the identity of the Complainant(s);
 - c) confirm that the Complainant(s) wishes to have the complaint addressed as a Concern, and thus comply with the requirements specified in section 6.1.1 of these Bylaws; and
 - d) obtain the Complainant(s) written acknowledgement that the nature and implications of the processes pursuant to section 6.1.4.2 a) and b) are understood.
- 6.1.4.3 The Affected Practitioner shall not communicate directly, in writing or verbally, about the Concern with the Complainant unless given permission to do so by the Senior Vice-President, Medicine; there is mutual agreement to do so as part of Consensual Resolution; and/or if recommended as part of the resolution of the Concern.

6.1.5 A Concern initiated by Covenant Health:

The Covenant Health Clinical Department Facility Chief(s) or designate(s) or the Facility Medical Director or designate(s) or the Covenant Health Senior Vice-President, Medicine or designate(s) may initiate a Concern on behalf of Covenant Health when:

- a) there are reasonable grounds to believe that one or more of the matters specified in section 6.1.3 of these Bylaws exists; and
- b) those with direct knowledge are unwilling or unable to submit a Concern; and/or

- c) a complaint fails to meet the requirements specified in section 6.1.1 of these Bylaws; and/or
- d) the Complainant(s) does not agree or comply with the requirements specified in section 6.1.4.2 of these Bylaws;

6.2 Procedural Fairness

6.2.1 The Affected Practitioner is entitled to procedural fairness including, but not limited to:

- a) the opportunity at any time to initiate, or participate in, Consensual Resolution, if mutually agreeable to the Affected Practitioner and Covenant Health;
- b) confidentiality consistent with the nature of the proceeding, and to the extent permitted by law, provided that the Affected Practitioner does not present a risk to Patients or the public;
- c) being provided with a copy of the Concern, including the identity of the person(s) bringing the Concern forward;
- d) the right to respond to the Concern;
- e) full disclosure, to the extent permitted by law, of all information considered in the Triggered Initial Assessment and/or Triggered Review;
- f) the assistance of an Advisor;
- g) timely disposition of the Triggered Initial Assessment and/or Triggered Review consistent with the nature of the Concern;
- h) being provided with a copy of any recommendations, decisions and the reasons leading to them;
- i) being provided with a copy of any documentation sent to the relevant College, to the extent permitted by law; and
- j) if a Hearing is required, to:
 - I. have a Hearing free of bias;
 - II. have the opportunity to object to the composition of the Hearing Committee provided that prior knowledge of the subject matter of the Hearing does not automatically disqualify a person from being a member of the Hearing Committee;
 - III. be represented by legal counsel, give evidence, examine and cross examine witnesses;
 - IV. request a review by the AHS Zone Medical Administrative Committee of the report and/or recommendations of the Hearing Committee pursuant to section 6.6.1 of these Bylaws; and

- V. being provided, to the extent permitted by law, with a copy of any documents placed in the Affected Practitioner's file at the conclusion of the Triggered Initial Investigation and/or Triggered Review.

6.2.2 Covenant Health is entitled to procedural fairness including, but not limited to:

- a) the opportunity at any time to initiate, or participate in, Consensual Resolution, if mutually agreeable to the Affected Practitioner and Covenant Health;
- b) exclude documents or information from full disclosure if required by applicable legislation;
- c) be represented by legal counsel, give evidence, examine and cross examine witnesses before the Hearing Committee (if a Hearing is required);
- d) timely disposition of the Triggered Initial Assessment and/or Triggered Review consistent with the nature of the Concern;
- e) make recommendations and decisions affecting the Medical Staff Appointment and/or the Clinical Privileges of the Affected Practitioner; and
- f) request a review by the AHS Zone Medical Administrative Committee of the report and/or recommendations of the Hearing Committee pursuant to section 6.6.1 of these Bylaws.

6.2.3 Any decisions approved or made by the Senior Vice-President, Medicine shall be final, subject only to legal rights of appeal.

6.3 Triggered Initial Assessment

6.3.1 The Senior Vice-President, Medicine or designate(s) shall, upon receipt of a Concern, or may, upon receipt of other information/complaints:

- a) conduct a Triggered Initial Assessment; or
- b) direct that a Triggered Initial Assessment be conducted by the relevant Covenant Health medical administrative leader(s), including the Affected Practitioner's Covenant Health Clinical Department Facility Chief(s) or designate(s), Facility Medical Director(s), and/or by another investigator.

6.3.2 A Triggered Initial Assessment initiated upon receipt of:

- 6.3.2.1 a Concern shall be completed within twenty-eight days of receipt of the Concern by the Senior vice-President, Medicine.
 - 6.3.2.2 other information/complaints shall be completed within twenty-eight days, and shall either be dismissed or become a Concern to be addressed pursuant to this part of these Bylaws. If the result of the Triggered Initial Assessment is not to proceed to the status of a Concern, the Affected Practitioner shall be notified and such noted in the Affected Practitioner's file.
- 6.3.3 The Covenant Health medical administrative leader(s) conducting the Triggered Initial Assessment on the basis of a Concern or on the basis of other information/complaints that have become a Concern pursuant to section 6.3.2.2 of these Bylaws shall provide a copy of the Concern to the Affected Practitioner within seven days of initiating the Triggered Initial Assessment. The Affected Practitioner's response, if any, shall be considered by the Senior Vice-President, Medicine when deciding on the disposition of the Concern.
- 6.3.4 Within twenty-eight days of completing the Triggered Initial Assessment initiated upon receipt of a Concern, the Senior Vice-President, Medicine may:
- a) dismiss the Concern as being unfounded;
 - b) determine that further action is not required or will not contribute further to investigation and resolution of the Concern;
 - c) refer the Complainant to an appropriate body or agency internal or external to Covenant Health if the Concern does not pertain to the responsibilities and expectations of the Covenant Health Medical Staff Appointment of the Affected Practitioner;
 - d) request further investigation and/or appoint another investigator if he/she determines the Initial Assessment to be incomplete;
 - e) refer the matter to an appropriate medical administrative leader, pursuant to section 6.3.5 of these Bylaws, if the Affected Practitioner is a Covenant Health medical administrative leader and the Concern is determined to pertain primarily to his/her role as a medical administrative leader;
 - f) refer the Concern, or a portion thereof, for internal or external expert opinion;
 - g) request that the Affected Practitioner engage in Consensual Resolution pursuant to section 6.4 of these Bylaws;

- h) refer the Concern for a Hearing if the Affected Practitioner declines to participate in Consensual Resolution;
- i) refer for a Hearing pursuant to section 6.5 of these Bylaws if he/she determines that the Concern is not amenable to Consensual Resolution pursuant to section 6.4 of these Bylaws;
- j) refer the Concern to the relevant College if the Practitioner agrees, in writing; or if the Senior Vice-President, Medicine, determines that:
 - i. the referral is required by law; or
 - ii. the referral is necessary to ensure public or Patient safety; or
 - iii. the Concern will not be amenable to resolution pursuant to this part of these Bylaws but only if the Concern is within the scope of authority of the College to receive and act upon, and only after considering all reasonable alternatives and meeting with the Affected Practitioner to review the determination to refer and the reasons for it. If referral to the relevant College is planned under these circumstances, it shall not be made earlier than seven days following the meeting between the Affected Practitioner and the Senior Vice-President, Medicine, and the Practitioner shall be provided with a copy of all materials intended to be sent to the relevant College.

6.3.5 If the Affected Practitioner is a Covenant Health medical administrative leader and it is determined that the Concern or other information/complaints pertains primarily to his/her role and function as a Covenant Health medical administrative leader, the Senior Vice-President, Medicine shall decide if the Concern is most appropriately addressed through a Triggered Initial Assessment and/or Triggered Review pursuant to this part of these Bylaws, or through internal Covenant Health processes, and in consideration of the Affected Practitioner's contractual arrangement with Covenant Health.

6.3.5.1 If internal Covenant Health processes are to be followed, the Senior Vice-President, Medicine shall designate an appropriate Covenant Health medical administrative leader to explain the process to the Complainant(s), conduct an investigation of the Concern or other information/complaints and periodically inform the Complainant(s) of the progress of the internal Covenant Health process.

- 6.3.5.2 Pursuant to section 6.9 of these Bylaws, at the conclusion of the Covenant Health process, the Complainant(s) shall only be informed that the matter has been investigated and either dismissed or has resulted in appropriate action.
- 6.3.5.3 If the Concern or other information/complaints has been dismissed, the Complainant(s) may be provided with other options to pursue the matter should he/she be dissatisfied with the outcome of the internal Covenant Health process.
- 6.3.6 The Affected Practitioner shall disclose to the Senior Vice-President, Medicine If the relevant College is independently in receipt of the Concern, or investigating the Concern, and shall authorize the relevant College to confirm to the Senior Vice-President, Medicine that this is the case.
- 6.3.7 A copy of any documentation placed in a Practitioner's file regarding the disposition of a Concern shall be provided to the Practitioner.

6.4 Consensual Resolution Process

- 6.4.1 At any time throughout the processes specified in Part 6 of these Bylaws, the Affected Practitioner and/or the relevant medical administrative leader(s) may recommend Consensual Resolution to address the matter. This shall be a consensual process between the Affected Practitioner and the relevant medical administrative leader(s), and may also include any other relevant persons including the Complainant(s).
- 6.4.2 The relevant medical administrative leader(s) shall be selected by the Senior Vice-President, Medicine and may include the Affected Practitioner's AHS Zone Clinical Department Head(s) or designate(s), Facility Medical Director(s), and/or an Associate Vice-President, Medicine. The process may include mediation.
- 6.4.3 The Affected Practitioner and the relevant medical administrative leader(s) shall meet and consider the Concern; the Affected Practitioner's response, if any; the Triggered Initial Assessment; and any other information they consider relevant, provided however that the Affected Practitioner is entitled to review and respond to all such information to the extent permitted by law.

- 6.4.4 Consensual Resolution shall result in a report and recommendation(s) from the relevant medical administrative leader(s) to the Senior Vice-President, Medicine. Unless the Affected Practitioner and Covenant Health mutually agree to an extension, Consensual Resolution shall be concluded and result in a report and recommendation(s) within twenty-eight days of referral of the matter by the Senior Vice-President, Medicine for Consensual Resolution.
- 6.4.4.1 Discussions and communications that occur during Consensual Resolution are strictly confidential and shall not be disclosed, except in accordance with section 6.11 of these Bylaws, or used in any process or proceeding outside Consensual Resolution without the written consent of the Affected Practitioner and all others who participated in Consensual Resolution.
- 6.4.4.2 No information or documents arising from Consensual Resolution shall be shared with a Hearing Committee other than that Consensual Resolution was attempted but was unsuccessful.
- 6.4.5 The Senior Vice-President, Medicine shall review the report and the recommendation(s) arising from Consensual Resolution.
- 6.4.6 The Senior Vice-President, Medicine may accept the report and recommendation(s) or may request clarification of the report and/or recommendation(s). In the latter case, the Senior Vice-President, Medicine may meet with the relevant medical administrative leader(s) and/or the Affected Practitioner to discuss the report and/or recommendations.
- 6.4.7 The Senior Vice-President, Medicine shall forward a written final report and recommendation(s), including any amendments, to the Affected Practitioner within fourteen days of receipt of the initial report and recommendation(s) from the relevant medical administrative leader(s).
- 6.4.8 If the Affected Practitioner accepts the report and recommendation(s), he/she and the relevant medical administrative leader(s) shall be accountable for implementation of the recommendation(s).

- 6.4.9 If the Affected Practitioner rejects the report and/or recommendation(s), the Senior Vice-President, Medicine and the Affected Practitioner shall meet to ensure a common understanding of the report and recommendations, and to determine if agreement can be reached, failing which the matter shall proceed to a Hearing pursuant to section 6.5 of these Bylaws.
- 6.4.10 The Affected Practitioner shall have fourteen days to provide a written response to the final report and recommendation(s) arising from Consensual Resolution.

6.5 Hearing

- 6.5.1 A Hearing before a Hearing Committee is required when:
 - a) the Senior Vice-President, Medicine determines that a Concern is not amenable to Consensual Resolution;
 - b) the Affected Practitioner declines participation in Consensual Resolution; or
 - c) the Affected Practitioner rejects the final report and/or recommendation(s) of Consensual Resolution.
- 6.5.2 The Senior Vice-President, Medicine shall refer a Concern to a Hearing Committee within seven days of determining that a Hearing is required, and shall notify the Affected Practitioner as soon as possible thereafter.
- 6.5.3 A Hearing Committee shall be convened by AHS and conducted in accordance with the AHS Medical Staff Bylaws and AHS Medical Staff Rules, subject only to final approval by the Senior Vice-President, Medicine.

6.6 Appeal of a Hearing Committee Process

- 6.6.1 The Affected Practitioner or Covenant Health may request that the relevant AHS Zone Medical Administrative Committee review the report and/or recommendations of the Hearing Committee. The appeal process shall be conducted in accordance with AHS Medical Staff Bylaws, subject only to final review and approval by the Senior Vice-president, Medicine.

6.7 Immediate Action

- 6.7.1 For the purposes of this section, Immediate Action means immediate suspension or restriction of a Medical Staff Appointment and/or Clinical Privileges without first conducting a Triggered Initial Assessment or Triggered Review as described in these Bylaws. Curtailment of Clinical Privileges for incomplete health records (as described in the Medical Staff Rules) shall not constitute an Immediate Action.
- 6.7.2 Immediate Action may be taken by the Senior Vice-President, Medicine or designate or the CEO if there are reasonable grounds to believe that the Practitioner's professional performance and/or conduct requires steps be taken to protect the health or safety of any person, including the Practitioner, so long as no lesser measures will suffice, and the Affected Practitioner does not agree in writing to voluntarily restrict their relevant clinical activities. The CEO shall consult with the Senior Vice-President, Medicine or designate before notifying the Affected Practitioner.
- 6.7.3 The Affected Practitioner will immediately be notified of the Immediate Action and the reasons for it by the Senior Vice-President, Medicine or designate, or CEO who authorized the Immediate Action following consultation pursuant to section 6.7.2 above.
- 6.7.4 As soon as practical after the Affected Practitioner has been notified, the AHS Chief Medical Officer and the relevant College shall also be notified of such Immediate Action by the Senior Vice-President, Medicine or designate or the CEO who authorized the Immediate Action.
- 6.7.5 The Senior Vice-President, Medicine or designate or the CEO who authorized the Immediate Action shall request, within three days of the Immediate Action being taken, a review of the Immediate Action by the AHS Immediate Action Review Committee constituted in accordance with the AHS Medical Staff Bylaws and AHS Medical Staff Rules. The composition, duties and responsibilities of the Immediate Action Review Committee are described in the AHS Medical Staff Rules. Should the Affected Practitioner agree in writing with the Immediate Action prior to the commencement of the review, the Immediate Action Review Committee shall be adjourned.
- 6.7.6 After receiving and considering all relevant information and evidence, the Immediate Action Review Committee shall prepare a report and

recommendation regarding the disposition of the Immediate Action to the Senior Vice-President, Medicine or designate, and to the CEO, within seven days of receipt of the request to do so.

- 6.7.7 The Immediate Action Review Committee may recommend:
- a) discontinuing the Immediate Action pending a complete review by a Hearing Committee of the Concern or reasons leading to the Immediate Action; or
 - b) continuing the Immediate Action pending a complete review by a Hearing Committee of the Concern or reasons leading to the Immediate Action; or
 - c) modifying the Immediate Action (including, but not limited to, specific restrictions on Clinical Privileges) pending a complete review by a Hearing Committee of the Concern or reasons leading to the Immediate Action.
- 6.7.8 The Senior Vice-President, Medicine shall make a final decision relating to the report and recommendation of the Immediate Action Review Committee pursuant to section 6.7.7 above, and shall communicate the decision in writing to the Affected Practitioner, within four days. This decision shall also be provided to the Medical Executive Committee, and the Complainant, if any. The relevant College shall also be notified of the decision. The decision of the Senior Vice-President, Medicine is final, subject only to legal rights of appeal.
- 6.7.9 After a decision is made with respect to continuing, modifying or discontinuing the Immediate Action pursuant to sections 6.7.7 and 6.7.8 of these Bylaws, a Hearing Committee shall conduct a complete review, pursuant to section 6.5 of these Bylaws, of the Concern or reasons leading to the Immediate Action, and shall prepare and forward a report and recommendations to the Senior Vice-President, Medicine.
- 6.7.10 The Immediate Action will be limited to fourteen days unless extended within that fourteen day period by the Senior Vice-President, Medicine or designate or the CEO, who authorized the Immediate Action, or the Immediate Action Review Committee. The Immediate Action shall continue until a decision is rendered by the Senior Vice-President, Medicine.

6.8 Decisions of the Senior Vice-President, Medicine

- 6.8.1 All final reports and recommendation(s) of a Hearing Committee and the AHS Zone Medical Administrative Committee with respect to an appeal of a Hearing Committee process shall be sent to the Senior Vice-President, Medicine for a decision.
- 6.8.2 The Senior Vice-President, Medicine will render a decision within fourteen days of receipt of the report and recommendation(s) from a Hearing Committee and if applicable from the Medical Executive Committee, and within four days of receipt of the report and recommendations from the Immediate Action Review Committee. The Senior Vice-President, Medicine may:
- a) dismiss the Concern and/or the Immediate Action as being unfounded;
 - b) determine that no further action is required; or
 - c) determine appropriate remedial actions or sanctions. These may include, but are not limited to, a temporary or permanent change to the Appointment or Clinical Privileges, or termination of the Appointment of the Affected Practitioner. The Affected Practitioner may choose to voluntarily submit to such actions or sanctions. If he/she does not, the actions or sanctions shall be imposed.
- 6.8.3 The decision of the Senior Vice-President, Medicine may be the same as or different from, the recommendations of a Hearing Committee or the AHS Zone Medical Administrative Committee. If the decision of the Senior Vice-President, Medicine differs from the recommendations of the Hearing Committee or the AHS Zone Medical Administrative Committee, written reasons for the difference shall be provided to the Hearing Committee and/or AHS Zone Medical Administrative Committee, and the Affected Practitioner.
- 6.8.4 The Affected Practitioner, AHS Zone Medical Administrative Committee, Facility Medical Director and relevant AHS Zone Clinical Department Head(s) shall be notified in writing of the decision of the Senior Vice-President, Medicine and the rationale for the decision.
- 6.8.5 If, in the decision of the Senior Vice-President, Medicine, a substantive change in the Appointment or Clinical Privileges of the Affected Practitioner is authorized, the Senior Vice-President, Medicine will inform the relevant College.

- 6.8.6 The decision of the Senior Vice-President, Medicine is final, subject only to legal rights of appeal.

6.9 Notification of the Complainant

The Senior Vice-President, Medicine or designate shall periodically inform the Complainant(s), if any, of the progress of Triggered Initial Assessment or Triggered Review. At its conclusion, the complainant(s) shall only be informed that the matter has been investigated and either dismissed or has resulted in appropriate action. If the Concern has been dismissed, the Complainant(s) may be provided with other options to pursue the matter should they be dissatisfied with the outcome of the Triggered Initial Assessment and/or Triggered Review.

6.10 Practitioner-Initiated Reviews

- 6.10.1 A Practitioner may voluntarily self-report a Concern about his/her own professional performance and/or conduct to the Covenant Health medical administrative leader(s) who is his/her immediate supervisor, or to a more senior leader if warranted by the nature and significance of the Concern.
- 6.10.2 By voluntarily self-reporting a Concern, the Practitioner is entitled and expected to work collaboratively with the relevant medical administrative leader(s) to review and resolve the Concern.
- 6.10.3 The Practitioner and the relevant medical administrative leader(s) shall develop, in writing, a mutually agreed upon plan to review and resolve the Concern. The proposed plan must be approved by the Senior Vice-President, Medicine and, if appropriate, may include temporary or permanent changes to the Practitioner's Medical Staff Appointment or Clinical Privileges. The Practitioner shall receive a copy of the approved plan.
- 6.10.4 The Practitioner shall be compliant with the conditions and terms of the plan, including any periodic monitoring, review, or reporting that has been agreed upon.
- 6.10.5 If the Practitioner and the relevant medical administrative leader(s) are unable to reach agreement upon a plan, or if, during the implementation of the plan, the Practitioner is unable or unwilling to

comply with the conditions and terms of the plan, then review and resolution of the Concern shall immediately proceed to a Hearing pursuant to section 6.5 of these Bylaws.

- 6.10.6 Upon conclusion of the plan and resolution of the Concern, a written report shall be placed in his/her file(s), and a copy provided to the Practitioner.

6.11 Disposition of Records

Subject to Privacy Legislation, all information obtained, reviewed, discussed and otherwise used or developed in any process related to this part of these Bylaws, and that is not otherwise publicly known, publicly available, or part of the public domain, is considered to be privileged and strictly confidential information of Covenant Health and/or AHS. It shall not to be disclosed to anyone outside of the process related to this part of these Bylaws except if agreed to in writing by the Affected Practitioner or where determined by the Senior Vice President, Medicine and/or Chief Medical Officer as required by law or necessary to ensure public or Patient safety. Records of the proceedings outlined in this section (e-mails, correspondence, reports, and notes) will be retained in a manner consistent with the Covenant Health and/or AHS record retention policies. Notwithstanding the forgoing, any such information may be disclosed by or to AHS for any purpose set forth in the Covenant Health and/or AHS Medical Staff Bylaws or Rules.

PART 7 – TRANSITION PROVISIONS

7.1 A Practitioner who has a Medical Staff Appointment with:

- a) Banff Mineral Springs Hospital, Banff,
- b) Bonnyville Health Centre, Bonnyville,
- c) Edmonton General Continuing Care Centre, Edmonton,
- d) Grey Nuns Community Hospital, Edmonton,
- e) Killam Health Centre, Killam,
- f) Mary Immaculate Hospital, Mundare,
- g) Misericordia Community Hospital, Edmonton,
- h) Our Lady of the Rosary Hospital, Castor,
- i) St. Joseph's Auxiliary Hospital, Edmonton,
- j) St. Joseph's General Hospital, Vegreville,
- k) St. Mary's Health Care Centre, Trochu,
- l) St. Mary's Hospital, Camrose,
- m) St. Michael's Health Centre, Lethbridge,
- n) St. Therese Villa, Lethbridge, or,
- o) Youville Home, St. Albert

as of the effective date of these Bylaws will automatically receive a Covenant Health Medical Staff Appointment and a grant of Clinical Privileges under these Medical Staff Bylaws and Rules unless the Practitioner advises Covenant Health that he/she does not wish the Medical Staff Appointment and/or Clinical Privileges to continue.

- 7.2 Practitioners will be granted an Appointment in an equivalent category, and Clinical Privileges equivalent to those held as of the effective date of these Bylaws or those considered most appropriate or equivalent by the Senior Vice-President, Medicine or designate.
- 7.3 If a Practitioner does not agree with the category of Appointment or Clinical Privileges granted the Practitioner may, within ninety days of the effective date of these Bylaws, initiate a Request to Change in accordance with Article 3.5.
- 7.4 Clinical Privileges granted under this Part will be deemed held at Covenant Health Sites of Clinical Activities where the Practitioner previously held equivalent privileges as of the effective date of these Bylaws.
- 7.5 As of the effective date of these Bylaws, a Physician, Podiatrist, Dentist or Oral and Maxillofacial Surgeon who did not hold a Medical Staff or Dental Staff

Appointment with a Facility or Organization listed in section 7.1 may apply for a Covenant Health Medical Staff Appointment and Clinical Privileges pursuant to these Medical Staff Bylaws and Rules.

- 7.6 All applications for a Medical Staff Appointment and privileges initiated in a Facility or Organization listed in section 7.1 prior to the effective date of these Medical Staff Bylaws will be continued to their conclusion under the provisions of these Covenant Health Medical Staff Bylaws. The Senior Vice-President, Medicine (or designate) shall confirm the status of the application and continue the process utilizing the decision making bodies or organizational positions identified in these Bylaws, and as well shall identify the appropriate Medical Staff category and Clinical Privileges that may be required.
- 7.7 Should an applicant disagree with the Senior Vice-President, Medicine's (or designate)'s continuation of the application(s) for an Appointment and Clinical Privileges under these Covenant Health Medical Staff Bylaws, then within 30 days of receipt of the written notice of continuation, the applicant may withdraw the application(s) and submit new application(s) for an Appointment and Clinical Privileges in accordance with Part 3 , failing which the applicant shall be deemed to have accepted the continuation.
- 7.8 All performance reviews, disciplinary proceedings or disciplinary actions initiated or underway in a Facility or Organization listed in section 7.1 prior to the effective date of these Bylaws may continue to their conclusion under the provisions of these Covenant Health Medical Staff Bylaws and Rules with such adjustments in decision making bodies or processes as may be required to be determined by the Senior Vice-President, Medicine or designate.
- 7.9 Should an Affected Practitioner disagree with the continuance of the performance review, disciplinary proceeding or disciplinary action under these Covenant Health Medical Staff Bylaws and Rules, then within 30 days of the effective date of these Bylaws, the Affected Practitioner shall give written notice to that effect to the Senior Vice-President, Medicine, and the performance review, disciplinary proceeding or disciplinary action shall then be re-initiated under the provision of Parts 5 or 6 of these Bylaws.