

# Mater Health By-Laws 2021 – Summary for Accredited Practitioners

The Mater Misericordiae Limited (MML) Board have endorsed the Mater Health By-Laws for Accredited Practitioners (Mater By-Laws), effective from 1st July 2021.

This document is a summary only and accredited practitioners should read the full text of the By-Laws and relevant provisions.

A key change to the Mater By-Laws is that the period of tenure will be for up to five years on a risk-based approach, at the recommendation of Mater hospital Regional Executive, credentialing and Medical Advisory Committees. Some accredited practitioners however may be required to undergo a review, formal or informal, routinely on or around the 12-month anniversary from their initial accreditation tenure date, pursuant to the terms and conditions of the Mater By-Laws. This may include but is not limited to:

- review of activity and clinical outcomes,
- feedback from multidisciplinary healthcare teams,
- review of incidents and complaints,
- comparison of activity with approved Scope of Practice or;
- any other relevant information.

An annual audit schedule may also be undertaken on a risk-based approach for accredited practitioners pursuant to the terms and conditions of the Mater By-Laws. Individual practitioner audit findings will be provided to the practitioner by the relevant hospital executive and a de-identified summary of audit findings will be reported to the relevant hospital Regional Executive Director and Mater Health governance committees in addition to the State Health Executive and Clinical and Business Systems (Board) Committee. This provides assurance of the governance of accreditation across state-wide Mater Health.

## Mater By-Laws Part B - Terms and Conditions of accreditation

### 5. Compliance with By-Laws

#### 5.1 Compliance obligations

- compliance with all aspects of the Mater By-Laws

#### 5.2 Compliance with Mater systems and processes

- compliance with Mater policies, procedures, guidelines, work instructions, care pathways, forms or clinical systems

#### 5.3 Compliance with legislation

- compliance with relevant legislation

#### 5.4 Insurance and registration

- evidence of annual professional indemnity insurance certification, or coverage through employment arrangements
- evidence of current registration by the relevant national board (i.e. AHPRA) or professional body, sufficient for the Scope of Practice granted

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- received and advised hospital executive of any correspondence to follow up on registration or indemnity or accreditation made inactive.

### 5.5 Standard of conduct and behaviour

- maintain a high standard of professional conduct and behaviour at all times
- observe all specific requests and directions made with regard to conduct and behaviour
- not act in a manner that may be perceived as a reprisal against another accredited practitioner, employer, patient, family member of a patient or third party due to the reporting of a matter in breach or potential breach of the requirements of these By-Laws
- advise the CEO or delegate and follow up in written confirmation within 2 days of being made aware of an investigation or process that has commenced or in relation to their care or research conduct during the period of audit (this notification is irrespective of whether this related to a patient or conduct of this facility or another).

### 5.6 Notifications and 5.7 Obligations to disclose

- obligations in providing notifications to the Coroner of reportable deaths of patients
- obligations in providing notifications to the hospital about complaints from a patient or notification from AHPRA or OHO in relation to a patient
- obligations in providing notifications to the hospital about receiving an initial notice or notice of civil claim, or be served with court proceedings, or received a compensation claim in relation to a patient of the facility
- obligations in providing notifications to the hospital about receiving communication from a Private Health Insurance fund, Medicare or professional services review in relation to concerns or an investigation relating to services provided to a patient
- professional registration has been revoked, amended, conditions imposed, or undertakings agreed
- accreditation with a professional college as a supervisor and/or membership has been denied/withdrawn relevant to their accreditation at Mater
- professional indemnity insurance has been reduced or not renewed, or limitations placed on cover
- appointment, clinical privileges or Scope of Practice at any other facility has been altered in any way including withdrawn, declined, suspended, terminated, restricted or made conditional
- presented with any physical or mental condition, substance abuse problem or deterioration that could affect their ability to safely practice or that would require special assistance to enable them to practice safely and competently
- charged with having committed or convicted of any criminal offence, regardless of whether it is related to the provision of healthcare

### 5.8 Representations and media

- obtain written consent from the CEO or delegate before interaction with the media regarding any matter involving or relating to Mater
- respect confidentiality of information in relation to policies and legislative requirements relating to privacy and confidentiality

## 6. Commitment to safety and quality

### 6.1 Clinical practice and continuous improvement

- provision of clinical care based on best available evidence/standards of care recognised by peers, code of ethical standards for Catholic healthcare and other recognised ethical standard, and clinical care standards defined by ACSQHC
- complies with Mater policies, procedures and frameworks

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- participates in review of their own performance and peer comparison, review of their clinical practice against best clinical evidence and focusing on unwarranted variation
- participates in safety, quality, risk management education and training as requested or required by legislation, standards and guidelines
- cooperates with any review of incidents, complications and adverse events and complaints, including providing requested information and assistance relating to clinical incident, patient outcome or any other event e.g. OHO, AHPRA, coroner, police, health department, PHRU, Commonwealth Departments or Private Health Insurer/health funds

## 6.2 Risk management and regulatory agencies

- participates in review and implementation of recommendations arising from system reviews and root cause analysis

## 6.3 Surgery

- utilises allocated theatre and procedural sessions/time
- accepts responsibility and directly supervise surgical assistants
- aware of potential fatigue of self and team, and manages fatigue for self
- no undertaking elective surgery after 10pm (note - excludes unexpected occurrence or emergencies)
- consistently participate in surgical safety checklist requirements as per Mater policy

## 6.4 Practice improvement meetings

- participate in a minimum of two practice improvement meetings (M and Ms) or clinical specialty group meetings per year and any meeting that their cases/care/clinical services are being discussed
- participate in policy processes, participating in training programs, supported accreditation and credentialing activities, clinical oversight and support safety and quality programs

## 6.5 New clinical service, procedure, technology and other intervention

- provide supportive evidence required to introduce a new clinical service, procedure, therapeutic medicine/good, medical device, technology or other intervention and seek written approval
- provide updates on the reported outcomes and benefits

## 6.6 Admission, availability, resources, communication and discharge

- admit or consult patients on a regular basis within the previous 12-month period
- only admit and treat patients within their accreditation category, type, service capability and scope of practice granted, including any conditions/undertakings
- comply with Mater policy on use of resources, medical supplies, prostheses and equipment in their provision of services
- accept care of patients from other hospitals or locations to ensure that patients are transferred safely, including arrangements for immediate clinical review and assessment on admission for the patient
- ensure continuity of care for the patients under their care, including documentation in the patient medical record of period of time away and communication details for alternative accredited practitioners
- review each patient within 12-24 hours or within a shorter timeframe if clinically appropriate or if requested by hospital staff, of the patient being admitted (excepting special circumstances)
- prior to initial attendance, provide adequate written instructions to hospital staff for the management of the patient
- review the patient in person at least 24 hourly or through their on-call or locum cover (except for special circumstances)

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- work within and as part of a multidisciplinary healthcare team to ensure that requirements for patient care are established and understood through verbal and written communication, documentation, adequate clinical handover, and engagement of referrals/other specialists for safe delivery of patient care
- if a surgeon or proceduralist, take responsibility for engaging anaesthetist to provide anaesthetic services for patients under their care
- ensure at all times appropriate, timely communication, adequate information provided, and questions or concerns are adequately responded to
- provided adequate supervision to junior practitioners involved in care (if relevant)
- participate in an on-call roster to ensure patient safety, continuity of care, service demand, organisational capability and need and ensure the hospital meets private licensing requirements (if relevant)
- facilitate timely discharge of their patients based on Mater policy, and ensuring that all necessary information to ensure continuity of care after discharge is provided to the referring practitioner, GP and/or other treating practitioner
- ensure that patients transferred to other facilities or within Mater, are transferred safely and clinical teams involved from transferring and receiving teams have had adequate preparation and clinical handover
- provide and obtain fully informed consent for treatment (except where it is not practical in cases of emergency) for patients in their care

### 6.7 Treatment and financial consent

- the consent has been obtained or directly supervised by the practitioner performing a procedure (if relevant)
- if the hospital's verification of consent form has been used by the accredited practitioner for patient consent for treatment, there is supporting documentation in the patient health record to support evidence of obtaining and documenting fully informed consent (note - absence of consent form, incomplete documentation, unsigned documentation, incomplete signed documentation, mis-match between document supplied and information obtained from patient during verification process will be considered non-compliance)

### 6.8 Patient health records

- only access the patient records for the purposes of on-going care of the patient
- written consent of the patient has been obtained for access to or copies of patient record sought for a purpose other than ongoing care of the patient
- maintain full, accurate, legible and contemporaneous patient health records including attendance upon the patient, procedures, orders and consent to procedures (note - this includes entries dated, timed, signed and contained in the patient record)
- comply with all legal and Mater policy requirements and standards in relation to prescription and administration of medication, and properly document drug orders clearly and legibly in the medication chart
- complete a procedure report, including detailed account of the procedure or procedures undertaken, findings, procedural techniques undertaken, complications and post procedure orders (if relevant)
- complete an anaesthetic report where an anaesthetic is administered to a patient, including documentation of pre-anaesthetic evaluation, fully informed anaesthetic consent, post-anaesthetic evaluation, complications and post-anaesthetic orders (if relevant)
- complete a discharge summary that includes all relevant information reasonably required by the referring practitioner, GP or other treating practitioner for continuity and ongoing care of the patient
- participate in electronic medical record and e-health initiatives (if relevant)
- utilise technology to facilitate communication that is permitted, managed according to Mater policy, maintained patient privacy and confidentiality and documented in a timely and comprehensive way in patient record (if relevant)

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## 6.9 Financial information and statistics

- record all data required by the hospital to meet health fund obligations, coding, and compilation of healthcare data
- all PBS prescription requirements and financial certificates are completed in accordance with Mater policy and regulatory requirements (if relevant)
- respond to queries, requests for information and completion of documentation

## 6.10 Participation in clinical teaching activities

- participate in clinical teaching (if requested)

## 6.11 Research

- conduct research within Mater compliant with Mater policy (if relevant)

## 6.12 Utilisation of accreditation

- may be required to undergo management of any concerns in relation to insufficient utilisation of the hospital (except under special circumstances) relevant to their accreditation

## Mission and Values and Strategic Vision

Our Mission, Values and Strategic Vision guide everything we do at Mater Health. They are foundational to our work to transform healthcare and are reflected in strategic priorities as well as the behaviours that guide our interactions with each other, everyone we serve in our ministries, and within our communities.

<b>Mission</b>	We serve together to bring God's mercy to our communities through compassionate, transforming, healing ministries.
<b>Values</b>	We honour and promote the dignity of human life and of all creation. We act with compassion and integrity. We strive for excellence.
<b>Strategic Vision</b>	Empowering people to live better lives through improved health and wellbeing.

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