

Medical Advisory Committee

Terms of Reference

Accountability

The Medical Advisory Committee is appointed by the Board, and is constituted in accordance with the Public Hospitals Act.

Purpose

The purpose of the Medical Advisory Committee is to consider and make recommendation to the Board on matters pertaining to the Professional Staff including the appointment or reappointment of all members of the Professional Staff, and ensuring that the Professional Staff responsibilities and accountabilities as defined in the By-Law, Hospital policies and Legislation are met. The Medical Advisory Committee is also responsible for assuring that quality medical care is delivered, that professional medical practice is advanced, and that Professional Staff function as partners in the care of patients.

Roles and Responsibilities

The Medical Advisory Committee shall:

- a) report in writing and make recommendations to the Board concerning:
 - i. every application for appointment or re-appointment to the Professional Staff;
 - ii. the privileges to be granted to each member of the Professional Staff;
 - iii. By-Laws respecting the Professional Staff;
 - iv. The dismissal, suspension or restriction of Privileges of any member of the Professional Staff in accordance with policy adopted by the Board that ensures that the principles of natural justice are followed;
 - v. The quality of care provided in the Hospital by the Professional Staff;
 - vi. Hospital policies, as may be necessary in the circumstances;
- b) supervise the practice of medicine, dentistry and midwifery in the Hospital and supervise the ordering of diagnostic procedures for out-patients by members of the Extended Class Nursing Staff;
- c) report to the Professional Staff Association at each regularly scheduled meeting of the Professional Staff Association

- d) through the Chief of Professional Staff, report to the Board and advise the Board on:
 - i. professional quality assurance;
 - ii. education;
 - iii. clinical role of the Hospital; and
 - iv. the Clinical Human Resource Plan;
- e) participate in the development of the Hospital's overall objectives and planning and make recommendations concerning allocation and utilization of Hospital resources;
- f) develop, maintain and recommend to the Board a Clinical Human Resources Plan that takes into account the services provided by all Professional Staff members;
- g) appoint the Professional Staff members of all Professional Staff committees;
- h) name the Chair of each Professional Staff committee and ensure that each committee meets and functions as required and keeps minutes of its meetings;
- i) receive, consider and act upon the reports of each of its appointed Committees;
- j) maintain a process for:
 - i. revocation, suspension and restriction of Privileges;
 - ii. medical quality assurance; and
 - iii. planning and evaluation of medical education programs;
- k) report and make recommendations to the Board concerning such matters as are from time to time prescribed by the Public Hospitals Act; and
- l) advise the Board on any matters referred to it by the Board

Sub-Committees

The following are standing subcommittees of the Medical Advisory Committee:

- i. Credentials Committee
- ii. Health Information Committee
- iii. Medical Quality and Utilization Management Committee
- iv. By-Laws Committee

The above subcommittees report directly to the Medical Advisory Committee, and in addition, the Program Teams may present information reports to the Medical Advisory Committee for review, as well as to administration.

The following subcommittees report to the Medical Advisory Committee through the Medical Quality and Utilization Management Committee:

- i. Infection Control Committee
- ii. Pharmacy and Therapeutics Committee
- iii. Health Information Committee

Ad Hoc Committees may be appointed from time to time by the Medical Advisory Committee which will delineate their specific terms of reference and appoint their chair. An ad hoc committee will cease to exist upon the acceptance of its report.

Membership

The Medical Advisory Committee shall consist of :

- a) The Chief of Professional Staff, who shall be the Chair;
- b) The President, Vice-Presidents and Secretary-Treasurer of the Professional Staff Association; and
- c) The Medical Directors of each Program
- d) The following shall be entitled and expected to attend meetings of the Medical Advisory Committee, but shall not be members of the Committee:
 - i. The Chief Executive Officer of the Hospital
 - ii. The Vice-President, Clinical Services;
 - iii. The Chief Nursing Executive; and
 - iv. The Director of Medical Affairs.

Meetings

Meetings will be held monthly (except July and August) or at the call of the Chair.

Committee Evaluation

The Committee shall evaluate its effectiveness on a yearly basis.

Approved February 2009

Appendix A

MAC Committee Charter

Purpose of this Charter

To promote a committee environment where individuals have an opportunity to safely express their views and opinions recognizing that conflict does occur and it should be managed constructively while encouraging positive relationships and mutual respect.

Committee Vision

Bluewater Health strives to be the best community hospital in Ontario. This will be considered updated and modified to match any changes made by the Hospital.

Committee Mission

Bluewater Health is committed to excellence in providing healthcare for our patients, support for their families, resources for our community, and a positive working environment for our people. This will be considered updated and modified to match any changes made by the Hospital.

Committee Values

Values underlie both what we do and how we act. The following values are important to committee members with respect to personal conduct, as well as how we relate to each other and hold each other accountable to live the values we espouse. We value the following:

Respect for Diversity - within this team and our organization, and within the broader community. We recognize and appreciate many types of diversity, including culture, language, and personal styles and values.

Inclusion - resolution of complex issues requires that those who are impacted or interested should be involved in some manner. Information that impacts operations and/or practice is to be shared broadly within the team.

Shared Responsibility - as colleagues and partners, all team members share in the responsibility for group processes and outcomes. We will discuss issues and freely share our views in the meetings, but when we make a decision, we will support that decision. We commit to sharing divergent opinions within the meeting rather than outside the meeting and/or the organization.

Collaboration - we achieve more by working together than we could on our own. We recognize our mutual interdependence, respect each other's mandates and

goals, and work together to meet each others needs and those of the committee as whole.

Communication - we believe in and practice full sharing of information, as well as patience, and good listening and speaking skills. If the team is committed to agenda items and discussion preceded by briefing notes, project plans, etc, such material will be provided to all members in advance of meetings. We will use language that promotes dignity and respect for everyone.

Shared Learning - we will set goals and monitor and evaluate our performance. We will learn together and adapt as we go using evidence to inform our decisions and discussions. Objective, factual information such as data, evidence and information pertaining to the issue will be used above subjective opinion in achieving shared learning.

Purpose of the Committee

The purpose of this committee is as stated in the Terms of Reference.

Individual Participation/Member Roles

Members undertake to ensure that our participation is focused and effective, taking as much time as necessary (but as efficiently and effectively as possible) to express our views clearly. We will adhere to time limits specified by the chair. Emphasis is on listening to understand and trying to build on each other's comments to create a collective understanding of the issues and options available to us. Issues and opinions are to be supported by evidence from the field. We will be focused on solutions. We will be prepared to speak to the issues that have been placed on the agenda in advance of the meeting.

General Protocols

1. Meetings must start and end on time. Speakers and agenda items must remain within specific time allocations. The chair may request that a member serve as timekeeper to ensure that the agenda stays on schedule.
2. Issues or discussions that require background information or an analysis of options and ideas will have a briefing note prepared by the presenter in advance of the meeting.
3. The team will decide which agenda items are ready for decision or require more discussion.
4. Group maintenance is everyone's responsibility.

5. During the course of the committee's work a member who feels that a requirement is not being met may address the chair and declare that requirements have are not being met. The chair will address the issue that has been raised without debate.
6. Under normal circumstances, team meetings will be held monthly ten times per year.

Dispute Resolution

It is anticipated that most concerns can be addressed and resolved by the parties discussing the issues in an open and professional manner. The Parties agree that in the event that a dispute arises regarding or out of this Charter, the following dispute resolution process will be followed:

- (a) the Parties will each outline the issues in dispute in writing and, acting in good faith, seek to resolve the dispute in an amicable and constructive manner;
- (b) If the parties are unable to resolve the dispute within thirty (30) days, the matter will be referred jointly to one or more of the following as appropriate depending on the nature of the dispute:
 - The Board of the Hospital
 - The Joint Conference Committee
 - An ad hoc taskforce created by the MAC

Committee Performance Assessment

The team/committee will set goals and targets and assess itself each year on those goals and targets and about how well it conforms to this charter.

Signatures of Members

APPENDIX B

Medical Advisory Committee ETHICAL FRAMEWORK

According to the hospital's strategic plan, the hospital must accommodate and plan for five strategic themes. Activities within the organization need to be aligned to meet these. This will be considered updated and modified to match any changes made by the Hospital.

Strategic Theme #1: Performance Excellence in Quality Care and Patient Safety

Strategic Theme #2: Human Resources Planning and Development

Strategic Theme #3: Effective Utilization of Resources

Strategic Theme #4: Communication and Community Engagement

Strategic Theme #5: Successful Transition to a New Facility

"Accountability for Reasonableness" Framework (Norm Daniels, 2000).

According to Accountability for reasonableness, healthcare institutions engaged in priority-setting have a claim to fairness if they satisfy four conditions:

1. *Rationales for priority-setting decisions must be publicly accessible (publicity condition);*

A fair process requires publicity about the reasons and rationales that play a part in decisions. People should not be expected to accept decisions that affect their well-being unless they are aware of the grounds for those decisions. Key elements of fair process should also involve transparency (within the community and publicly) about the grounds for decisions.

- Rationales for the decisions and priorities of the MAC will relate to the strategic plan of the hospital and the role of the MAC contained within the Bylaws. The MAC will publish rationales in its minutes.
- Typically decisions and their analysis will have involved MAC committees or work groups who will have sought input from departments and other interested parties.

2. *Rationales must be considered by fair-minded people to be relevant to priority-setting in that context (relevance condition);*

Rationales for priority-setting decisions should be reasonable and should appeal to values and principles that "fair-minded" people can agree are relevant to limit-setting in each context. People are fair-minded if they are

committed to co-operating and considering the common good. When priority-setting, multiple stakeholders should be consulted. Including multiple

perspectives ensures that a wide range of relevant values and principles is considered. The method of fair decision-making should be consensus and not majority or elite rule. Fair procedures must also be empirically feasible. They must involve practices that can be sustained and that connect well with the goals of various stakeholders in the many institutional settings where these decisions are made.

- For issues before the MAC, an issue report will be prepared for consideration of the committee. The report will include rationales, options considered, strengths and weaknesses of options, and recommendations. The MAC will publish the rationales used in its minutes. Members will consider the matters before the committee fairly and will declare conflict of interest where appropriate.

3. *There must be an avenue for appealing these decisions and their rationales (appeals condition).*

Fair process also requires opportunities to challenge and revise decisions in light of the kinds of considerations all stakeholders may raise. An appeals mechanism is necessary for two reasons. First, it shows respect for those who disagree with a particular decision and provides them with a way of engaging with decision makers in a dispute resolution procedure designed to prevent or de-escalate conflict. Second, it contributes to the public deliberation and, therefore, to the growing case law of priority-setting decisions.

In respect to the MAC, decisions can be appealed by several routes:

- A request to address the issues at a meeting of the MAC
- A request that the originating committee or work group reconsider the issue
- A request to have the item reconsidered by the MAC
- A request to establish a special working group to review the issue
- An appeal to the Board of the Hospital.

4. *There must be some means, either voluntary or regulatory, of ensuring that the first three conditions are met (enforcement condition).*

- The MAC explicitly agrees that these conditions will be met.

References:

Martin, D., Giacomini, M., & Singer, P. (2002). Fairness, accountability for reasonableness, and the views of priority setting decision-makers. *Health Policy*, 61: 279-290.
Daniels, N. (2000). Accountability for Reasonableness. *British Medical Journal*, 321: 1300-1301.