

Medical Work Stream Update

September 2014

On April 1st, 2015, the current nine District Health Authorities will be merged into one new Provincial Health Authority, with the IWK remaining as a separate authority.

The amount of preparation necessary to move from 10 organizations to 2 is significant. Previous experience in Nova Scotia and in other provinces undergoing Health Authority transitions demonstrated that it takes several years to truly evolve into a new, integrated system. These experiences also identified critical factors that must be in place on Day 1 of the new organization.

The Transition and Design Team has been working on medical governance and physician-related matters, under the leadership of the work stream leads, Doctors Lynne Harrigan and Steven Soroka.

This is the first of a series of five newsletters for physicians that will outline the approach and the progress of those important transition issues that relate directly to physicians, namely: Medical Staff Bylaws, Privileging, Medical Staff Structure, Performance Assessment and Enhancement, and Leadership training. In this issue, we start with Medical Staff Bylaws. Stay tuned for the rest of the series!

Medical Staff Bylaws

What are medical staff bylaws and why should I care?

Medical Staff bylaws define the relationship between physicians and the health authority administration and board. Since physicians are not considered to be employees, bylaws serve the purpose of defining the responsibility that physicians have for the delivery of professional services to their individual patients and to the health authority. Fundamentally, bylaws are about the provision of safe, quality care. Good bylaws should not only promote the provision of safe quality care, but also should demonstrate the ability to monitor and evaluate the care that is provided.

I understand that I am expected to read the bylaws but who can understand what they mean?

Traditionally, bylaws have been written in "legalese" making them difficult to understand. There is a distinct trend across the country to write bylaws in clear simple language (Alberta Health Services and Health PEI). The Transition and Design Team Bylaws work group is committed to drafting a document that is concise and easy to understand.

Bylaws, schmylaws! Why don't we just modify the old ones?

Our organizational structure is going to change substantially. In the past, bylaws were written specifically for hospitals and for hospital-based physicians. The new bylaws will be written for the new health authority and should have relevance to all doctors working in Nova Scotia. The requirement for quality safe care in a health authority goes well beyond the walls of a hospital and the bylaws need to reflect that.

Is there anything new that I should know?

We, as physicians, are practicing medicine in a rapidly changing environment. The recent number of high profile adverse events involving medical imaging and pathology across the country have placed much emphasis on the assessment of physicians in general. The public has an expectation that health authorities monitor the competence of physicians. To proceed, in 2015, with bylaws that do not contain a robust section on performance assessment of physicians is not acceptable. Procedural credentialing will be mentioned in the bylaws recognizing that this is a complex area that will take 2-3 years to implement.

Will I have to be privileged in the new health authority/IWK?

The issue of whether all physicians working in the new health authority should be privileged is one that will have to be considered by the work group as they develop and write the new bylaws. The national focus on quality and safety in healthcare and the recognized responsibility of a health authority to monitor the performance of all physicians must be taken into consideration. Other provinces (PEI, New Brunswick, Saskatchewan) require privileges to use the services of the health authority, specifically diagnostic imaging and laboratory services and as a result, all physicians in those provinces are privileged.

What else is being discussed?

Standardized credentialing and privileging is essential in a single health authority. Currently, all application and reapplication forms are standardized. The process for privileging physicians in the new Health Authority will have to be developed. The discipline process will also be provincial in nature and must be standardized, manageable, and fair.

When can I review these new bylaws?

The bylaws work group plans to have the draft bylaws document ready for stakeholder review by December 2014

What is the Transition and Design Team Bylaws work group doing?

The work group is reviewing Medical Staff Bylaws from other jurisdictions from across the country in an effort to identify what works well and what does not. They will draft and recommend a set of Medical Staff and Disciplinary Bylaws to the Board(s) and the Minister of Health and Wellness for approval. These bylaws will be effective for the new provincial health authority and the IWK on April 1st 2015.

Who is on the bylaws work group?

- Lynne Harrigan, Medical/Clinical co-lead-Chair, Annapolis Valley Health Authority
- Steven Soroka, Medical/Clinical co-lead, Capital District Health Authority
- Dianne Calvert-Simms, CEO, Cape Breton District Health Authority
- Jeremy Hillyard, VP Medicine, Guysborough Antigonish Strait Health Authority
- Steven Owen, Physician at large, South Shore District Health Authority
- Maria Alexiadis, Physician at large, Cape Breton District Health Authority
- Tom Hewlett, Physician at large, Cape Breton District Health Authority
- Krista Jaanguard, Physician at large, IWK Health Centre
- Nancy Milford, Legal Counsel, Doctors Nova Scotia
- Sarah Gorelick, Legal Counsel, Department of Health and Wellness
- Samantha Holmes, Director of Physician Engagement and Communications, Doctors Nova Scotia
- William Lowe, Deputy Registrar, College of Physicians and Surgeons of Nova Scotia
- David Gass, Physician Advisor, Department of Health and Wellness
- Anne Tweed, Medical Consultant, Department of Health and Wellness
- Shelley Arsenault, Manager Project and Portfolio Office, Department of Health and Wellness
- Jen Feron, Legal Counsel, IWK Health Centre
- Catherine Gaulton, Legal Counsel, Cape Breton District Health Authority

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