



# RED LAKE MARGARET COCHENOUR MEMORIAL HOSPITAL

## -STATEMENT OF POLICY AND PROCEDURE-

<b>SUBJECT: CHIEF OF STAFF</b>		<b>DOC. ID#: BG-JD-02</b>
<b>MANUAL: BOARD OF DIRECTORS</b>		<b>Original Date: Nov-98</b>
<b>CATEGORY: ROLE DESCRIPTIONS</b>		<b>Last Revision Date: Sept-19</b>
<b>DEVELOPED BY: CEO</b>	<b>APPROVED BY: BOARD CHAIR</b>	<b>Next Revision Date: Nov-21</b>
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### 1. POSITION SUMMARY:

The Chief of Staff (COS) is responsible and accountable to the Red Lake Margaret Cochenour Memorial Hospital Board of Directors with respect to the clinical organization and quality of medical care in the Hospital. He/she is responsible to provide medical administrative direction and to act as liaison between administration and medical staff in all areas, such as program delivery, quality improvement, utilization review, medical staff appointment, re-appointment and the delineation of privileges.

### 2. APPOINTMENT:

**The terms of appointment are defined in section 8.1 of the Professional Staff Bylaws:**

- The Board of Directors shall appoint a member of the active medical staff to be the COS, after giving consideration to the recommendations of the Medical Advisory Committee. Subject to annual confirmation by the Board, an appointment shall be for a term of three (3) years, but the COS shall hold office until a successor is appointed.
- The maximum number of terms shall be two (2), providing, however, that following a break in the continuous service of at least one year, the same person may be reappointed.
- The Board may, at any time, revoke or suspend the appointment of the COS.

### 3. ACTIVITIES & RESPONSIBILITIES:

1. To be responsible to the Board for the organization of medical staff at the Hospital and for supervision of medical care given to all patients of the Hospital in accordance with the policies established by the Board.
2. To be Chair of the Medical Advisory Committee.
3. To advise the Medical Advisory Committee and the Board with respect to the quality of medical diagnosis, care and treatment provided to the patients of the Hospital.
4. To assign or delegate the assignment of a member of the medical staff to supervise the practice of medicine or of any other member of the medical staff as appropriate for any period of time and to make a written report to the COS.
5. To assign or delegate the assignment of a member of the medical staff to discuss in detail with any other member of the medical staff any matter which is of concern to the COS and to report the discussion to the COS.
6. When necessary, to assume, or assign to any other member of the medical staff, responsibility for the direct care and treatment of any patient in the Hospital under the authority of the Public Hospital Act. COS will notify the attending physician, the Chief Executive Officer (CEO) and if possible, the patient.

7. To report regularly to the Board and the medical staff about the activities, recommendations and actions of the Medical Advisory Committee and any other matter about which they should have knowledge.
8. To be an ex-officio member of all committees that report to the Medical Advisory Committee.
9. To designate an alternate to act during an absence.
10. To be a member of the Board of Directors of the Hospital.
11. To provide a monthly report to the Board of Directors regarding medical professional practice.
12. To investigate patient care incidents regarding medical care concerns, inappropriate physician responses, delays in responding to on-call situations, etc.
13. To ensure appropriate information exchange and liaison with Hospital insurers and lawyer regarding medical legal claims or actions.
14. To keep the CEO and the Board informed of all serious or high-risk medical incidents and to report the findings and actions taken.
15. To participate in the investigations of all patient complaints involving medical care and keep the Board informed.
16. To ensure appropriate systems, essential for the ongoing review and evaluations of physician's performances are in place and maintained.
17. To monitor and ensure Medical Staff compliance with both Corporate and Professional Staff By-laws, rules and regulations and recognized Hospital policies.
18. To ensure that a formal system for appointment and re-appointment of members to the medical staff is in place and functions effectively. To make evaluations and recommendations at Level 1 Review and forward them to the Medical Advisory Committee.
19. To receive and review requests for applications and changes in privileges.
20. To meet with the CEO and Senior Management and Board Chair as required.
21. To participate in the development of the Hospital's Values, Vision, Mission, Strategic Plan and objectives.
22. To work with the Medical Advisory Committee to plan the medical human resources needs of the Hospital in accordance with the Hospital's strategic plan.
23. To participate in Hospital resource allocation decisions.
24. To be responsible to the Board through and with the CEO for the appropriate utilization of resources by all medical departments.
25. To report to the Medical Advisory Committee on activities of the Hospital including the utilization of resources and quality improvement activities.
26. To ensure formal programs or continuing medical education are in place and to ensure the participation of all Medical Staff.
27. To ensure and foster the provision of culturally safe and appropriate care by all medical staff.

#### **4. QUALIFICATIONS:**

- A full-time member of the Active Medical Staff of the Red Lake Margaret Cochenour Memorial Hospital.
- Nominated by the Medical Advisory Committee.
- Has taken, or is willing to participate in professional development activities related to physician and/or health system leadership.

#### **5. CONTINUING PROFESSIONAL DEVELOPMENT:**

The Hospital will annually support two (2) professional development programs designed for physician leadership. The specific programs will be mutually agreed upon between CEO and COS.

#### **6. AVAILABILITY:**

The COS will be available one morning per week to fulfill the duties of the COS and to meet with the CEO, and the Chief Nursing Executive (CNE).

**7. QUALITY IMPROVEMENT & PATIENT SAFETY:**

Foster and support a culture of quality improvement and patient safety.

**8. OCCUPATIONAL HEALTH & SAFETY; RISK MANAGEMENT:**

- Work in compliance with Occupational Health and Safety Act regulations and the Hospital Health and Safety Program.
- Refrain from any activity that may endanger the health and safety of anyone.
- Be familiar with the Occupational Health and Safety Act and regulations and processes for due diligence and reporting safety issues and ensures compliance with the Act.
- Ensure all near misses, incidents, unusual occurrences and errors are reported. Understand and support through actions, the organization's philosophy of a Just Culture risk management program.
- Participate in emergency code drills as required
- Identify risk factors in the environment and takes prompt action to correct them and or report them.

**9. ETHICS:**

The COS will work with the CEO and CNE to review ethics issues as needed.

**10. CONFIDENTIALITY:**

Maintain strict confidentiality of all information and adhere to the Hospital's Confidentiality Policy.

**11. AMENDMENT:**

This job description may be amended by the Board of Directors.

I have read and agree with this role description.
_____
_____
_____
_____
_____
<b>Chief of Staff Signature</b>
<b>Date</b>