

Relevant Sections of “the Hospital Act and Its Regulation” and “the Health Authorities Act” for Medical Staff Members

Editorial Note: The Regulation is of most relevance to members of the Medical Staff, followed by the Hospital Act, and finally the Health Authorities Act.

THE HOSPITAL ACT

Definitions

1 In this Act:

"board of management" means the directors, managers, trustees or other body of persons having the control and management of a hospital;

"day's treatment" means necessary medical or surgical treatment in a hospital of a patient for a complete period of 24 hours commencing and ending at midnight, but the hours of necessary treatment in a hospital of a patient during the day of the person's admission and the day of the person's discharge must be counted together as one day's treatment;

"hospital" means a nonprofit institution that has been designated as a hospital by the minister and is operated primarily for the reception and treatment of persons

(a) suffering from the acute phase of illness or disability,

(b) convalescing from or being rehabilitated after acute illness or injury, or

(c) requiring extended care at a higher level than that generally provided in a private hospital licensed under Part 2;

"inspector" means any person appointed as chief inspector or inspector under section 40;

"practitioner" means a person registered as a member of a prescribed health profession.

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Part 1 — Requirements for Hospitals

Requirements for hospitals

2 (1) A hospital, except a hospital owned by the government or by Canada, must do the following:

(a) provide for the representation of the government and the board of the regional hospital district on the board of management of the hospital to the extent and in the manner provided;

(b) have full control of the revenue and expenditure of the hospital vested in its board of management;

(c) have a properly constituted board of management and bylaws or rules thought necessary by the minister for the administration and management of the hospital's affairs and the provision of a high standard of care and treatment for patients;

(d) comply with further conditions prescribed by the Lieutenant Governor in Council.

(2) The constitution and bylaws or rules of a hospital, including medical staff bylaws, are not effective until approved by the minister.

Treatment of communicable diseases

3 A person suffering from a communicable disease who is required to be isolated by an order made under the *Public Health Act* must not be admitted to a hospital unless it can be established to the satisfaction of the minister that

(a) in the hospital there is accommodation and facilities for the isolation of persons suffering from communicable diseases, and

(b) the person will not be housed or treated anywhere in the hospital except in that accommodation during the period the person is required to be isolated.

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Duties of a hospital

4 (1) A hospital must not refuse to admit a person on account of the person's indigent circumstances.

(2) A hospital must take all reasonable measures to ensure that the limits on direct or extra billing established by Part 4 of the *Medicare Protection Act* are complied with in respect of service rendered to a beneficiary, as defined in section 1 of the *Medicare Protection Act*, by a medical practitioner at the hospital.

Part 2.1 — Hospitals Providing Abortion Services

Abortion services

24.1 (1) In this section "**qualified person**" has the meaning given to it in section 1 of the *Hospital Insurance Act*.

(2) Each hospital listed in the Schedule to this Act must provide the facilities and services, and be operated and maintained, as necessary to allow a qualified person to receive abortion services at that hospital.

(3) The Lieutenant Governor in Council may, by regulation, amend the Schedule to add to it any hospital in British Columbia.

Part 4 — General

Certain actions for damages prohibited

41 (1) In this section, "**medical staff committee**" means a committee established or approved by a board of management of a hospital for

(a) evaluating, controlling and reporting on clinical practice in a hospital in order to continually maintain and improve the safety and quality of patient care in the hospital, or

(b) performing a function for the appraisal and control of the quality of patient care in the hospital.

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(2) No liability for damages or other relief arises or may be enforced against a member of a medical staff committee for anything done or omitted to be done by the member in good faith in carrying out the duties and powers of a member of the committee.

Minister may require bylaws be revised

42 The minister may require that the bylaws or rules of a hospital or a society or corporation having among its objects the provision of hospital facilities or the operation of a hospital be revised in a manner satisfactory to the minister in order to meet changing conditions and policies, and to provide for greater uniformity and efficiency in all matters concerning the administration and operation of hospitals.

Special supervision of tubercular patients

44 All patients with tuberculosis of the respiratory tract treated at a hospital are subject to supervision by a medical health officer appointed by the Lieutenant Governor in Council.

Facilities for university medical students

45 (1) A hospital that provides primarily acute care must provide reasonable facilities in or near the hospital for giving clinical instruction to the medical students of The University of British Columbia by designated staff of the hospital and by professors and members of the teaching staff of the medical faculty of The University of British Columbia.

(2) If the authorities of the hospital and of the university are unable to agree as to the nature and extent of the facilities to be granted, or the rules under which they are to be made use of, they must be determined by the Lieutenant Governor in Council.

Hospital Appeal Board

46 (1) The Hospital Appeal Board, consisting of the members appointed under subsection (4), is continued for the purpose of providing practitioners appeals from

- (a) a decision of a board of management that modifies, refuses, suspends, revokes or fails to renew a practitioner's permit to practise in a hospital, or

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(b) the failure or refusal of a board of management to consider and decide on an application for a permit.

(2) The Hospital Appeal Board may affirm, vary, reverse or substitute its own decision for that of a board of management on the terms and conditions it considers appropriate.

(2.1) A practitioner may appeal to the Hospital Appeal Board if

(a) the practitioner is dissatisfied with the decision of a hospital's board, or

(b) a hospital's board fails to notify the practitioner of its decision within the prescribed time.

(2.2) A practitioner who wishes to appeal under subsection (2.1) is not required to first proceed by way of an application to the hospital's board.

(2.3) An appeal to the Hospital Appeal Board is a new hearing.

(3) The Hospital Appeal Board has exclusive jurisdiction to inquire into, hear and determine all those matters and questions of fact, law and discretion arising or required to be determined in an appeal under this section and to make any order permitted to be made.

(3.1) A decision or order of the Hospital Appeal Board under this Act on a matter in respect of which the Hospital Appeal Board has exclusive jurisdiction is final and conclusive and is not open to question or review in any court.

(3.2) A practitioner who wishes to appeal under subsection (2.1) must deliver the notice of appeal

(a) if the appeal concerns a board's decision under subsection (2.1) (a), not later than 90 days after the date that the board caused a notice of its decision to be sent to the practitioner, or

(b) if the appeal concerns a board's decision under subsection (2.1) (b), not later than 210 days after the date that the practitioner applied for a permit in the prescribed manner.

(3.3) A notice of appeal must

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- (a) be in writing or in another form authorized by the rules of the Hospital Appeal Board and directed to the chair of that board,
- (b) set out the grounds for appeal,
- (c) state whether or not the appellant waives an oral hearing of the matter,
- (d) state the outcome requested,
- (e) contain the name, address and telephone number of the appellant, and, if the appellant has an agent to act on the appellant's behalf in respect of the appeal, the name of the agent and a telephone number at which the agent may be contacted during regular business hours,
- (f) include an address for delivery of notices in respect of the appeal,
- (g) be signed by the appellant or the appellant's agent,
- (h) include reference to any correspondence, documents and memoranda relating to the matter in issue, and
- (i) if applicable, include a copy of the order or decision being appealed.

(3.4) Unless both parties have waived an oral hearing of an appeal, the Hospital Appeal Board must as soon as practicable set a time and place for the hearing and promptly notify the parties in writing.

(3.5) If the parties have waived an oral hearing of an appeal, or in an interim or preliminary matter, the Hospital Appeal Board may hold any combination of written, electronic or oral hearings.

(3.6) On written application by either party, the Hospital Appeal Board may extend the time for doing anything required under this section except the time for the bringing of an appeal under subsection (3.2).

(3.7) If a notice of appeal is deficient, the chair of the Hospital Appeal Board or the chair's delegate may allow a reasonable period of time within which the notice may be corrected.

(4) Subject to subsection (4.1), the minister must appoint 10 members of the Hospital Appeal Board as follows:

- (a) one member designated as the chair;

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(b) one member designated as the vice chair after consultation with the chair;

(c) other members appointed after consultation with the chair.

(4.1) For the purposes of subsection (4), the members of the Hospital Appeal Board must be appointed as follows:

(a) one member selected after a merit based process from among 3 or more individuals nominated by the executive body of the College of Physicians and Surgeons of British Columbia;

(b) one member selected after a merit based process from among 3 or more individuals nominated by the executive body of the College of Dental Surgeons of British Columbia;

(c) one member selected after a merit based process from among 3 or more individuals nominated by the executive body of the College of Midwives of British Columbia;

(d) one member selected after a merit based process from among 3 or more individuals nominated by the executive body of the British Columbia Medical Association;

(e) 6 other members selected after a merit based process.

(6) All information or evidence

(a) about an application for a practitioner's permit to practise in a hospital, or contained in the decision of a board of management resulting from the application, or

(b) received by, or presented to, the Hospital Appeal Board for an appeal

is privileged and an action must not be brought against a person for it.

(8) Before giving a decision on an appeal, the Hospital Appeal Board may refer a matter to a professional or other organization in the health field to obtain expert assistance or a formal report.

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Information admissible in Hospital Appeal Board proceedings

- 46.1** (1) The Hospital Appeal Board may receive and accept information that it considers relevant, necessary and appropriate, whether or not the information would be admissible in a court of law.
- (2) Despite subsection (1), the Hospital Appeal Board may exclude anything unduly repetitious.
- (3) Subject to subsections (6) and (7), nothing is admissible before the Hospital Appeal Board that is inadmissible in a court because of a privilege under the law of evidence.
- (4) Nothing in subsection (1) overrides the provisions of any Act expressly limiting the extent to or purposes for which any oral testimony, documents or things may be admitted or used in evidence.
- (5) Notes or records kept by a person appointed by the Hospital Appeal Board to conduct a dispute resolution process in relation to a proceeding are inadmissible in Hospital Appeal Board proceedings.
- (6) For the purposes of section 51 of the *Evidence Act*, a proceeding before the Hospital Appeal Board is a proceeding before a board of management.
- (7) Information that is inadmissible before a court under section 51 of the *Evidence Act* is admissible in a proceeding before the Hospital Appeal Board.

Records

- 51** (1) A record regarding a patient that is prepared in a hospital by an employee or by a practitioner is the property of the hospital.
- (2) A copy of a hospital record certified to be true and correct by the administrator of the hospital or by another officer of it is admissible as evidence in a court without proof of the official position or signature of the administrator or officer.

Appointment of examining board or public administrator

- 52** (1) If the minister considers it necessary in the public interest, the minister may appoint an examining board to

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(a) examine any aspect of the planning, construction or operation of a hospital, and

(b) hear and receive evidence about it.

(2) An examining board appointed under this section must

(a) proceed in accordance with instructions issued by the minister, and

(b) report in writing to the minister within a time specified by the minister.

(3) If, in the opinion of the minister, the circumstances warrant, the minister may refer to the Lieutenant Governor in Council the report mentioned in subsection (2), together with recommendations the minister thinks appropriate.

(4) Despite the *Society Act* and the *Business Corporations Act*, or any other Act or document of incorporation, the Lieutenant Governor in Council may appoint a public administrator to manage the property and affairs of a hospital society or corporation that owns, operates or is planning or constructing a hospital defined under section 1, if the Lieutenant Governor in Council considers it in the public interest to do so.

(5) The Lieutenant Governor in Council may give a public administrator appointed under subsection (4) the exclusive right to exercise all of the powers of the society or corporation, the board of directors or trustees, and the members of the society or corporation, together with exclusive control and disposition of the property, assets and revenues of the society or corporation.

(6) On the appointment of a public administrator under subsection (4), the trustees or directors of the hospital society or corporation cease to hold office unless otherwise ordered by the Lieutenant Governor in Council.

(7) The Lieutenant Governor in Council may specify the terms and conditions governing any of the following:

(a) the powers, duties and responsibilities of a public administrator appointed under subsection (4);

(b) the management of the property and affairs of the society or corporation during the transitional period preceding the termination of the appointment of the public administrator;

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(c) the planning, construction or operation of the hospital after the termination of the appointment of the public administrator.

Penalty

54 A person who contravenes this Act or the regulations commits an offence and is liable on conviction, unless a penalty is expressly provided by this Act, to a penalty of not more than \$200.

Recovery of penalty

55 Except as otherwise provided in this Act, the penalties imposed under this Act are recoverable under the *Offence Act*.

Power to make regulations

56 (1) The Lieutenant Governor in Council may make any regulations deemed necessary for the carrying out of the provisions of this Act to meet any contingency not expressly provided for in it, and providing for the returns to be rendered by the secretary or other executive officer of a hospital.

(1.1) The Lieutenant Governor in Council may, by regulation, prescribe a health profession for the purpose of the definition of "practitioner" in section 1.

(3) The power to make regulations under this section extends to prescribing, for any hospital as defined under any of the provisions of this Act, any of the following:

(a) the proportion of the accommodation which is to be used as public or standard ward accommodation;

(b) the number or proportion of persons

(i) to or for whom income assistance is provided under the *Employment and Assistance Act* or disability assistance is provided under the *Employment and Assistance for Persons with Disabilities Act*, and

(ii) who are to be provided with the necessary care and accommodation;

(b.1) the rates payable for the persons referred to in paragraph (b);

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(c) the rules or standards for the ownership, capital debt, construction, maintenance, operation and management of hospitals or licensed hospitals;

(d) the issue, by the board of management, of permits authorizing the treatment of patients by practitioners;

(e) the establishment of medical staff organizations and other bodies comprised of persons to whom permits are issued under paragraph (d) and the promulgation, by a board of management, of bylaws or rules governing those organizations or other bodies;

(f) the requirements governing the admission to and discharge from hospitals of patients;

(g) the rules or standards regarding the care and treatment of patients;

(h) the records and documents respecting patients to be kept by a hospital or supplied by a practitioner to a hospital, and the minimum period for the retention of those records and documents by a hospital;

(i) the powers, duties and responsibilities of a public administrator appointed under section 52, and any matter respecting a hospital corporation for which the appointment is made;

(j) the terms and conditions of the planning, construction and operation of a hospital following public administration under section 52.

(3.01) For the purposes of section 4 (3), the Lieutenant Governor in Council may make regulations as follows:

(a) providing for the application to this Act of a word or expression used in the Schedule to the *Community Care and Assisted Living Act*;

(b) for the purpose of promoting the rights of adult patients, requiring a hospital described in section 4 (3) to comply with one or more requirements of a regulation made under the *Community Care and Assisted Living Act* and modifying those requirements as the Lieutenant Governor in Council considers advisable.

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(3.1) The Lieutenant Governor in Council may make regulations adding any hospital in British Columbia to the Schedule.

(4) If regulations are made,

(a) a hospital to which the regulations apply must observe them, and

(b) the person in charge of admissions to a hospital to which regulations made under subsection (3) (b) apply must, if the number or proportion of the persons to whom that paragraph refers accommodated in that hospital is less than the number or proportion prescribed, give preference of admission to those persons.

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HOSPITAL ACT REGULATION

Definitions

1 In this regulation:

"administrator" means the chief administrative officer of a hospital, designated by the hospital's board under section 3;

"board" means board of management as defined in section 1 of the Act;

"hospital" means, except in section 19 of this regulation, an institution designated as a hospital under section 1 of the Act;

"Hospital Appeal Board" means the Hospital Appeal Board established under section 9.

Prescribed health professions

2 For the purpose of the definition of **"practitioner"** in section 1 of the Act, the following are prescribed health professions:

(a) dentistry;

(a.1) medicine;

(b) midwifery.

Administrator of a hospital

3 (1) A board must designate one person as the administrator, who

(a) is the board's representative, and

(b) is vested with, to the extent authorized by the board, the power to exercise the functions of the board at times when it is inconvenient to call a meeting of the board.

(2) An administrator must

(a) attend all meetings of

(i) the hospital's medical staff, and

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(ii) the hospital's board,

and act as the liaison between these bodies, and

(b) execute all orders of the hospital's board concerning the administration of the hospital.

(3) The decision of an administrator prevails on a question concerning hospital administration unless that decision is cancelled or overturned by the hospital's board.

Medical staff of a hospital

4 (1) A hospital's board must organize a medical staff of which every practitioner regularly practising in the hospital must be a member.

(2) A hospital's board must, after consultation with the executive body of the hospital's medical staff, promulgate bylaws for that medical staff.

(3) A hospital's medical staff must comply with all of the following:

(a) meet regularly in accordance with the Standards issued by the Canadian Council on Health Agency Accreditation;

(b) keep proper minutes of its meetings;

(c) act in an advisory capacity to the hospital's board, in the manner provided in this regulation and provided in the bylaws and rules, if any, of the hospital;

(d) make recommendations regarding the various categories of medical staff membership to be established by the hospital's board and the duties, responsibilities and privileges to be assigned to each category;

(e) assist the hospital's board in providing adequate documentation for the purpose of maintaining a health record for each patient;

(f) participate in appropriate quality improvement activities, including, without limitation, reviewing the following:

(i) deaths occurring in the hospital;

(ii) statistics regarding the progress of patients in the hospital;

(iii) methods of treatment of patients in the hospital;

(iv) results of surgery performed in the hospital;

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(v) a case when a patient's stay in the hospital is abnormally long;

(g) report to the hospital's board the name of any member who, without reasonable excuse, fails to attend its meetings or to participate in the performance of its duties;

(h) discipline any of its members in a manner it thinks fit and, if the circumstances in any case so warrant, recommend to the hospital's board the cancellation, suspension, restriction or non-renewal of the member's permit to practise in the hospital.

Bylaws respecting health care responsibilities

5 A hospital's board must provide in the bylaws of its medical staff a procedure under which

(a) the responsibility for medical care of a patient who is admitted by a medical practitioner

(i) is assumed, throughout the patient's stay in the hospital, by an attending medical practitioner on the medical staff, and

(ii) may be transferred from one medical practitioner on the medical staff to another,

(b) the responsibility for midwifery care of a patient who is admitted by a midwife

(i) is assumed, throughout the patient's stay in the hospital, by an attending midwife on the medical staff, and

(ii) may be transferred

(A) from one midwife on the medical staff to another,
or

(B) when necessary, to a medical practitioner on the medical staff, and

(c) the responsibility for dental care of a patient

(i) is assumed, throughout the patient's stay in the hospital, by an attending dentist on the medical staff, and

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(ii) may be transferred from one dentist on the medical staff to another.

Board's power to exclude from the hospital

6 A hospital's board may exclude a person from the hospital and prohibit that person from attending, treating or rendering health care services to patients in the hospital, if the person refuses or neglects to comply with any provision of the following after due notice in writing:

- (a) the Act;
- (b) this regulation;
- (c) the hospital's medical staff bylaws;
- (d) any other Act that pertains to the hospital and the members of its medical staff.

Attending and treating patients in a hospital

7 (1) A practitioner is not entitled to attend or treat patients in a hospital or in any way make use of the hospital's facilities for his or her practice unless the practitioner

(a) is a person who is authorized to practise a profession regulated by one or more of the following:

- (i) the College of Physicians and Surgeons of British Columbia;
- (ii) the College of Dental Surgeons of British Columbia;
- (iii) the College of Midwives of British Columbia, and

(b) holds a valid permit, issued by the hospital's board, to practise in the hospital.

(2) A permit issued under subsection (1) (b) does not entitle a practitioner to patient admitting and discharging privileges in the hospital unless the practitioner to whom the permit is issued

- (a) is a medical practitioner, or
- (b) for the purpose of midwifery, is a midwife.

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(3) Nothing in subsection (1) or (2) prohibits a hospital from providing a person with diagnostic or treatment services on an out-patient basis at the written request of a duly qualified practitioner who does not hold a permit to practise in the hospital.

(4) If a person is not a member or registrant of a college referred to in subsection (1) but is a member of a legally established medical, dental or midwifery body that governs the practice of medicine, dentistry or midwifery, as the case may be, in a jurisdiction other than British Columbia, a hospital's board may issue to that person a special permit so that the person may attend or treat patients for the purpose of providing educational services or necessary health care services, but that person must be registered for this purpose with

- (a) the College of Physicians and Surgeons of British Columbia,
- (b) the College of Dental Surgeons of British Columbia, or
- (c) the College of Midwives of British Columbia.

(5) A special permit issued by a hospital's board under subsection (4) does not entitle the person to whom it is issued to patient admitting and discharging privileges in the hospital.

(6) If a hospital's board cancels, suspends for more than one month, places a restriction on or refuses to issue or renew a permit referred to in subsection (1) or (4), the board must, within 7 days of that action, give notice of that action to

- (a) if the affected individual is registered with the College of Physicians and Surgeons of British Columbia, the College of Physicians and Surgeons of British Columbia,
- (b) if the affected individual is registered with the College of Dental Surgeons of British Columbia, the College of Dental Surgeons of British Columbia, and
- (c) if the affected individual is registered with the College of Midwives of British Columbia, the College of Midwives of British Columbia.

(7) Despite subsection (1), a hospital's board may provide in the bylaws, or in the rules governing the organization and management of the hospital's medical staff, for the rendering of health care services to a patient by a person who is not a member of a

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college referred to in subsection (1), if those bylaws or rules ensure that all of the following conditions are met:

(a) in the case of a patient who is admitted by a medical practitioner, the responsibility for

(i) discharging the patient from the hospital, and

(ii) the medical care of the patient while in the hospital

rests with the medical practitioner on the hospital's medical staff who is attending the patient;

(b) in the case of a patient who is admitted by a midwife, the responsibility for

(i) discharging the patient from the hospital, and

(ii) the midwifery care of the patient while in the hospital

rests with the midwife on the hospital's medical staff who is attending the patient;

(c) the responsibility for the dental care of a patient while in the hospital rests with the dentist on the hospital's medical staff who is attending the patient.

Applications for permits to practise in a hospital

8 (1) An application by a duly qualified medical practitioner, dentist or midwife for a permit to practise medicine, dentistry or midwifery in a hospital, or for the renewal of the permit, must be made in writing to the administrator of the hospital.

(2) The administrator must

(a) promptly direct the application referred to in subsection (1) to the credentials committee or other appropriate body of the medical staff, and

(b) report the receipt of the application to the hospital's board at its next meeting.

(3) Within 60 days after the date that the credentials committee or other appropriate body receives an application under subsection (2), it must consider the application and

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report in writing its recommendations regarding the application to the medical advisory committee or other executive body of the medical staff, and that respective medical advisory committee or executive body must

(a) consider the application and the report of the credentials committee or other appropriate body, and

(b) notify the hospital's board in writing of its recommendations regarding the application.

(4) The hospital's board must review the application referred to in subsection (1), consider the recommendations made to it under subsection (3), make a decision on the application and, within 120 days after the administrator's receipt of the application under subsection (1), give notice in writing of the board's decision

(a) to the applicant, and

(b) to the hospital's medical staff.

(5) A duly qualified practitioner

(a) who has filed an application under this section and who has not been notified by the hospital's board within the time prescribed under this section,

(b) whose application under this section has been refused in whole or in part, or

(c) whose permit to practise in a hospital has been cancelled, suspended, restricted or not renewed

is entitled, on application in writing to the hospital's board, to appear in person or by counsel and make representations to the board, and the board must hear and consider, or reconsider as the case may be, the matter and advise the applicant in writing of its decision by registered mail within 30 days after the date that the applicant or the applicant's counsel appeared before the board.

Admission to hospital of patients

11 (1) A person must not be admitted to a hospital as a patient except by an order of the hospital's board or of a person authorized by that board for this purpose.

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(2) When a patient is admitted to a hospital or as soon as practicable after that time, the attending practitioner or practitioners, as the case may be, must report to the board a preliminary diagnosis of the disease or condition for which the patient is receiving health care services.

Discharge from hospital of patients

12 For the purpose of discharging a patient from a hospital,

(a) the patient must not be discharged except by an order of the hospital's board or of a person authorized by that board for this purpose,

(b) except in the circumstances described in paragraphs (d) and (e), the discharge order referred to in paragraph (a) may be issued only when the patient's attending practitioner or practitioners, as the case may be, gives notice to the hospital's board that the patient is fit for discharge,

(c) the hospital's board or administrator may, at any time, require the attending practitioner or practitioners, as the case may be, to submit a written statement concerning whether the patient is fit for discharge, and if the attending practitioner is of the opinion that the patient is not fit for discharge, the practitioner must provide in the written statement reasons for that opinion,

(d) if, in the opinion of the hospital's board, the written statement referred to in paragraph (c) and the health record of the patient do not show that it is necessary for the patient to remain in the hospital, the board may discharge the patient,

(e) if the patient leaves the hospital against the advice of the patient's attending practitioner, this fact must be stated on the patient's discharge order referred to in paragraph (a),

(f) any practitioner report related to discharging the patient from the hospital, including the written statement referred to in paragraph (c), must be added to the health record of the patient, and

(g) the discharging of the patient from the hospital by the hospital's board under this section is withdrawal of the privilege of further

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residence in the hospital and must not be considered discharge from a practitioner's care.

Documents comprising health records

13 (1) In this section and section 14:

"primary document" means a document that contains

(a) pertinent health care data of a patient's health record including case histories, discharge summaries, consultation reports, day care records and other documents prepared or signed by an attending practitioner or, as the case may be, practitioners, and

(b) reports regarding significant findings, items or comments, initially recorded in a secondary or transitory document, that have been transferred to and recorded on a primary document;

"secondary document" means a document that contains information about a patient that may be of vital medical importance at a particular time and may have lasting legal significance but is not considered necessary for care and treatment of the patient beyond that particular time, and includes any diagnostic report, authorization, out-patient record and nursing report or note;

"transitory document" means a document that appears to have no medical importance or lasting legal significance once a patient has been discharged from a hospital, and includes a diet report, graphic chart or departmental checklist.

(2) Before a patient's health record is finally completed by the patient's attending practitioner in a hospital and is placed in storage, the Health Record Administrator of the hospital, or any other employee of the hospital who is responsible for the final custody of patient health record documents, must classify each document comprising the patient's health record as either a primary document, secondary document or transitory document.

(3) Any practitioner attending a patient in a hospital must, before finally completing the patient's health record, ensure that every item or comment that the practitioner considers significant in a secondary or transitory document concerning that patient be recorded on the primary document for that patient.

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(4) A patient's health record

(a) must be comprised of original documents, and

(b) may contain a copy of an original document only if it is not practicable to provide the original.

Destruction of health record documents

14 (1) A document regarding a patient who, as an in-patient or out-patient, has received a hospital's treatment or services, must be retained by the hospital for at least the following periods of time:

(a) in the case of a primary document, 10 years from the most recent day that the patient was discharged from the hospital;

(b) in the case of a secondary document, 6 years from the date that the patient was discharged from the hospital after receiving the treatment or services to which the document applies;

(c) in the case of transitory documents, one year from the date of final completion of the patient's health record by the attending practitioner or practitioners, as the case may be.

(2) A board may, by resolution, instruct and authorize its administrator to cause to be destroyed, on expiry of the respective minimum retention period under subsection (1), a health record document.

(3) Despite an instruction issued under subsection (2), the administrator may determine that some health record documents have continuing value for research, historical or other purposes and the administrator may direct that those documents be retained for a further period that is specified by the administrator and after which those documents may be destroyed.

Hospital records and investigation of practitioners

15 (1) When the conduct or fitness to practise or the competence of a medical practitioner is under investigation or is the subject of an inquiry under the *Health Professions Act*, the Board of the College of Physicians and Surgeons of British Columbia or its nominee is authorized to examine the records of a hospital concerning any health care services

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rendered to a patient by that medical practitioner or under the direction of that medical practitioner.

(2) When the conduct or fitness to practise or the competence of a dentist is under investigation or is the subject of an inquiry under the *Health Professions Act*, the Board of the College of Dental Surgeons of British Columbia or its nominee is authorized to examine the records of a hospital concerning any health care services rendered to a patient by that dentist or under the direction of that dentist.

(3) When the conduct or fitness to practise or the competence of a midwife is under investigation or is the subject of an inquiry under the *Health Professions Act*, the Board of the College of Midwives of British Columbia or its nominee is authorized to examine the records of a hospital concerning any health care services rendered to a patient by that midwife or under the direction of that midwife.

X-rays

16 (1) In this section:

"**practitioner**" has the same meaning as in the *Medicare Protection Act*;

"**service**" means a service to which section 4.09 (1) of the Medical Service Act Regulations applies;

"**X-ray**" means an X-ray prepared in a hospital or supplied to a hospital by a medical practitioner but does not include an X-ray report.

(2) A board must provide a copy of a patient's X-ray to the patient or to a practitioner performing a service for the patient, if the board receives

(a) the written consent, in the form provided in the Schedule, of the patient or the legal representative of the patient, and

(b) payment of the costs of making and delivering the copy.

(3) Instead of providing a copy under subsection (2), a board may, subject to receiving the consent referred to in subsection 2 (a) and the payment of the costs of delivery, release the original X-ray to the patient or to a practitioner described in that subsection.

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(4) A person who has access to a patient's X-ray under this section must use it only for the purposes of diagnosis and treatment and must not disclose to any person, other than the patient, any information obtained from the X-ray concerning the patient.

Abortion services

18 Each hospital listed in Schedule A of B.C. Reg. 25/61, the Hospital Insurance Act Regulations, must be operated and managed in a manner that allows qualified persons, as defined in section 1 of the *Hospital Insurance Act*, to receive abortions at that hospital.

Schedule

Authorization for Release of Patient Information

I,, hereby authorize
.....[*Name of Hospital Releasing Information*] to release the following
information: (*Describe - see note below)

.....
.....
.....

to me or to

.....

[*Name and Address of Person Authorized to Receive Information*] from the records of

..... [*Name of Patient*] born

..... [*Patient's Date of Birth*]

and presently residing at

.....

[*Address of Patient*]

I consent to the use of this information by the authorized recipient only for the purposes of

.....

.....

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I hereby release the hospital, its employees and agents from any claim that may arise as a result of the release of the above information.

I have reached the age of 19 years.

Dated [Month, Day, Year]..... [Patient's or Representative's Signature]

Please state relationship to patient:

Witness:

..... [Signature]
..... [Name]
..... [Address]
..... [Occupation]

This Authorization will expire 6 months from the above date, or on [Month, Day, Year]

NOTE:

The description of information to be released should include an approximate date of the clinical record and an indication of the specific information requested from the record.

If an authorization is given other than by the patient, proof of guardianship or appointment as representative must be given.

This authorization form must be presented in duplicate to the hospital.

Information will be released only after the hospital has been paid the costs of making and delivering a copy, or, if the original record is released, the costs of delivery.

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HEALTH AUTHORITIES ACT

Part 1 — Interpretation and Provincial Standards

Definitions

1 In this Act:

"board" means a regional health board designated under section 4;

"designated corporation" means a corporation designated by regulation under section 21 (2);

"Provincial standards" means the Provincial standards established under section 3 (1);

"public body" means

(a) a local government acting under the *Public Health Act*,

(b) a hospital as defined by section 1 of the *Hospital Act*,

(c) a board, a regional hospital district board, a district, a regional hospital district, a municipal regional board or a regional board as defined by section 1 of the *Hospital District Act*,

(d) a Provincial mental health facility, a psychiatric unit or a society as defined by section 1 of the *Mental Health Act* or a mental health clinic or mental health service established by regulations under section 43 of that Act,

(d.1) the Council of the city, and the city, under the *Vancouver Charter*,

(e) a government corporation as defined in section 1 of the *Financial Administration Act*, the minister or the government, or

(f) a designated corporation;

"region" means an area of British Columbia designated under section 4 as a region;

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"regional services" means the health services specified under section 5 (1) (a) (i) for a region;

"specified services" means, for a region, the health services, or level or extent of health service, specified under section 3 (2).

Provincial standards

3 (1) The minister may, by regulation, establish Provincial standards for the provision of health services.

(2) The minister may, by regulation, specify a health service, or the level or extent of health service that must be provided in a region.

(3) The minister must ensure under subsections (1) and (2) that health services in British Columbia continue to be provided on a predominantly not for profit basis.

(4) The minister must not act under subsection (1) or (2) in a manner that does not satisfy the criteria described in section 7 of the *Canada Health Act* respecting public administration, comprehensiveness, universality, portability and accessibility.

(4.1) In exercising the authority under subsection (1) or (2), the minister must have regard to the principles set out in sections 5.2 to 5.7 of the *Medicare Protection Act*.

(5) Any grant to a board by the government must be made on condition that the board complies with all applicable regulations made under subsections (1) and (2).

Part 2 — Regional Health Boards

Regional health boards

4 (1) The minister may, by regulation, designate

(a) a regional health board, and

(b) an area of British Columbia that constitutes the region for the board.

(2) On designation under this section, a board is a corporation consisting of

(a) the voting members of the board who are appointed by the minister, and

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(b) if appointed by the minister, a non-voting member of the board who is employed in the ministry of the minister.

(3) The chair of a board is a member of the board who

(a) is designated as chair of the board by the minister, or

(b) if a chair of the board is not designated under paragraph (a), is elected under the bylaws of the board by the board.

Purposes of a board

5 (1) The purposes of a board are as follows:

(a) to develop and implement a regional health plan that includes

(i) the health services provided in the region, or in a part of the region,

(ii) the type, size and location of facilities in the region,

(iii) the programs for the delivery of health services provided in the region,

(iv) the human resource requirements under the regional health plan, and

(v) the making of reports to the minister on the activities of the board in carrying out its purposes;

(b) to develop policies, set priorities, prepare and submit budgets to the minister and allocate resources for the delivery of health services, in the region, under the regional health plan;

(c) to administer and allocate grants made by the government for the provision of health services in the region;

(d) to deliver regional services through its employees or to enter into agreements with the government or other public or private bodies for the delivery of those services by those bodies;

(f) to develop and implement regional standards for the delivery of health services in the region;

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(g) to monitor, evaluate and comply with Provincial and regional standards and ensure delivery of specified services applicable to the region.

(2) In carrying out its purposes, a board must give due regard to the Provincial standards and specified services.

Cross-regional operations

5.1 (1) Despite section 5 (1) and any regulation made under section 4 (1) (b), the minister may by order permit a board to do any of the following outside the region designated for the board:

(a) provide a health service;

(b) locate a facility;

(c) provide for a program of health service delivery.

(2) If the minister makes an order under subsection (1),

(a) the board is subject to any limits or conditions specified in the order, and

(b) section 5 applies to the health service, facility or program as if the health service, facility or program were located in the region designated for the board.

General or special direction

7.1 A board must comply with any general or special direction made by regulation of the minister with respect to the exercise of the powers and the performance of the duties of the board.

Powers and procedures of a board

8 (1) A board has the powers of a natural person of full capacity for the purposes of carrying out its powers, duties and functions under this Act.

(2) Subject to this Act and the regulations, a board may, by bylaw approved by the minister,

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- (a) determine its own procedure,
- (b) provide for the control and conduct of its meetings,
- (c) provide for the election of officers of the board, including the chair and the member to be the acting chair in the absence of the chair,
- (d) establish committees and specify the functions and duties of those committees, and
- (e) delegate administrative or management duties to its employees.

(3) Meetings of a board are open to the public, but the board may exclude the public from a meeting if the board considers that, in order to protect the interests of a person or the public interest, the desirability of avoiding disclosure of information to be presented outweighs the desirability of public disclosure of the information.

(4) The acquisition or disposal of real or personal property owned or administered by a board may only be done on authority of a bylaw of the board.

Resolving differences over priorities

- 9 (1) If an order made or a standard set under this Act by a board conflicts with a regulation of the minister under section 3, the regulation of the minister prevails.

Part 4 — Miscellaneous Provisions

Offence Act

- 20 Section 5 of the *Offence Act* does not apply to this Act or to the regulations made under this Act.