

GUYANA

No. 10 of 2008

REGULATIONS

Made Under

**THE REGIONAL HEALTH AUTHORITIES ACT 2005
(Act 4 of 2005)**

IN EXERCISE OF THE POWERS CONFERRED UPON ME BY SECTION 37 OF THE REGIONAL HEALTH AUTHORITIES ACT 2005, I HEREBY MAKE THE FOLLOWING REGULATIONS:-

**PART I
PRELIMINARY**

- Citation. 1. These Regulations may be cited as the Regional Health Authorities Regulations 2007.
- Interpretation
No. 4 of 2005. 2. (1) In these Regulations-
- (a) "Act" means the Regional Health Authorities Act 2005;
 - (b) "attending medical staff" means a member of the medical staff who has, for the time being, the principal responsibility of the medical care of a patient;
 - (c) "board" means the board of members of a regional health authority;
 - (d) "Chief Executive Officer" means the Chief Executive Officer of a regional health authority;
 - (e) "clinical record" means a written, electronic or printed record maintained by a regional health authority of the services rendered to a patient;
 - (f) "community health worker" means a person who is selected by a community to provide basic health care in that community, and who has completed a community health worker programme approved by the Minister;
- No. 16 of 1991. (g) "Council" means the Medical Council of Guyana established under section 3 of the Medical Practitioners Act 1991;
- No. 16 of 1996. (h) "dentist extender" means a person registered as a dentist extender under section 15 of the Dental Registration Act 1996;
- No. 16 of 1996. (i) "dental practitioner" means a dental practitioner referred to in the Dental Registration Act 1996;

- No. 16 of 1991. (j) "medical practitioner" means a medical practitioner referred to in the Medical Practitioners Act 1991;
- No. 19 of 1978. (k) "medex" means a medex referred to in the Medex Act 1978;
- (l) "member" means a member of the board of a regional health authority;
- Cap. 137 (O). (m) "midwife" means a person who is registered as a midwife under the Nurses and Midwives Registration Ordinance;
- Cap. 137 (O). (n) "nurse" means a person who is registered as a nurse under the Nurse and Midwives Registration Ordinance;
- No. 16 of 1991. (2) Words and expressions not defined in these Regulations but defined in the Act, the Medical Practitioners Act 1991, the Dental Registration Act 1996, the Medex Act 1978 and the Nurses and Midwives Registration Ordinance shall have the respective meanings assigned to them in those Acts and Ordinance.
- No. 16 of 1996.
- No. 19 of 1978.
- Cap.137 (O).

PART II

Terms of office of the member of a board

- Eligibility to be the member of a board.
3. (1) No person shall be eligible to be appointed as a member of the board of a regional health authority unless he is-
- (a) a citizen of Guyana;
 - (b) able to communicate satisfactorily in English;
 - (c) of good character;
 - (d) experienced at least for five years in medicine, law, accountancy, finance management, health sector, social work or public administration and in the opinion of the Minister, a fit and proper person to be appointed as a member
- (2) A member, other than the Chief Executive Officer and the Director of Medical and Professional Services, shall hold office for two years from the date on which enters upon office and shall be eligible for re-appointment.
- (3) Notwithstanding subregulation (2), no member, other than the Chief Executive Officer and the Director of Medical and Professional Services, shall hold office more than two consecutive terms, but such member shall be eligible for re-appointment after the expiration of one year of ceasing to become a member.
- Oath of Office
4. Every person appointed or nominated as a member of a board shall subscribe to an Oath of Office before the Minister, in the form as set out in the Schedule, before

enters upon his office.

PART III

Resignation, removal and vacancy of members

Resignation,
removal and
vacancy of
members.

5. (1) A member may resign in writing addressed to the board.

(2) The resignation by a member shall be effective upon acceptance of the resignation by the board.

(3) A member may be removed for conduct unbecoming of a member by a majority of the votes cast by members present in a general meeting of the board:

Provided that no member shall be removed from his office without giving him an opportunity of being heard.

(4) Notice of meeting to consider the removal of a member shall be given at least fifteen days in advance to all members before the meeting.

(5) A member who is absent without permission of the board for three successive meetings shall be deemed to be removed from his office and his position may be considered vacant.

(6) The board may recommend to the Minister names of persons suitable to serve as members.

(7) If a vacancy occurs on a board, the Minister, taking into consideration the category of representation and with the appropriate consultation, where necessary, may appoint a person to fill the vacancy for the balance of the term of the member replaced.

PART IV

Functions and Duties of a board

Functions of a

6. A board shall govern and manage the affairs of the regional health authority and

Board.

do all things that are incidental or conducive to the discharge of its functions and, in particular, shall –

- (a) enter into service agreements with the Ministry of Health, government or non-governmental organisations or agencies for the purposes of the Act;
- (b) develop and periodically update the health plan, in collaboration with the health management committee, that is consistent with the health laws and with the instructions, directions of and supervision by the Minister;
- (c) establish policies and procedures to provide the framework for the management and operation of the regional health authority;
- (d) work collaboratively with other community agencies and institutions in meeting the needs of the community;
- (e) participate in fund raising activities to supplement the resources provided by the Ministry of Health for the operation of the regional health authority;
- (f) establish the selection process for the appointment of the Chief Executive Officer, and, subject to the approval of the Minister, appoint him in accordance with the process and ensure his ongoing evaluation;
- (g) delegate responsibility and concomitant authority to the Chief Executive Officer for the management of the regional health authority and require his accountability to the board;
- (h) appoint or re-appoint medical practitioners, dental practitioners, medexes, midwives, nurses or medical staff to the regional health authority and delineate their respective responsibilities and privileges after considering the recommendations of the medical advisory committee and the Chief Executive Officer;
- (i) assess and monitor the acceptance by each member of the medical staff, through the medical staff organisation, of his responsibility to the patient and to the regional health authority concomitant with the privileges and duties of the appointment and the by-laws;

Duties of a Board.

7. A board shall manage the affairs of the regional health authority and do all things that are incidental or conducive to the discharge of its duties and, in particular, shall

- (a) ensure that programmes and services of the regional health authority are prioritised on the basis of its health plan and financial framework

committee.

(5) Subject to such policies as may be established by the board, the health management committee may recommend for the consideration and adoption by the board-

- (a) appointments of employees of the regional health authority and their removal;
- (b) appointment of medical practitioners, dental practitioners, medexes, dentist extenders, nurses, midwives or community health workers to the medical staff of the regional health authority;
- (c) such privileges to a person referred to in paragraph (b) as the health management committee considers appropriate in the circumstances;
- (d) rescind the appointment and withdraw the privileges of the person for any reason subject to such restrictions and notice requirements as may be contained in a contract between the regional health authority and a person referred to in paragraph (b):

Provided that no such person shall be removed without giving him an opportunity of being heard.

(7) The health management committee shall undertake such other tasks as maybe assigned by the board.

Professional
Committees.

9. (1) The board shall appoint a professional advisory committee or the medical and dental advisory committee which may engage sub-committees, where necessary, for the conduct of their respective activities.

(2) The committees shall undertake such other tasks as maybe assigned by the board.

(3) Chairpersons of the committees referred to in subregulation (1) shall be chosen from among the members of the respective committees on the recommendations of the board.

(4) The Chief Executive Officer, or such other person as may be designated by him, shall attend the meetings of the committees, but not vote at, the meeting.

Community.

10. (1) The board may appoint, from among members of the community, nominated by the community in the health region or regions, not more than nine members to a

Advisory
Committee.

community advisory committee.

(2) The community advisory committee shall advise the board regarding the provision of health care and health services by the regional health authority in the health regions.

(3) The community advisory committee shall select a chairperson from among their members.

(4) The Chief Executive Officer, or a designate of the Chief Executive Officer, shall attend every meeting of the community advisory committee, and may participate in, but not vote at, the meeting.

(5) The community advisory committee shall undertake such other tasks as maybe assigned by the board.

Other
Committees.

11. The board shall establish the following committees for the purpose of advising the board on the maintenance of standards of medical services and dental services -

- (a) a clinical audit committee;
- (b) a credentials committee;
- (c) any other committee the board considers appropriate.

PART V **Patient care**

Transfer of care
of patient.

12. (1) Where a member of the medical staff is unable to care for a patient, the member shall arrange for another member of the medical staff having appropriate training to accept responsibility for the care of the patient and shall ensure that the transfer of responsibility is noted on the clinical record of the patient.

(2) Where the medical director of the regional health authority has reason to believe that a member of the medical staff is unable to care for a patient and that the member is unable to or will refuse to transfer responsibility for the care of the patient to another member of the medical staff, he shall transfer responsibility for the care of the patient to another member of the medical staff.

Board to notify
governing.

13. A board shall notify the Medical Council, the Dental Council, the Nurses and Midwives Council, or any other professional body or organisation, as the case may

- and that resource allocation is consistent with those priorities;
- (b) ensure that the best possible quality of patient care is provided with the resources available;
 - (c) ensure that staff and facilities are appropriate for the services provided;
 - (d) ensure that quality assurance, risk management and utilisation review methods are established for the regular evaluation of the quality of care;
 - (e) ensure that all health services are regularly evaluated in relation to generally accepted standards and require accountability on a regular basis;
 - (f) inform the Minister of all concerns, which it may have about any aspect of the regional health authority, which it is unable to resolve;
 - (g) develop a mechanism by which it is able to measure the level of satisfaction which patients have with the various services that they receive from the regional health authority;
 - (h) ensure that policies and procedures are developed and implemented in each department to cover all activities of the regional health authority;
 - (i) develop criteria for evaluating the performance of members of the board and conduct such evaluations at least annually;
 - (j) recommend the making, amending or revoking by-laws that are necessary to ensure the performance of the functions of the regional health authority;
 - (k) set the remuneration packages and expenses for members and committee members subject to the approval of the Minister.

PART IV

Committees

Health
management
committee.

8. (1) The board shall appoint a health management committee to advise it with respect to its day to day management and operation within the health regions.
- (2) The health management committee may engage sub-committees for the conduct of its activities.
- (3) The board may appoint such of its members or a medical practitioner, a dental practitioner, a dentist extender, a medex, a midwife or a nurse, as may be necessary, as members of the health management committee or any sub-committee.
- (4) The Chief Executive Officer shall be the chairperson of the health management

Professional body. be, whenever an attending medical staff, dentist extender, dental practitioner, medical practitioner, medex, midwife or nurse-

- (a) has shown incompetence, negligence or misconduct in discharging his duty; or
- (b) resigns pending investigation of his conduct by the board.

Attending medical staff to notify danger. **14.** An attending medical staff, who refers any person to a regional health authority for admission knowing or suspecting that the person is or may become, for any reason, dangerous to himself or to others, shall notify the Chief Executive Officer or the senior administrative officer.

Orders for care. **15.** (1) An attending medical staff, medical practitioner, dental practitioner, medex, dentist extender, nurse or community health worker shall ensure that each order for the care for a patient shall be in writing and attached to the clinical record of the patient in the section designated for those orders, and dated and signed by him.

(2) Notwithstanding subregulation (1), a person referred to in that sub-regulation, may communicate orders for care over telephone to a person designated by the Chief Executive Officer to take the orders.

(3) A person to whom an order for care has been communicated over telephone shall transcribe the order, sign it and endorse on it, the name of the medical practitioner, dental practitioner, medex, dentist extender, nurse or community health worker who communicated the order as well as the date and time of receiving the order and attach it to the clinical record in the section designated for those orders.

(4) Where an attending medical staff, medical practitioner, dental practitioner, medex, dentist extender, nurse or community health worker has communicated an order for care over telephone under subregulation (2), he shall sign the order on the first visit to the facility after dictating the order.

Orders for care on computer system. **16.** (1) Notwithstanding regulation 15 (1), an attending medical staff, medical practitioner, dental practitioner, medex, dentist extender, nurse or community health worker may make an order for care on a computer system approved by the Minister if the system produces an order for care that is printed, dated and signed.

(2) An attending medical staff, medical practitioner, dental practitioner, medex, dentist extender, nurse or community health worker shall ensure that the printed

order for care is attached to the clinical record of the patient in the section designated for such orders.

(3) An order for care on an approved computer system shall be deemed to be signed by an attending medical staff, medical practitioner, dental practitioner, medex, dentist extender, nurse or community health worker when he has entered the computer equivalent of his signature in the manner approved by the regional health authority.

(4) Regulations 15 (2), (3) and (4) shall *mutatis mutandis* apply to an order for care made on an approved computer system.

Investigation.

17. The Minister may require a regional health authority to-

- (a) conduct an investigation into any complaint respecting the care of a patient;
- (b) report its findings to him or his designate;
- (c) provide reasonable assistance to any person or body appointed by him to conduct an investigation into any complaint respecting the care of a patient.

Record of patients.

18. In addition to the requirement of any other written law, a regional health authority shall compile and maintain a clinical record in respect of every patient that includes-

- (a) name, address, age, sex, contact telephone number;
- (b) preliminary diagnosis;
- (c) patient identification on each document, whether electronic or otherwise that forms part of the record;
- (b) history of present and previous illnesses;
- (c) allergic history;
- (d) immunisation records in the case of pediatric patients;
- (e) patient consent to treatment form;
- (f) results of physical examination;
- (g) reports of-
 - (i) consultations;
 - (ii) diagnostic tests; and
 - (iii) therapy provided;
- (h) vital signs;
- (i) medication sheets and protocols;
- (j) nurses' notes and notes of all professionals involved in the care of the

patient;

- (k) final diagnosis;
- (l) post mortem examination, if any;
- (m) any other information required by the Minister.

**PART VI
Miscellaneous**

Inspection of equipment.

19. (1) Every regional health authority shall appoint a committee to inspect any item of equipment that may have become worn out, obsolete or unserviceable and to recommend whether it should be replaced or written off.

(2) Subject to section 34 of the Act, upon receipt of the committee's recommendation, the board of directors shall by resolution direct whether the equipment shall be replaced or written off and determine the manner of its disposal.

(3) Every regional health authority shall maintain as part of its records a current inventory of all items of equipment.

Health plan.

20. In addition to the matters set out in section 26 of the Act, every regional health authority shall ensure that its health plan sets out how the regional health authority will meet its obligations under any other written law for the time being in force.

SCHEDULE

FORM OF OATH
(S.4)

OATH OF OFFICE

I, declare that I will faithfully execute the office of the member of the board of the regional health authority for region Number without fear or favour, affection or illwill and in accordance with the health laws and with the goals and objectives of the regional health authority.

(.....)
Member

Dated this day of
200.....

Made this... 17 ... day of ... DECEMBER ... 2007.

Lele R...
MINISTER OF HEALTH