# Department of Pediatrics
# Rules and Regulations

HOLLYWOOD
PRESBYTERIAN MEDICAL CENTER

# I. Definition

1.1 The Department of Pediatrics of the CHA Hollywood Presbyterian Medical Center (HPMC) is governed according to the accepted principles of the American Academy of Pediatrics.

1.2 The Department of Pediatrics is one of the major Medical Staff Departments of the Medical Center. In addition, select members of the Departments of Family Practice and Surgery may be granted privileges to practice in this Department according to their demonstrated abilities and qualifications with the approval of the Department, Medical Executive Committee, and the Governing Board. They must also have appropriate malpractice coverage.

# II. Goals

2.1 The goals of the Department are:

2.1-1 Provide comprehensive care to newborns and children to 18 years of age.

2.1-2 Maintain an educational atmosphere within which all members of the staff may constantly improve their professional abilities and skills.

2.2 Residency / Fellowship Program Goals

2.2-1 To provide Neonatal-Perinatal training for Fellows PGY-4 and above of the University of Southern California (USC) Division of Neonatology, Department of Pediatrics with a primary emphasis on diagnosis and management of disorders in premature and full-term newborns.

2.2-2 To provide training for Children's Hospital Los Angeles (CHLA) Residents in the Hospital's Neonatal Intensive Care Unit (NICU) and Delivery Room (DR).

2.2-3 To accomplish these goals:

A. A Residency rotation program will be established. Residents will rotate through HPMC each month for training in NICU under the 24-hour supervision of a faculty member of the USC and CHLA Department of Pediatrics.

B. Private Attending Physicians will assist in teaching the Residents by allowing them to participate in the care of their patients.

C. In addition to clinical training, the Residency Program will feature regular teaching conferences. This will be accomplished with daily Resident pass-on rounds and patient care conferences (NICU Morbidity and Mortality Review). Attending Physicians and all NICU staff are encouraged to participate in these teaching conferences.

D. Methods of Evaluation

i. The Resident in Pediatrics will participate in the clinical management of patients under the supervision and direction of designated staff Attendings. It is intended that the practices of these Attendings will reflect the appropriate diversity of patients so that the performance objectives can be achieved. The meeting of the program's knowledge objectives will be assessed by staff

Attendings during Resident / Attending interaction in the course of the delivery of patient care.

ii. Monitoring of the accomplishments of goals and objectives will be conducted by:

1. Periodic auditing of cases in which the Resident has participated.

2. End-of-rotation evaluation of Resident performance will reflect assessments of the Resident's demonstrated fund of knowledge with respect to the program's knowledge objectives.

E. Resident Job Description

i. Resident participation in patient care activities at HPMC will be at the discretion of the Attending Physician. Patient care activities performed by Resident physicians at HPMC will be under the supervision of an Attending Physician. Ultimate authority and responsibility for patient care decisions will rest with the Attending Physician. The Attending Physician shall be a member of the Medical Staff of HPMC with appropriate medical credentials and clinical privileges. The Attending Physician shall document supervision by countersigning all Resident entries in the medical record, including but not limited to physician orders, prescriptions, history and physical examination, admission notes, procedure notes, consultation reports, discharge summaries, consent forms, and dictations. At the discretion of the Supervising Physician, in accordance with ACGME Program Requirements for Resident Education, residents will be permitted to perform the following activities:

1. Develop a personal program of learning to foster continued professional growth with guidance from the Teaching Staff.

2. Participate in safe, effective and compassionate patient care, under supervision commensurate with their level of advancement and responsibility.

3. Participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other Residents and students.

4. Participate on institutional committees and councils whose actions affect their education and/or patient care.

5. Submit to the Program Director or to a designated institutional official at least annually confidential written evaluations of the facility and of the educational experience.

## III. Organization

3.1 The officers of the Department shall consist of a Chair and a Vice Chair. The Active members of the Department in accordance with the Bylaws of the Medical Staff shall elect the Chair.

3.1-1 Chairperson

A. The Chair shall be the Administrative head of the Department and shall preside at all meetings. He or she shall appoint all necessary committees of the Department and shall be an ex-officio member of such committees. He or she shall conduct all meetings of the Department and shall be responsible for maintaining the high ethical and professional standards of the Department members. He or she shall serve as a member of the Medical Executive Committee.

3.1-2 Vice Chair

A. The Vice Chair shall assist the Chair in all duties. He or she shall preside as Chair in the absence of the Chair, and shall become Chair in the case of disabilities or incapacitation of the Chair. The Chair, with approval of the Department, appoints the Vice Chair.

3.2 The Pediatrics Department shall consist of the officers and members of the Pediatric staff. Members of other Departments of the Medical Staff and Medical Center who have a direct interest in the Department of Pediatrics shall be ex-officio members of the Pediatrics Department. Members shall include representatives of Administration and Nursing.

3.3 The Department of Pediatrics shall be responsible to:

3.3-1 Coordinate the activities and policies of the Department.

3.3-2 Receive and act upon the reports of other committees and to advise and make recommendations to the Medical Executive Committee as may be necessary.

3.3-3 Make decisions in all matters pertaining to the Department with approval of the Medical Executive Committee.

3.3-4 Present recommendations to the Medical Executive Committee for:

A. Appointments to the Department.

B. Reappointments to the Department.

C. Designation of Medical Staff category assignments.

D. Designation of Medical Staff category assignments.

E. Evaluation of each Department member through observations of clinical performance and review of medical records.

F. Carrying out disciplinary actions as recommended by the Medical Executive Committee.

G. Enforcement of the Rules and Regulations of the Department and the Bylaws of the Medical Staff.

3.3-5 Review the Rules and Regulations for proposed amendments and modifications and propose such approved changes to the Medical Executive Committee.

3.3-6 Department Meetings

A. Department meetings shall be held at least four times per year.

B. Peer Review of the quality of medical care will be conducted on an ongoing basis by routine collection of information concerning important aspects of care.

C. The meetings will include assessment of the collected information to identify important problems and opportunities to improve the medical services.

D. The Department will develop criteria that reflects current knowledge and clinical experience. These criteria are used in the monitoring and evaluation of the care and services provided by members of the Department.

E. The Pediatrics Department takes action and evaluates the actions taken when important problems or opportunities to improve care are identified.

F. The findings from and conclusions of the monitoring, evaluation, and problem solving activities are documented and, as appropriate, are reported to the Quality Management Committee. These are evaluated as part of the hospital annual appraisal of the Quality Assurance program as required by The Joint Commission.

G. Morbidity and Mortality statistics and care evaluations are to be analyzed; evaluations and summaries are recorded and kept on file together with the attendance record of each meeting.

H. Monitoring and evaluation of special procedures and related management shall be performed in accordance with the guidelines provided by The Joint Commission, American Medical Association (AMA), and California State Department of Health Services.

## IV. Members

4.1 Appointments

4.1-1 Board Certification requirements for all initial appointments will be in accordance with the Medical Staff Bylaws.

4.2 Reappointments

4.2-1 Reappointments shall be considered at the end of the Provisional period, and thereafter, will be considered biennially.

4.3 Active Staff Requirement

4.3-1 Physicians are involved in 24 patients per two-year reappointment period.

4.4 Baby Friendly

4.4-1 All members must provide a one-time documentation of at least three hours of Baby Friendly compliant breast feeding education in order to qualify for reappointment. Failure will deem the reapplication incomplete. Affiliate members are exempt.

## V. Clinical Privileges

5.1 All Clinical Privileges in the Department of Pediatrics granted to Residency-trained or Board Eligible / Certified Pediatricians and Neonatologists will be approved by the Department Chair, Medical Executive Committee, and the Governing Board of the Medical Center. The granting of privileges shall be determined by a thorough review of the practitioner's training, demonstrated competence, performance, and standing in the medical community.

5.2 All Clinical Privileges will be reviewed at the time of reappointment.

5.3 Family Medicine Pediatric privileges will be considered for Residency-trained or Board Eligible / Certified Family Practitioners.

5.4 Neonatal Privileges

5.4-1 Neonatal privileges may be granted to a Fellowship-trained, Board Eligible or / Board Certified Neonatologist.

## VI. Proctoring

6.1 All initial appointments are Provisional, during which time, performance shall be observed by the Department Chair, or his or her designee, to determine eligibility for regular membership and the exercise of clinical privileges granted provisionally. A total of six Pediatric / Neonatology cases will be proctored. Proctoring will be done by Active members of the Department in accordance with the Medical Staff Bylaws. In the case of Pediatric subspecialists who apply for membership in the Department, they will be asked to present documentation of their proficiency in their field from another hospital and the Chair or his or her designee will monitor their performance. Two proctors are required. Proctoring by an associate is unacceptable (Neonatologists are exempt).

## VII. Peer Review

7.1 Peer review of the quality of pediatric care will be conducted on an ongoing basis by routine collection of information concerning important aspects of care.

7.2 Peer review meetings will include assessment of the collected information to identify important problems and opportunities to improve Pediatric services. The Department agrees on indicators that reflect current knowledge and clinical experience. These indicators are used in monitoring and evaluating services. The Department takes action and evaluates the actions taken when important problems or opportunities to improve care are identified. The findings from and conclusions of the monitoring, evaluation, and problem solving activities are documented and as appropriate, are reported

to the Medical Executive Committee and are evaluated as part of the hospital's annual reappraisal of the Quality Management program. The Chair of the Department may appoint designees to perform peer review and report to the Department.

## VIII. Admissions

8.1 The Admitting physician shall be the primary care physician for patient care, as designed by Pediatric privileges.

8.2 In situations where the Attending physician is not immediately available, the designed back-up physician shall be notified. If the designated back-up physician is not available, the Chair (or the Chair's designee) will resume responsibility for the patient.

8.3 In case of emergency, the neonatal additional on-call physician will be called. For purposes of this section, an emergency is defined as a condition in which serious or permanent harm would result to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger. In case of an emergency, any medical center practitioner to the degree permitted by his license and regardless of Department, Medical Staff status, or clinical privileges, shall be permitted to do, and shall be assisted by medical center personnel in doing everything possible to save a patient from serious harm. The member should defer to the Department Chair when the emergency no longer exists.

8.3-1 For life-threatening newborn cases, call the NICU physician. For life-threatening cases of infant / pediatric patients, a Code White will be called.

8.3-2 For nonlife-threatening cases of newborn, infant, or pediatric patients, the Pediatrician of record will be called first. If no response within one hour, the backup physician is called. If no response, the Department Chair is called. For nonlife –threatening calls from the NICU, response time by physician is 30 minutes.

8.4 Newborns

8.4-1 A Pediatrician must examine all full-term and well newborns within 24 hours of admission to the Nursery and within 24 hours prior to discharge from the hospital.

8.4-2 The mother will indicate the Pediatrician of choice. If the mother does not indicate the Pediatrician of choice, the Obstetrician shall assign a Pediatrician to the case.

8.4-3 Newborns without apparent problems should have a newborn examination, eye care prophylaxis, Vitamin K, cord blood for type, Rh, Coombs, and VDRL. All the above routine treatments should be done prior to the infant's discharge unless parent explicitly refuses such routine care.

8.4-4 Complications and problem cases will be transferred to the NICU as per the Admission Criteria to the Neonatal Intensive Care Unit.

8.4-5 Circumcision may be performed in the Nursery after a complete examination by the Pediatrician in cases without complications. Circumcision of newborns shall not be performed unless so requested by the mother and cleared by the Pediatrician. Appropriate pain management should

be provided and a procedure note should be written in the patient's chart by the physician doing the circumcision.

8.4-6 It will be routine practice to monitor patients under blue light phototherapy. When a baby is admitted to intermediate care, the Admitting Pediatrician may consult the Neonatologist on-call at his or her discretion.

8.4-7 It is mandatory for all patients 17 years of age or less admitted by Surgeons to obtain a Pediatric consultation.

8.5 Pediatric Unit

8.5-1 Pediatric patient care will be provided only by the physicians who are privileged to do so.

8.5-2 The type(s) of patients being admitted to the Pediatric Unit are defined by the Department of Pediatrics.

8.6 NICU Admissions and Treatment

8.6-1 CCS-paneled Pediatricians may provide care to infants requiring intermediate and/or continuing care under the direct supervision of the NICU Medical Director. CCS-paneled Pediatricians shall:

A. Be Certified by the American Board of Pediatrics with evidence of current experience and practice in Neonatal medicine.

B. Provide evidence of current successful completion of the Neonatal Resuscitation Program (NRP) course by the American Heart Association.

C. Fulfill a minimum of 50 hours of continuing education every two years.

D. Pediatric Board-Eligible recent graduates (less than one year) may receive privileges in Category 4 for two years and is contingent upon successful Board Certification in Pediatrics.

8.6-2 CCS-paneled Pediatricians may provide care to infants requiring intermediate and/or continuing care under the direct supervision of the NICU Medical Director. The Pediatric specialist must:

A. Be CCS panel pending or approved.

B. Be Neonatal Resuscitation Program (NRP) certified.

C. Provide evidence of Board Certification in Pediatric subspecialty.

## IX. Consultations

9.1 Physicians will practice only within the scope of privileges granted. Physicians are encouraged to seek consultation in high-risk, problem, or complicated cases.

9.2 A qualified consultant shall be a member of the Medical Staff of HPMC who has been granted consulting privileges in his or her specialty.

9.3 If the consultant requested is unable to provide the consultation within a reasonable time, especially in the case of an acutely ill patient or other emergency, he or she will notify the referring physician immediately.

9.4 All consultations must be physician to physician.

## X. Medical Records

10.1 A History and Physical (H&P) Examination shall be completed within 24 hours of admission.

10.2 Discharge Summaries must be written or dictated within 48 hours of discharge.

10.3 All patient charts must be completed and signed by the physician within 14 days following patient discharge.

10.4 If an operation or procedure is done, an operative or procedure note is to be immediately entered on the progress notes stating the procedure done, the findings, and the general condition of the patient. The complete operative or procedure report must be dictated within 24 hours following surgery.

## XI. Back-Up Physician

11.1 All Pediatricians on staff must have a back-up physician who will be available to take cases if he or she is not available. The back-up physician must be a member of the Medical Staff with Pediatric privileges at HPMC.

## XII. Neonatology Director

12.1 There will be a full-time CCS-paneled Neonatologist as the Medical Director of the NICU. The Medical Director shall be Certified by the American Board of Pediatrics and Certified by the American Board of Pediatrics in the subspecialty of Neonatal-Perinatal Medicine; and shall have current certification in Neonatal Resuscitation by the American Academy of Pediatrics (AAP) or the American Heart Association (AHA).

12.2 The NICU Medical Director will:

12.2-1 Have overall responsibility to enforce the standards of medical care for infants admitted to the NICU.

12.2-2 Provide consultations as requested for private neonatal patients.

12.2-3 Coordinate and direct transfers of infants to other NICU centers as necessary.

12.2-4 Assist in the coordination of continuing medical education related to the care of neonates.

12.2-5 Participate in the development, review, and assurance of the implementation of NICU policies and procedures.

## XIII. Contracts

13.1 Contracts made by the Hospital affecting the care of pediatric patients must be reviewed by the Department of Pediatrics before approval.