

Providence Holy Cross Medical Center
Department of Pediatrics Rules & Regulations

MEDICAL STAFF RULES & REGULATIONS: DEPARTMENT OF PEDIATRICS

I. NAME

The name of this organization shall be Department of Pediatrics of the Medical Staff of Providence Holy Cross Medical Center. The Department is organized as provided in the Bylaws of Providence Holy Cross Medical Center Medical Staff.

II. PURPOSE

It shall be the purpose of the Department of Pediatrics to concern itself with newborn care performed within the hospital. It shall include establishment of methods to ensure professional competence of members, basing delineation of privileges on training, experience, demonstrated ability, and integrity; establishment of specific policy to facilitate and regulate the work of the Department; promote continuing education of all departmental members; and provide ongoing review and analysis of clinical work performed in the Department.

III. REQUIREMENTS FOR ADMISSION

All physicians with application to the Medical Staff of Providence Holy Cross Hospital, Department of Pediatrics, must have a satisfactory moral status in the community. Documentation of clinical skills by program directors must be provided. Privileges for initial applicants in the specialty shall be limited to physicians who have satisfactorily completed training requirements for admissibility to examination by American Board of Pediatrics or are board certified. All Pediatricians who desire privileges to attend vaginal deliveries and C-Section will be required to maintain a current American Heart Association Neonatal Resuscitation Card. *added 4/92, amended 5/93 to change deadline for compliance to 12/31/93. * amended 7/96

IV. MEMBERSHIP

All pediatricians in good standing on the Medical Staff shall be members of this Department. Physicians shall be appointed to the Department by Board of Trustees acting on recommendations of the Credentials Committee, Pediatric Department and MEC. The term of appointment shall be for duration of the medical staff appointment as approved by Board of Trustees. * amended 8/04

V. ORGANIZATION

A. DEPARTMENT CHAIRMAN

The Department of Pediatrics shall meet bi-monthly *amended 1/96 to conduct its affairs. The Chairman of Department shall be chosen (every 2 years) *amended 8/90 as defined in the Medical Staff Bylaws, Rules and Regulations. (The Chairman will be eligible to succeed himself indefinitely, until he becomes ineligible in accordance with the Medical Staff Bylaws,)*added 8/90 or until a replacement is elected by the Department. Other officers shall be appointed by the Chairman of the Department or elected by members of the Department and, at a minimum, include a co-chairman. The duties to be performed by the Chairman with the assistance of the Pediatric Department are specified in detail in the Medical Staff Bylaws. *10/90

B. QUORUM - DEPARTMENTAL MEETINGS

The presence of at least (3) [amended 1/14/2021] voting members of the Department of Pediatrics shall constitute a quorum. Notwithstanding the departure of members, business may continue to be transacted at any meeting at which a quorum was initially present.

VI. DUTIES OF DEPARTMENT

To be responsible for administration of policies of the pediatric staff. To establish and alter operating policies dealing with basic care of newborn patients as seems required in the best interest of the patient and hospital. To coordinate with Continuing Medical Education Department educational programs for the pediatric staff. To delineate privileges to members of the Department consistent with the best interest of patient and based upon the recommendations of those best qualified to evaluate ability. To proctor all provisional appointees to the Department of Pediatrics. To monitor quality of care and utilization of resources as judged by a review of medical records of pediatric cases; to investigate, on recommendations

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of other standing committees, all cases which have been referred for such investigation. To recommend initiation of proctoring, and/or corrective or disciplinary action regarding its members for infractions to MEC in accordance with the Medical Staff Bylaws.* amended 8/04

VII. PRIVILEGES

A. INITIAL APPLICATIONS

All physicians who desire appointment to the Medical Staff of Providence Holy Cross Hospital shall submit a formal request on the hospital's application form, giving details of education, training, experience, and appropriate references, which shall be referred to Credentials Committee with supporting documentation. Those physicians applying for privileges for management of newborn infants, must complete the appropriate privilege control form. If the physician is recommended for staff appointment by Credentials Committee, the pediatric applicant's credential file shall be forwarded to the Department of Pediatrics for review and determination of privileges as requested on the control form. Actual determination of privileges shall be made by Chairman in consultation with departmental members and, especially, those best qualified to evaluate the applicant's education, training and ability. The Chairman will forward recommendations of the Department to the MEC for approval which, in turn, shall make appropriate recommendations to Board of Trustees of the hospital. The privilege control card must be signed by the Chairman of Department of Pediatrics and, following appropriate approvals as stated above, original shall be retained in physician's credential file and are maintained on-line in the computer system. No physician may attend pediatric or newborn patients without this control form on file and no physician may schedule a procedure that is not specified on the form.* amended 8/04

Current Clinical Competence

1. Outpatient practice may be used as evidence of current competence for cognitive clinical privileges in the hospital setting.
2. Use of this pathway is subject to the following conditions: Mandatory concurrent newborn care review by an unsupervised member of the Department of Pediatrics on at least the first 6 cases. This consultant will be someone who helps the applicant as s/he is oriented to hospital practice. A written report must be submitted to the Department of Pediatrics. Practitioners are responsible for obtaining their own consultants and reports. Associates will not be eligible to provide consultation.
3. Mandatory consultation is in addition to the current proctoring protocol as outlined in these Rules & Regulations. The proctor will be asked to determine whether mandatory consultation should continue. (Added 3/09)

B. PRIVILEGES FOR ATTENDANCE AT VAGINAL DELIVERIES OR C-SECTIONS:

added 7/94 amended 7/96

Pediatricians and Neonatologists (effective 7/1/2008) who desire privileges to attend vaginal deliveries or C-Sections will be required to maintain a current American Heart Association Neonatal Resuscitation Card. Physicians who have completed an approved Residency Program in Pediatrics within the last year may be granted a one year "grace period" in which to obtain the AHA Neonatal Resuscitation certification.*Added 1/96 Pediatricians or Neonatologists failing to maintain a current Neonatal Resuscitation Card will be automatically suspended from attending c-sections. Rev 1/98, 12/07

C. NON-PEDIATRICIAN ATTENDANCE AT VAGINAL DELIVERIES OR C-SECTIONS:

*amended 7/96

Family Practitioners who desire privileges to attend vaginal deliveries or C-Sections will be required to:

1. Submit a written request to the Department of Family Practice.
2. Provide proof of training or hospital experience.
3. Maintain a current American Heart Association Neonatal Resuscitation Card.
4. Undergo proctoring by a Family Practitioner or Pediatrician who holds unrestricted privileges to attend c-sections. A minimum of 3 cases will be proctored, at least one of which will be proctored by a Pediatrician.

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- D. **PROVISIONAL STATUS** *amended 11/91
All privileges granted within the Department of Pediatrics shall be provisional for a minimum period of twelve months from the date of initial appointment (maximum 24 months), during which time physicians will be proctored pursuant to the Department of Pediatrics proctoring protocol. All physicians within the department of pediatrics may request a personal appearance before the department of pediatrics to discuss their membership or clinical privileges.
- E. **TEMPORARY PRIVILEGES**
Temporary privileges will be considered in accordance with the Medical Staff Bylaws.
- F. **REAPPOINTMENT**
All members of the Department of Pediatrics will be considered for reappointment at least every 2 years as specified in the Medical Staff Bylaws. Reappointments may be limited to one year if the department deems it necessary to re-evaluate any area of the applicant's performance before the end of a two year term. Any physician who has accumulated at least thirty (30) cumulative days of suspension per year for medical record delinquencies will automatically be considered for a one (1) year reappointment. Reduction in reappointment period is not considered a restriction in privileges and is therefore not a reportable action.
- G. **TENURE OF PRIVILEGES**
Privileges and membership shall be granted for an initial period of one year and thereafter shall be for a period of not more than two years. * amended 8/04
- H. **ADDITIONAL PRIVILEGES**
Requests for additional privileges shall be submitted in writing to Department of Pediatrics accompanied with documentation of further training, details of experience, a list of pertinent cases, and other pertinent factors. The Department may approve or reject the request or may grant temporary permission pending observation pursuant to Department of Pediatrics Proctoring Protocol, following which a final decision shall be made. Either applicant or committee may request applicant's appearance before the committee. The applicant may appeal any decision in accordance with Article VIII of the Medical Staff Bylaws.
- I. **ADVANCEMENT IN STAFF CATEGORY**
Physicians shall be appointed to Provisional Staff during initial 12 month provisional year. Thereafter, appointment to Courtesy, or Active Staffs shall be in accordance with Article IV of the Medical Staff Bylaws.

VIII. CONSULTATION POLICY

The following Consultation Policy shall be observed by all members of Department of Pediatrics. Consultations are recommended in the following instances except when attending physician is certified or has satisfactorily completed training requirements for admissibility to examination by the American Board of Pediatrics: *amended 8/90

NEWBORN PATIENTS

1. Infants weighing less than 5 pounds
2. Positive Coombs Test or clinical jaundice in first 24 hours.
3. IDM or sustained hypoglycemia.
4. Persistent vomiting.
5. Abdominal distention.
6. Significant respiratory distress (grunting, retracting, flaring.)
7. Convulsions.
8. Suspected sepsis or neonatal infection.
9. Persistent diarrhea.
10. Any obscure diagnostic problem.

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PEDIATRIC PATIENTS

1. Any critically ill infant or child.
2. Prior to surgery, any infant or child scheduled to undergo surgery with potentially significant complications. * amended 8/04

IX. PROCTORING PROTOCOL

PROCTORING CATEGORIES

1. All new medical staff members in the Department of Pediatrics.
2. Existing medical staff members in Department of Pediatrics requesting an increase in clinical privileges.
3. Medical staff members in Department of Pediatrics whose quality of care has been investigated by Department and found to be questionable, and a recommendation for proctoring has been made to Department of Pediatrics.
4. Family Practitioners holding privileges to attend c-sections will be required to undergo proctoring by a Family Practitioner or Pediatrician who holds unrestricted privileges to attend c-sections. Proctoring should be concurrent. A minimum of three (3) cases will be proctored, at least one (1) of which will be proctored by a Pediatrician. *added 4/92

MECHANISM FOR PROCTORING

1. Proctoring will continue until the physician has satisfactorily demonstrated competency in managing cases and/or performing procedures which represent the privileges sought. *amended 11/12/91
2. One or more proctors shall be appointed to each new medical staff member at time of appointment or when temporary privileges have been extended.
3. A minimum of six (6) cases will be reviewed either concurrently or retrospectively to include both management of pediatrics cases. * amended 8/04
4. It is the responsibility of the physician to notify the proctor of any admissions or consultations.
5. A written proctoring evaluation form will be completed by the proctor and submitted to Department of Pediatrics for review and recommendation of proctoring status.
6. To supplement proctoring requirements, reciprocal proctoring evaluation forms of admissions or consultations performed at other local hospitals may be accepted. Evaluation forms submitted must have been completed by a physician who is eligible to serve as a proctor in the second hospital on the basis of his/her credentials.
7. Copies of proctoring reports will be held in the physician's credential file and will be considered at the time the staff member is evaluated for promotion from provisional medical staff category.

ASSIGNMENT OF PROCTOR

1. A proctor shall be a medical staff member in good standing in the Department of Pediatrics. * amended 8/04
2. The proctor shall be assigned by the Chairman of the Department of Pediatrics.

PROCTOR RESPONSIBILITIES

1. To perform an objective evaluation of the physician being evaluated.
2. To complete the evaluation form and provide a written summary of the physician's clinical and diagnostic competence.

WAIVER OF PROCTORING

A waiver of proctoring may be granted by the Department of Pediatrics if the following conditions are met:

1. The physician must be actively practicing in the community.
AND
2. Two members in the Medical Staff of Providence Holy Cross Medical Center, at least one of whom is active, who have directly observed the new doctor, must provide a letters of recommendation for waiver of proctoring.
3. Retrospective review of three cases will be required.

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X. EXAMINATION OF PATIENTS *amended 10/90

NEWBORNS

A complete admission and physical examination shall be recorded within 24 hours of admission. Examination of newborns shall be performed within 24 hours of birth or as soon as possible when necessary. It shall be the responsibility of the nursery room nurses to personally notify the pediatrician upon birth of any infant in which he/she has been designated as the attending physician. If the physician has not been in to examine the infant within 24 hours of birth nursery room nurses shall contact the physician again prior to reporting the incident to Chairman of Department. Examination of newborns, expected to be transferred to another facility, shall be examined prior to transfer and within 24 hours of birth or as soon as possible when necessary. If there is no attending physician for the newborn, ER Panel Pediatrician shall be responsible for performing the examination prior to transfer within the time frame allowed.

DOCUMENTATION REQUIREMENTS SPECIAL CARE NURSERY *Added 1/98

Physicians are required to perform and record a complete history and physical examination and record a discharge summary for all infants admitted to the Special Care Nursery in accordance with the timeframe noted in the current General Medical Staff Rules and Regulations: Timely Visitation NICU Patients

TIMELY VISITATIONS AFTER PATIENT ADMITTED

The attending practitioner or his designee (i.e. another member of the staff in good standing with the requisite privileges to care for the patient) must see the patient within the times frames provided below or within any shorter time frame if the patient's condition requires it:

Patients designated as emergency cases and those admitted directly to or transferred into an intensive or critical care area from the admitting office, emergency department, or general care area -- within 4 hours
*amended 01/2020

XI. PREOPERATIVE HISTORIES AND PHYSICALS

- A. Pre-operative history and physical reports shall be required as outlined in the General Medical Staff Rules and Regulations.
- B. In order to observe this policy and in the best interest of all concerned, patient shall be detained in the surgical "holding area" until this requirement is met. In all cases where this requirement is not met, the surgery is subject to cancellation by the Surgical Services Supervisor, as authorized by the Department of Surgery and the Medical Executive Committee and supported by Administration.
- C. Pre-operative history and physical examinations must be faxed to the Operating Room by 6:00 p.m. the day before the scheduled surgical case or dictated to the Hospital's transcription service by 8:00 p.m. the day before a scheduled surgery case.
- D. There will be an automatic referral of all physicians failing to abide by this rule to the Department Chairperson.

XII. EMERGENCY ROOM PEDIATRIC PANEL

It is the policy of the Department of Pediatrics to provide pediatric consultation and management of all other pediatric cases upon request of ER Department. Code Trauma patients may be directed immediately to the Intensivists. *amended 2/91 The Department has determined that all members of Department of Pediatrics required to participate on the pediatric consulting panel regardless of classification (i.e. Active, Courtesy, * Provisional). Except those members who are practicing only their pediatric sub-specialty within the community. *added 10/91 Provisional members must complete Department of Pediatrics proctoring requirements prior to panel participation. On an individual basis, the Chairman of the Department of Pediatrics may, at his discretion, excuse a physician from panel call until the next meeting of the Department of Pediatrics. * added 4/01

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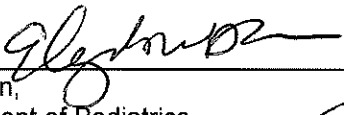
- A. **ROTATION SCHEDULE**
Assignment of panel responsibilities is by strict alphabetical rotation.
- B. **RESIGNATIONS FROM THE EMERGENCY CALL PANEL/MEDICAL STAFF** *added 9/91
Upon resignation from the medical staff, resignations from emergency call panel responsibilities shall require 72 hours notice before physicians will be officially released from any already-assigned panel rotations, unless the physician has secured a qualified alternate to fulfill his/her call panel obligations. Resignations should be provided either in writing, or verbally to the Chairman of the Department of Pediatrics, so that a replacement can be found to fulfill panel call obligations for the remainder of the panel call cycle. Failure without good cause to provide 72 hours notice of such resignation, shall result in a written letter of reprimand to the physician which will be incorporated into the physician's credentials file so that it may be referenced if/when any outside inquiry is received from a third party regarding the physician's tenure on this hospital's staff. It may also be taken into consideration should the physician request temporary clinical privileges at this facility in the future.

XIII. POLICIES & PROCEDURES

As hospital interests and services expand, Department of Pediatrics shall develop policies and procedures as appropriate to maintain quality and standards of care. Once approved within the framework of the Medical Staff Bylaws, such policies and procedures shall be part of these Rules and Regulations.

APPROVALS:

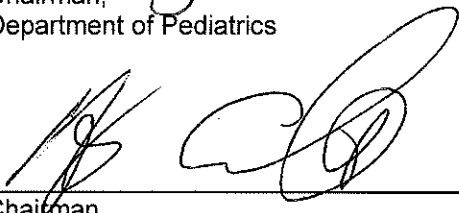
Department of Pediatrics: 01/14/2021
Medical Executive Committee: 02/01/2021
Governing Board: 02/18/2021



Chairman,
Department of Pediatrics

01/14/2021

Date



Chairman,
Medical Executive Committee

02/01/2021

Date