Providence
Saint Joseph
Medical Center

PROVIDENCE SAINT JOSEPH MEDICAL CENTER
DEPARTMENT OF PEDIATRICS
RULES AND REGULATIONS

I. MEMBERSHIP

The Department of Pediatrics shall consist of professional competent physicians who specialize in Pediatric and Adolescent Care and are assigned to the Department by the Credentials Committee. They shall continuously meet the qualifications, standards, and requirements for appointment and reappointment to the Professional Staff of Providence Saint Joseph Medical Center as set forth in the Bylaws. Effective January 1, 2013, new applicants to the Department of Pediatrics must be either Board Certified or Board Eligible as defined by the American Board of Pediatrics, including Re-Certification requirements. This shall not apply to all existing members of the Department of Pediatrics as of December 31, 2012. The important concept for these physicians is Primary and Continuing Medical Care for their patients.

Courtesy Category within the Department of Pediatrics shall restrict those Pediatricians to a maximum number of admissions of 12 patients per year before being required to progress to Associate or Active Category.

II. ORGANIZATION

The Chair of the Pediatric Department shall be appointed as set forth in Article VIII of the Bylaws. The Chair shall appoint liaison representatives to each of the other pediatric related committees. Representatives from the General and Family Practice Department and the Obstetrics and Gynecology Department may serve as liaison members. A member of the Obstetrics and Gynecology or from the Pediatric Department shall be selected by the Professional Service Committee Chair to serve on the Professional Service Committee.

III. PRIVILEGES

Privileges shall be granted on the basis of education, training, experience, and current clinical competence. General Pediatric privileges may be granted to members of the Pediatric Department. Specialty Pediatric privileges shall be granted as per the Pediatric Privilege Sheet to members of the Pediatric Department or to a member of another Department.

Physicians requesting privileges for attendance at deliveries are required to take the Neonatal Resuscitation Course, approved by the American Hospital Association, and provide a valid certificate at reappointment for continuation of privileges. New applicants within 12 months of Residency shall hold a valid certificate. The practice of Neonatology is excluded from this requirement.

<u>Resuscitation Team Attendance at Caesarian Sections</u>

1. Attendance by a Pediatrician is not required at Caesarian sections.
   - 1.1 Deliveries with gestation 34 weeks or less at delivery shall be attended by a Neonatologist or Neonatal Nurse Practitioner (NNP) with unrestricted privileges in the NICU.
   - 1.2 Deliveries with gestation 28 weeks or less shall be attended by a neonatologist with unrestricted NICU privileges. Deliveries which, in the opinion of the obstetrician, are occurring at a pre-viable gestation shall not require neonatology attendance.
   - 1.3 All high-risk Caesarian sections shall be attended by a Neonatal Resuscitation Team, consisting of a Neonatal Respiratory Therapist (NRT) and a Registered Nurse trained in Neonatal Resuscitation. This nurse shall be an NICU trained nurse or a Labor and Delivery room nurse trained in Neonatal Resuscitation. The Team will follow protocols based upon the American Academy of Pediatrics - American Heart Association Neonatal Resuscitation Program. In the event that a newborn requires full resuscitation in the delivery room (artificial ventilation, cardiac massage, and epinephrine), the neonatologist on-call shall be contacted immediately and shall direct further resuscitative measures by telephone. The baby shall be admitted directly to the NICU under the care of the neonatologist.

The Pediatric Department Chair shall have the responsibility to evaluate an applicant's credentials, qualifications, and current clinical competence for the Pediatric privileges requested and forward recommendations to the Credentials Committee; and shall re-evaluate and recommend privileges at the time of reappointment.

Members of the Pediatric Department may apply to other departments for specific privileges. If approved, the Pediatric Department member, in the exercise of these privileges, shall be subjected to supervision and evaluation by the department in which he/she holds the privileges.

IV. PROCTORING

Definition:

Prospective Proctoring - Is a review by the proctor of either the patient's chart or the patient personally before treatment. This type of proctoring may be used if the indications for a particular procedure are difficult to determine or if the procedure is particularly risky

Concurrent Proctoring - Is when the proctor actually observes the physician's work. This is usually used for invasive procedures so that the medical staff has first-hand knowledge necessary to satisfy itself that the physician is competent.

Retrospective Proctoring - Involves a retrospective review of patient charts by the proctoring physician. Retrospective review is usually adequate for proctoring of non-invasive procedures.

All new members shall be proctored concurrently by the in-house Neonatologist for a minimum of five (5) Category 1 cases in the specific Class. (Note: Cases may be performed without a proctor if no proctor is immediately available. These cases shall be retrospectively proctored within 48 hours.) General/Family Practitioners and Internists requesting Category 2 privileges shall be proctored concurrently for a minimum of 3 cases for each requested privilege. (See Pediatric Privilege Delineation Form.)

It is the responsibility of the new practitioner to notify the proctor at the time of admission or scheduling the procedure. Proctoring shall include all inpatients including newborns, inpatient pediatric admissions, and outpatient pediatric services. Daytime attendance at deliveries shall be proctored by the in-house Neonatologist. Only Neonatologists and Pediatricians with unsupervised pediatric privileges shall serve as proctors. Proctors shall complete and return the proctoring card to the Professional Staff Office. The proctor shall follow the new member's cases until discharged.

N. I. C. U. PROCTORING

Any physician applying for Category 4 privileges in neonatology shall have comprehensive proctoring in NICU procedures and patient management. Proctoring shall be on a concurrent basis; however, if emergent, presence of the proctor shall not be required during the performance of the procedure(s). Proctoring shall be performed on neonates hospitalized at Providence Saint Joseph Medical Center only.

PROCEDURES:

1. Placement of a minimum, 2 umbilical catheters.
2. Successful lumbar puncture (1st or 2nd attempt) on a minimum, 2 patients.
3. Successful endotracheal intubation (1st or 2nd attempt) on a minimum, two (2) patients.
4. Placement of percutaneous peripheral arterial catheter and management of same on at least 2 patients.

MANAGEMENT OF A MINIMUM OF 10 CASES, WHICH MUST INCLUDE A MINIMUM, 2 OF EACH OF THE FOLLOWING:

1. Total parenteral nutrition (TPN), minimum of 3 days per patient.
2. Conventional ventilation, minimum of 3 days per patient.
3. High frequency ventilation, minimum of 3 days per patient.
4. Vasoactive intravenous drips, minimum of 3 days per patient.
5. Pharmacologic closure of a patent ductus arteriosus.

One patient may fulfill multiple requirements for procedures and management. Satisfactory proctoring must be completed within twelve (12) months. Physicians not completing proctoring requirements within the twelve (12) month period will be brought back to the Department for discussion.

V. REAPPOINTMENT

Each member of the Department shall be reviewed as set forth in the Bylaws. Applicants will be evaluated as to professional performance and judgment, patient care as determined by peer review and evaluation by appropriate committees, and by attendance and participation at Department meetings and educational conferences. Active and Associate Category members of the Department may be asked to review completed patient records, evaluate the physician's performance, and record a summary for use by the Pediatric Department. From this review, a recommendation shall be made by the Pediatric Department and/or the Chair regarding reappointment, continuation, or modification in privileges, and possible changes in membership.

VI. DEPARTMENTAL MEETINGS

The Pediatric Department shall meet annually or as often as necessary to discuss patient care problems and administrative matters. Attendance at Departmental meetings shall be as defined in the Professional Staff Bylaws, Article XI, Section 1.6.

VII. CONSULTATION

Consultation is recommended for critically ill patients and in situations where diagnosis or management is in question. The Chair of the department may recommend or require consultation whenever advisable in the interest of patient care.

VIII. MEDICAL RECORDS POLICIES

Compliance with Medical Records completion shall be observed by all members of the Pediatric Department in accordance with the General Rules and Regulations.

IX. GENERAL CONDUCT OF PEDIATRIC CARE

A. Pediatric patients with medical problems are only admitted under urgent and unusual conditions and are reviewed by the Pediatric Committee.
B. Pediatric surgical patients, to age 13, shall be admitted to the defined pediatric beds when necessary.
C. All babies who meet the following criteria shall be transferred to a Neonatologist or pediatrician with full unsupervised privileges in the Pediatric Department: (1) all infants admitted to the Intensive Care Newborn Nursery; (2) all infants who require nursing care with an acuity higher than the standard. This shall be written as an order in the order section of the chart. This includes babies with a bilirubin greater than 15 and infants with a positive urine screen for drugs; (3) all infants with significant birth anomalies including fractures and lacerations; (4) all infants with stays extending beyond those of the mother.
D. Healthy newborns shall be seen within 24 hours of birth, by a physician or nurse practitioner with appropriate privileges, and at least every 48 hours thereafter, and within 36 hours of discharge.
E. Early discharge of neonates means that jaundice may not be recognized at discharge. The Providence Saint Joseph Medical Center policy, as well as California law reiterates the importance of allowing early discharge only if a healthy status is confirmed for each baby and appropriate follow up is provided.

It is recommended that parents of these infants have contact with a health care professional 2 to 4 days after discharge. Parental education regarding feeding signs of dehydration and jaundice shall be provided before discharge.

Outpatient testing for serum bilirubin concentrations is available through the outpatient laboratory or as ordered by the patient's physician. Readmission to the hospital may be necessary for the investigation and management of hyperbilirubinemia.

X. EMERGENCY DEPARTMENT CALL PANEL

All Pediatricians with Active, Associate, Provisional, and/or Courtesy privileges are required to participate in the Emergency Department Call Panel. Neonatology will cover Nursery Call Panel for any baby less than six (6) weeks of age. Physicians shall be assigned to the panel on a 24-hour basis in alphabetical order. When on call, the Pediatrician or his/her designee must be available to the Emergency Department for consultation. Pediatricians shall be assigned when the baby is delivered rather than when the mother is admitted to the hospital. In addition, the panel hours will be from 7:00am through 7:00am. Full-time Pediatric Subspecialties (cardiology, G.I., Neonatology, etc.) are exempted from the call panel.

XI. INDICATIONS FOR NOTIFYING PEDIATRICIANS

Indications for notification are per order set in electronic health record.

XII. PATIENTS LESS THAN 13 YEARS

It is the goal of Providence Saint Joseph Medical Center to offer the safest, most efficient, high quality care that can be given to our Pediatric patients by the following rules:

A. Scheduled Outpatient Surgery
    1. Any pediatric case with a chronic or unstable medical condition (renal disease, pulmonary disease, cardiac disease, etc) must have a complete H&P or consultation pre-operatively by a Providence Saint Joseph Medical Center Pediatrician. The Pediatrician or a covering Pediatrician shall be available for postoperative management and/or care if needed.
    2. Out-Patients converted postoperatively to an inpatient basis:
        a. A PSJMC staff member with appropriate Pediatric privileges as granted by the Pediatrics Department, of the surgeon's choice must be notified within one hour of inpatient admission and must consult within six (6) hours. Consultation can be by telephone by mutual agreement.
        b. Post-operative ICU admissions shall be seen by a PSJMC staff member with appropriate Pediatric privileges as granted by the Pediatrics Department within four (4) hours. A decision regarding transfer of the patient to a PICU will be made jointly by the Pediatrician and Surgeon, with input if necessary from the Chief of Staff or his designee.

B. Scheduled Inpatient Surgery
    1. Neonates and small infants less than six weeks of age or at the discretion of the Neonatologist are candidates for admission to the ICNN. Individual cases must be discussed with the Neonatologists. Patients will be managed jointly by the Surgeon and the Neonatologist.

2. Other than infants admitted to the NICU, no inpatient surgery will be performed on infants less than 36 months of age except for emergencies.
3. Any pediatric case with a chronic or unstable medical condition shall have a preoperative complete history and physical or consultation by a Providence Saint Joseph Medical Center Staff Pediatrician. The Pediatrician or a covering pediatrician must be available for post-operative management and/or care if needed.
4. Postoperative ICU admissions require a visit from a PSJMC staff members with appropriate Pediatric privileges as granted by the Pediatrics Department, within four (4) hours. Timely transfer of patients to a PICU will be the responsibility of the PSJMC staff members with appropriate Pediatric privileges as granted by the Pediatrics Department and the Surgeon, with input if necessary from the Chair of the Department or Chief of Staff.

C. Non-surgical Pediatric Admissions
1. Children requiring inpatient care for medical problems such as asthma, croup, dehydration, seizures, serious infection, diabetes out of control, etc., are to be referred to a full-service Pediatric Center for admission.
2. Pediatric Emergency Department patients requiring hospitalization for medical indications are to be transported to a full-service Pediatric Center.

D. Pediatric Emergency Department Surgical Cases
1. Transferable trauma cases will be stabilized as necessary and transported to a Pediatric Center as soon as it can be accomplished safely.
2. Non-transferable patients, minor trauma patients, and other surgical cases may be admitted to PSJMC at the discretion of the surgeon.
3. Surgical admissions from the ED will have a PSJMC staff member with appropriate Pediatric privileges as granted by the Pediatrics Department of record. For patients without a pediatrician on staff, the EDAP panel pediatrician will be assigned. The PSJMC staff members with appropriate Pediatric privileges as granted by the Pediatrics Department should be notified by the surgeon that a pediatric case is being admitted.
3a. Consultation by the PSJMC staff members with appropriate Pediatric privileges as granted by the Pediatrics Department is not required in these patients unless the patient is unstable, has a chronic medical condition, is less than 36 months old, or at the discretion of the attending surgeon. Children less than 36 months of age should not be admitted except in an emergency, defined as a non-transferable situation. If a Pediatric consultation is required, it will be performed pre-operatively unless delay in surgery may result in significant adverse impact. In these situations, a pediatric consultation must be performed within four (4) hours. Post-operative ICU admissions also require consultation by the PSJMC staff members with appropriate Pediatric privileges as granted by the Pediatrics Department within four (4) hours.

E. Transporting Patients from Other Facilities
1. PSJMC will not accept pediatric admissions from other hospitals except direct admissions to the NICU, which must be approved by the NICU Medical Director and/or a designee.
2. If a baby is referred from another hospital to the PSJMC Neonatal Intensive Care Unit by a staff Pediatrician, the baby shall be transferred by the Hospital transport team under the direction of the NICU Medical Director and/or a designee. The baby will be admitted either on the Neonatal Service or, if appropriate, under the NICU Nursing guidelines to the Pediatric Service with a Neonatology consultation. If the patient is referred by a Pediatrician not on staff, the baby will be admitted to the Neonatology Service.

XIII. NEONATAL INTENSIVE CARE UNIT RULES & REGULATIONS

A. The Neonatal Intensive Care Unit shall be under the direction the Medical Director and/or a designee. The Medical Director of the NICU shall be a Board certified pediatrician and a Board certified Neonatologist.
B. The Medical Director of the NICU shall provide professional staff guidance and direction of the Neonatal Intensive Care Unit and shall be responsible for its administrative medical supervision. The Medical Director, and/or a designee, shall be a resource to the nursing staff for medical supervision and clarification.
C. The Medical Director and/or a designee are assigned the responsibility of reviewing the medical care rendered in the NICU. If during the designated review a problem is identified with the quality of medical care rendered, (s)he shall request, in concert with the attending physician, a consultation by a qualified specialist.
D. Two or more Neonatologists will provide 24-hour coverage of the unit. A schedule of coverage shall be posted in the Labor and Delivery area, the Newborn Nursery and in the Neonatal Intensive Care Unit.
E. Physicians not on staff are prohibited from treating or writing orders on infants in the NICU.
F. It is mandatory that a Neonatologist manage an infant with any of the following conditions:
1. An umbilical arterial or umbilical venous line or peripheral arterial line is required.
2. Ventilatory support is required.
3. Hyperalimentation to augment caloric needs is required.
4. Major disease of the cardiovascular, pulmonary, GI, or GU system is suspected or documented. Examples: RDS or symptomatic pneumothorax; severe asphyxia with poor recovery; CHD, CHF, hypotension; NEC, GI anomalies; renal failure and GU anomalies.
5. Infant's inspired oxygen requirements are more than 30% after 4 hours of age or more than 40% after one hour.

6. Infant of less than 1500 gram weight.

G. The following conditions require mandatory consultation with a Neonatologist:
   1. Supplemental oxygen after 8 hours of age.
   2. Multiple apnea and/or bradycardia episodes.
   3. Infant of less than 2000 gram weight.
   4. Hyperbilirubinemia nearing exchange transfusion level.
   5. Documented seizures.
   6. Hypoglycemia that is not responsive to feedings plus IV glucose or recurrent hypoglycemia after 24 hours of age.
   7. Documented meningitis.

H. Neonatology consultation is recommended in the following circumstances:
   1. Documented or highly suspected sepsis.

I. A Neonatologist with full NICU privileges shall be in attendance at all deliveries of:
   1. 28 weeks gestational age or less.
   2. Severe fetal distress at any gestation by request of the obstetrician or pediatrician.
   3. Erythroblastosis fetalis.
   4. Any known major congenital anomalies.

J. Patients requiring invasive cardiac procedures or dialysis should be transferred to a Level III Regional Center.

K. All infants transported to Providence Saint Joseph Medical Center NICU from other hospitals shall be admitted in the Neonatologist's service. After 24 hours, the baby may be managed by neonatology or a pediatrician, according to case management criteria.

L. The NICU shall follow the "Guidelines for Provision of Life Support in Newborns" as enumerated in the Bioethics Committee Policies.

M. Any infant admitted to the NICU shall have a complete history and physical performed within eight (8) hours of admission. If the patient is unstable or in distress, this shall be completed within two hours.

XIV. REQUIREMENTS FOR INTENSIVE-LEVEL N.I.C.U. PRIVILEGES

A. Neonatologists who manage intensive-level NICU patients ("managing neonatologists") shall have "coverage" by at least one (1) other neonatologist ("covering neonatologist") with the same level of privileges. The managing neonatologist or his/her covering neonatologist shall always be the primary neonatologist on-call to the NICU on a 24-hour basis, and:
   1. Shall be in the hospital or no more than thirty (30) minutes away from the hospital at any time; and
   2. Shall be available by telephone within 10 minutes at all times; and
   3. Shall not be the primary on-call neonatologist for more than one NICU at the same time.

B. All Neonatologists/Pediatricians providing professional services in the NICU must:
   1. Have appropriate Medical Staff membership and clinical privileges in Pediatrics and Neonatology at Providence Saint Joseph Medical Center;
   2. Have completed an approved fellowship program in Neonatal-Perinatal Medicine;
   3. Have approval by California Children's Services (CCS) as a CCS-paneled neonatologist/pediatrician to provide neonatology services, as per CCS guidelines;
   4. Have current successful completion of the Neonatal Resuscitation Course of the AAP and AHA;
   5. Have evidence of completion of a minimum of 75 hours of pediatric and neonatology continuing medical education every three years.

Each managing Neonatologist shall provide to Providence Saint Joseph Medical Center a list of all neonatologists who shall provide services for his/her patients. No later than three (3) days prior to the first of each month, each managing neonatologist shall provide a call schedule to the NICU nurse manager, showing his/her coverage for the Providence Saint Joseph Medical Center NICU. At that time, call schedules shall also be provided for any other hospital's NICU where the managing neonatologist and/or covering neonatologists also work.

All patients shall be fully evaluated, including a complete History and Physical Examination, within eight (8) hours of admission. If the patient is unstable or in distress, this shall be done within two (2) hours. Patients shall be promptly re-evaluated when there is a major change in an infant's condition, which requires re-evaluation. The managing Neonatologist or a covering neonatologist shall be present in the NICU daily by 10 am to review and evaluate the care and management of each infant under his/her care with the NICU staff, and shall document each infant's status and management plans in the medical record at least once daily. The managing neonatologist or a covering neonatologist shall also be present in the NICU at least once daily after 3 pm to review and evaluate the care and management of each infant under his/her care with the NICU staff.

Each managing Neonatologist or his/her covering neonatologist shall attend and participate in weekly NICU multi-disciplinary team conferences and all scheduled NICU quality assurance and improvement conferences.

Each Neonatologist shall promptly complete for all his/her patients all data sheets for CCS, Vermont-Oxford Database, and any other statistics or databases utilized in NICU.

Each Neonatologist shall ensure that all his/her high-risk infants discharged from NICU are referred to an appropriate high-risk infant follow up (HRIF) program.

Each Neonatologist shall participate in education, training, and supervision of non-physician personnel in NICU as requested by the Medical Director of NICU.

Each Neonatologist shall participate in the Perinatal-Neonatal Conferences as requested by the Medical Director of NICU.

Each Neonatologist shall comply fully with all applicable CCS rules, regulations, and program requirements, and shall comply fully with all applicable Providence Saint Joseph Medical Center Professional Staff Rules and Regulations.

XV. Criteria for Managing CCS (California Children's Services) Eligible Patients:

A. Pediatricians shall be CCS-paneled to manage an intermediate-level NICU Patient with a CCS-eligible condition. In additions, the CCS-paneled pediatrician shall:
   1. Be certified by the American Board of Pediatrics with evidence of experience and practice in neonatal medicine;
   2. Document a minimum of 36 hours of continuing education in neonatal medicine every three years; and
   3. Have evidence of current successful completion of the Neonatal Resuscitation Program course of the AAP and AHA.

B. NICU patients with CCS-eligible conditions who, according to the Rules and Regulations of the Department of Pediatrics, require mandatory neonatology consultation/management, shall have these services provided by neonatologists who:
   1. Are CCS-Paneled;
   2. Are certified by the American Board of Pediatrics and the Sub-Board of Neonatal-Perinatal Medicine (or if not currently certified by the Sub-Board shall meet all Sub-Board certification requirements within four years of becoming eligible to sit for the subspecialty examination);
   3. Are approved by CCS to provide neonatology services; and
   4. Have evidence of current successful completion of the Neonatal Resuscitation Program course of the AAP and AHA.

These Rules and Regulations of the Pediatric Department were adopted by the Professional Staff of Providence Saint Joseph Medical Center, Burbank, California, as presented at the Executive Committee meeting of July 19, 2017.

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David Solarte, M.D.
Chair, Department of Pediatrics

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Manzar S. Kuraishi, M.D.
Chief of Staff

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Karl Keeler
Chief Executive

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