

Huntington Hospital

Pediatric Department
Rules and Regulations



May 2013

Huntington Memorial Hospital
Department of Pediatrics
Rules and Regulations

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HUNTINGTON MEMORIAL HOSPITAL

DEPARTMENT OF PEDIATRICS

RULES AND REGULATIONS

1.0 SCOPE OF CARE

The Department of Pediatrics provides pediatric services for inpatients and outpatients from newborn to 17 years of age, with exceptions up to 21 years of age.

The Pediatric inpatient services consist of:

- Pediatric Intensive Care Unit (PICU)
- General Pediatric Unit
- Level III Neonatal Intensive Care Unit (NICU)
- Newborn Nursery

The Pediatric outpatient services consist of:

- Dispensary
- Neonatal Follow-up
- Asthma Clinic
- Emergency Department

Patient care is rendered by Board Certified or Board Qualified (as defined by the American Board of Pediatrics) pediatricians, neonatologists, and pediatric intensive care physicians who meet the criteria defined in Section 3.2 of the Medical Staff Bylaws. In addition, patient care is rendered by licensed professional staff, including, but not limited to, Clinical Nurse Specialists, registered nurses, Licensed Vocational nurses, social workers, respiratory therapists and Child Life Specialists. Support services are provided by Patient Care Associates (PCA), Environmental Services (EVS) and receptionists.

Leadership responsibility resides with the Chair of the Department of Pediatrics.

2.0 STAFF ORGANIZATION AND STAFF REQUIREMENTS

2.1 Definition of Department:

The Department of Pediatrics shall be organized as a Department of the Medical Staff as defined in the Medical Staff Bylaws, Chapter 11. The membership shall consist of medical staff members who practice Pediatrics and are qualified by training and demonstrated clinical competence.

2.2 Meetings:

The Department shall meet as often as necessary at the call of the Chair, but at least quarterly. The Chair of the department may, at his/her discretion, appoint any special or sub-committee necessary to properly fulfill the duties and responsibilities of the department. A permanent record of the proceedings of Department meetings shall be maintained and reported to the Executive Committee. Issues important to the Medical Staff shall be submitted to a mail ballot, if there is doubt about quorum.

2.3 Officers and the Election Process:

The officers of the Department shall be the duly-elected Chair and Chair Elect.

The election process outlined in Section 11.5, 11.6 and 11.7 of the Medical Staff Bylaws for Department Chairs shall be utilized for the election of the Department Officers.

2.3.1 The Chair and the Chair Elect shall be members of the active staff and shall be Board Certified.

2.3.2 The Chair and Chair Elect shall be elected for two (2) year terms, by the Active Staff members of the Department, as provided for in Chapter 11, 11.06.1, of the Medical Staff Bylaws.

2.3.3 The Chair Elect shall assume the office of Chair of the Department of Pediatrics at the beginning of the Medical Staff year, following his/her term as Chair Elect.

2.4 Duties of the Chair

The duties of the Department Chair are outlined in §11.1-5 of the Medical Staff Bylaws.

2.5 Duties of the Chair Elect:

The Chair Elect shall automatically become Chair after the completion of the Chair's term of office. The Chair Elect, in the absence of the Chair, shall assume all of the Chair's responsibilities and shall otherwise perform such duties as may be assigned by the Chair.

2.5.1 The Chair Elect shall represent the Pediatric Department at the regular meetings of the Quality Management Committee.

3.0 PEDIATRIC COMMITTEE:

The Committee, which serves as the executive committee of the Department, meets at least six times per year and is chaired by the Department Chair. The Committee membership is outlined in §7.7 of the General Medical Staff Rules and Regulations.

The Duties of the Department shall be as outlined in § 7.7 of the General Medical Staff Rules and Regulations.

Subcommittees, which may be formed as needed, shall include, but are not limited to, the following:

3.1 Pediatric Quality Improvement Sub-Committee:

The PICU Medical Director shall direct this subcommittee. Membership shall also include the Director of the House Based Pediatrician Group, pediatric intensivists, HBPs, Pediatric Department Chair and/or Chair Elect or designee, Nurse manager, Maternal Child Health Director, Clinical Nurse Specialists, Quality Management representative, Respiratory Therapy Director or representative, Pediatric Pharmacy Representative, Patient Flow Coordinators, Medical Social Service and

others as indicated to perform the functions of the sub-committee. The sub-committee should meet monthly (or) bi-monthly at a minimum as determined by the extent of the work, the efficiency of the committee and the needs of the department. Minutes of the sub-committee shall be recorded and actions reported to the Pediatric Committee. Functions of the committee shall include, but are not limited to, the following:

- 3.1.1 Peer review issues identified will be referred to the Pediatric Committee through its Q.M. representative on the committee.
- 3.1.2 Review the clinical work and all the quality improvement and patient safety activities within the PICU and the Pediatric Unit. This includes, but is not limited to, a review and an assessment of incident reports, quality indicators, morbidity and mortality reviews.
- 3.1.3 Periodic review and update of current policies/procedures and development of new policies as indicated to carry out the clinical functions of the Units. At the discretion of the Chair these functions may be facilitated by the formation of an ad hoc committee or in collaboration with other multidisciplinary practice improvement teams.
- 3.1.4 Submit quarterly QI reports, a summary of the actions and minutes of each meeting and make recommendations to the Pediatric Committee, which shall review and act on all recommendations. Prepare and submit an annual report to the Pediatric Committee to include a summary of the quality improvement activities of the sub-committee, its accomplishments during the previous calendar year in terms of quality improvement and areas of improvement potential to be studied in the coming year. This report should be submitted prior to the end of the 1st quarter of the calendar year.

3.2 Neonatal Quality Improvement Sub-Committee:

The NICU Medical Director shall direct this sub-committee. Membership shall include neonatologists, an obstetrician/perinatologist appointed by the Chair of Obstetrics, pediatric department chair or chair elect or designee, Nurse Manager, Maternal Child Health Director, Clinical Nurse Specialist, Quality Management representative, Respiratory Therapy Director or representative, pediatric pharmacy representative, Patient Flow Coordinators, Medical Social Services and others as indicated to perform the functions of the sub-committee. The subcommittee should meet monthly (or) bimonthly at a minimum as determined by the extent of the work and the efficiency of the committee and the needs of the department. Minutes of the sub-committee shall be recorded and actions reported to the Pediatric Committee. Functions of the sub-committee shall include, but are not limited to, the following:

- 3.2.1 Peer review issues identified will be referred to the Pediatric Committee through its Q.M. representative on the committee.
- 3.2.2 Review the clinical work and all the clinical quality improvement activity within the NICU and the Newborn Nursery and as related within the Labor and Delivery area. This includes, but not limited to, a review and an assessment of incident reports, quality indicators, morbidity and mortality reviews.
- 3.2.3 Periodic review and update of current policies/procedures and development of new policies as indicated to carry out the clinical functions of the Units. At the discretion of the Chair these functions may be facilitated by the formation of an ad hoc committee or in collaboration with other multidisciplinary practice improvement teams.
- 3.2.4 Submit quarterly QI reports, a summary of the actions and minutes of each meeting and make recommendations to the Pediatric Committee, which shall review and act on all recommendations. Prepare and submit an annual report to the Pediatric Committee to include a summary of the quality improvement activities of the sub-committee, its accomplishments during the previous calendar year in terms of quality improvement and areas of improvement potential to be studied in the coming year. This report should be submitted prior to the end of the 1st quarter of the calendar year.

3.3 Pediatric Medical Center Sub-Committee:

The PICU Medical Director shall direct this sub-committee. Membership shall include the Director of the House Based Pediatricians and other intensivists, the Medical Director of the Emergency Department, the ED SCAN Team director, Pediatric department chair or chair elect (or designee), Nurse Manager, Director of Maternal Child Health, Quality Management representative, Director of Respiratory Therapy or representative, pediatric pharmacy representative, Medical Social Services and others as indicated to perform the functions of the sub-committee. The sub-committee should meet bi-monthly. Minutes of the sub-committee shall be recorded and actions reported to the Pediatric Committee. Functions of the sub-committee shall include, but are not limited to, the following:

- 3.3.1 Monitor and ensure the compliance of the Pediatric Medication Center standards.
- 3.3.2 Monitor and ensure the compliance of coordination of the pediatric critical care services across departmental and disciplinary lines.
- 3.3.3 Monitor and ensure that a thorough multidisciplinary case review is conducted on all incidences of child abuse and neglect by the SCAN (Suspected Child Abuse & Neglect) Team. Case reviews should include representatives from law enforcement, Department of Children and Family Services (DCFS), district attorneys, and prehospital care providers and medical experts when appropriate.

- 3.3.4 Ensure the development and implementation of policies and procedures.
- 3.3.5 Monitor and ensure a comprehensive, multidisciplinary quality improvement (QI) program.
- 3.3.6 Case review will be performed in the aggregate looking for patterns, trends and systems issues. Individual cases identified as requiring peer review will be forwarded to the appropriate Medical Staff Section/ Department through its Q.M. representative on the committee. Individual peer review, conclusions, recommendation and actions will be conducted as outlined in the Peer Review Manual.
- 3.3.7 Submit quarterly QI reports, a summary of the actions and minutes of each meeting and make recommendations to the Pediatric Committee, which shall review and act on all recommendations. Prepare and submit an annual report to the Pediatric Committee to include a summary of the quality improvement activities of the sub-committee, its accomplishments during the previous calendar year in terms of quality improvement and areas of improvement potential to be studied in the coming year. This report should be submitted prior to the end of the 1st quarter of the calendar year.

4.0 DELINEATION OF PRIVILEGES:

Applicants or reapplicants must meet privilege requirements as provided for in the Medical Staff Bylaws, Chapter 6 and as outlined on the departmental privilege delineation forms.

- 4.1 Requests for clinical privileges from members of other Departments must be submitted in writing to the Pediatric Department Chair. Consideration for granting of such privileges shall be based on an evaluation of the requesting physician's training, qualifications, and demonstrated competence.

5.0 PROCTORING:

Proctoring will be conducted in accordance with the Huntington Hospital Medical Staff Proctoring Protocol.

6.0 CONSULTATIONS:

Consultations should be utilized freely whenever the diagnosis or indicated management of a patient is in doubt. The consultant selected must be qualified by training, experience, and demonstrated current competence to give a competent opinion in the special phase of the patient's illness or condition about which he/she has been called. When the complexity of an illness, complication, or procedure exceeds the category of privileges of the attending physician, consultation is recommended.

7.0 QUALITY ASSESSMENT/PERFORMANCE IMPROVEMENT PEER REVIEW:

Criteria shall be established and approved by the Pediatric Committee for review and evaluation of the quality of care rendered by the Department. This review shall be conducted on a regular basis as part of quality assessment and performance improvement and shall be integrated into the reappointment review process. Quality review will be a standing agenda item for each meeting of the Department. Cases referred for evaluation by other Medical Staff or hospital committees shall be included in the ongoing quality assurance/peer review process. All Active members will be assigned to review charts. If needed, such assignment will be rotated alphabetically among members or by specialty.

8.0 POLICIES AND PROCEDURES:

Policies and procedures for Pediatrics, Pediatric Intensive Care Unit, Neonatal Intensive Care Unit and Newborn Nursery shall be reviewed by the Pediatric Committee at least every three years. Those policies specifically involving physician members of the Department shall require adherence thereto.

9.0 RULES AFFECTING PATIENT CARE

- 9.1 All newborn infants must have a medical examination within twenty-four (24) hours of birth and follow-up evaluation daily thereafter.
- 9.2 Any Pediatrician who has been assigned to care for a patient, (whether the patient was born at HH or BOA) and is unable to accept the patient assignment, shall be obliged to arrange for another Pediatrician to assume the care of this patient. The request to transfer the care shall be made physician to physician. The Pediatrician initially assigned to care for the patient shall maintain responsibility for the care of that patient until another physician has accepted the transfer of care for that patient. The transfer of care must be documented in the medical record. If the Pediatrician is unable to find another Pediatrician to assume the care, by default the case will be referred to the Neonatologist to assume care of that patient.
- 9.3 Whenever a Pediatrician has been assigned to care for a patient and the patient's family refuses to accept the assigned Pediatrician, the case will be referred to the Neonatologist to take over the care of that patient.

10.0 PROVISIONS

- 10.1 The Department Chair may, at his/her discretion, establish an ad-hoc or sub-committee of the Department to facilitate accomplishment of the required Department functions as defined in the Medical Staff Bylaws.
- 10.2 These Rules and Regulations may be revised by a majority vote of the Active Staff and shall become effective following approval by the Executive Committee and the Board of Trustees.

Pediatric Department: 04/16/2013
Executive Committee: 05/06/2013
Board of Directors: 05/23/2013