

DEFINITION:

Pediatric Service is defined as the observation, diagnosis and treatment of newborns, infants, children, and adolescents and certain young adults up to age 21 who are still cared for by a pediatrician for a chronic illness. Pediatric services shall be provided by appropriate staff, using appropriate space and equipment and supplies as determined from time to time by the Pediatric Executive Committee.

SECTION 1. ORGANIZATION OF DEPARTMENT OF PEDIATRICS

- A. The Department of Pediatrics shall be organized as established in Article 10 of the Bylaws of the Medical Staff.

SECTION 2. MEMBERSHIP / QUALIFICATIONS

Practitioners seeking membership and privileges within the department after January 1, 2008 shall meet the following qualifications:

- A. Completion of an ACGME (Accreditation Council for Graduate Medical Education) approved residency post-graduate training program in Pediatrics.
- B. At the time of initial or reappointment application to the Medical Staff, possess current board certification by the American Board of Pediatrics.
 - 1. This requirement may be held in abeyance for members who have recently completed their training program. In this case, the board certification exam must be passed within three years after the first opportunity to take the exam as offered by the American Board of Pediatrics or the member will be considered to have voluntarily resigned from the medical staff and will not be entitled to hearing and other procedural rights.
 - 2. Previously board certified initial applicants who allowed their Pediatrics Board Certification to expire shall have two years from the time of application to obtain board certification or the member will be considered to have voluntarily resigned from the medical staff and will not be entitled to hearing and other procedural rights.
 - 3. Members of the Medical Staff who allowed their Pediatrics Board Certification to expire shall have two years from the time of lapse or expiration to recertify or the member will be considered to have voluntarily resigned from the medical staff and will not be entitled to hearing and other procedural rights.
 - 4. Satisfy the recertification requirements of the American Board of Pediatrics.
- C. At the time of initial or reappointment application to the Medical Staff, those individuals practicing a subspecialty of pediatrics should be certified by their respective specialty board.

1. This requirement may be held in abeyance for members who have recently completed their subspecialty training. In this case, the subspecialty board must be passed within three years after the first opportunity to take the exam as offered by their respective subspecialty board or the member will be considered to have voluntarily resigned from the medical staff and will not be entitled to hearing and other procedural rights.
2. Previously subspecialty certified initial applicants who allowed their subspecialty board to expire shall have three years from the time of application to obtain subspecialty board certification or the member will be considered to have voluntarily resigned from the medical staff and will not be entitled to hearing and other procedural rights.
3. Members of the Medical Staff who allowed their Pediatrics Board Certification to expire shall have two years from the time of lapse or expiration to recertify or the member will be considered to have voluntarily resigned from the medical staff and will not be entitled to hearing and other procedural rights.
4. Satisfy the recertification requirements of the respective subspecialty board.

SECTION 3. PEDIATRIC DEPARTMENTAL EXECUTIVE COMMITTEE

- A. The Pediatric Departmental Executive Committee will be organized as established in Article 10 of the Bylaws and will fulfill the responsibilities thereof.
- B. The Chief of the Department of Pediatrics will be elected first as chief-elect and serve for a term of two (2) years. Elections will be held at the May meeting of the election year. The chief-elect will then advance to the Chief of Pediatrics and serve for a term of two (2) years. The Chief and chief-elect shall be board certified by the American Board of Pediatrics.
- C. Membership of the Pediatric Departmental Executive Committee shall include:
 1. Departmental Chief
 2. Departmental Chief Elect
 3. Immediate Past Departmental Chief
 4. Director of Pediatrics
 5. Director of Neonatology
- D. Will hold meetings as established in Article 11 of the Bylaws and will enforce meeting attendance requirements thereof.

SECTION 4. DEPARTMENT MEETINGS

- A. The department shall meet as often as necessary at the call of the Department Chief but at least annually.

- B. Important business matters requiring action by the full Department of Pediatrics, in the judgment of the Chief of Pediatrics, may be voted on by mail ballot. If any active member of the Department of Pediatrics requests an open meeting rather than a mail ballot, such meeting will be held. The departmental business meeting will be held annually or on special call by the departmental chief.
- C. There will be monthly clinical meetings that will include lectures, case presentations and review of selected deaths, unimproved patients, complications and errors in diagnosis and treatment. Death charts will be regularly and selectively reviewed and discussed within the Pediatric Department.

SECTION 5. PRIVILEGE GRANTING AND RENEWAL

- A. All recommendations for either the initial granting or renewal of privileges will be accomplished following the process established in Article 5 and Article 7 of the Bylaws.
- B. Privileges will be reviewed and recommended by the Department Chief based upon documented evidence of training and experience, with quality assurance results being used in the reappointment and reappraisal process.
- C. All requests for additional clinical privileges, accompanied by supporting documentation, must be submitted in writing to the Department Chief via the Medical Staff Office.
- D. Recommendations for privileges within the Department will be made by the Department Chief and Executive Committee of the Medical Staff, with final action taken by the Governing Board.
- E. It is the responsibility of each physician treating patients in the hospital to have privileges currently applicable for the condition he/she is treating. Consultations are required for patients with complex, severe or life-threatening illnesses.
- F. In order to maintain departmental privileges it is necessary to demonstrate competency of the electronic health record (EHR). Failure to do so will result in administrative suspension per the Medical Staff Bylaws, Section 13.3-6.

SECTION 6. PROCTORING

- A. The proctor(s) shall be assigned by the Chief of Pediatrics to have sufficient expertise to judge the quality of work being performed by the applicant.
- B. A minimum duration of proctoring shall be approximately six (6) cases of observation. During the period of proctoring every effort will be made to directly observe every case involving the new applicant. Retrospective evaluation of performance may be utilized as a supplement, but should not substitute for direct observation. Proctoring should involve an evaluation of all aspects of management of any case.
- C. Proctoring will be based on a combination of retrospective as well as direct observations, as stated on the procedure privilege request form.

- D. Subspecialty procedure proctoring will be based on similar retrospective and direct observations of selected subspecialty procedures(s) as required at the discretion of the Chief of the Department of Pediatrics.
- E. When a period of proctoring is complete for the six (6) cases of the above stated, a written report shall be prepared for the Chief of Pediatrics which describes the type and number of cases observed and an evaluation of the applicant's performance.

SECTION 7. PEDIATRIC STAFF

A. Responsibility for the Pediatric /Neonatal Service

Pediatric: The Medical Director of Pediatrics shall have overall responsibility for the Pediatric Service at all times. This physician shall be certified by the American Board of Pediatrics, paneled by California Children's Services and a member in good standing with the Medical Staff.

Neonatal: The Medical Director of Neonatology will be board certified in neonatology and maintain paneling with California Children's Services.

B. Nursing Management

A registered nurse that has had training and experience in Pediatric Nursing shall be responsible for the nursing care and the nursing management of the Pediatric Service.

In addition to the above, there should be a registered nurse present on each shift with the responsibility for patient care. There should be sufficient other staff to provide adequate care. There should be evidence of continuing education and training of the nursing staff in Pediatric Nursing.

C. Pediatric Service Space

- Beds in the Pediatric Department, including bassinets, cribs and youth beds, shall be included in the total license bed capacity of the hospital.
- Rooms for pediatric patients will be located to provide adequate observation by nursing and other personnel.
- Rooms for infants under the age of three (3) years shall be separate from those of older children.
- At least one isolation room per fifteen (15) licensed pediatric beds shall be provided for children with communicable diseases.
- An examination and treatment room shall be located in or adjacent to the pediatric unit.

D. Annual Evaluation of Services

On an annual basis, the Pediatric Executive Committee of the Department of Pediatrics will evaluate the services provided in Pediatrics and make appropriate recommendations to the Executive Committee of the Medical Staff and to the Administration.

SECTION 8. WRITTEN POLICIES AND PROCEDURES

(Title 22 - 70547) There shall be written policies and procedures developed as required by DHS Title 22 and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. These policies and procedures shall reflect the standards and recommendations of the American Academy of Pediatrics. Policies shall be approved by the medical staff and administration where such is appropriate.

SECTION 9. GENERAL REQUIREMENTS

The following policies and procedures shall be based upon the standards and recommendations of the American Academy of Pediatrics Care of Children in Hospitals, current edition.

A. Admission Policies

Patients beyond the age of 13 shall not be admitted to or cared for in spaces approved for pediatric beds unless approved by the pediatrician in unusual circumstances and the reason documented in the patient's medical record.

B. Visiting Privileges and Parent Participation

According to the orders of the attending physician, visitors will be defined to include parents, friends and relatives. Refer to Nursing and Administrative Policies regarding patient visitors.

C. Accidents

The nurse will promptly report accidents to the attending physician. A notification form will be made out for review by the nursing service and administration. Examination of the child relative to possible injury will be documented promptly on the chart.

D. Patient Emergency

In case of emergency, the attending physician or charge nurse on the Pediatric Ward will make every effort to contact the parent or guardian as quickly as possible. A Code Blue will be called as needed in cases of cardiorespiratory distress.

E. Consultation Requirements

Consultations are required on any patient requiring treatment for which the attending physician has not been granted appropriate privileges.

F. Infection Control and Isolation Procedures

All areas of the hospital have an Infection Control and Isolation Procedure protocol. The appropriate protocols will be implemented and observed on the Pediatric Ward.

G. Drug Reaction and Interaction

Drug reactions or interactions will be reported promptly to the appropriate committee by the physician through the nursing staff.

H. Daily Visits

The patient shall be seen once every twenty-four (24) hours or more often as needed. A physician visit within 12 hours of discharged is required.

I. **Chain of Command**

If any member of Pediatric Medical Staff, or Nursing Staff, feels there is a question regarding the medical management of a patient, reporting will be made along the prescribed chain of command up to the Chief of Pediatrics.

J. **Consents**

Informed consents will be obtained for any invasive or special procedure; consent to be obtained from parent, legal guardian, or declared surrogate.

Approval:

Pediatrics Committee: Revised - 02/2008; 06/2011; 01/2014; 07/2015; 05/2016

Medical Executive Committee: 03/2008; 10/2011; 02/2014; 08/2015; 06/2016