

# RULES AND REGULATIONS

## DEPARTMENT OF PEDIATRICS

2015 EDITION

Department of Pediatrics Chair  
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	Approved	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed
<b>Dept of Pediatrics</b>	11/16/93	04/18/95	06/18/96	04/15/97	02/17/98	10/24/00	02/26/02
<b>Credentials</b>	12/15/93	07/22/97	07/27/96	05/27/97	04/28/98	n/a	n/a
<b>MEC</b>	01/04/94	08/05/97	08/06/96	06/03/97	05/05/98	n/a	n/a
<b>Board</b>						n/a	n/a
	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed
<b>Dept of Pediatrics</b>	04/22/03	01/27/04	03/27/07	01/22/08	01/26/10	01/24/12	02/26/13
<b>Credentials</b>	07/22/03	04/27/04	n/a	02/26/08	02/23/10	01/24/12	n/a
<b>MEC</b>	08/05/03	05/04/04	n/a	03/05/08	03/02/10	02/07/12	n/a
<b>Board</b>	08/06/03	06/02/04	n/a	03/26/08	03/31/10	02/29/12	n/a
	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed
<b>Dept of Pediatrics</b>	04/28/15						
<b>Credentials</b>	05/26/15						
<b>MEC</b>	06/02/15						
<b>Board</b>	06/24/15						

**ANTELOPE VALLEY HOSPITAL  
DEPARTMENT OF PEDIATRICS  
RULES AND REGULATIONS  
2015**

1. PEDIATRICS DEPARTMENT:

A. Scope of Clinical Services Provided by the Department:

Members of the Department of Pediatrics provide continuing and comprehensive care to patients 16 years of age and younger, attending to their health care needs in both ambulatory and inpatient settings. Consultative services are both provided and utilized by members of the Department in the care of their patients.

B. Specialties within the Department include Pediatrics, Neonatology, Allergy & Immunology, Pediatric Cardiology, Pediatric Endocrinology, Pediatric Critical Care, Pediatric Gastroenterology, Pediatric Hematology/Oncology, and Pediatric Infectious Disease,

C. The Department includes independent, group and hospital based practitioners.

D. Department Responsibilities (refer to Medical Staff Bylaws, Article VIII, Section 8.4):

- (1) To act as participants in educational activities at Antelope Valley Hospital.
- (2) Participate in appropriate peer review in quality management.

2. DEPARTMENT MEMBERSHIP:

A. Qualifications: As defined in Article III of the Medical Staff Bylaws. Membership shall be limited to practitioners who specialize in Pediatrics and its subspecialties, i.e., Neonatology.

B. Call Panels:

- (1) Individuals or their designee are required to provide a **LOCAL** or mobile telephone number to Medical Staff Services where they may be reached when on call. In turn, Medical Staff Services will provide the information to the Nursing Office for 24/hour accessibility.
- (2) Participation in the various call panels is voluntary and a contractual arrangement at the discretion of the Chief Executive Officer of Antelope Valley Hospital, or as requested by the Medical Executive Committee pursuant to General Rules and Regulations section I.1 page 17.
- (3) Individuals participating in the call panel(s) must be able to respond to the Emergency Department within 30/minutes.

3. GRANTING OF CLINICAL PRIVILEGES:

A. Privilege form.

B. Initial Appointment Privileging Standards.

C. Provisional Monitoring/Proctoring:

(1) Requirements:

The Pediatrics Department shall provide proctoring for all applicants requesting clinical privileges in the Pediatrics Department. Proctoring shall apply to all applicants to the Pediatrics Department and to all Medical Staff members requesting additional privileges in the Pediatrics Department, regardless of specialty or category of membership. Proctoring will commence with the admission of the applicant's first patient including a minimum of two cases for the privileges specifically requested and will proceed until the proctor, in consultation with the Department Chair/designee, agree that competence has been demonstrated. Proctoring of patient management may include concurrent or retrospective chart review,

direct observation of procedures as previously noted and the monitoring of diagnostic and treatment techniques.

(2) Proctor's Qualifications:

Reference General Rules and Regulations, Section Q, paragraph 3, page 31, Qualifications of Proctor.

Proctoring will be by a physician qualified and/or privileged in that same specialty.

(3) Assignment of Proctors:

Members shall obtain their own proctor whenever possible. If the member is unable to obtain a proctor, it is the duty of the Department Chair to assist in this process.

(4) Proctor's Report:

A written report describing the case proctored will be completed by the proctor and submitted to the Medical Staff Services Department for consideration by the Department Chair or designee. It is the responsibility of the applicant to ensure completed proctoring reports are received by the Medical Staff Services Department. Following review, the report will be maintained in the applicant's confidential file.

(5) Reciprocal Proctoring:

The applicant for the requested clinical privileges/procedure may under certain special circumstances submit proctoring reports from other hospitals.

(a) Outside proctored cases/procedures may be accepted in lieu of proctored cases/procedures performed at Antelope Valley Hospital, provided that there is an insufficient number of cases performed at Antelope Valley Hospital. However, every attempt must be made to perform the required number of cases/procedures at Antelope Valley Hospital before submitting cases from other hospitals.

(b) In no instance will cases/procedures proctored at other hospitals comprise more than 50 percent of the total proctoring reports required.

(c) If procedures proctored at other hospitals are to be submitted, the applicant must release all proctored cases done at the other hospital(s) supplying those reports.

D. Reappointment Privileging Standards:

(1) The physician will attest to the completion of approved CME Category I credits as required by the Medical Board of California in meetings, courses, or visiting fellowships during the preceding two years, with the majority of the topics of education preferably pertaining to their specialty.

(2) Evidence of proficiency in the area of delineated privileges in the Department of Pediatrics shall be reviewed during the peer review, ongoing professional practice evaluation and reappointment processes.

E. Requests for Additional Privileges:

(1) Applications for increased clinical privileges must always be accompanied by appropriate documentation of training and experience to justify the additional privileges. It is the applicant's responsibility to provide acceptable documentation.

(2) See Article VI in Credentials Policy and Procedure Manual for instructions on making application for additional privileges.

4. DEPARTMENT CHAIR:

A. Qualifications for Department Chair (refer to Medical Staff Bylaws, Article VII, Section 7.3/1A):

Member of the Active Staff with willingness and ability to discharge the functions of the office. The Department Chair must be board certified by the American Board of Pediatrics.

B. Term of Department Chair (refer to Medical Staff Bylaws, Article VII, Section 7.3/1, paragraph D):

The term of office is two years. The Department Chair may serve additional terms if elected.

- C. Roles and responsibilities of the Department Chair (refer to Medical Staff Bylaws, Article VII, Section 7.3/1, paragraph E).
- D. Nomination/election process for the Department Chair (refer to Medical Staff Bylaws, Article VII, Section 7.3/1, paragraph B):

Each Department shall elect its own Department Chair. Each appointment must be approved by the Medical Executive Committee and Governing Board before it is effective.

5. DEPARTMENT MEETINGS:

A. When Held:

Pediatrics Departmental meetings will be held monthly at a time agreed upon by the Chair and communicated to the members. Departmental members may be called upon to participate on committees, task forces or in quality assessment activities to assist the Department in maintaining the standard of care.

B. Voting:

- (1) Only Active Staff members of the Department will be granted voting privileges regarding election of officers.
- (2) All members of the Department will have an equal vote regarding routine Department business.

6. CONSULTATIONS:

A. Responsibilities:

Arrangements for a consult are the responsibility of the attending physician. The attending physician shall at all times retain final authority and responsibility for the medical management of the patient. The physician or the physician's assigned delegate shall be available for call at all times regarding a patient the physician has admitted to the facility. Depending on the attending physician's privileges, consultation with co/management or referral of case, may become necessary in some cases.

7. DEPARTMENT MONITORING AND EVALUATION PROGRAM.

- A. Indicators (on file in Quality Management Department).
- B. Practice parameters/standard of practice/department/specific criteria.
- C. Peer review system/forms.
- D. Ongoing and focused professional evaluations.

8. SPECIFIC RULES AND REGULATIONS:

A. Admissions to the Pediatric Unit:

Patients 16 years of age and younger, shall be admitted to Pediatrics except:

- (1) Patients requiring obstetrical nursing care.
- (2) When the admitting physician orders patients to another area of the Hospital and provision for appropriate care can be provided.

Patients between ages 16/21 may be admitted depending on bed availability.

Admission of any patient 21 years old and older to a Pediatric bed requires the approval of the Chair of the Pediatrics Department in consultation with a representative of Administration.

Admission of any pediatric patient under 14 years of age to an adult floor requires notification to the Chair of the Pediatric Department.

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Children shall be assigned cribs or beds at the discretion of the charge nurse, according to nursing care required, age, diagnosis and maturity. Infants under three years of age will not be admitted to rooms with older children.

All pediatric admissions shall be visually assessed by a registered nurse within 15 minutes of the patient's arrival on the unit. A full written assessment and care plan shall be documented on each admission by a registered nurse within four hours of admission.

B. Admission to Unit When no Bed is Available:

- (1) The Chair/designee, will be notified when no bed is available for an emergency admission.
- (2) The Chair will evaluate the situation, set priorities, and inform the attending physician/physicians of the decision. This can be done in person or by telephone with the cooperation of the charge nurse in Pediatrics.

9. AUTOPSIES:

A. Autopsies should be considered in the following circumstances:

- (1) Neonates weighing in excess of 500 gms.