

JOHN C. LINCOLN HEALTH NETWORK
Phoenix, Arizona

DEPARTMENT OF PEDIATRICS

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JOHN C. LINCOLN HEALTH NETWORK

DEPARTMENT OF PEDIATRICS RULES AND REGULATIONS

I. AUTHORITY

The John C. Lincoln Health Network Department of Pediatrics ("Department") is organized as specified within the Bylaws of the Medical Staffs of John C. Lincoln Hospital – Deer Valley and John C. Lincoln Hospital - North Mountain (the "Hospitals")

The Hospitals' Medical Staff Bylaws provide that the Department shall formulate written Rules and Regulations for the conduct of its affairs and the discharge of its responsibilities, all of which must be consistent with the Hospitals' Bylaws and policies. The Department Rules and Regulations must be reviewed and approved by the Hospitals' Executive Committees and the Board, biennially. Any changes to the Rules and Regulations must be approved by the Hospitals' Executive Committees and the Board.

II. ORGANIZATION OF THE DEPARTMENT

A. Membership

Membership in the Department shall consist of members of the Medical Staff whose assignment to the Department by the Credentials Committee has been approved by the Department, the Executive Committee and the Board of Directors. Members of this Department may be granted privileges in other departments, subject to the rules and regulations of those departments. Members of other departments may be granted privileges in this Department, subject to evaluation of their training and experience and the Rules and Regulations of this Department.

B. Officers

The Department shall be supervised by a Chairman. The Chairman and Vice Chairman shall be Active Staff members, be qualified by training and experience, have demonstrated ability for the position and shall indicate a willingness to serve. The Chairman and Vice Chairman shall be elected as described in the Hospitals' Medical Staff Bylaws. Terms of office of the Chairman and Vice Chairman shall be two (2) years, and both may serve consecutive terms..

The Chairman shall be a member of the Hospitals' Medical Staff Executive Committees.

C. Subcommittees and Ad Hoc Committees

Subcommittees or ad hoc committees may be appointed by the Chairman as deemed necessary to carry out specific functions, subject to approval of the Department. The Chairman of the Department or any subcommittees or ad hoc committees shall be responsible for maintaining a permanent record of meetings, actions, recommendations and attendance which, of the latter two, shall be submitted to the Department, to the Executive Committee, and maintained in the Medical Staff Services Department.

D. Meetings and Attendance

The Department shall hold regular meetings the time and place of which shall be determined by the Chairman. A quorum shall be present to make recommendations and/or take actions. A quorum is defined as those voting members present. Attendance at all Department and committee meetings shall be recorded and maintained in the Medical Staff Services Department.

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III. DUTIES OF THE CHAIRMAN AND VICE-CHAIRMAN

The duties of the Department Chairman and Vice-Chairman are defined in the Hospitals' Medical Staff Bylaws.

The Vice-Chairman shall assume the duties of the Chairman in his/her absence or in the event of a vacancy in the office of Chairman. The Chairman or Vice Chairman is responsible for the review of biennial reappointment applications and recommendation of continuing reappointment to the Department.

IV. FUNCTIONS AND DUTIES OF THE DEPARTMENT

The functions and duties of the Department are as defined in the Hospitals' Medical Staff Bylaws to:

- A.** Develop recommendations for the qualifications appropriate to obtain and maintain clinical privileges in the Department;
- B.** Establish and implement clinical policies and procedures and monitor its members' adherence to them;
- C.** Adopt its own Rules and Regulations to clarify or expand the Bylaws to meet the needs of its particular area of practice. Department Rules and Regulations shall not conflict with the Bylaws and shall be subject to approval by the Hospitals' Medical Executive Committees and the Board;
- D.** Monitor and evaluate the results of the review for quality and appropriateness of patient care and any other review and evaluations activities, and to provide a forum for discussion of matters of concern to its members;
- E.** Be responsible for the conducting of continuing education within the Department;
- F.** Coordinate the professional services of its members with those of other departments and with the Hospitals' nursing and supportive services;
- G.** Report and make recommendations regarding clinical, quality review, and administrative activities to the Hospitals' Medical Executive Committees;
- H.** Establish a Department committee and any subcommittees as are necessary to perform functions required of it. The composition and method of selection of the Department committees and subcommittee members shall be defined within these Rules and Regulations;
- I.** Formulate Policies and Procedures for the day-to-day operation of the Department;
- J.** Establish indicators to monitor and evaluate patient care at its meetings, to identify problems and subsequent resolution; and
- K.** Osteopathic physicians within the Department shall subscribe to and utilize the distinctive osteopathic approach in the provision of patient care.

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V. DELINEATION OF PRIVILEGES

In order to maintain appropriate standards in the practice of medicine, and in order to maintain quality care for patients, the Department shall establish, maintain and routinely review criteria for granting privileges to members of the Department and all Allied Health Professionals who are assigned to the Department.

A. Criteria for Granting Privileges

1. All new applicants being considered for membership in the Department shall be reviewed for the performance of his/her clinical abilities. All new applicants shall be considered only if they are Board Certified or Qualified by the American Osteopathic Association, the American Board of Medical Specialists or by a board determined by the Department to be equivalent in pediatrics or a pediatric_sub-specialty (Deer Valley provision only). For purposes of this section, "Board Qualified" means the applicant has applied for and been accepted to become an active candidate for certification as determined by the appropriate board. Exceptions may be granted where the applicant applying for membership possesses qualifications and experience deemed equivalent by the Department, Medical Executive Committee and the Board of Directors.
2. The Department shall review the qualifications of all applicants and may, at its discretion, interview applicants. The Department shall then recommend to the Hospitals' Executive Committees the granting, withholding or limiting of privileges to the applicant based on his/her training and/or experience.
3. Staff members within the Department requesting an increase in or wider scope of pediatric privileges must do so in writing to the Department stating and including documentation of additional training or experience which shall justify such privileges as required by established criteria.
4. There shall be a biennial evaluation of all Staff members who maintain pediatric privileges in accordance with the procedures outlined in the Credentialing Procedures Manual of the Hospitals' Medical Staff Bylaws.
5. Whenever pediatric privileges are recommended to be reduced or withdrawn, the physician may, at his/her option, appeal the proposed action following the procedures outlined in the Fair Hearing Plan of the Hospitals' Medical Staff Bylaws.
6. The Department of Family Practice is responsible for granting pediatric privileges to qualified members of its Department who can demonstrate appropriate training and experience.
7. It shall be the responsibility of the Department to establish specific prerogatives for Allied Health Professionals assigned to the Department.
 - a. Definition: "Allied Health Professionals" or "AHPs" are licensed individuals who are not members of the Medical Staff, but who are permitted by law and by the Hospitals to provide patient care services in the Hospitals and who are not functioning as an employee of the John C. Lincoln Health Network.
 - b. AHPs shall not be allowed to provide patient care in the Hospitals until they have been granted privileges to do so upon the recommendation of the Department and the approval by the Hospitals' Executive Committees and the

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Board of Directors. The qualifications, training and Position Summary for all AHPs must be outlined by the Department in advance for each such individual AHP.

B. Guidelines for Attending Cesarean Sections and High Risk Deliveries

1. The following guidelines define the necessary credentials for practitioners attending cesarean sections and high risk deliveries.
 - a. Successful completion of the American Academy of Pediatrics/American Heart Association course in neonatal resuscitation; and
 - b. Documentation at the time of credentialing and/or application for privileges of acquisition of personal skills in this area in the course of training.
2. If a Pediatrician elects not to maintain current neonatal resuscitation skills, he/she is responsible for assuring appropriate coverage for his/her cesarean section and high risk deliveries.

C. Guidelines for Performance of Circumcision

The following guidelines are appropriate for performing circumcisions:

1. As circumcision is not considered a surgical emergency, an infant must complete his transitional period, defined as six hours after birth, prior to the performance of circumcision.
2. An infant must undergo physical examination by his primary care physician or the NNP prior to performance of circumcision.

VI. CONSULTATIONS

- A.** Consultation may be appropriate in cases in which the patient is not a good medical and surgical risk; in cases in which the diagnosis is obscure; in cases in which there is doubt as to the best therapeutic measures to be utilized, upon request, or whenever it appears the quality of medical service may be enhanced. In every consultation, the benefit to the patient is of first importance.
- B.** The attending physician has the primary responsibility for determining whether to have a consultant participate in the patient's care.
- C.** Pediatric consultation is required in the following situations:
1. Persistent high fever without apparent diagnosis;
 2. All children under five (5) years of age requiring corrective intravenous fluid therapy;
 3. Any child with severe respiratory distress;
 4. All childhood poisoning;
 5. All comatose children;
 6. All children with hemoglobin less than seven (7) grams;
 7. All childhood leukemia or other significant blood dyscrasia;
 8. All childhood malignancies;
 9. All cases of meningitis;
 10. All uncontrolled metabolic or electrolyte disturbances;
 11. All infants and children with convulsive disorders;

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12. All infants and children with tuberculosis;
13. All cases of renal failure;
14. All other cases of illness or injury considered to be life threatening;
15. All suspected cases of child abuse;
16. Congenital deformities;
17. Infants with an APGAR rating of less than seven (7) at five (5) minutes;
18. Infants with sustained cyanosis;
19. Infants with respiratory distress
20. Infants with sustained tachycardia;
21. Infants with jaundice occurring within the first 24 hours of life and those with jaundice of significant degree thereafter;
22. Infants with Rh sensitization;
23. Infants with diarrhea;
24. Infants born by cesarean section;
25. Infants with persistent regurgitation;
26. Infants with suspected sepsis;
27. Infants of diabetic mothers;
28. Infants with positive direct coombs;
29. Any condition requiring intravenous fluid therapy in the newborn;
30. Abdominal distention or bilious vomiting;
31. Constipation beyond 48 hours;
32. Hemorrhage;
33. Seizures;
34. Anuria beyond 36/48 hours;
35. Persistent heart murmurs;
36. Any child or infant under three (3) years of age undergoing a general anesthetic; and
37. All child small for gestational age or preterm newborns;

D. A pediatrician at Deer Valley, or a pediatrician or a neonatal nurse practitioner at North Mountain, shall be consulted in the following situations:

1. Gestation less than 36 weeks;
2. Insulin dependent diabetes;
3. Particulate meconium stained fluid;
4. Fetal distress;
5. Intrapartum hemorrhage;
6. Multiple gestation;
7. Cesarean Section;
8. Known maternal infections;
9. PIH treated by MgSO₄;
10. Recent drug abuse;
11. Rh sensitization;
12. Prolapsed cord;
13. Congenital anomalies affecting health or welfare of infant; and
14. Immediate neonatal problems following delivery, including but not limited to:
 - a. Weight 2,500 grams or less;
 - b. Respiratory distress;
 - c. Neonatal blood loss or shock;
 - d. Neonatal cardiac disorders and persistent cyanosis;
 - e. Seizures;

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- f. Sepsis;
- g. Perinatal asphyxia; and
- h. Any infant admitted to the Special Care Nursery.

- E. Family practitioners are required to have a pediatric consultation for all situations described in paragraphs C and D above.
- F. A neonatologist will be notified at the discretion of pediatrician or neonatal nurse practitioner.

VII. CLINICAL REVIEW

Upon recommendation of the Hospitals' Medical Executive Committees and approval by the Board, an applicant shall be granted privileges within his/her current clinical and case management expertise. The applicant must:

1. Further the quality of patient care required of staff members prior to the advancement from provisional status.
2. Provide additional information regarding clinical ability before permanent privileges are considered or granted.
3. All approved requests for special procedures have a specified number of cases to be retrospectively reviewed as defined by the Department, if determined to be necessary.
4. At its discretion, the Department may require observation in a specified number of cases of a given type of any member of the Medical Staff pending re-evaluation of the member's privileges.
5. All physicians requesting circumcision privileges must be observed on at least three (3) cases by either a family practitioner, pediatrician, obstetrician or other physician with these privileges.

VIII. SPECIFIC POLICIES AND PROCEDURES

- A. **Admitting Privileges**
All members of the Department shall be granted admitting privileges.
- B. **Emergency Medicine Call Requirements**
All members of the Department with general pediatric privileges are required to serve on the Emergency Room Call schedules for the Hospitals. A pediatrician who is 55 years of age or older and/or who has been on the Medical Staff of either of the Hospitals for 20 years or more may be exempt from serving on the call schedule if he/she so chooses.
- C. **Required Hospital Rounds**
All newborn infants and pediatric patients must be seen at least once in every 24 hours by the attending physician.

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A pediatric patient presenting to the Emergency Department and is awaiting inpatient admission or transfer to another hospital must be seen within twelve (12) hours by a pediatrician, and subsequently twelve (12) hours thereafter.

D. Miscellaneous Provisions

1. Pediatric patients shall include all ages to and including age 13.
2. Adolescent age group is considered to be ages 14 to 18 years.
3. Recognizing that all possible situations cannot be foreseen, the Chairman of the Department or his/her designee is authorized to take any action in an emergency which is indicated by the circumstances.

E. Amendments.

These Rules and Regulations must be reviewed biennially by the Department and must be approved by the Hospitals' Executive Committees and the Board of Directors of John C. Lincoln Health Network. Amendments to these Rules and Regulations shall require the approval of the Hospitals' Executive Committees and the Board of Directors of John C. Lincoln Health Network.

APPROVALS:

Chairman, Department of Pediatrics Date

Chairman, Medical Executive Committee Date
John C. Lincoln Hospital - Deer Valley

Chairman, Medical Executive Committee Date
John C. Lincoln Hospital - North Mountain

Board of Directors Date
John C. Lincoln Health Network

REVISED: 6/28/01
REVISED: 9/5/02 (Combined DV & NM)
REVISED: 3/4/04