

CARROLL HOSPITAL
DEPARTMENT OF PEDIATRICS
RULES AND REGULATIONS

SECTION I

- A. The organization of the clinical Department of Pediatrics shall be structured in accordance with the standards set by the American Academy of Pediatrics, adapted to local needs and customs of Carroll Hospital.
- B. The rules and regulations of the Department of Pediatrics shall be subservient to the Bylaws of Carroll Hospital.

SECTION II: QUALIFICATIONS OF MEMBERSHIP

- A. New applicants must fulfill the following criteria:
 - 1. Satisfy the requirements for membership on the Active, Affiliate or Telemedicine staff.
 - 2. Present documentation of American Osteopathic Board of Pediatrics or American Board of Pediatrics certification or eligibility or
 - 3. Present board certification in a recognized pediatric subspecialty board or
 - 4. Board eligible pediatricians applying for staff privileges will obtain certification within the time limit stated in the ABMS Board Eligibility Policy. Certifying Boards include the American Osteopathic Board of Pediatrics or American Board of Pediatrics. Members of the department are required to maintain Board Certification or be subject to immediate discontinuation of their privileges.
 - 5. Physicians seeking a waiver of the requirement for Board recertification shall submit, in writing, a request for a waiver to the Chief of Pediatrics. The Chief will review all pertinent information, including quality data, to determine the physician's competency. The waiver of Board recertification is described in the Medical Staff Bylaws.

SECTION III: DELINEATION OF PRIVILEGES

- A. Applicants for membership in the Department of Pediatrics will submit with their application for staff privileges, a list of pediatric procedures the applicant plans to perform. The chief will review this for approval.
- B. The lists of procedures of all members of the Department of Pediatrics on file will be updated every two years and all additions or changes will be reviewed by the chief.
- C. Departmental members shall have voting rights as stated in the Bylaws of the Medical Staff of Carroll Hospital.

SECTION IV: QUALIFICATIONS, SELECTION, AND TENURE OF THE CHIEF OF THE DEPARTMENT OF PEDIATRICS

- A. The Chief shall be a member of the Active staff of Carroll Hospital and the Department of Pediatrics. The Chief shall be qualified by training, experience and leadership ability and must be board-certified.
- B. The Chief shall be appointed by the hospital administration in collaboration with the contract group.
- C. Removal of the Chief of the Department during his/her tenure of office may be initiated by a 75% majority vote of no confidence by all Active members of the Department, or at the request of the Board of Directors or Hospital Administration.

SECTION V: FUNCTIONS OF THE CHIEF

- A. The chief's responsibilities include medical staff issues and administrative issues. Medical staff issues will be governed by the Bylaws and Rules and Regulations of the Medical Staff and Department of Pediatrics and channeled through the administration of the hospital.
 - 1. Medical staff functions shall include:
 - a. Be accountable for all professional activities within the Department.
 - b. Be a member of the executive committee of the medical staff, giving guidance on the overall medical policies of the hospital and making specific recommendations and suggestions regarding his/her own department in order to assure quality patient care.
 - c. Be responsible for enforcement of the Hospital Bylaws and of the Medical Staff Bylaws.
 - d. Be responsible for implementation within his/her department of actions taken by the Medical Executive Committee of the Medical Staff.
 - e. Transmit to the Medical Executive Committee his/her Department's recommendations concerning staff classifications, appointments, and the delineation of clinical privileges for all practitioners in his/her department.
 - f. Be called upon for recommendations to the Credentials Committee relative to new appointments to the Department.
 - g. Maintain a file of all correspondence pertaining to the Department of Pediatrics.
 - 2. Administrative functions and fiscal issues will be dealt with directly by the Chief of Pediatrics interacting with the administrative personnel which include Chief Medical officer, Chief Nursing Officer and the Executive Director of Women and Children's Services. Duties include the following:
 - a. Clinical and administrative oversight of the full term nursery, special care nursery, future neonatal intensive care unit, pediatric inpatient and short stay unit, pediatric section of the women's services, and any additional defined pediatric services.

- b. Clinical and administrative oversight of the hospital-based pediatric group. This function may be delegated to a designated director of inpatient pediatric care (Medical Director).
- c. Administration of medical staff policies and procedures including Bylaws related to the use of pediatric services.
- d. Development of new pediatric services, in conjunction with the department, to further the goals of the Department for the hospital, medical staff and community.
- e. Problem solving and conflict resolution within the Department and with other Departments impacting pediatric services.
- f. Interdepartmental coordination between medical staff services.
- g. Effectively cooperates with medical staff and hospital personnel to insure quality of services and meet hospital, medical staff and community expectations.
- h. Collaborates and consults regularly with the Chief Medical Officer and Chief Nursing Officer to resolve problems, reduce inefficiencies, and enact or change policies within the confines of hospital and Medical Staff Bylaws.
- i. Assist in the preparation of such annual reports including budget type planning pertaining to his/her Department as may be required by the Medical Executive Committee, the Chief Executive Officer or the governing body. Budgetary recommendations will be reviewed by the department. In the setting of contracted services, this will be directed to the contractor administration and reconciled with the hospital budget planning.

SECTION VI: ASSISTANT TO THE CHIEF OF PEDIATRICS

- A. The immediate past Chief of Pediatrics shall assume the position of Assistant to the Chief. The Assistant shall be the Acting Chief of the Department in the absence of the Chief. The Assistant shall aid the Chief in maintaining the continuity of performance in running the Department. The Assistant shall be responsible for attending meetings in the Chief's absence.
- B. In the event the immediate past Chief of Pediatrics is not available to assume this position, an Assistant to the Chief shall be appointed by the hospital administration.
- C. Removal of the Assistant to the Chief shall follow the same procedure as for the Chief of the Department.

SECTION VII: FUNCTIONS OF THE DEPARTMENT

- A. The Department shall meet separately, quarterly, to discuss the clinical and administrative activities of the Department.
- B. Special meetings may be called by or at the request of the Chief of the Department, by the President of the Medical Staff, or by 1/3 of the members of the Department, but no less than two members.

- C. Notice of meetings shall be given to each member not less than seven days before the time of each meeting.
- D. A quorum shall be defined as five (5) members of the Active and Affiliate medical staff members of the Committee or Department.
- E. Minutes of each regular and special meeting of a Committee or Department shall be prepared and shall include a record of the attendance of the members and the vote taken on each matter. The minutes shall be signed by the presiding officer and copies thereof shall be submitted to the attendees. The Department shall maintain a permanent file of the minutes of each meeting.

SECTION VIII: QUALITY ASSURANCE FUNCTIONS OF THE DEPARTMENT

- A. The Department of Pediatrics shall be responsible for the quality of the care rendered by its members, in cooperation with the Organizational Performance Improvement Plan of the hospital and the medical staff peer review process as directed by the Medical Executive Committee.
- B. Participation in the Process shall be defined as:
 - 1. Members will participate in the quality review process as requested by the Chief, Vice Chief, President of the Hospital, President of the Medical Staff or the Director of Performance Improvement.
 - 2. Criteria for specific Department of Pediatrics reviews will be determined periodically by the Chief or designee as directed by the Medical Staff Quarterly process and submitted to the Medical Executive Committee.
 - 3. Tracking and trending information will be reviewed regularly by the Chief and individual physicians as directed through the Medical Staff Quality process; and
 - 4. Individual data will be included in the data reported to the Medical Staff office for reappointment required by that process.

SECTION IX: PEDIATRIC HOSPITALISTS

- A. The duties of all Pediatric Hospitalists will be consistent with the hospital contract but not limited to:
 - 1. Provide consultation in the Emergency Room for pediatric patients (defined as up to 18 years of age) as requested by the Emergency Room physician or the private physician. The Pediatric Hospitalist may provide consultation to a patient who is older than 18 years of age if the medical diagnosis is more of a pediatric nature.
 - 2. Provide consultation for medical, psychiatric, surgical, or pediatric patients as requested by the private physician.
 - 3. Admit and attend to all pediatric patients requiring admissions.
 - 4. Consult or assume care of acutely ill patients at the request of the private attending physician.

5. Notification will be made by the private attending of any patient who may require hospital pediatric services or of any emergency situation.
6. Attend all cesarean section deliveries. For all cesarean sections, initial delivery room care will be given by the pediatric hospitalist.
7. Provide care for unassigned well newborns.
8. Admit and attend to all sick newborns in collaboration with the private attending. (Re: patients with respiratory distress, severe hypoglycemia, severe hyperbilirubinemia, seizures, sepsis or any other life threatening condition.)
9. Will attend all vaginal deliveries for clinical indications and at the request of obstetrical provider.
10. Will be responsible for giving discharge instructions to patients and assisting patient families in designating a private practicing physician for follow up care. Parents must identify their own physician to follow the patient after discharge. This will be put on the chart.
11. Be responsible for responding to code blue on pediatric inpatients up to eighteen years of age and under.
12. The Pediatric Hospitalist will be responsible for responding to pediatric codes unless unavailable due to a second emergency.

SECTION X: GENERAL RULES REGARDING PEDIATRIC PRACTICE

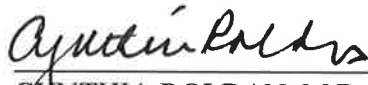
- A. Any member of the Department may admit pediatric patients, from birth to age 18. The upper age limit may be extended in the case of a primarily pediatric problem at the discretion of the attending physician. In addition, a member of the surgical service shall have the privilege of admitting and attending pediatric surgical patients at the discretion of the Chief of Pediatrics, Credentials Committee and the Department of Surgery.
- B. Any pediatric patient admitted to a health care provider that does not hold an M.D. or D.O. shall have a pediatric consultation that provides oversight of daily care for the duration of the admission, including co-signing all medication orders prior to administration of the medication. Any conflict shall be resolved by the Chiefs of the Departments of Pediatrics and any appropriate department.
- C. Each patient must have a history and physical examination note documented in the chart within 24 hours of admission. If the patient is to have surgery, the note must be in place prior to the procedure. This record must be compatible with the standards of The Joint Commission on accreditation of hospitals in regard to such records.
- D. All pediatric patients must be seen at least once per day, except for seriously ill or critically ill patients who must be seen at least twice per day.
- E. Well newborns must be examined within 24 hours of admission. A physical examination must also be performed within 24 hours of discharge.

- F. Medical records will be audited to determine compliance with the aforementioned rules and regulations.
- G. Direct admissions to the pediatric unit may be accepted by the Pediatric Hospitalist in collaboration with the private pediatrician. The patient must have been evaluated by the private pediatrician within 24 hours of the direct admission. It is up to the discretion of the Pediatric Hospitalist to defer direct admission and refer the private pediatrician to send the patient to the emergency room.

SECTION XI

- A. Any changes or amendments to the rules and regulations requires the approval of 2/3 majority of the members of the-Department who respond to a proposed vote.

REVIEWED AND APPROVED BY:



CYNTHIA ROLDAN, M.D.
Chief, Department of Pediatrics

Date: 4/9/19



SARAH LENTZ, M.D.
President, Medical Staff

Date: 4/11/2019



JEFFREY A. WOTHERS
Chairman, Board of Directors

Date: 6/8/19