

SANTA MONICA-UCLA MEDICAL CENTER & ORTHOPAEDIC HOSPITAL
PEDIATRICS SERVICE
RULES AND REGULATIONS - 2020

I. NAME

The name of this Service shall be the Pediatrics Service of the Medical Staff of Santa Monica-UCLA Medical Center & Orthopaedic Hospital as provided for in the Bylaws of the Medical Staff.

II. ORGANIZATION

A. The Chief of the Pediatrics Service shall be the member elected by the Active staff of the Service as representative on the Medical Staff Executive Committee.

B. The Pediatrics Committee is composed of members of the Service of Pediatrics appointed by the Chief of Staff.

III. DUTIES OF THE PEDIATRICS COMMITTEE

A. To be responsible for the administration of the policies of the Medical Staff.

B. To establish and modify operating policies dealing with the basic care of the pediatric patient as is indicated in the best interest of the patient and hospital.

C. To hold Service meetings for purposes of education and for administrative purposes at least ten times annually, and to promote a spirit of cooperation among the members of the department.

D. To establish criteria for the granting of privileges (i.e. education, training, current competence)

E. To make recommendations to the Credentials Committee on any issues pertaining to credentialing or privileging of service members.

F. To monitor the quality of pediatric care as presented by the Ongoing Practitioner Performance Evaluation program.

G. To investigate all concerns referred by other Medical Staff Committees and make appropriate recommendations.

H. To make recommendations to the Medical Staff Executive Committee for disciplinary action regarding Service members, when necessary.

IV. MEMBERSHIP

A. Each member with admitting privileges must provide, in writing, the names of current Service medical member(s) who have agreed to provide coverage in the event of the member's unavailability.

B. All members of the Pediatric Service must participate in the quality assessment and improvement program pertaining to their patients. Noncompliance will result in a referral to the Medical Staff Executive Committee.

- C. Privileges
Privileges allowed each member are posted on the Medical Staff Web Site <https://www.uclahealth.org/medical-staff/privileges>
- D. Proctoring
Proctoring requirements for specific privileges are listed on the Privilege Form. Upon appointment members are provided with Medical Staff Policy MS 128: Focused Professional Practice Evaluation (Proctoring) as well as appropriate proctoring forms for the privileges requested. Reciprocal proctoring is also available.
- E. Reappointment
Criteria for reappointment includes patient activity. Patient activity requirements are listed on the privilege form as well as in the Medical Staff Bylaws and determine the membership category assigned every two years.

V. PRIVILEGES

Only neonatologists may be granted the privilege of "Intensive Care of Newborn Including Ventilatory and Advanced Life Support". In an emergency, and in the absence of a neonatologist, any pediatrician may exercise the privilege.

VI. PEDIATRIC CONSULTATIONS

- A. Pediatric Consultation for Patients <18 Years of Age Admitted to Non-Pediatric Services:
1. Pediatric consultation is mandatory for the following patients:
 - All patients under two years of age, unless the Attending physician has -specific privileges for the care of children in this age group
 - All Pediatric patients with an obscure diagnosis
 - All Pediatric patients with a critical illness
 - All Pediatric patients for whom there is a serious question concerning therapy
 - All Pediatric patients admitted with a diagnosis of heart disease
 - All Pediatric patients with diabetes
 - All Pediatric patients admitted to the neurosurgical service
 - All Pediatric patients admitted by interventional radiology
 - All Pediatric patients with malignant brain tumors
 - All Pediatric Urology patients with the diagnosis of Chronic Kidney Disease (CKD) stage 3 or greater
 - All Pediatric patients on dialysis
 - All Pediatric patients with a critical illness, defined as any illness requiring the use of mechanical ventilation, pressor drugs, or arterial or central venous hemodynamic monitoring.
 2. The Admitting physician for all NICU patients must be a current member of the Pediatrics Service at Santa Monica-UCLA Medical Center & Orthopaedic Hospital.
 3. The Admitting physician for all pediatric patients requiring an Intensive Level of Care must be a current member of the Pediatrics Service at Santa Monica-UCLA Medical Center & Orthopaedic Hospital.

4. Consultation by Pediatric Hospitalists is available for all Santa Monica-UCLA Medical Center & Orthopaedic Hospital inpatients.
- B. A pediatric consultant is defined as any member of the Pediatrics Service with consultation privileges in the area of clinical concern; unless temporary privileges have been granted to a non-medical staff consultant.
- C. Pediatric history and physicals for children undergoing surgery/procedures/diagnostic exams under moderate/deep sedation or general anesthesia are required for children under two years of age. The history and physical may be performed by a pediatrician, a family physician who has pediatric privileges, a surgeon with pediatric privileges or an anesthesiologist with pediatric privileges. In an emergency, an Emergency Department physician is permitted to clear a pediatric patient for surgery and document clearance after consultation with one of the above physicians. In such emergencies, the surgeon is then permitted to dictate the pre-op H&P.
- D. The Service Chief may request a consultation for any patient when he determines that the patient will benefit from such consultation.
- E. Surgeries of a complex or unusual nature that may require special surgical, anesthetic or nursing services shall only be scheduled after consultation among the primary care physician, surgeon, anesthesiology representative, and nursing personnel.

VII. JOINT OB-PEDIATRICIAN PATIENT COVERAGE

The Obstetrician or Nursery should inform the infant's physician in the event of a serious or life threatening situation arises.

VIII. PATIENT CARE

- A. Nursery
 1. All personnel entering the delivery room or c-section room will conform to hospital policy regarding appropriate surgical attire.
 2. All persons must wash hands before and after handling any infant.
- B. NICU
 1. A CCS-paneled Neonatologist must be on call at all times.
 2. Neonatologists on call may not be simultaneously on call at any other healthcare facility.
 3. Neonatologists must be able to respond within 30 minutes when on call.

IX. INFECTION CONTROL RELATING TO PEDIATRICS & NURSERY

All infections in the Nursery shall be reported to the Infection Control Committee, the Nurse Epidemiologist and Hospital Administration. Appropriate policies and procedures will be implemented in accordance with the infection control policy and procedures. It will be up to the discretion of the Infection Control Committee to report appropriate infections to the Department of Health.

X. PHYSICIAN PROTOCOL

The physician designated as the baby's physician is to be listed as the Admitting Physician on the baby's chart regardless of the physician's specialty.

APPROVALS

Department of Pediatrics: 9/9/2020
Medical Staff Executive Committee: 9/22/2020
Governing Body: 9/30/2020