ST. JOSEPH HOSPITAL
PEDIATRIC DEPARTMENT RULES

1. **Clinical Classifications**
The Department of Pediatrics shall be composed of the following specialties:

1.1. Pediatric-Allergy & Immunology
1.2. Pediatric-Cardiology
1.3. Pediatric-Critical Care
1.4. Pediatric-Endocrinology-Metabolic-Genetics
1.5. Pediatric-Gastroenterology
1.6. Pediatric-General
1.7. Pediatric-Hematology/Oncology
1.8. Pediatric-Infection Control
1.9. Neonatology
1.10. Pediatric-Nephrology
1.11. Pediatric Neurology
1.12. Pediatric-Pulmonology

2. **Qualifications for Department Membership:**
2.1. A practitioner must meet the following standards:
2.1.1. Board certified by the American Board of Pediatrics as part of the American Board of Medical Specialties (ABMS), or American Osteopathic Board of Pediatrics as part of the American Osteopathic Association (AOA); or
2.1.2. Board eligible in General Pediatrics with the ABMS or AOA, with the following provisions:
2.1.2.1. Members must become Board Certified within seven (7) years of completion of formal training. Failure to become board certified by the above-mentioned boards within seven (7) years of completion of formal training will be deemed a voluntary withdrawal of privileges.
2.1.2.2. Should a physician's Board Certification lapse at recertification time, the physician will have three (3) years to successfully pass the Board recertification process.
2.1.3. Effective 2004, all new pediatric subspecialty practitioners requesting privileges at St. Joseph Hospital must be:
2.1.3.1. Board certified in a Pediatric Subspecialty, as determined by ABMS or AOA**;** or currently involved in active participation toward certification, which must be completed within seven (7) years of completing residency/fellowship.
2.1.3.2. Failure to become board certified by the above-mentioned boards within seven (7) years of completion of formal training will be deemed a voluntary withdrawal of privileges; and
2.1.3.3. Satisfactory completion of an approved fellowship training program.

3. **Privileges:**
3.1. Newborn Core Privileges: Privileges include the ability to provide care to all St. Joseph Hospital newborns, including those with potentially life-threatening illness. Consultations suggested in extremely complex, life-threatening situations.
3.1.1. Must be able to demonstrate inpatient care to newborn patients as attending physician during the past 24 months.

3.1.2. Lactation Management (breastfeeding): Applicants applying for privileges in General Pediatrics or Neonatology are required to be certified in breastfeeding management. Applicants must provide documentation of certification in Lactation Management (breastfeeding). General Pediatricians and Neonatologists on staff will be informed prior to their reappointment that the breastfeeding certification is required in order to renew their privileges.

3.1.3. Perinatal Implicit Bias Training: In accordance with Senate Bill 464, applicants applying for privileges in General Pediatrics or Neonatology are required to submit evidence of completion of implicit bias training within the last two years at time of application. Additionally, maintenance of privileges requires evidence of a refresher course every two years, to be submitted at reappointment. Failure to provide this documentation at reappointment shall result in deferral of General Pediatrics/Neonatology privilege renewal until documentation is provided.

3.2. Attendance at Deliveries (newborn care includes attendance at low, moderate and high risk deliveries) :

3.2.1. Practitioner must maintain a current AHA-Approved Neonatal Resuscitation Program (NRP)

3.2.2. High Risk:

3.2.2.1. Neonatologist must participate in high-risk deliveries.

3.2.2.2. equired to maintain a current American Heart Association-approved NRP certification.

3.2.2.3. Endotracheal intubation in the delivery room by a practitioner with a current AHA-Approved Neonatal Resuscitation Program (NRP) as an Advanced Provider or Instructor. Proctoring is inclusive with attending deliveries.

3.3. **Circumcision Privileges:** Pediatricians may apply for circumcision privileges within the Department of Pediatrics.

3.3.1. Physicians requesting these privileges must provide documentation of training.

3.3.2. Three (3) satisfactorily proctored cases must be completed prior to advancement of circumcision privileges.

3.4. **Consultation** Subspecialty consultations at St. Joseph Hospital. Granted with the appropriate credentials in an approved medical subspecialty.

3.5. **Newborn Care Core**: Newborn Care Core privileges may be granted to Family Practitioners who wish to practice uncomplicated newborn nursery care.

3.5.1. Both the Family Practice Committee and the Pediatric Committee shall review requests for such privileges.

3.5.2. Consultation should be requested from Class I physicians for complicated problems such as hyperbilirubinemia, due to Rh or ABO incompatibility, sepsis or suspected sepsis, respiratory distress or congenital anomalies.

4. **Proctoring:**

4.1. Class IA physicians may apply for Class I privileges when:

4.1.1. Proctoring is satisfactorily for general pediatricians when the following has been completed:

4.1.1.1. Three (3) normal newborn cases must be satisfactorily proctored and then reviewed by the Pediatric Chair or representative.

4.1.1.2. Only 2 of the 3 cases may be proctored by members of the proctored physician’s own group.

4.1.1.3. Pediatric Subspecialist may also provide proctoring from CHOC.

4.1.1.4. A Class 1A pediatrician may attend low risk C-Sections unobserved by a Class I pediatrician if he/she provides the Pediatric Committee with evidence of appropriate resuscitation certification and after successful completion of proctoring on three (3) cases.

5. Hospital Call for Unassigned Patients

5.1. Hospital call for unassigned patients requiring admission to the hospital:

5.1.1. Newborn Patients:

This panel is voluntary for the purposes of admitting unassigned patients who are not contractually assigned to a particular hospitalist group due to their insurance or PCP affiliation. This panel is for unassigned patients only and does not override the ability of primary care physicians to admit their own patients. Any physician/group in good standing in the Pediatric Department with admitting privileges may voluntarily participate. Those participating on the call panel must provide 24/7 coverage and evaluate and admit/consult on the patient within a 24-hour time frame from when patient is admitted. Panelists are expected to adhere to the Medical Staff Rules and Regulations Rule 9 Call Panel. Should a panelist choose to resign from the unassigned newborn hospital call panel, he/she is responsible for covering assigned days or arranging for coverage by a practitioner who meets the criteria for panel eligibility. The panelist shall inform the Hospital of the name of the practitioner who will provide back-up coverage. The panelist who does not round on the inpatient babies of the unassigned list, does not need to arrange coverage if they are out of town or away from practice. For any newborn patients that require attention within 15/30 minutes in the emergency room, the on-call physician is the on-call neonatologist, as opposed to the unassigned newborn or ER panelist.

5.1.2. General Pediatrics Emergency Department Call:

All Pediatricians with Newborn and Pediatric Core privileges at St. Joseph Hospital shall serve on the pediatric ER call schedule. Effort will be made to align the ER call schedule with the physicians' practice call schedule. However, the Chair may change the methodology to ensure the department's coverage needs are met.

6. Multidisciplinary Committees

6.1. Perinatal Collaborative Committee

6.1.1. This is a multidisciplinary committee with the purpose to evaluate and improve the quality of care for perinatal services. Recommendations and reports from the Perinatal Collaborative Committee shall be reported through Pediatric Committee, and OB GYN Core Committee as appropriate.

6.2. Perinatal Safety Work Group:

6.2.1. This is a multidisciplinary group meeting with the purpose to evaluate and improve the quality of care for perinatal services. Recommendations and reports from the Perinatal Safety Work Group shall be reported through the Perinatal Collaborative Committee, Pediatric Committee, and OB GYN Core Committee as appropriate.