

Pediatric Service Rules and Regulations
Loma Linda University Medical Center
Revised June 2004

I. PREAMBLE

The Pediatric Service of the Medical Staff of Loma Linda University Medical Center shall:

- A. Evaluate the qualifications of those practitioners applying/reapplying for Medical Staff membership and/or clinical privileges on the Pediatric Service of the Medical Staff of Loma Linda University Medical Center.
- B. Provide a recommendation to the Medical Staff Credentials Committee regarding the granting of membership and clinical privileges based on that evaluation.
- C. Provide a recommendation to the Medical Staff Interdisciplinary Practice Committee regarding the suitability of proposed Standardized Procedures for use on the Pediatric Service.
- D. Provide a recommendation to the Medical Staff Credentials Committee regarding the granting of practice privileges to allied health professionals (AHP's) when the primary supervision of the AHP will be by a member of the Pediatric Service.
- E. Monitor the ethical and professional practices of Medical Staff members on the Pediatric Service and monitor the quality of care provided to patients on the Pediatric Service and/or by members of the Pediatric Service and/or under the supervision of a member of the Pediatric Service.
- F. Supervise the clinical activities of students and residents assigned to the Pediatric Service.
- G. Provide continuing education to it's members and guests.

II. MEMBERSHIP – QUALIFICATIONS:

- A. General requirements for membership on the Medical Staff shall be determined by the Medical Staff Executive Committee and shall be implemented through the Bylaws, and Rules and Regulations of the Medical Staff. A Practitioner who meets these general eligibility requirements for Medical Staff membership may be eligible for membership on the Pediatric Service if s/he meets one of the following Pediatric Service specific requirements:
 - 1. S/he is Board Certified in Pediatrics or a recognized subspecialty of Pediatrics, and s/he indicate his/her intent to limit his/her primary clinical activity at LLUMC to Pediatrics (and/or one of the recognized subspecialties of Pediatrics.)
 - 2. S/he has within the 3 years prior to appointment/reappointment completed the education requirements for board certification in the field of Pediatrics or one of the recognized subspecialties of Pediatrics, and s/he indicates his/her intent to limit his/her primary clinical activity at LLUMC to Pediatrics (and/or one of the recognized subspecialties of Pediatrics).
 - 3. S/he has for the 4 years prior to appointment/reappointment been a member of the Active or Administrative Staff in the Pediatric Service at LLUMC and has limited his/her clinical activities to the field of Pediatrics (and/or one of the recognized subspecialties of Pediatrics) and s/he indicates his/her intent to continue to limit his/her primary clinical activities at LLUMC to Pediatrics (and/or one of the recognized subspecialties of Pediatrics).
 - 4. For ambulatory privileges only – S/he must have successfully completed a minimum of two years of an approved residency training program in pediatrics, and s/he indicates his/her intent to continue to limit his/her primary clinical activities at LLUMC to Pediatrics.

- B. Membership on the Pediatric Service shall be granted consistent with ability. Membership shall be available only to those who are found by the Medical Staff to be qualified by training and/or experience to fulfill all the requirements of these Pediatric Service Rules and Regulations, the Medical Staff Rules and Regulations, and the Medical Staff Bylaws. Regardless of eligibility based on education and/or experience, other factors will be evaluated in making decisions regarding granting of membership. These other factors shall include:
1. An assessment of the quality care provided by the practitioner at LLUMC (including an implied requirement that there must be sufficient reviewable activity to make such an assessment).
 2. An assessment of the availability of the practitioner to provide needed patient care in a timely manner.
 3. An assessment of the ability of the practitioner to work harmoniously with other care providers.
 4. An assessment of the practitioner's compliance with Medical Staff and Pediatric Service policies.
 5. An assessment of the practitioner's willingness to cooperate with the educational mission of the service.
 6. An assessment of the practitioner's willingness to participate in and cooperate with the quality improvement activities of the Pediatric Service.

III OFFICERS:

Chief of Pediatric Service: The Chairperson of the Department of Pediatric of Loma Linda University School of Medicine or designee shall serve as the Chief of the Pediatric Service. The Chairperson may appoint an Associate Chief of Service and delegate responsibilities to that individual. In the absence of the Chief of Service, the individual serving as Associate Chief of Service shall discharge the responsibilities of Chief of Service.

The Chief of Pediatrics shall:

1. Represent the Pediatric Service to the Medical Staff and to Medical Center administration.
2. Organize and chair regular meetings of the Pediatric Service.
3. Organize and chair regular meetings of the Pediatric Service Executive Committee.
4. Attend the Pediatric Service Quality Improvement Committee.
5. Appoint additional Pediatric Service committees as needed
6. Maintain records of the Pediatric Service
7. Evaluate applications/reapplications for membership and make recommendations to the Medical Staff Credentials Committee regarding those applications/reapplications.
8. Evaluate requests for clinical privileges on the Pediatric Service and make recommendations to the Medical Staff Credentials Committee regarding the granting of those requested clinical privileges.
9. Evaluate requests for the granting of practice privileges to AHPs under the supervision of members of the Medical Service and make recommendations to the Medical Staff Interdisciplinary Practice Committee and the Medical Staff Credentials Committee regarding the granting of these requested practice privileges
10. Develop and implement policies governing the Pediatric Service; implement policies governing the Medical Staff.

IV. COMMITTEES:

A. The Pediatric Service Executive Committee:

1. Members of the Pediatric Service Executive Committee shall be appointed by the Chief of Service and shall serve for a two (2) year period of time at the pleasure of the Chief of Service. Members may be reappointed to successive terms without limit. The number of members shall be at least five (5) but may vary from time to time. The committee shall include representatives from the various specialties and subspecialties having clinical privileges on the Pediatric Service.
2. The function of the Pediatric Service Executive Committee shall be to:
 - a. Review applications for appointment and reappointment to the Pediatric Service and assist the Chief of Service in formulating a recommendation to the Medical Staff Credentials Committee regarding that appointment/reappointment.
 - b. Review requests for clinical privileges and assist the Chief of Service in formulating a recommendation to the Medical Staff Credentials Committee regarding the granting of the requested privileges.
 - c. Review requests for AHP practice privileges and assist the Chief of Service in formulating a recommendation to the Medical Staff Interdisciplinary Practice Committee and the Medical Staff Credentials Committee regarding the granting of the requested privileges
 - d. Assist the Chief of Service in developing service specific policies, and Rules and Regulations.
 - e. Assist the Chief of Service in his/her Medical Staff/Clinical Service administrative activities as requested

B. The Pediatric Service Quality Improvement Committee

1. A practitioner who is a member of the Active Medical Staff, Pediatric Service, shall chair the Pediatric Service Quality Improvement Committee. The Chief of Service shall appoint the chairperson.
2. The committee shall have as members practitioners who are members of the Medical Staff, Pediatric Service. The Chief of Service on the recommendation of the committee chair shall appoint the members.
3. The function of the Pediatric Service Quality Improvement Committee shall be to:
 - a. Review selected aspects of care on the Pediatric Service with the goal of achieving continuing improvement in the quality of care.
 - b. Present to the members of the Pediatric Service the results of it's review activities. The goal of these presentations will be to educate the members of the Pediatric Service about ways to improve the quality of care provided on the service.
 - c. Make recommendations to the Chief of Service for changes in Medical Staff or service specific policies and procedures with the intent of improving quality of care or the system of reviewing the quality of care.

V. PEDIATRIC SERVICE MEETINGS AND ATTENDANCE REQUIREMENTS:

There shall be a quarterly meeting of the Pediatric Service to discuss Quality Improvement and other issues. Attendance at these meetings is required for all Provisional and Active members. Members in other categories are encouraged to attend. Attendance at these meetings will be one of the factors considered at the time recommendations for reappointment are made.

VI. POLICIES:

In addition to these Pediatric Service Rules and Regulations, policies governing the Pediatric Service may be developed. When needed, policies will be approved by the Pediatric Service Executive Committee and distributed to members of the Pediatric Service for comment before being implemented. Where appropriate, policies will be incorporated into subsequent revisions of these Rules and Regulations.

These Pediatric Service Rules and Regulations will be reviewed bi-annually by the Pediatric Service Executive Committee prior to being submitted to the Medical Staff Executive Committee for review and approval.

VII. PEDIATRIC SERVICE PRIVILEGES:

A. Clinical privileges shall be granted consistent with ability. Education and experience are the major predictive indicators of ability. Many privileges require specific observation by a peer to evaluate ability (“proctoring”). Regardless of education and experience, other factors will be evaluated in making decisions regarding granting of privileges.

B. Only physicians with a faculty appointment in Loma Linda University School of Medicine will participate in teaching of students and residents and/or have students and residents assigned for their supervision.

C. A prerequisite to the granting of all clinical privileges is evidence of continuing competence as demonstrated by an adequate volume of recent experience with acceptable results in adult patients.

D. Privilege Categories are described in Appendix A.

VIII. PROCTORING

Proctoring refers to the process by which a practitioner’s ability to satisfactorily exercise the requested privileges is confirmed. General Proctoring for new appointees to the Medical Staff is described in the Medical Staff Bylaws. Some privileges in the Pediatric Service require specific proctoring. These procedures and the extent of Specific Proctoring required is detailed in Appendix A. Chart review or letters of recommendation can accomplish a portion of Specific Proctoring for some categories. A portion of Specific Proctoring for some categories requires direct “elbow to elbow” observation. It is the responsibility of the appointee/practitioner who is subject to proctoring to notify the assigned proctor when a patient requiring the exercise of privileges subject to proctoring will be cared for in LLUMC. Recurrent failure to provide such notification will result in disciplinary action.

IX. PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS

A. General

Allied Health Professionals may be granted practice privileges in accordance with Medical Staff Bylaws. When the requested privileges for an Allied Health Professional practicing in conjunction with a supervising Medical Staff member from the Pediatric Service involve the writing of orders and/or the use of Standardized Procedures, the Pediatric Service must approve the conditions under which the orders will be written and/or the Standardized Procedure before recommending the granting of privileges.

B. Proctoring

In lieu of proctoring, Allied Health Professionals granted practice privileges on the Pediatric Service shall be subject to continuous supervision by their supervising Medical Staff member.

Appendix A – Privilege Categories

Ambulatory Purpose: Ambulatory privileges may be granted to physicians to authorize them to provide care to ambulatory pediatric patients (including common procedures of simple complexity) at LLUMC with simple to moderately complex problems that are not life-threatening.

Basic Eligibility Requirements: Successful completion of a minimum of two years of an approved residency training program in pediatrics; **or** a combination of formal training and experience found to be equivalent by the Pediatric Service Executive Committee and the Medical Staff Credentials Committee.

Proctoring: No proctoring beyond General Proctoring is required.

Volume Requirement for Re-appointment: The applicant for re-appointment must present evidence of having exercised in a satisfactory manner ambulatory pediatric privileges at least 10 times in the 2 years preceding re-appointment. These cases may have been at another site if the practitioner makes the complete medical record of those cases available to the LLUMC Pediatric Service for review. For practitioners seeking re-appointment in the Courtesy Staff category up to 5 of these cases may have been at another site if the practitioner makes the complete medical record of those cases available to the LLUMC Pediatric Service for review.

Category 1 Purpose: Category 1 hospital privileges may be granted to physician specialists in Pediatrics to authorize them to admit and treat illnesses, injuries, or conditions that carry low risk for the patient. Providing consultation services is not authorized. Category 1 neonatal-perinatal privileges allow care of the normal newborn of 2,000 grams birth weight or larger.

Basic Eligibility Requirements: Board certification in Pediatrics **or** satisfactory completion of the educational requirements necessary for Board certification in Pediatrics within the past 60 months; **or** a combination of formal training and experience found to be equivalent by the Pediatric Service Executive Committee and the Medical Staff Credentials Committee.

Proctoring: No proctoring beyond General Proctoring is required.

Volume Requirement for Re-appointment: The applicant for re-appointment must present evidence of having exercised in a satisfactory manner Category 1 or greater privileges at least 10 times in the 2 years preceding re-appointment. For practitioners seeking re-appointment in the Courtesy Staff category up to 5 of these cases may have been at another site if the practitioner makes the complete medical record of those cases available to the LLUMC Pediatric Service for review.

Category 2 Purpose: Category 2 hospital privileges may be granted to physician specialists in Pediatrics to authorize them to provide care (including common procedures of simple complexity) at LLUMC to pediatric patients with simple to moderately complex problems that are not life-threatening; there may be local complications that are not severe or major confined to affected organ or anatomical site. Category 2 neonatal-perinatal privileges allow care (but not including procedures) of pre-term or low birth-weight newborns with non-life-threatening illness.

Basic Eligibility Requirements: Board certification in Pediatrics **or** satisfactory completion of the educational requirements necessary for Board certification in Pediatrics within the past 60 months; **or** a combination of formal training and experience found to be equivalent by the Pediatric Service Executive Committee and the Medical Staff Credentials Committee.

Proctoring: No proctoring beyond General Proctoring is required.

Volume Requirement for Re-appointment: The applicant for re-appointment must present evidence of having exercised in a satisfactory manner Category 2 or greater privileges at least 10 times in the 2 years preceding re-appointment. For practitioners seeking re-appointment in the Courtesy Staff category up to 5 of these cases may have been at another site if the practitioner makes the complete medical record of those cases available to the LLUMC

Pediatric Service for review.

Category 3 Purpose: Category 3 hospital privileges may be granted to physician specialists in Pediatrics to authorize them to provide care (including common procedures of simple complexity) at LLUMC to pediatric patients with moderate or critical severity with significant complications and posing a threat to life, the possibility of organ/system failure or permanent damage, or threat of loss/permanent impairment of a body part/function. Physicians with category 3 hospital privileges may admit to a level 2 PICU bed. Category 3 neonatal-perinatal privileges allow care (including common procedures of simple complexity) of newborns with potentially life-threatening illness. Physicians with category 3 neonatal-perinatal privileges may admit to a level 2 NICU bed.

Basic Eligibility Requirements: Board certification in Pediatrics **or** satisfactory completion of the educational requirements necessary for Board certification in Pediatrics within the past 60 months; **or** a combination of formal training and experience found to be equivalent by the Pediatric Service Executive Committee and the Medical Staff Credentials Committee.

Proctoring: No proctoring beyond General Proctoring is required.

Volume Requirement for Re-appointment: The applicant for re-appointment must present evidence of having exercised in a satisfactory manner Category 3 or greater privileges at least 10 times in the 2 years preceding re-appointment. Courtesy staff privileges are not allowed in this category.

Category 4 Purpose: Category 4 hospital privileges may be granted to physician specialists in Pediatrics to authorize them to provide care of the pediatric patient with unusually complex or critical illnesses, injuries or conditions or the provision of procedures for those that carry a serious threat to life.. Physicians with category 3 hospital privileges may admit to a level 3 PICU bed. Category 4 neonatal-perinatal privileges allow care (including procedures of a complex nature) of newborns with unusually complex or critical illnesses, injuries or conditions. Physicians with category 4 neonatal-perinatal privileges may admit to a level 1 NICU bed.

Basic Eligibility Requirements: Board certification in Pediatrics critical care/Neonatal-perinatal medicine **or** satisfactory completion of the educational requirements necessary for Board certification in pediatric critical care/neonatal-perinatal medicine within the past 36 months.

Proctoring: Specific Proctoring in this category must be completed before unrestricted privileges in this category will be granted. The required proctoring shall consist of the direct observation of care provided and review of the medical record produced daily throughout the period of ICU stay for at least 5 patients and the review of at least 5 additional medical records representative of a variety of clinical problems in ICU patients. The required experiences must be gained within a period of 24 consecutive months. A residency program director letter confirming that the applicant had been found competent to perform the requested privileges within the previous 48 months can also satisfy the direct observation portion of the proctoring requirement.

Volume Requirement for Re-appointment: The applicant for re-appointment must present evidence of having exercised in a satisfactory manner, Category 4 privileges at least 20 times in the 2 years preceding re-appointment. Courtesy staff privileges are not allowed in this category.

Special & Advanced Procedures

Purpose: Special and advanced procedures are those procedures that are either not inherent in the standard specialty training for pediatrics or one of the subspecialties, or a procedure that is unlikely to be routinely performed in the course of standard practice.

Basic Eligibility Requirements: Board certification in Pediatrics **or** satisfactory completion

of the educational requirements necessary for Board certification in Pediatrics within the past 60 months; **or** a combination of formal training and experience found to be equivalent by the Pediatric Service Executive Committee and the Medical Staff Credentials Committee.

Proctoring: Specific Proctoring in this category must be completed before unrestricted privileges in this category will be granted. The required proctoring shall consist of the direct observation of the first 5 consecutive procedures performed. The required experiences must be gained within a period of 24 consecutive months. A residency program director letter confirming that the applicant had been found competent to perform the requested privileges within the previous 48 months can also satisfy the direct observation portion of the proctoring requirement.

Volume Requirement for Re-appointment: The applicant for re-appointment must present evidence of having exercised in a satisfactory manner, special and/or advanced procedure privileges at least 2 procedures within the past two years to qualify for renewal at reappointment. If the procedure has not been performed within the past two years, the first procedure will require direct observation by an active member with this privilege.

Subspecialty Privileges

Purpose: Pediatric subspecialty privileges may be granted to physician subspecialists in Pediatrics to authorize them to provide care (including common procedures inherent to their subspecialty of a simple to complex nature) at LLUMC to pediatric patients with moderate or critical severity with significant complications and posing a threat to life, the possibility of organ/system failure or permanent damage, or threat of loss/permanent impairment of a body part/function. A practitioner with pediatric subspecialty privileges in any particular field may consult on the care of and treat a patient in the NICU (level 1) or PICU (level 3) in his/her subspecialty area but the overall care of the NICU/PICU patient should be the responsibility of a practitioner with Neonatal-Perinatal/Pediatric Critical Care privileges.

Basic Eligibility Requirements: Practitioners requesting pediatric subspecialty privileges must be board certified in their respective subspecialty; **or** have successfully completed an accredited residency training program in pediatrics AND provide documentation of verifiable training and experience demonstrating current competence in their subspecialty.

Proctoring: No proctoring beyond General Proctoring is required.

Volume Requirement for Re-appointment: The applicant for re-appointment must present evidence of having exercised in a satisfactory manner subspecialty privileges at least 10 times in the 2 years preceding re-appointment. Courtesy staff privileges are not allowed in this category.