

## **DEPARTMENT OF PEDIATRICS**

### **RULES & REGULATIONS**

#### **1. APPOINTMENTS**

1. All candidates for membership in the Department of Pediatrics must fulfill all eligibility requirements for membership on the Medical Staff of the Jersey Shore Medical Center, Division of Meridian Hospitals Corporation in Neptune New Jersey as indicated in the Medical Staff Constitution and Bylaws.
2. All candidates for membership in the Department of Pediatrics must meet the requirements for Board Certification as per Article III, Section 3.3.1 f. of the Meridian Hospitals Corporation Bylaws.
3. Membership in the Department of Pediatrics is limited to full time practicing pediatricians, full time practicing subspecialists in Pediatrics and full time faculty at Jersey Shore Medical Center.
4. All appointments are provisional for a minimum of one year, not to exceed two years.
5. The limitation on distance and/or response time to the hospital from the primary office and residence shall be no more than one (1) hour.

#### **II. PRIVILEGES**

1. Pediatric privileges will be delineated on an individual basis.
2. Those physicians who have admission privileges to Pediatrics, but who are not members of the Department, must abide by the rules and regulations of the different sections of the hospital, i.e., Neonatal ICU, Pediatric ICU.
3. For those pediatricians who have admission privileges but who are not on the Attending or Associate Attending Staff, the following mandatory consultations are required:

II. PRIVILEGES continued

IN PEDIATRICS

- a. All children listed critical.
  - b. All children under 2 years of age requiring IV fluid or IV medications, blood replacements or oxygen.
4. All new members will be appointed to the Staff with the title of Provisional Attending. When they have demonstrated competence and dependability under supervision, and are actively participating in the activities of the Department, they will be removed from provisional status and elevated to the rank of Assistant Attending after a minimum of one year.
  5. For advancement to Associate Attending, a Member shall have satisfactorily served as an Assistant Attending for at least one year.
  6. Appointment to the rank of Full Attending requires an individual to be Board Certified and to demonstrate continuing ability and participation in the field of Pediatrics, the teaching program of Jersey Shore Medical Center, and community service in the field of pediatrics. Appointments shall be recommended by the Chair of Pediatrics.
  7. Appointment to the rank of Senior Attending is for those Attendings who have completed twenty years of service at the Division and/or Hospital and reached the age of fifty-five. A Senior Attending shall have all the rights and responsibilities of a full Attending, but ordinarily shall be relieved of service call and emergency call duties upon recommendation of the Department Chair and the Medical Executive Committee.
  8. Members of the Department of Family Practice requesting privileges in Pediatrics must have completed a Family Practice Residency which includes six months of Pediatric training and be Board Certified or Eligible.

II. PRIVILEGES cont'd.

9. Physicians applying to the Department as Regional Medical Staff (defined in the constitution and By Laws of the Jersey Shore Medical Staff) will be allowed to admit patients only to the Jersey Shore Medical Center Regional Care facilities (Pediatric Intensive Care Unit and Neonatal Intensive Care Unit) and only with appropriate consultation according to the rules and regulations of these units. Regional Staff members who wish to care for pediatric patients in the General Pediatric Department and Newborn Nursery may admit up to three patients per year to the regular Pediatric Units. If they wish to admit more than three patients per year, they must apply for privileges on the Active Staff.
10. The Consulting Staff shall consist of Practitioners who by virtue of extensive experience and recognition in their respective specialties, fulfill the needs of the Division for consultants in their specialties. Members of the Consulting Staff may not admit or attend patients, vote on any matter or hold any Staff office or position.. They will not be required to attend Staff, Department or Section meetings, participate in Staff affairs, nor pay dues.
11. The Emeritus Staff shall consist of former Full Attendings who have retired from active practice and who, upon recommendation of the Medical Executive Committee, are honored with such appointment by the Board of Trustees in recognition of lengthy active service in Pediatrics and/or the Hospital. A member of the Emeritus Staff is not required to attend Staff, Department or Section meetings, nor shall they pay dues.
12. The Honorary Staff shall consist of Practitioners not otherwise on the Staff who are honored with such appointment by the Board of Trustees upon recommendation of the Medical Executive Committee for their outstanding reputations and noteworthy contributions to Pediatrics and/or the Hospital or otherwise in the health and medical sciences. A member of the Honorary Staff may not participate in patient care, vote or hold office. They are not required to pay dues.

### III. ELECTION OF OFFICERS

The Department of Pediatrics shall abide by the Rules & Regulations regarding voting procedures in the Constitution and by Laws of the Medical Staff.

#### REQUIREMENTS

1. The Chair of the Department of Pediatrics must be Board Certified, a Full Attending in the Department and a member of the Active Pediatric Staff for a minimum period of five (5) years.
2. The Vice Chair of the Department of Pediatrics shall be elected in the same manner as is the Chair of the Department of Pediatrics. He must be Board Certified, a Full Attending and a member of the Active Pediatric Staff for a minimum of five (5) years.
3. At the first meeting of the Department of Pediatrics in September as outlined by the constitution and By Laws of Meridian Hospitals Corporation, the Department shall elect one member, other than Chief or Assistant Chief, to the Executive committee of Jersey Shore Medical Center. This member will attend the monthly meetings of the Executive Committee as a voting member. The term of office for the elected member to the Executive Committee shall be for a one (1) year period.
4. The term of office of the Chair shall be in accordance with the Constitution and By Laws of Meridian Health System.
5. As this Department sponsors an accredited Residency Program in Pediatrics, when a new Chair is to be appointed, a Search Committee will be appointed for the purpose of recommending the selection of a candidate. The Committee will be composed of equal representation from the Medical Staff (appointed by the Medical Staff President) and administration or Board of Trustees (appointed by the President) Sixty (60%) percent of the Medical Staff members shall be from the involved Department.

IV. RESPONSIBILITIES OF CHAIR AND VICE CHAIR

The responsibilities shall include but not be limited to the following:

1. Accountability to the Executive Committee for all professional and Medical Staff administrative activities within the Department.
2. Continuous appraisal of the professional performance of Medical Staff members who exercise privileges in the Department, including recommendations on each member at the time of reappointment/ reappraisal.
3. Recommending to the medical Staff the criteria for the granting of privileges.
4. Assuring that a regular review and evaluation of performance improvement activities within the Department is carried out through designated mechanisms.
5. Assuring the participation of Department members in Department Continuing Education Programs and required meetings.
6. Appointing committees, as needed, to conduct Department functions.
7. Participation in Department budgetary planning and assisting in preparation of all required reports.

V. SUPERVISION

1. All newly appointed members of the Department of Pediatrics and physicians granted privileges for admitting to Pediatrics will automatically undergo supervision of their clinical work for one year. This period may be extended at the discretion of the Chair of the Department. The Supervisors will be assigned by the Chair of the Department and the form and substance of this supervision may vary as the occasion warrants. At the end of the one year period, the supervising member of the Department will certify in writing as to the individual's capabilities. Initially the physician will be granted a Provisional Staff membership for one year as required by the By Laws of the Medical Staff.
2. The Chair of the Department will formally notify the affected members of the termination, extension or change of the period or type of supervision.

V. SUPERVISION continued

3. The Chair of the Department has general supervisory responsibility for the clinical activities of the Department of Pediatrics, as defined by the By Laws of the Medical Staff.

VI. MEETINGS

1. Members of the Department are expected to attend 50% of the scheduled meetings during the calendar year. Members of the Department who do not attend at least 50% of the Departmental Business meetings during the year, which are unexcused shall be fined \$500.00 the first year, \$1,000.00 the second year, and \$2,000.00 for each succeeding year. If the Department member does not pay the fine or resign within 30 days after the fine is assessed, the member's appointment to the Medical Staff shall be automatically terminated without right of a Hearing or appeal, as otherwise provided for in Article IX of the Medical Staff By Laws.

VII. CLINICAL WORK AND EDUCATION

1. All members of the Department will assume appropriate assigned responsibility in the areas of emergency service, clinic staffing and inpatient care of service patients.
2. All members of the Department of Pediatrics will be engaged in the education and supervision of the clinical work of the Pediatric House Staff.
3. All inpatients under the care of the Department of Pediatrics will be used for instruction of the pediatric House Staff unless the pediatrician specifically requests otherwise.
4. All members of the Pediatric Department are encouraged to take post-graduate courses and to notify the Pediatric Staff Secretary of these courses. They will be expected to present verification of courses attended and to comply with the recommendations of the AMA- New Jersey Medical Society regarding postgraduate education.
5. Any problem on the Floor, surgical or medical, which cannot be resolved simply, will be referred to the Attending on service and then if necessary to the Vice Chair or the Chair.

6. It would be expected that patients born at Jersey Shore Medical Center be admitted back to this institution to provide continuity of care and optimal resident teaching.
7. In order to insure adequate peer review and to maintain privileges, members of the Department will submit for review the in-house records of no less than fifteen (15) pediatric patients and ten (10) newborn patients admitted by them during a twelve (12) month period. The Peer Review committee of the Department, upon review, will then make recommendations to the Chair concerning performance improvement activities and reappointment.
8. The pediatricians who function only in the Outpatient Department will have five (5) charts reviewed by the Peer Review Committee during a twelve (12) month period.

#### VIII. ADMISSIONS FROM OUTPATIENT CLINICS AND/OR ACCIDENT ROOM

The following are the rules guiding admission of children to the Pediatric Floor on the Ward Service or children admitted from the Accident Room who are present without a private physician.

1. All children are to be admitted to Ward Pediatrics with the following exceptions.
  - a. Elective admissions from the Outpatient Surgical Clinics, that is, General Surgery, Urology, Neurosurgery, etc. These patients must be cleared through Pediatric Clinic prior to admission to appropriate services.
  - b. All children are to be transferred to the Surgical Service immediately prior to surgery.
  - c. Burns may be admitted directly from the Accident Room to the appropriate surgical service. Mandatory pediatric consultation is required.

#### IX. POTENTIAL SURGICAL CASES FROM THE EMERGENCY ROOM

1. Unassigned pediatric cases arriving in the Emergency Room (which would be admitted to the pediatric Floor), presenting with burns, trauma, fractures, and acute surgical problems will be admitted to the appropriate Surgical Service with immediate consultation to a member of the Pediatric Department.
2. All other unassigned cases will be admitted to the Pediatric service with an immediate appropriate surgical consultation.

X. IMMUNE STATUS FOR SEXUALLY TRANSMITTED DISEASES (STD)

The immune status for STD in all mothers is to be specifically documented at the time of delivery and a mechanism will be provided for obtaining and reviewing the results of an STD for all infants whose mothers do not have a negative test.

XI. SHORT TERM PODIATRIC, DENTAL & INPATIENT SERVICES

All patients **MUST** have a history and physical done by a pediatrician on staff at Jersey Shore Medical Center 72 hours in advance of the surgery.

All other subspecialists who are not pediatricians, must have a history and physical done by a pediatrician on staff at Jersey Shore Medical Center 72 hours in advance of surgery, if the patient is less than 2 years of age (any time prior to his/her second birthday.)

All other patients past their second birthday may have the history and physical done by the attending physician if there are no other organ system problems, i.e., asthma, diabetes, etc. Those patients **MUST** have a pediatric consultation.

INPATIENT SERVICE

All patients not on a pediatrician's service, who are under two years of age, **MUST** have a pediatric consultation. Older children **MUST** have a pediatric consultation if they have other organ system problems.

Dental or Podiatric Services **MUST** have pediatric consultation.

SURGICAL SERVICE

Any pediatric patient who is admitted for a surgical procedure must have, at minimum, a CBC and routine urinalysis, in addition to any other blood work ordered by the attending surgeon.



## XII. Supervision of Residents and Medical Students

### A. **Identification of Attending Physician Responsible for Supervision.**

1. Every patient admitted to the Medical Center or treated in any ambulatory setting shall have an attending physician of record.
2. Supervision of residents and medical students involved in the care of patients is the responsibility of that patient's attending physician as well as consultants participating in that patient's care.
3. Attendings must be available to respond to residents' questions and must also respond in a timely manner to requests from the Program Director/ Course Director for evaluation of the performance of medical students and residents.
4. Supervisory responsibilities of the medical staff include physician presence during key portions of certain services/procedures, reviewing medical student and resident entries on the patient's chart, and discussing the history, findings, treatment plan, and the patient's progress with medical students and residents.

### B. **Order Writing**

1. Medical students may not write orders in the patient's chart.
2. Residents in approved programs may write orders. these must be counter-signed by an attending on the active medical/dental staff and comply with all requirements of the Professional Billing Service Policies and Procedures Manual.
3. Although orders for patients on the teaching service must in general be entered by the residents, this requirement does not preclude the patient's attending physician or consultants from writing orders.

### C. **House Staff Job Descriptions**

1. Job descriptions by residency training level, including lists of procedures which may be performed, must be maintained in the office of the Residency Program Director.
2. The Departmental Chair is responsible for reviewing and updating house staff job descriptions annually in the spring and submitting them for approval to the June Education Committee meeting.
3. The Department Chair will distribute copies of updated and approved job descriptions to the Nursing Administration Office and the Medical Staff Office, where members of the nursing and attending staff may consult them on request.
4. House Staff job descriptions shall be included in program-specific house staff manuals and distributed to residents and their supervising attendings.

**REGIONAL STAFF**

Physicians who are transferring from outside hospitals to the Regional Intensive Care Nursery or the Pediatric Intensive Care Unit at Jersey Shore Medical Center, may care for their patient, providing that the physician satisfies the credential requirements of Jersey Shore Medical Center and agrees to abide by the rules and regulations of the Department of Pediatrics of Jersey Shore Medical Center. These physicians may also admit up to three patients per year to the regular Pediatric Unit. If they wish to admit more than three patients per year, they must apply for privileges on the Active Staff.

# JERSEY SHORE MEDICAL CENTER

## PROTOCOL

### PEDIATRIC INTENSIVE CARE UNIT

The Pediatric Intensive Care Unit is designed to function as part of the Department of Pediatrics and is to be utilized as a Regional Pediatric I.C.U. for the care of children from one month old to seventeen years of age. Under special circumstances however, infants under one month of age or older than seventeen years of age might be permitted admission.

#### INTRODUCTION

The major objective of Pediatric Intensive Care is to provide maximum surveillance and support of vital systems in patients with acute but reversible life-threatening impairment of major organ functions. The major elements of Pediatric Intensive Care are:

1. On call physician specialists in Pediatrics, Anesthesiology, Surgery, and a Director of Intensive Care.
2. Nursing and allied health personnel trained especially in the care of critically ill infants and children.
3. Respiratory therapy and resuscitation equipment and drugs.
4. Monitoring and alarm systems for continuous assessment of vital functions.
5. A 24-hour laboratory service for rapid determination of pH blood gas tensions, serum electrolytes, blood sugar, bilirubin, blood bank services serum osmolality and routine hematologic studies. A 24-hour Radiology Service responsive to the needs of the critically ill infant or child is also essential. Theophylline, anti-convulsants, ammonia levels and any other stat lab that might be essential in the management of the critically infant or child.

#### I. Administration

1. The PICU will be directed by a Director of Pediatric Intensive Care who is to be a Board-Certified pediatrician, with special expertise in intensive medicine. Working with him/her will be an Intensive Care Committee (noted below).
2. The Director and his/her Committee will be responsible to the Director of Pediatrics, and through him in turn to the Executive Committee, and the Board of Governors.

## II. The Pediatric Intensive Care Committee

1. The Director (as noted above)
2. Resident representative
3. Pediatric Surgeon
4. Anesthesiologist
5. Pediatrician
6. Head Nurse – ICU
7. Pediatric ICU Charge Nurse
8. Director of Respiratory Therapy

## III. Privileges in the Pediatric Intensive Care Unit

All pediatricians who have departmental privileges can admit and care for their patients in the Pediatric Intensive Care Unit with the exception of the following problems which will necessitate the patient being on the service of a physician delineated in the following categories:

- a) Mechanical ventilation
- b) Hemodynamic monitoring
- c) ICP monitoring
- d) Coma
- e) Shock
- f) Cardio/respiratory arrest and resuscitation
- g) Multiple organ failure
- h) At the discretion of the Director of the PICU, Director of Pediatrics, and the Assistant Director of Pediatrics.

The patient will be transferred back to the service of the attending, when, in the mutual opinion of the physician caring for the patient and the attending, the patient is stable enough to be transferred.

**CONSULTATION:** Consultation requests should be specific as to "consultation only" or "consultation with management".

Attendings outside of the Department of Pediatrics who wish to admit patients to the PICU will follow the same rules and regulations as the members of the Department of Pediatrics.

Staff members who do not have admitting privileges in the Department of Pediatrics will have delineation of privileges in the PICU by an Intensive Care Committee consisting of the Director of Pediatrics, Internal Medicine and Surgery.

#### IV. Criteria for Admission

It is recognized that at the present time we cannot recognize all of the disease states that might precipitate an admission to the Pediatric ICU. However, any child requiring intensive pediatric care is qualified for admission. The following conditions are some of those that we would anticipate admission:

	<u>Nervous System</u>	<u>Cardiovascular System</u>
Central:	Head trauma Cerebral anoxia CVA Encephalitis/Meningitis Drug Ingestion/Poisoning Hydrocephalus Tumor Reyes Syndrome Convulsion Intracranial hypertension	Cardiac lesions Septic shock Blood loss Myocarditis Fluid overload CHF Sickle Cell Crisis Hypertensive crisis
	<u>Nervous System</u>	<u>Renal System</u>
Peripheral:	Polyneuritis Myasthenia gravis Tetanus Poliomyelitis	Acute tubular necrosis Hemolytic Uremic Syndrome Renal Vein Thrombosis Acute Glomerulonephritis Renal Failure Electrolyte Imbalance

#### Respiratory System

##### Upper Airway Obstruction

Croup – infectious  
- post intubation  
Epiglottitis  
Foreign body  
Vocal cord paralysis  
Vascular ring  
Granuloma  
Burns

##### Lower Airway Obstruction

Status asthmaticus  
Severe bronchopneumonia  
(bronchiolitis)  
Smoke inhalation  
Cystic Fibrosis  
w/pneumothorax or hemoptysis  
Aspiration pneumonia  
Lobar emphysema  
Respiratory failure

Alveolar Disorders

Pneumonia – infectious  
- chemical  
Pulmonary edema  
Pulmonary hemorrhage  
Trauma  
Oxygen toxicity  
ARDS/Near drowning

Gastrointestinal

Severe gastrointestinal w/dehydration  
Severe intestinal bleeding  
Suspected or proven intestinal obstruction

V. Admission to the Unit

Procedures

Admissions will take usual hospital procedural channels.

VI: Cerebral Death

- A. The hospital policy on brain death will be followed.
- B. "No Cardiopulmonary Resuscitation" orders must be clearly written by the the Attending Physician when it is deemed necessary to do so.

JERSEY SHORE MEDICAL CENTER  
NEPTUNE, NEW JERSEY

REGIONAL INTENSIVE CARE NURSERY

It is the purpose of the Regional Intensive Care Nursery at Jersey Shore Medical Center to prevent, recognize, and treat the causes of neonatal mortality and morbidity and to reduce these to an ideal basic level. The Regional Intensive Care Nursery provides highly specialized care for the diagnosis and treatment of disorders of the newborn. Comprehensive medical management by a team of trained physicians, nurses, respiratory therapists and ancillary personnel is provided under the direction of a full time, Board-Certified neonatologist.

Director: Full-time Neonatologist  
Board-Certified in Pediatrics  
Board-Certified in Neonatology

Duties: Administrative  
Education  
Residents  
All personnel connected with the  
Regional Intensive Care Nursery  
Health professionals at surrounding  
facilities  
Parents

Admission to Regional Intensive Care Nursery:

Candidates for admission are neonates of any birth weight who have medical or surgical problems and who require special observation and intensive care at the discretion of the Director of Regional Intensive Care Nursery.

Readmissions

Babies under one month of age or under 10 lbs. will be considered for readmission and kept in strict isolation for 24 hrs.

PATIENTS UNDER THE CARE OF  
FULL TIME NEONATOLOGIST  
DIRECTOR OF NURSERY OF JSMC

1. All transports - except patients transferred by a pediatrician from the transferring hospital to his or her service at the receiving hospital and who do not fall under the following categories:
2. All neonates 1500 gms. and under
3. All neonates requiring assisted ventilation
4. Neonates requiring surgery with expected complicated post-operative course
5. All sick medically indigent infants
6. Exchange transfusions on neonates 2000 gms. and under
7. Severe sepsis with shock or impending shock
8. Erythroblastosis-hydrops
9. Any neonates who in the judgement of the Obstetrician may have a stormy course or benefit by close observation of the Neonatologist with the mother's consent
10. Any other cases at the discretion of the Director of Regional Intensive Care Nursery or the Director of Pediatrics

NEONATOLOGY CONSULTATIONS

Ordered only after the neonate is seen and evaluated by their physician.

1. All neonates less than 1800 gms.
2. All neonates with gross severe anomalies
3. Neonatal seizures
4. Neonates requiring hyperalimentation
5. Severe hemolytic disease of the newborn
6. Director of Regional Intensive Care Nursery and/or the Director of Pediatrics may mandate a neonatal consult when appropriate

All Board-Qualified or Board-Certified pediatricians who wish to participate in the care of the high risk neonate may admit to the Regional Intensive Care Nursery provided they abide by the rules and regulations of the Department of Pediatrics.