SUTTER MEDICAL CENTER, SACRAMENTO
DEPARTMENT OF PEDIATRICS RULES AND REGULATIONS

I MEMBERSHIP

The Department of Pediatrics will consist of members of the Medical Staff of Sutter Medical Center, Sacramento who meet at least one of the following criteria:

A. Physicians who are certified by the American Board of Pediatrics; OR

B. Physicians who have completed an approved Pediatric Residency; OR

C. Physicians with previous 10 years experience in a Joint Commission accredited hospital and have exercised similar privileges to those being requested.

II PRIVILEGES

A. Pediatric privileges and the general criteria for exercise of those privileges shall be delineated in the “Criteria for Granting Privileges in the Department of Pediatrics.” Privileging criteria are to also comply with California Children Services (“CCS”).

B. Continued privileges in Pediatrics shall require:

1. Assessment of the individual's professional performance, judgment and clinical and technical skills, as indicated in part by the results of quality assessment and improvement activities.

2. Satisfactory results in any audit or review conducted by any Section, Department or Medical Staff committee concerned with quality of care; or satisfactory correction of any problems noted through any such review.

3. Continued satisfactory performance of Medical Staff responsibilities and continued good standing on the Medical Staff.

III PROCTORING PROGRAM

Proctoring shall be conducted under the auspices of the combined Department Administrative/QI/Critical Care Committee. All new Medical Staff members with pediatric privileges must be proctored for at least their first six pediatric cases. Three of the six cases must be Sutter Medical Center, Sacramento cases. Newborn, procedure or case specific proctoring will be conducted in accordance with the Pediatric Department Proctoring Guidelines.
Proctoring may also be imposed to review proficiency with respect to infrequently used privileges. Proctoring must be performed by at least two different Active Department members and by non-associates when possible. Proctoring reports from other area hospitals may be submitted for consideration so long as the proctor is an Active Sutter Medical Center, Sacramento staff member. The Department Quality Improvement Committee shall develop the method to affect the proctoring program.

Consulting Staff members may submit six (6) proctoring reports from their primary hospital provided the proctoring is not older than five years at the time of appointment to the Sutter Medical Center Medical Staff. If such recent proctoring reports are not available, the member shall be proctored for six cases at Sutter Medical Center, Sacramento. The proctor on Sutter Medical Center, Sacramento cases may be the attending physician who should comment on the outcome of the case.

IV ORGANIZATION

A. Officers of the department shall consist of the Chief, Vice-Chief and Secretary, each serving a two-year term. The Chief shall represent the department on the Medical Executive Committee. The Chief, Vice-Chief and Secretary shall be Active Staff members in the Department of Pediatrics. The officers shall be determined to be qualified for the position, in accordance with the Medical Staff Bylaws and these rules and regulations.

B. Duties

1. The Chief shall call and preside at committee meetings, department meetings and special meetings.

2. The Chief shall, as further specified at Section 12.03-3 of the Medical Staff Rules, be responsible for the efficient operation of the department and shall act as liaison between the department members and the Chief of Staff, the Medical Executive Committee, Nursing Administration and the hospital administrative staff. In addition, the Chief shall oversee the Department's compliance with the requirements of Title 22, California Code of Regulations, and California Children Services and of the Joint Commission on Accreditation of Healthcare Organizations, insofar as they relate to the Medical Staff within the Department of Pediatrics.

3. Except as otherwise provided in these rules and regulations, the Chief shall appoint the Chairperson and members of all department committees.
4. The Vice-Chief shall assume the duties of the Chief in his/her absence. The Vice-Chief shall chair the Pediatric Department Quality Improvement Committee.

5. The Secretary shall be responsible for the minutes and proceedings of the department. He/she shall serve as Program Chairperson for department meetings.

C. Department meetings shall be held at least quarterly.

V. ELECTIONS

A. In even-numbered years the Department of Pediatrics shall select officers whose term shall extend through the following two Medical Staff years. The Chief may immediately serve another term as chief; he/she shall serve as an ex-officio member of the department administrative committee for one term after the expiration of his/her term of office. He/she shall serve as an ex-officio member on such committees as the new chief deems necessary.

B. The vice-chief and secretary may serve two terms.

C. Department officers shall be selected in accordance with the Medical Staff Bylaws.

VI. COMMITTEES

Any duly-appointed committee (including ad hoc committees) given responsibility for evaluating professional qualifications or performance or for otherwise evaluating and improving the quality of care rendered in the hospital shall be deemed an organized committee of the Medical Staff.

A. Pediatric Administrative Committee

1. Make-up of Committee

   The Administrative Committee shall consist of the following:
   a. Department officers (chief and vice chief and secretary)
   b. Immediate past chief of the department
   c. Representative from the Department of Family Medicine
   d. Pediatric ICU Medical Director, NICU Medical Director, Pediatric Hem/Onc Medical Director, Pediatric Cardiology Medical Director, and the Medical Director for Sutter Children’s Center.
   e. Any Pediatric Department Active Medical Staff may attend the Administrative Meeting and vote
   f. Representative of Sutter Memorial's administration (appointed by the Chief Executive Officer) and additional members (to provide adequate department representation) appointed by the Department Chief
g. Three voting members of the committee shall be nurses on the staff at Sutter Memorial Hospital whose primary employment shall be the area of patient care involving patients of the Department of Pediatrics (one from Peds/Pediatric Intensive Care and one from the NICU, and MNB). These nurses will be appointed by the Administrative Director for Women’s and Children’s Inpatient Services but will be acceptable to the Chief of the Department of Pediatrics.

h. Non-physician members with vote shall include at least the following: Administrative Director for Women’s and Children’s Inpatient Services, Pediatric Critical Care Nurse Director and Assistant Nurse Manager (PICU, NICU or MNB). Resource members shall include at least the following: Pediatric Respiratory Care Coordinator, Transport Coordinator (NICU or PICU) a Pediatric Nurse Director (PICU, NICU or MNB) (appointed by the Administrative Director for Women’s and Children’s Inpatient Services) and chairs of the appointed subcommittees of the department (Outpatient Services, PICU Committee, NICU/NB Committee, Transport Committee and Peds 5/5 OUT & Hem/Onc).

2. Meeting Schedule/Responsibilities
The Administrative Committee meetings shall be held monthly and minutes shall be maintained. It shall be the responsibility of the committee to assist the department chief to carry out the following:

a. Review and generally maintain the quality of the clinical work done in the department.

b. Advise in the adoption and supervision of the general techniques in the department.

c. Make suggestions to the Chief of Staff and the Medical Executive Committee.

d. Review and act upon suggestions from the staff of the department.

e. Make recommendations for membership and privileges in the department through the staff Credentials Committee to the Medical Executive Committee and the Board of Trustees.

f. Interview staff applicants and make necessary appointments for the supervision of new members.

g. Develop departmental plans, and review the department budget.
h. Ensure an effective continuing education program within the department.

i. Develop and implement a method for the provision of back-up support for the hospitals' emergency rooms

j. Participate in the identification of important aspects of care, the identification of indicators used to monitor the important aspects of care, and the evaluation of the quality of care, all in accordance with Joint Commission and NACHRI (National Association of Children's Hospitals and Related Institutions) standards for quality assessment and improvement activities for department members

k. Conduct proctoring in accordance with Section II of these Rules and with the Medical Staff Rules.

l. Develop rules, regulations, policies and procedures that govern scope and provision of care in the Pediatric Intensive Care and Concentrated Care services, the NICU, and the Capitol Pavillion Outpatient Surgery Center. These policies and procedures shall encompass the TJC requirements for special care unit policies and procedures, as well as the Title 22 requirements for intensive care service policies and procedures.

B. Physician Peer Review Committees: There will be two Physician Peer Review Committees formed to provide peer review of members of the Department of Pediatrics. One committee will be the Newborn Physician Peer Review Committee which is charged with the review of pediatrician performance regarding cases of newborns born within or transferred to Sutter Medical Center Sacramento. These cases will include babies in the NICU and Maternal Newborn. The second committee will be the Pediatric Physician Peer Review Committee, which is charged with review of pediatrician performance regarding cases of infants, children and adolescents treated at Sutter Medical Center Sacramento. These cases will originate from the PICU, pediatric ward, Peds 5/Outpatient, Emergency Department, and the Capitol Pavillion.

1. Make-up of Committee: All physician members for Peer Review Committees must be Active Staff in the Department of Pediatrics and will be appointed by the Chief of Pediatrics.
   a. Newborn Physician Peer Review Committee
      i. Medical Director of the NICU, who will serve as Chairperson of the Newborn Physician Peer Review Committee
      ii. Three other Neonatologists
      iii. One General Pediatrician
      iv. One Pediatric Subspecialist, other than Neonatology
      v. Pediatric Department Chief or Vice Chief
      vi. NICU and Maternal Newborn Nurse Director
      vii. Clinical Quality Coordinator
b. Pediatric Physician Peer Review Committee  
   i. Medical Director of the PICU, who will serve as Chairperson of the Pediatric Physician Peer Review Committee  
   ii. Three other Critical Care Pediatricians  
   iii. One General Pediatrician  
   iv. One Pediatric Subspecialist other than Critical Care  
   v. Pediatric Department Chief or Vice Chief  
   vi. Peds/PICU Nurse Director  
   vii. Clinical Quality Coordinator  

2. Meeting Schedule: The Peer Review Committees will meet monthly and as needed for urgent case review.  

3. Responsibilities  
   a. The Peer Review Committee will review all Patient Safety Reports (PSR) regarding physician performance that are submitted by the Vice Chief of Pediatrics for further review. The Committee will also review all mortality cases, and selected morbidity cases that are submitted by the Committee Chairperson. In each case, the Committee will determine whether the physician performance is “Care Appropriate” or whether “Opportunities for Improvement” are identified. On a case by case basis, the Committee Chairperson may invite other Active staff pediatric subspecialists to assist with physician peer review in order to provide a more thorough evaluation.  
   
b. In conjunction with the Chief or Vice Chief, the Committee will recommend physician intervention as appropriate that will result in improved patient care. The Committee may prepare documented and detailed reports to be submitted to the Chief of Staff and the Medical Executive Committee in connection with recommended discipline of a member of the department. Physician members of Peer Review Committees are encouraged to obtain training on colleague communications, just culture, and peer review process, which will be provided by the Pediatric Department.  
   
c. As a result of physician peer review, the committee will identify systems challenges that will be communicated to the Pediatric Department Administrative Committee via the Chief or Vice Chief of Pediatrics.  

C. Ad hoc Committees  

The Department Chief may appoint ad hoc committees to serve specific needs of the Department. The current Ad hoc Committees are:  

1. Newborn/NICU Committee  
2. PICU Committee  
3. Pediatric Cardiovascular Committee  
4. Pediatric Outpatient Clinics Committee
CONSULTATION

A. All pediatric or neonatal patients admitted to the Pediatric Intensive Care Unit or Neonatal Intensive Care Unit (Special Care Nursery) shall be under the direct supervision of the Pediatric Intensive Care Specialist or Neonatologist and/or the attending physician in consultation with the Pediatric Intensive Care Specialist or Neonatologist. It is the responsibility of the Pediatric Intensive Care Specialist or Neonatologist to ensure that information is provided to referring physicians regarding their patients.

B. Additional consultation requirements shall be complied with as outlined in the Medical Staff Bylaws, Rules and Regulations.

VOTING

A. Members of the Active Staff of the department may vote in the affairs of the department.

RULES AND REGULATIONS

A. The Department Rules and Regulations shall be approved by the members of the department, the Chief of Staff, the Medical Executive Committee and the Board of Trustees prior to implementation.

B. Necessary changes, revisions and/or additions to these Rules and Regulations may be initiated either in the Administrative Committee meeting or department meeting by a motion duly moved, seconded and passed. Department Rules and Regulations, Policies and Procedures, Criteria and Guidelines will be reviewed at least every three years.

C. Ratification of the proposed changes will be by majority affirmative vote of all ballots cast.

EMERGENCY DEPARTMENT COVERAGE

A. Physicians who are age 63 and over shall be excluded from taking mandatory Emergency Department call.

APPROVED BY:

Pediatric Administrative Committee DATE: 08/13/12
Medical Executive Committee DATE: 09/25/12
Pediatric Department (by ballot) DATE: 12/03/12
Medical Policy Committee DATE: 01/03/13
Board of Directors DATE: 01/03/13

Reviewed; 8/12
Revised; 8/89; 4/91; 2/92; 7/93; 2/96; 5/99; 10/02; 1/04; 6/08; 9/08, 8/12