

STAMFORD HOSPITAL
DEPARTMENT OF PEDIATRICS
RULES AND REGULATIONS

I. Membership

Membership within the Department of Pediatrics shall be open to those physicians who have met the qualifications for Stamford Hospital Membership in accordance with the By-laws of the Medical Staff. This will include those whose primary medical specialty is in the field of general pediatrics and/or any of the recognized pediatric sub-specialties.

They must complete a "Delineation of Pediatric Privileges" form which designates all categories and privileges desired within the Department of Pediatrics.

All applications shall be reviewed by the Chair of Pediatrics and, upon approval, will remain in effect with reevaluation done through Ongoing Professional Practice Evaluations every six months and reappointment and made on a biennial basis.

Categories of membership shall include the Active Staff, Provisional Staff, Courtesy Staff, Affiliate Staff, and Honorary Staff.

- A. Chair of Pediatrics: The Department of Pediatrics shall be under the responsibility and supervision of the Chair of Pediatrics who shall be appointed by the Board of Trustees pursuant to the Bylaws of the hospital.
- B. Associate Chair of Pediatrics: The Associate Chair of Pediatrics shall be appointed to a two year term by the board of directors upon the recommendation of the Chair. This recommendation shall be made after election by the departmental membership.
- C. The present status of membership of the physicians presently on the staff will not be altered on the sole basis of the introduction of these rules and regulations.
- D. The Directors of Pediatric Sub-specialties shall be appointed by the Chair of Pediatrics. Currently such directors are designated for Cardiology, Gastroenterology, Neonatology, Neurology and Pulmonology. They shall be Board certified in their sub-specialties and maintain such certification as per Medical Staff By-Laws.

Each director of a section may:

- 1. Make recommendations to the Chair of Pediatrics regarding staff appointments, reappointments, and assignments to his/her section.
- 2. Working with the Chair of Pediatrics, the director shall:

- a. Direct and supervise the work performed in his/her section.
 - b. Ensure completion of medical records by staff in his/her section.
 - c. Conduct clinical conferences and employ such other methods as deemed necessary or appropriate to ensure quality care within his/her section.
3. Provide consultation on all appointments, reappointments, assignments or promotions within his/her section.
 4. Perform other duties as may be required by Departmental Rules and Regulations, the Chair of Pediatrics, the Medical Executive Committee or the Board of Directors.
 5. Appointment to a sub-specialty division shall be made by the Chair of Pediatrics after consultation with the sub-specialty director.

E. Requirements for sub-specialty membership shall include at least the following:

1. Membership in the medical staff of the Department of Pediatrics
2. Board certification in Pediatrics, as well as Board certification in that subspecialty as per in the Medical Staff By-laws.
3. Recognition as a duly trained, knowledgeable and competent physician in that sub-specialty.
4. Active involvement in continuing education of that sub-specialty as evidenced by attendance at recognized meetings and seminars, and continued self-education and interest.
5. Sub-specialty Directors shall submit an annual report to the Department of Pediatrics including such items as vital statistics, membership, past efforts and future plans. Such reports will be made available to the staff. When relevant, and when direct funding is derived from the Hospital through the Department of Pediatrics, detailed and itemized annual budget must be submitted to the Chair of Pediatrics for incorporation into the overall department budget. Supplementary requests must be handled in a similar manner.
6. Applicants for membership in the sub-specialty division shall have their "Delineation of Privileges" form reviewed, and will be interviewed by the sub-specialty director and then approved by the Chair of Pediatrics as appropriate in the same manner. Applicants for membership with sub-specialty training and procedural skills, for which there is not a pediatric sub-specialty division, shall be interviewed and reviewed by the Chair of Pediatrics.

II. MEETINGS

- A. Monthly departmental business meetings, at which a record of attendance and proceedings are kept, shall be held in accordance with the guidelines as set forth by the Joint Commission. Time and place of the meeting will be at the discretion of the Chair of Pediatrics.

B. The following rules will apply:

1. Elective attendance at meetings of another department shall not be credited towards departmental business meetings.
2. Only Active Staff members of the department whose names are carried on the attendance roster shall be privileged to vote.
3. Members of the Active, Affiliate, Courtesy and Honorary Staff are encouraged to attend all meetings.

III. EDUCATION

Members are urged to attend as many inter-departmental and inter-disciplinary teaching conferences as possible. Members must meet the CME requirements as outlined in the Medical Staff bylaws and as mandated by Connecticut State licensure.

IV. COMMITTEES

A. Pediatric Executive Committee:

The Pediatric Executive Committee shall consist of the Chair of Pediatrics, Associate Chair of Pediatrics, two Division Directors who shall be appointed by the Chair and two active Attending members of the department who shall be elected with terms of office of three years. Terms shall begin January 1st, and shall be staggered so that one of the two elected members is replaced on an annual basis. The means of election shall thus follow the same pattern as that for election of the Medical Executive Committee of the hospital. No physician shall hold membership on the Executive Committee for more than one full term and may then seek reelection or be appointed after a two-year absence. Membership on the Executive Committee of the Department of Pediatrics of the Stamford Hospital shall be limited to the Active Attending members of the department.

B. The Executive Committee:

The Executive Committee shall meet a minimum of four times a year. The Committee shall deal with issues and activities of departmental relevance and shall provide appropriate direction to the shaping of departmental policies and practices. The Executive Committee shall respond to those issues and items members from the department at large wish to be discussed in executive session.

C. Intradepartmental and Hospital Committees:

Assignments will be made by the Chair of Pediatrics. He will accept advice and counsel from the members of the department and make assignments on the basis of such factors as special ability, interest, or previous experience in certain areas, unless otherwise indicated in the Bylaws.

D. The Pediatric Peer Review Committee:

1. The Pediatric Peer Review Committee shall consist of at least four active members of the Department of Pediatrics. It may, on a permanent or ad hoc basis, invite interested members of the department or other clinical departments as active participants. This committee shall meet at least monthly unless otherwise provided, and it shall transmit a complete report of the deliberations and findings, together with recommendations, to the chief of the department.

The following functions shall be included within this committee's purview:

- a. Adequate review of pertinent inpatient records to determine adequacy and appropriateness of medical care.
 - b. Sampling of medical records to determine patterns, complications, and management of pediatric problems.
 - c. Participation in inter-service cooperative efforts to evaluate those patient records whose care required multi-disciplinary approaches.
 - d. Consultations with other review committees are to be encouraged whenever appropriate.
 - e. The committee shall comply with the hospital's Peer Review Policy and Procedure statement.
2. The composition of this committee shall include the Chair of the department, at least two Active Staff members and a representative from Medical Records. Quality control of patient care shall be ensured by review of pediatric charts through the Pediatric Peer Review Committee on a regular basis. Audits of specific diagnoses or problems will be pursued to aid in evaluation of hospital performance, physician performance, and length of stay within the hospital, region, and the nation. Retrospective and prospective studies shall be used to plan continuing education of staff.

E. The Rules and Regulations Committee:

The Rules and Regulations Committee shall be composed of at least three Active Staff pediatricians and the department chair. Its purpose shall be to review the rules and regulations of the department and proposed amendments thereof.

V. PATIENT CARE

All staff pediatric patients shall be attended by members of the Active or Provisional Staff in Pediatrics. Unless otherwise indicated, pediatric patients under the age of 18 shall be admitted to the Pediatric Service and placed on the Pediatric Unit.

Private patients may be attended by their own physician. In the case of a private patient applying for admission who has no Attending physician Care will be assigned to a Hospitalist.

The hospitalist is to be notified of all pediatric medical admissions.

Physicians admitting patients shall be responsible for giving information as may be necessary to assure the protection of other patients and staff from those who are a source of danger from any cause whatsoever.

The Attending physician shall be held responsible for the medical treatment of his/her patient. His/her responsibilities include ensuring that a complete history and physical examination is placed in the medical record within 24 hours of admission, and appropriate progress notes are inscribed not less than daily during the patient's hospitalization, and a discharge summary completed within two weeks of the time the patient's record is posted in Health Information Management. Newborns must be examined within 24 hours of birth and daily.

Patients must be treated by members of the staff of the hospital. If a consultation by a physician not on the staff of the hospital is required, the physician must first obtain temporary privileges as per the Medical Staff bylaws. All physicians must adhere to the Stamford Hospital Informed Consent Policy

Patients shall be discharged only on order of an Attending physician; Discharge diagnoses and the condition of the patient must be recorded, and the Patient Discharge Plan form and the Medication Reconciliation form must be completed prior to the patient's discharge.

The attending physician or his or her designee must countersign all written histories and physical examinations completed by all residents, or medical students, and should note in writing any corrections or addition they deem significant.

Progress notes should be written as often as necessary to impart the clinical sense of the ongoing medical care, but no less than daily on general pediatric patients. A countersigned progress note shall be accepted as equivalent to an Attending physician's progress note.

Transfer of any pediatric or neonatal patient to another hospital (i.e. tertiary care facility) shall be made with the immediate knowledge of the Chair or appropriate division director. It is the responsibility of the patient's Attending physician to make that notification. Transfers will be made consistent with the Transfer Policy as outlined in the Stamford Hospital's Administrative Policy and Procedures. Immediate notification of deaths of any patient on the Pediatric Service (including the ED) shall be similarly made.

Newborn Nursery:

1. The director shall be a neonatologist, Board certified in Neonatal/Perinatal Medicine. There shall be a monthly obstetrical-newborn liaison meeting which may include anesthesia and pathology presentation, in order to:
 - a. review newborns who are seriously ill or who died;
 - b. review obstetrical and/or perinatal complications or cases of special interest.
2. All infants admitted to the Neonatal Intensive Care Unit shall require immediate notification of the Neonatology Service.

VI. These Rules and Regulations shall be reviewed every three years by the Rules and Regulations Committee.

Accepted - 2/87

Revised - 9/90; 10/92;5/93;10/93;9/97; 12/03, 12/10