I. NAME
The name of this department shall be the Department of Pediatrics of the Medical Staff of UCLA Medical Center, Santa Monica (SM-UCLA) as provided for in the Bylaws of the Medical Staff, Article VIII, Section 1.

II. ORGANIZATION
A. The Chair of the Department of Pediatrics shall be the member elected by the Active staff of the Department as representative on the Executive Medical Board.
B. The Pediatrics Committee is composed of members of the Department of Pediatrics appointed by the Chief of Staff.

III. DUTIES OF THE PEDIATRICS COMMITTEE
A. To be responsible for the administration of the policies of the Pediatric staff.
B. To establish and modify operating policies dealing with the basic care of the pediatric patient as is indicated in the best interest of the patient and hospital.
C. To hold department meetings for purposes of education and for administrative purposes at least ten times annually, and to promote a spirit of cooperation among the members of the department.
D. To establish criteria for the granting of privileges (i.e. education, training, current competence)
E. To make recommendations to the Credentials Committee on any issues pertaining to credentialing or privileging of individual physicians, as requested by the Credentials Committee.
F. To monitor the quality of pediatric care as judged by a review of the medical records of the members of the Pediatric Department. To investigate, on the recommendation of staff committees, all cases which have been referred for such investigation.
G. To carry out the requirements listed in Article VI, Proctoring.
H. To make recommendations to the Executive Medical Board for disciplinary action regarding Department members, when necessary.

IV. MEMBERSHIP
A. Each member of the Department of Pediatrics must meet the following qualifications:
   1. Each member must qualify as to character, conduct and accepted standards of medical ethics as outlined in the Bylaws;
   2. Each member must have successfully completed an ACGME approved residency or its equivalent, or have other exceptional qualifications as determined by the Pediatrics Committee;
   3. Each member with admitting privileges must provide, in writing, the names of member staff member(s) who have agreed to provide coverage in the event of the member's unavailability.
   4. Board certification by a board recognized by the American Board of Medical Specialists, in their specialty, is a requirement of initial staff membership. Applicants who are not Board certified at the time of appointment must become Board certified within five (5) years from the date of graduation from their training program (reference Medical Staff Bylaws: ARTICLE III, Section 2 - Qualifications for Membership)
5. Applicants may be interviewed at the discretion of the Pediatrics Committee.

V. PRIVILEGES
A. With the exception of those pediatric privileges recommended under the auspices of the Family Medicine Department Rules & Regulations, all physicians desiring to perform pediatric procedures must have privileges recommended by the Department of Pediatrics. The recommendation for the determination of privileges is made by the Pediatrics Committee and subject to the procedures established in the Bylaws.
B. The privileges allowed each member of the Medical Staff are detailed in the physician’s privilege sheet. A copy is kept in the physician’s file, and a copy is sent to the physician.
C. Clinical privileges are re-determined at the time of reappointment in accordance with procedures established in the Bylaws, Article IV, Section 1.
D. Only neonatologists may be granted the privilege of "Intensive Care of Newborn Including Ventilatory and Advanced Life Support". In an emergency, and in the absence of a neonatologist, any pediatrician may exercise the privilege.

VI. PROCTORING
The Medical Staff of SM-UCLA & Orthopaedic Hospital has established this proctoring program for its members to insure that granting of Medical staff membership and privileges by the Department of Pediatrics is accomplished in such a manner as to maintain the highest quality of care.

A. Physicians to be proctored shall include the following:
   1. New physicians appointed to the Medical Staff;
   2. Those physicians presently on staff who would, by recommendation of the Pediatrics Committee and approval of the Executive Medical Board, be placed under observation for a limited period of time;
   3. Physicians requesting new special procedures.

B. Method of Proctoring
   Each new Provisional staff member will be assigned a proctor, and will be instructed in the proctoring system to be followed. It shall remain the responsibility of the applicant to notify the assigned proctor or obtain the appropriate proctor for each case admitted to SM-UCLA within 24 hours of admission. It is the intention of the proctoring system that each hospital admission or significant patient contact be proctored unless, in the opinion of the proctor, the case does not present sufficient management opportunity to adequately assess the proctored physician’s competence. Proctoring shall be continued until formally removed by the Pediatrics Committee. A minimum of five (5) cases must be proctored and reported as satisfactory before approval can be granted to remove the physician from proctored status. At least two of the five cases shall be either ill neonates or general pediatric cases. Physicians practicing exclusively in Allergy are required to complete (2) cases, retrospectively proctored.

C. Method of Proctoring - Physicians Currently on Staff
   If a physician currently on staff requests new privileges that in the opinion of the Pediatrics Committee requires proctoring, or if there is an action brought before the Executive Medical Board regarding a physician currently on the
Medical Staff, observation of that physician for a specified period of time, and/or number of cases may be recommended. The physician shall be notified by letter by the Chair of the Department who the proctor is and of the specific proctoring requirements.

D. **Method of Proctoring - Proctors**

The proctor is to be notified by the physician being observed whenever a case is admitted to SM-UCLA, or a consultation is requested of the physician to be proctored. The proctor shall follow each admission to its discharge. An evaluation form will be completed by the proctor for each case and submitted to the Department Chair for review. Note: For purposes of insuring that proctors are covered under the hospital's liability insurance program, the proctor cannot function as an assistant surgeon, nor may a fee be charged to the patient for the proctor's services.

E. **Special Procedures**

Requests for special procedures normally performed within the subspecialties of Pediatrics shall be clearly delineated by the applicant requesting such procedures. These procedures shall be defined by the Pediatrics Committee. Unless modified by the Pediatrics Committee, each applicant will be required to be observed for a minimum of three (3) cases of each type prior to removal from the proctor program. Evaluations of special procedures shall be submitted in the same manner as described under Section E, Method of Proctoring.

F. **Proctoring Evaluation Form**

Proctoring evaluation forms shall be supplied to the physician being proctored by Medical Staff Office. This form will include data pertinent to medical management of each case and shall include a recommendation from the proctor on the status of the individual being proctored. This form will be considered a confidential document.

G. **Duration of Proctoring Period**

On the basis of evaluation reports submitted to the Pediatrics Committee for review, a decision to extend or remove proctoring status shall be made. Advancement to Active or Courtesy staff will not be granted a Provisional member until the proctoring process has been satisfactorily completed.

VII. **REAPPOINTMENT**

A. The Credentials committee shall review reappointment applications and make its recommendations to the EMB. Criteria for reappointment shall include current clinical competence, trended and aggregated data, hospital activity, quality assessment and improvement data, malpractice and litigation history, National Practitioner Data Bank, mental and physical health status, physician conduct, and peer recommendation.

B. Physicians on the Provisional and Courtesy Staffs are required to have a minimum of six (6) admissions/consultations within a two-year period (consultations in this instance are defined as the physician having rendered substantial patient care). Courtesy Staff members are required to provide evidence of satisfactory performance on the active staff of another hospital. Eighteen (18) admissions/consultations are required within a two-year period to maintain Active Staff status. In the absence of sufficient clinical activity,
physicians shall have the opportunity to be evaluated on other hospital involvement.

Failure to reach minimum patient contacts at reappointment will subject the physician to change or loss of staff status. Active Staff members who fail to meet criteria following evaluation will be reclassified to the Courtesy Staff. Courtesy Staff members who fail to meet criteria will not be recommended for continued medical staff appointment. Provisional Staff members who fail to successfully complete proctoring will not be recommended for reappointment, and must wait 12 months before reapplying for Medical Staff membership. Provisional members who do not meet minimum requirements for reappointment may be subject to loss of staff membership.

C. Provisional members may request consideration for advancement to Courtesy or Active Staff membership after upon successful completion of proctoring. Provisional members who do not meet minimum requirements for reappointment may be subject to loss of staff membership.

VIII. PEDIATRIC CONSULTATIONS

A. Pediatric Consultation for Patients <18 Years of Age Admitted to Non-Pediatric Services:

1. Pediatric consultation is mandatory for the following patients:
   - All patients under two years of age, unless the Attending physician has specific privileges for the care of children in this age group
   - All Pediatric patients with an obscure diagnosis
   - All Pediatric patients with a critical illness
   - All Pediatric patients for whom there is a serious question concerning therapy
   - All Pediatric patients admitted with a diagnosis of heart disease
   - All Pediatric patients with diabetes
   - All Pediatric patients admitted to the neurosurgical service
   - All Pediatric patients admitted by interventional radiology
   - All Pediatric patients with malignant brain tumors
   - All Pediatric Urology patients with the diagnosis of Chronic Kidney Disease (CKD) stage 3 or greater
   - All Pediatric patients on dialysis
   - All Pediatric patients with a critical illness, defined as any illness requiring the use of mechanical ventilation, pressor drugs, or arterial or central venous hemodynamic monitoring.

2. The Attending physician for all NICU patients must be a member of the SM UCLA Department of Pediatrics.

3. The Attending physician for all PICU patients must be a member of the SM-UCLA Department of Pediatrics.

4. Consultation by Pediatric Hospitalists is available for all SM-UCLA inpatients.

B. A pediatric consultant is defined as any member of the Department of Pediatrics with consultation privileges in the area of clinical concern; unless other arrangements are made for special cases such as temporary privileges for a non-staff consultant (see Bylaws, Article IV, Section 2).

C. Pediatric history and physical for children undergoing surgery are required for children under two years of age. The history and physical may be performed by a pediatrician, family physician who has pediatric privileges, or a surgeon
with pediatric privileges. In an emergency, an Emergency Department physician is permitted to clear a pediatric patient for surgery and document clearance after consultation with one of the above physicians. In such emergencies, the surgeon is then permitted to dictate the pre-op H&P. A Family Medicine resident is not eligible to perform the pediatric consultation.

D. The Chair of the Department may request a consultation for any patient when he determines that the patient will benefit from such consultation.

E. Surgeries of a complex or unusual nature that may require special surgical, anesthetic or nursing services shall only be scheduled after consultation among the primary care physician, surgeon, anesthesiology representative, and nursing personnel.

IX. JOINT OB-PEDIATRICIAN PATIENT COVERAGE
The Obstetrician or Nursery should inform the infant's physician in the event of a serious or life threatening situation arises.

X. PATIENT CARE
A. Nursery
   1. All personnel entering the delivery room or c-section room will conform to the policy regarding appropriate surgical attire as prescribed by the infection control policy.
   2. All persons must wash hands before and after handling any infant.

B. NICU
   1. Each Neonatology group practicing in the SM-UCLA NICU must have a CCS-paneled Neonatologist on call at all times. Neonatologists on call to the SM-UCLA NICU may not be simultaneously on call at any other facility.
   2. Neonatologists must be able to respond when on-call within 30 minutes.

XI. INFECTION CONTROL RELATING TO PEDIATRICS & NURSERY
All infections in the Nursery shall be reported to the Infection Control Committee, the Nurse Epidemiologist and the Hospital Administration. Appropriate policies and procedures will be implemented in accordance with the infection control policy and procedures. It will be up to the discretion of the Infection Control Committee to report appropriate infections to the Department of Health.

XII. PHYSICIAN PROTOCOL
The physician designated as the baby's physician is to be listed as the Attending Physician on the baby's chart regardless of the physician's specialty.
Chair, Pediatrics Department

Chair, Executive Medical Board

Governing Body (designee)

Reviewed 11/99, 11/00, 11/01, 10/03, 12/04, 05/05, 01/06, 06/06, 07/06, 01/07, 03/09, 11/09, 1/14, 1/15, 1/16