

**LEE MEMORIAL HEALTH SYSTEM  
Lee County, Florida**

**Clinical Department of The Children's Hospital**

**Rules and Regulations**

**1. Membership Requirements**

All members of the Clinical Department of The Children's Hospital shall be board certified or at the time of application, meet all requirements for board certification, i.e., trained and qualified to take the board exam as a requirement for Provisional, Active, or Courtesy appointment. Board certification is required within five (5) years of completing residency. Re-certification is required if established as a requirement by the specialty board. In special circumstances, the TCH Executive Council may approve an applicant or re-applicant without certification. Surgery, Radiology, Anesthesia, Emergency and Pathology trained physicians must be eligible for section membership in the American Academy of Pediatrics and meet the board certification requirements of their respective specialty. Membership in the Department is not to be confused with the granting of privileges to care for children in The Children's Hospital.

**2. Criteria for Granting Privileges**

- A. All members of the Clinical Department of The Children's Hospital shall be granted privileges based on documentation of training and/or experience.
- B. Members of other departments of LMHS and CCH may be granted privileges to care for children under the age of 18, based on documented training and experience, and recommendation by the Credentials Committee and TCH Executive Council to the CCH and LMHS Executive Committees.

**3. Meetings**

The Clinical Department of TCH of CCH, LMH and HPMC are integrated into one department. A single department chair shall be chosen to serve as Chairperson of TCH Executive Council and to represent the Clinical Department of TCH on the Executive Committees of LMHS and CCH. It is the prerogative of the Chairperson to request another member of the department to attend an Executive Committee meeting in his/her place to represent the Department.

**4. Responsibilities to Patients**

The Chairperson of the Clinical Department of TCH is charged with the responsibility for supervising the care of children admitted to pediatric services of Lee Memorial Health System. The Chairperson of the Department may require any physician who

admits patients to seek consultation on any patient whom the Chairperson feels this is indicated.

#### A. Inpatients

It is the responsibility of the attending physician to make certain that either he/she or a physician covering for him be continuously available within a reasonable period of time during the hospitalization of any patient. Daily progress notes are required.

#### B. Newborns

1. Coverage rules for inpatients apply, as described in 4. A above, except that daily progress notes are not required on normal newborns.
2. Babies born to mothers who did not receive prenatal care as private patients of a staff obstetrician will have their babies assigned in rotation to members of the Clinical Department of TCH who have normal newborn privileges. The nursing staff in the labor and delivery area will maintain a roster to accomplish this. After fifteen (15) years of service on the hospital staff, a physician may be relieved of his duties to take non-private patients.
3. An examination will be performed on all newborns within 24 hours of birth and within 24 hours of discharge.
4. Newborns requiring admission to the PCN or NICU must be referred to those physicians granted specific privileges.
5. Newborn infants up to the age of one month (needing readmission) shall be placed in the unit that is most experienced and adequately staffed to care for the presenting diagnostic problem. This may be in the NICU, PICU or pediatric unit. The decision shall be the joint responsibility of the attending physician and the NICU/Pediatric Nursing Director with the agreement of the neonatologist or intensivist on duty.

#### C. Consultations

1. Consultation Etiquette  
All consultation request orders should include a written reason for the consultation. A directed physician-to-physician communication is not mandatory, but is encouraged, at the discretion of the requesting physician. The requesting physician should consider a direct call to the consultant if the requesting physician possesses clinically relevant information on a particular patient that would not otherwise be available to the consultant.

The consulting physician should provide a timely dictated and/or handwritten note in the patient's chart that summarizes his findings and recommendations. A direct physician-to-physician communication by the consultant is not mandatory, but is encouraged, at the discretion of the consulting physician.

2. Physician Extenders Requesting Consultations  
Physician Extenders or mid-level providers shall discuss the need for consultation with their supervising physician prior to placing the consult.

#### D. Emergency Department

##### 1. Pediatric Consultation

When the Emergency Department physician desires pediatric consultation on a patient with a medical condition (17) years of age or under who does not have a private physician, referral of the patient will be made to the pediatrician on emergency department back-up call.

##### 2. Pediatric Patient Responsibility

###### a. Normal Newborns

Pediatricians are responsible for seven (7) days after discharge.

###### b. Pediatric Emergency Back-up Patients

- (1) Hospital Patients: Pediatrician is responsible for seven (7) days after hospital discharge. If follow up has not occurred as designated, the patient should be referred to the next pediatrician on call. If the pediatrician on call refers the patient to a hospitalist, the pediatrician must assume post hospital care of the patient for seven (7) days.
- (2) Emergency Department Patients: Once a patient has been referred to the next pediatrician on call, that patient's acute problem has been resolved, and follow-up care has been offered, if the same patient returns to the Emergency Department, he shall be referred to the pediatrician on call for that day and not to the pediatrician who originally saw him (unless that pediatrician is "next up" on the roster). If a patient is not compliant in follow-up, the pediatrician is released of responsibility for that patient.

- (3) Members of the Clinical Department of TCH may be relieved of taking Emergency Department backup call after fifteen (15) years of total service on the CCH and LMHS Medical Staffs. There must be a minimum of fifteen (15) pediatricians remaining on the Emergency Department call roster in order for a physician to be relieved of Emergency Department call duties.
- (4) CMS Patients: Pediatrician is responsible if he/she is following the patient for a chronic disease and an acute problem arises related to that disease.
- (5) NICU Patients: If the patient returns to the emergency room following NICU discharge, it is the responsibility of the pediatrician on call. A neonatologist may be consulted. The neonatologist is not responsible for admitting the patient. The pediatrician will contact the neonatologist for a consult, if necessary.

## 5. Surgical Patients

Rules and regulations relating to children admitted to the hospital by members of the Department of Surgery are the province of that department and these regulations are not applicable to such patients.

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