

LEE HEALTH POLICY & PROCEDURES

DEPARTMENT OF PEDIATRICS AND PEDIATRIC SURGERY CCH, GCMC, HPMC, LMH & GCHSWF		LOCATOR NUMBER																		
T Y P E	<input type="checkbox"/> System-wide - A formal statement of values, intents (policy), and expectations (procedure) that applies to every employee throughout the System.	CHAPTER: M14																		
	<input checked="" type="checkbox"/> Multidisciplinary - A formal statement of values, intents (policy), and expectations (procedure) that applies to more than one discipline and is usually of a clinical nature. Check below all areas to which this applies.	TAB: 01																		
	<input type="checkbox"/> Departmental - A formal statement of values, intents (policy), and expectations (procedure) exclusive to a particular department or group of people within a department at one or multiple locations that does not impact any other area.	POLICY #: 076																		
Disciplines / locations to which this multidisciplinary policy applies:																				
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Health Information Management</td> <td><input type="checkbox"/> Pharmacy</td> <td><input type="checkbox"/> Acute Care Hospital Nursing</td> </tr> <tr> <td><input type="checkbox"/> Housekeeping</td> <td><input type="checkbox"/> Plant Operations</td> <td><input type="checkbox"/> Outpatient Services</td> </tr> <tr> <td><input type="checkbox"/> Information Systems</td> <td><input type="checkbox"/> Radiology</td> <td><input type="checkbox"/> Home Health</td> </tr> <tr> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Rehabilitation Services</td> <td><input type="checkbox"/> Skilled Nursing Services</td> </tr> <tr> <td><input type="checkbox"/> Legal Services</td> <td><input type="checkbox"/> Respiratory</td> <td><input type="checkbox"/> Nutrition</td> </tr> <tr> <td><input checked="" type="checkbox"/> Medical Staff</td> <td><input type="checkbox"/> Security</td> <td><input type="checkbox"/> Rehab Hospital</td> </tr> </table>			<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Acute Care Hospital Nursing	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Plant Operations	<input type="checkbox"/> Outpatient Services	<input type="checkbox"/> Information Systems	<input type="checkbox"/> Radiology	<input type="checkbox"/> Home Health	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Rehabilitation Services	<input type="checkbox"/> Skilled Nursing Services	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Nutrition	<input checked="" type="checkbox"/> Medical Staff	<input type="checkbox"/> Security	<input type="checkbox"/> Rehab Hospital
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Date Originated: 9/20	Reviewed/No Revision:	Dates Revised:																		
Next Review Date: 4/23																				
Author(s): Mark A. Greenberg, MD																				
Reviewed by:																				
Clinical Practice Council:		Date:																		
Clinical Education Council		Education Completed: Date:																		
Education Required:	Yes <input type="checkbox"/> No: <input type="checkbox"/>	Date:																		
Approved by:																				
Policy Administrator:	Mark A. Greenberg, MD	Date: 9/8/20																		
As Needed:																				
GCMC Executive Committee		Date: 4/12/21																		
HPMC Executive Committee		Date: 4/13/21																		
LMH Executive Committee		Date: 4/14/21																		
CCH Executive Committee		Date: 4/19/21																		
GCHSWF Executive Committee		Date: 4/20/21																		
As needed:																				
Board of Directors		Date:																		

1. **Structure**

The Departments of Pediatrics and Pediatric Surgery are each individually one Department that provides services to all of the LMHS acute care facilities including: CCH, GCMC, HPMC, LMH & GCHSWF.

2. **FMEC Representation**

Each of the department chairs shall represent the Department of Pediatrics and the Department of Pediatric Surgery on the Facility Medical Executive Committees (FMECs). It is the prerogative of the Chairs to request another member of the relevant department to attend an Executive Committee meeting in his/her place to represent the Department.

3. **Responsibilities to Patients**

The Chairs of the Department of Pediatrics and the Department of Pediatric Surgery are charged with the responsibility for supervising the care of children admitted to pediatric services of Lee Health. The Chairs of the Departments may require any physician who admits patients to seek consultation on any patient whom the Chairs feel this is indicated. The Chairs of the Departments will also designate those physicians and specialties required to take call as needed to ensure an adequate back-up roster for the combined GCHSWF and HPMC Emergency Department.

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 3 (Responsibilities to Patients).
- 2) Babies born to mothers who did not receive prenatal care from a staff obstetrician will be assigned in rotation to members of the GCHSWF Department of Pediatrics who have normal-newborn privileges. The nursing staff in the labor and delivery area will maintain a roster to accomplish this assignment. After fifteen (15) years of service on the hospital staff, physicians may be relieved of their duties to take unassigned patients.
- 3) FOR HPMC/GCHSWF ONLY: Babies born to mothers who did not receive prenatal care from a staff obstetrician will be assigned to the pediatric hospitalist service.
- 4) An examination will be performed on all newborns within 24 hours of birth and within 24 hours of orders for discharge.

- 5) Newborns requiring admission to the PCN or NICU must be referred to those physicians granted specific privileges.
- 6) Newborn infants up to the age of one month who need readmission shall be placed in the appropriate care setting 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 in coordination with 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 note in the patient's chart that summarizes the physician's findings and recommendations.
- 2) For additional information please refer to the Golisano Children's Hospital of Southwest Florida General Rules and Regulations.
- 3) 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

The Department Chairs of Pediatrics and Pediatric Surgery will collaborate with the HPMC Departments Chairs to ensure that there is an adequate back-up roster of physicians for all relevant specialties on call to the combined GCHSWF AND HPMC Emergency Department.

1) Pediatric Patient Responsibility

a. Newborns

Discharging pediatricians of record are responsible for infants who present seven (7) days after discharge for readmission.

b. Pediatric Emergency Back-up Patients

- Children Medical Services Patients: Pediatrician is responsible if he/she is following the patient for a chronic disease and an acute problem arises related to that disease.
- NICU Patients: If the patient returns to the emergency room following NICU discharge, it is the responsibility of the

pediatrician on call admit the patient. The neonatologist is not responsible for admitting the patient. The pediatrician will contact the neonatologist for a consult, if necessary.

4. Department of Pediatric Surgery – Tissue Removal

All tissue removed at surgery shall be referred to the Hospital's Pathologist for interpretation and report excepting those tissues listed below which should be left to the discretion of the attending surgeon as to whether or not they are sent for pathological examination:

- A. Tissue removed during the course of repair of fresh trauma, e.g., normal bone fragments, muscle, torn pieces of tendon
- B. Removed internal fixation hardware or wires
- C. Neurosurgical prosthesis and shunts
- D. Skull bone flaps and bone fragments
- E. Intracerebral and extracerebral blood clots
- F. Hyperplastic gingival tissue and teeth
- G. Nasal cartilage and nasal bone
- H. Ear ossicles
- I. Salivary stones
- J. Normal skin, necrotic skin and excised scars
- K. Cataracts
- L. Skin and tarsal plate resulting from plastic surgery to the eye
- M. I.U.D.
- N. Foreskin
- O. Hernia sacs
- P. Ribs
- Q. Varicocele and vein stripping products
- R. Meniscus
- S. Nails and bunions
- T. Atheromatous plaque
- U. Vascular grafts
- V. Gall stones
- W. Urinary tract stones
- X. Foreign bodies
- Y. Placenta from cesarean sections
- Z. Disc material taken during routine spine surgery

It is at the discretion of the pathologist whether he/she performs a gross and microscopic examination in an effort to establish a definitive pathologist diagnosis.

All tissue removed at operation and all specimens from patients shall be the property of the hospital.

Drafted 6/10/03

Revised 8/21/03

Revised 12/31/03

Revised and approved

Dept. of Pediatrics and GCHSWF Exec. Council – 02/18/04

Approved: CCH Exec. Comm. – 03/11/04 and LMHS Exec. Comm. 03/16/04

Revised 04-18-05

Approved: Clinical Dept. of GCHSWF – 05-26-05

Approved by LMHS Exec. Comm. – 06-21-05 and CCH Exec. Comm. – 08-11-05

Revision drafted 09-19-05

Approved by CCH Exec. Comm. – 03-09-06 and LMHS Exec. Comm. – 03-21-06

Revised 2/27/13

Approved by: GCHSWFL, CCH, GCMC, HPMC and LMH FMEC'S - 5-2013

Approved by GCHSWF 10-2015

Approved by GCHSWF MEC 12-2016