

**RULES AND REGULATIONS GOVERNING  
THE DEPARTMENT OF PSYCHIATRY**

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**MEMBERSHIP**

Qualifications for membership in the Department of Pediatrics shall be outlined in the Medical Staff Bylaws. Members will consist of physicians who have provided documentation of training and experience to substantiate the granting of privileges per the departmental delineation of privileges to practice as a pediatrician and/or pediatric subspecialist at the Children's Hospital at Providence.

**DEPARTMENT MEETINGS**

The Department will generally hold monthly meetings alternating department business meetings and Mortality & Morbidity (M&M) meetings throughout the year.

Members will nominate and elect a Department Chair for a period of two (2) years. The duties and responsibilities of the Department Chair are outlined in the Medical Staff Bylaws.

Department Rules and Regulations may be amended by a simple majority of those eligible to vote at regularly scheduled meetings.

**EMTALA CALL**

Physician members of the Department of Pediatrics must follow the hospital's rules governing EMTALA call until they reach the age of 65 after which they are allowed, but not required, to take EMTALA emergency call. Any member of the Pediatric Department requesting exemption from the pediatric call schedule shall request such exemption in writing to the Department Chair. Requests that are approved by the Department Chair will then be submitted to the Medical Executive Committee for final approval.

The EMTALA pediatrician on-call shall cover any calls from the ED, and arrange for follow-up care as necessary for children who do not have a previous relationship with a pediatrician.

**CHART REVIEW**

The Department will review the care rendered by its members on a routine basis as outlined in the Peer Review Policy.

**NURSERY COMMITTEE**

The Department shall establish a Nursery Committee to focus on continuous quality improvement and implementation of best practices in newborn care. The membership, roles and responsibilities are specified in Attachment A. The committee shall report to department members at Pediatrics Department meetings.

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Approved: 1/99      Reviewed/Revised: 4/03; 8/04; 6/06, 6/10, 1/14, 06/17



## NURSERY COMMITTEE

### Mission Statement

The mission of this committee is to work in a setting where:

- Communication is open and honest
- We have a shared voice for our practice
- We are empowered and accountable

### Vision Statement

To provide a forum where care providers can openly communicate and collaborate to bring about continuous quality improvements founded in evidence-based practice for newborn care.

### Purpose

In January 1995, the maternity center moved to changing the model of care from nurses who cared for mothers and newborns separately to couplet care. In an attempt to provide consistency, standardize newborn care and utilize best practices, physicians formed the nursery committee as a communication and problem-solving forum.

The ongoing purpose of the committee is to be focused on continuous quality improvement and implementation of best practices in newborn care.

### Scope/Functions/Objectives

Scope: After careful consideration of all evidence-based information, this group will seek out key stakeholders and solicit feedback in order to develop and update policies, procedures and practices surrounding newborn care.

#### Specific Functions/Critical Objectives:

- Establish consistent standards for newborn care.
- Open and honest forum for communication.
- Maintaining collaborative relationships between Pediatric, Family Practice & Nursing Departments
- Upholding evidence-based practice surrounding newborn care.
- Continuous ongoing quality improvement – strategic planning for training, education and communication of changes.
- Support and sustainability of quality improvement initiatives.

### Council Membership – Roles & Responsibilities

Participants/Membership – Standing membership is defined as:

- Two representatives from Pediatric Department group
- NICU Medical Director
- One representative from Family Practice Medicine group
- One Nurse Practitioner or Advanced Practice Nurse
- Mother/Baby Clinical Manager

- NICU Clinical Manager
- One Mother/Baby Unit staff representative
- One Clinical Nurse Educator

Ad Hoc Members – Guests presenters will need to be approved by group at least one meeting prior to their visit and placed on the appropriate agenda.

Roles & Responsibilities:

- Co-Chairs
  - o Pediatric Department representative – responsible for co-facilitation of the committee, assisting with agenda items to be discussed at meetings and for being the communication liaison between the Pediatric Department and the Nursery Committee.
  - o Nursing representative – responsible for co-facilitation of the committee, meeting scheduling, agendas, minutes and email communications.
- Members – are responsible to attend at least 75% of all meetings. Must notify nurse co-chair if unable to attend. Members should make every attempt to designate an alternate that can attend the meeting in their absence in order to facilitate effective use of committee time and efforts.

Advisor/Resource – Administration of The Children’s Hospital at Providence

- Assistant Chief Nurse Executive of TCHAP
- Director of TCHAP

Sponsor – Clinical Managers from Mother/Baby unit & NICU.

## Meeting Logistics

Meeting Frequency – Meets on the 3<sup>rd</sup> Friday of each month from 1230 to 1330 in the East conference room.

Minutes – Documented and distributed electronically by nursing co-chair via email and approved by group consensus to email.

Voting – All standing members have a voice in decision-making and attempts will be made to gather feedback from all members to achieve group consensus.

## Communication Plan

Committee Communications – Each member is responsible to disseminate information to the areas that they represent. Communication will occur via written, verbal, electronic and demonstration methods.

Committee Collaborations – Can be arranged as an ad-hoc as necessary.

Amendments – Charter will be reviewed annually. In the event that a member or members feel there needs to be an amendment, the information can be presented to the group for discussion and consensus to implement the change.