

DEPARTMENT OF MEDICINE RULES AND REGULATIONS

COMPOSITION:

The Providence Alaska Medical Center's Department of Medicine consists of physicians who have had at least one year of internal or family medicine training, or are fellowship trained in critical care. The department may include such specialties as allergists, cardiologists, critical care, dermatologists, endocrinologists, gastroenterologists, hematologists, infectious disease, nephrologists, neurologists, oncologists, pulmonologists, rheumatologists, and generalists in internal medicine including hospitalists.

Allied Health Professionals (AHP), such as Advanced Nurse Practitioners (ANP), Physician Assistants (PA), may be included in the Department of Medicine as non-voting members.

SUBSECTIONS:

The Medicine Department shall have the following Medicine subspecialties with subsection chairs that, along with the Medicine Department Chair, will continually review qualifications and performance of Medicine Department members. The Medicine Department Chair may appoint subsection chairs for a period of two years. The Chief of Medicine and the subsection chairs may at their discretion suggest to withdraw, modify, or continue privileges of any department member for good cause. Such reduction in privileges would be subject to review as outlined in the Medical Staff Bylaws, and Policies and Procedures.

- Cardiology - Gastroenterology/Endoscopy - Nephrology - Neurology - Oncology - Pulmonary - Critical Care

MEMBERSHIP:

In order to practice as a member in the Department of Medicine, the physician must satisfy the requirements of the Medical Staff Bylaws, Policies and Procedures, and the Department's Rules and Regulations.

All new physician members of the Medicine Department must be board certified or admissible by the American Board of Medical Specialties (ABMS) in Internal Medicine, Family Medicine, or one of its subspecialties unless otherwise approved by the Department Chair and the PHSA Region Board. Neurologists, and physicians with certification in critical care not through ABIM, must be board certified or admissible by their respective ABMS boards.

DEPARTMENT CHAIR:

The Medicine Department Chair shall be elected by a majority of eligible voting members of the Medicine Department for a period of two years. In the event a chair cannot serve, the Chief of Staff may appoint a member to serve with the approval of the department's members. The duties and responsibilities of the Department Chair are outlined in the Medical Staff Bylaws.

DEPARTMENT MEETINGS:

Medicine Department meetings shall alternate each month between Providence Alaska Medical Center and Alaska Regional Hospital. The respective Department Chair of the hospital hosting the meeting coordinates the agenda.

EMERGENCY COVERAGE:

All active practicing and voting members of the Medicine Department are required to participate in an organized Emergency Medicine Call schedule and an EMTALA call schedule.

Members of the Department of Medicine who reach the age of 65, encounter health limitations, or other special circumstances may petition for a reduction or exemption from taking EMTALA Call. Individuals must make this request to the sub-section Chair, who will then send the approval to the Department Chair. Once approved by the Department Chair, the request will then be sent to the MEC and PHSA Region Board for final approval.

EMERGENCY ROOM REPORTS:

Definitions

- a. Urgent – patient must be seen within two (2) weeks.
- b. Non-urgent – patients can be seen later than two weeks.

Referrals from the Emergency Room to General Medicine physicians will proceed as follows:

- a. a) Urgent patient follow up – patients will be provided with a specific general medicine physician in which follow up is to occur after their Emergency Room visit. The referring Emergency Department physician must contact the office of the General Medicine physician to verbally consult with them about the nature of the patient's visit. Documentation must be provided by the Emergency Department to the General Medicine physician's office.
- b. b) Non urgent patient follow up – A list of General Medicine physicians will be provided to the patient upon which they will be encouraged to contact to follow up with from their Emergency Room visit.

Effective: 1988

Revised: 1995, 03/00, 01/02, 05/07, 05/08, 06/10, 2/14, 11/17, 5/21