I. INTRODUCTION
The Providence Alaska Medical Center Emergency Department exists to provide high-quality emergency medical care 24 hours a day, seven (7) days a week, to anyone who seeks medical attention. It is staffed with qualified emergency physicians, nursing and support personnel, and is properly equipped to achieve this goal.

II. OBJECTIVES
A. To provide 24 hour, seven days a week, quality emergency care to all patients who present themselves to the Emergency Department.
B. To provide diagnostic and therapeutic modalities to ensure quality of care.

III. MEMBERSHIP AND SCOPE
Membership of Department of Emergency Medicine shall consist of all members of the Providence Alaska Medical Center Medical Staff who qualify for privileges in the Emergency Department, and as such shall be subject to all rules of the Department and to the jurisdiction of the Chair of the Department.

IV. CHAIR
A. The Department of Emergency Medicine shall elect a Chair of the Department, or
B. The President of the Medical Staff may appoint a Chair of the Emergency Medicine Department, from among the active members of the staff who are qualified for membership in the Emergency Medicine Department. Primary consideration will be given to the active members of the full-time Emergency Department staff.

V. EMERGENCY DEPARTMENT STAFF MEETINGS DUTIES
A. Establish, enforce, amend, clarify, or modify the rules and regulations of the Emergency Medicine Department.
B. Review the Department’s clinical work, including death reviews, review of selected clinical cases or concern and/or interest, and periodic review of charts or clinical work of any physician providing medical services within the Emergency Medicine Department.
C. Coordinate functioning and effective on-call consultation.
D. Meeting requirements as established in the Medical Staff Bylaws.

VI. APPLICATION
The Chair of the Emergency Medicine Department will evaluate all Medical Staff applicants who wish their practice at Providence Alaska Medical Center to be limited to Emergency Medicine with recommendations forwarded to the Credentials Committee.

VII. PRIVILEGES
Those physicians whose practice is Emergency Medicine shall have their practices limited to the Emergency Medicine Department. They will not be granted staff admitting privileges. With the approval of the attending physician, admitting of patients for that physician is permitted.

VIII. DEPARTMENTAL RESPONSIBILITIES
A. Ensure medical coverage for all patients who present themselves to the Emergency Department requesting emergency care.
B. Ensure the proper functioning of the Emergency Department.
C. The Chair, or his/her representative, shall be available for medical administrative advice at all times.
D. Conduct peer review.
E. Enforce Department policies, rules and regulations.
F. The Chair will assist in the coordination of the Disaster Plan for the hospital.

**Protected by AS 18.23.030 and AS 18.23.070(5) Health Care Quality Improvement Act of 1986 42 U.S.C. 11101 60.10**
G. The Department shall act in accordance with the Bylaws and Policies of the medical staff of Providence Alaska Medical Center.

IX. PHYSICIAN STAFFING
The emergency physicians will provide primary emergency physician coverage at all times.

X. EMERGENCY PHYSICIAN/STAFF PHYSICIAN RELATIONSHIP
A. Every patient will be asked if they have a personal physician. If the patient has a private physician and wishes to be seen by that physician, that private physician will be offered the option of assuming responsibility for the care of the patient. However, a medical screening examination and any emergent care indicated will not be delayed either waiting for the personal physician to call back or come to the Emergency Department.
B. Outpatient referrals will be referred back to the patient’s personal physician unless specialty care is required.
C. Admissions will be in consultation with the patient’s own personal physician. If proper patient care allows, and both the physicians agree, admitting orders may be written by the emergency physician. Emergency physicians may write holding orders as a courtesy to admitting physicians, but the ultimate responsibility of the holding orders is with the admitting physician.
D. In emergent or urgent situations, the emergency physician will perform whatever services they feel are necessary.
E. Patients cared for by the emergency physician will specifically, and in writing, be referred to their own personal physician or if there is no personal physician, to another physician for follow up.

XI. PATIENTS WITH NO PERSONAL PHYSICIAN
Patients who have no personal physician will be evaluated and treated by the emergency physician.

If consultation or admission is required, the emergency physician will select the appropriate physician from the on call system.

Patients not requiring admission or consultation will be referred per the individual Departments Rules and Regulations, and to a specific physician or group or referral service. Follow up referral will be given to the patient in writing.

XII. IN-HOSPITAL CONSULTATION BY THE EMERGENCY PHYSICIAN
The emergency physician will be allowed to provide emergency physician care to any person within the hospital.

XIII. CONSULTATION ON CALL SYSTEM
The Emergency Medicine Department considers it the responsibility of all the major departments and their subsection to have at least one (1) physician available for consultation, referrals, and admissions, and to notify the Emergency Department of such coverage.

Anyone designated as “on call” is responsible for either being available or arranging for a replacement on call physician, and directly communicating this change to the Emergency Department. Problems in coverage will be referred to the Department Chairs.

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