

# PROVIDENCE ALASKA MEDICAL CENTER

## DEPARTMENT OF MEDICINE

### RULES AND REGULATIONS

#### **DEPARTMENT COMPOSITION**

The Providence Alaska Medical Center's Department of Medicine consists of physicians who have had at least one year of internal medicine training and may include such specialties as allergists, cardiologists, dermatologists, endocrinologists, gastroenterologists, hematologists, infectious disease, nephrologists, neurologists, oncologists, physiatrists, 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.

#### **DEPARTMENT 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 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
- Endoscopy
- Nephrology
- Oncology

#### **NEPHROLOGY SUBSECTION**

The purpose of the Nephrology subsection of Internal Medicine at PAMC is to provide high quality Nephrology services to patients at PAMC and provide a framework of peer review to assure optimum outcomes and clinical performance and report these data to the Department of Medicine.

- I) Subsection Membership
  - a) Members of the Nephrology subsection must be members of the Department of Medicine
  - b) Members of the Nephrology subsection must be American Board of Nephrology Certified as detailed in Section 2 E of the PAMC bylaws
- II) Emergency Coverage
  - a) Members of the Nephrology subsection must participate in the EMTALA call schedule.
  - b) Members of the Nephrology subsection must have a designated alternate MD who is also a member of the Nephrology subsection.
  - c) Members of the Nephrology subsection who are on call must be able to be physically present in the hospital within thirty minutes if requested/required to do so to attend patient emergencies.
- III) Misc
  - a) Members of the Nephrology subsection shall participate in subsection QI projects.
  - b) All members of the Nephrology subsection will meet no less than annually.
  - c) The Subsection will create a Nephrology Steering Committee\*\*\* which will meet no less than quarterly.

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- \*\*\* Committee Members
- a) Subsection Chair
  - b) One additional Nephrologist
  - c) Administrator Nephrology Services
  - d) Administrator of Dialysis Suite
  - e) ACC Nursing Representative
  - f) Assistant Nursing PAMC Supervisor

### **DEPARTMENT 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 or one of its subspecialties unless otherwise approved by the Department Chair and the PHSA Region Board. Neurologists and Physical Medicine physicians 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 during odd-numbered 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.

### **DUTIES OF MEMBERSHIP**

The specialty of internal medicine is fundamentally a cognitive discipline in which competence is maintained through continuing education and the experience of active practice. Each member of the Medicine Department must meet the criteria of staff membership as outlined in the Medical Staff Bylaws. Members agree to participate in peer review, educational activities, and serve on Department Committees when called upon by the Medicine Department Chair.

### **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 members of the Medicine Department are required to participate in an organized Emergency Medicine Call schedule and an EMTALA call schedule.

Members of the Medicine Department who reach the age of 65 may be exempt from taking EMTALA Call. Individuals must request exemption from the Department Chair.

### **EMTALA SCHEDULING**

General Medicine Calendars for EMTALA Call coverage will be mailed out two (2) months in advance to the next quarter. (i.e., mailed in October for 1<sup>st</sup> quarter of following year.) Physicians will complete the calendar with their preferred dates of call and return them within three (3) weeks. Any unassigned days will be signed using the current medical staff roster alphabetically by last name. Members will in general have equal number of call days.

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### **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) 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) 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.

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Effective: 1988

Revised: 1995, 03/00; 01/02;05/07, 05/08, 06/10