

Service Agreement Template

Departments: Obstetrics and Gynecology & Emergency Department

The following is a collaborative Service Agreement between the Departments of Obstetrics and Gynecology (OB/GYN) and Emergency Medicine. The departments agree on the following for the provision of care.

I. Core Clinical Competencies

The department of **OB/GYN** will provide the following core clinical services:

- Evaluation and management for admission in 30 minutes.
- Evaluation and management for consultation in the emergency department in 30 minutes.
- Response to the ED within 15 minutes for emergent conditions identified that require surgical procedures.
- If unable to achieve this time constraint, direct communication between providers for a management plan.
- Place admission orders for stable patient waiting for evaluation for admission if greater than 30 minutes, unless deemed inappropriate.
- For obstetric patient, >20 weeks, who is not stable, OB/GYN provider will come to the ED with L&D nurse and monitoring equipment to evaluate maternal and fetal status.
- For obstetric patient, >20 weeks gestation who is stable with a potentially obstetric problem, evaluation by OB/GYN provider at OB triage, located on the second floor.
- Accept referral for outpatient clinic evaluation and management of obstetrical or gynecological issues.
- Accept phone call referrals from facilities outside of the Anchorage Service Unit and see those patients directly, either in the ED or in outpatient clinic.

The department of **Emergency Medicine** will provide the following core clinical services:

- Initial evaluation and treatment of pregnant women, regardless of gestational age, with resuscitative needs (airway, breathing, and circulation), respiratory distress, chest pain, trauma, seizure activity, alcohol or drug intoxication, or acute psychiatric issues.
- Consideration of initial evaluation and management in the ED for systemic or infectious illnesses (such as influenza,) that may be of significant impact upon maternal child health.
- Initial evaluation and management of gynecological problems, then determination of necessary level of care-admission, urgent consultation, outpatient consultation.
- Complete evaluation including laboratories and other appropriate studies for patients requiring hospital admission.

- First dose of critical medication given in ED.
- Further therapeutics and diagnostics for management as agreed upon by both providers
- Accept phone call referrals from facilities within the Anchorage Service Unit.

II. Access Agreements

OB/GYN will provide the following access:

- On-call obstetrician/gynecologist for admission, for emergent conditions, and for same day consultation.
- OB/Gyn clinic referral process via electronic health record.
 - Referrals shall be reviewed each weekday morning and phone call shall be made to the patient to schedule a clinic appointment. The clinic strives to provide referral appointments within 48 hours, but timing of appointments will be based on the clinical situation.

Emergency Medicine will provide the following access:

- One phone number (x1729) for all your ER needs.
- Space and room for gynecological exams to be performed by OB/GYN. Call 1729 and speak to the charge nurse to arrange time for availability.

III. Referral Guidelines (consider top 5 referrals)

- Admission for obstetrical or gynecological issues that require inpatient care.
- Referral to OB/GYN clinic. If no specific diagnosis yet or requires further work up, referral to primary care provider is appropriate.
- Specific referrals, with suggested location, but should be based on clinical situation, availability and patient wishes:
 - First trimester vaginal bleeding-If unstable, consultation in the ED. If stable, consultation to outpatient clinic.
 - Miscarriage-consultation in the ED for treatment options.
 - Suspected ectopic pregnancy-consultation in the ED.
 - Suspected ovarian torsion-consultation in the ED.
 - Menorrhagia with symptomatic anemia and active bleeding-consultation in the ED.
 - TOA-Admission.
 - PID-OB/GYN if requires admission, otherwise referral to primary care.
 - Bartholin cyst-consultation in the ED for severe pain or fever, otherwise referral to outpatient clinic.
 - Pregnancy related issue or infertility related issue-referral to outpatient clinic.
 - Adnexal or pelvic mass-referral to outpatient clinic.

- o Abdominal Pain-gynecologic etiology, referral to clinic.

IV. Communication Process

For patient that need to be transferred from the OB/GYN Clinic to the Emergency Department for immediate care, the surgeon will call the ED provider at 1729 for verbal hand off of patient identifiers, condition, and necessary diagnostics and therapeutics.

If after evaluation in OB triage, the patient has a non-obstetrical condition that requires further evaluation, a direct communication will occur between providers for further evaluation in the ED.

For referral to outpatient OB/GYN clinic, the Emergency Medicine provider will place a referral into the electronic health record, to include the following information:

1. Reason for referral
2. Level of urgency

For admission or ER consultation, direct verbal communication between providers. Hospital operator will maintain a list of on call providers for each day, provided by that department. The on call surgeon will be paged and the emergency medicine provider will discuss the case for consultation. The surgeon will verbally relay plan of care AFTER evaluation to the ER provider or ER nurse to ensure best care.

V. Quality Assurance Process

Time metrics
 Provider surveys of process

Drafted by:

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<u><i>[Signature]</i></u>	date	<u><i>[Signature]</i></u>	date
Department Medical Director		Department Medical Director	
<i>12/18/13</i>	date	<i>12/19/13</i>	date

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