

**Department Service Agreement  
Urology and Pediatrics Departments**

The following is a collaborative service agreement between the Urology and Pediatrics Departments. The departments agree on the following scope of practice for the provision of primary care.

**Core Competencies:**

Urology will provide the following core services:

- Treatment and complex work-up of urologic surgical diagnosis and surgical intervention
- Consultation for urologic conditions as per referral guidelines
- Phone or email consultative services for Urologic related questions by contacting on-call Urologist
- Immediate evaluation of Pediatric urologic emergencies such as testicular torsion or paraphimosis
- Pediatric urology subspecialist clinic and surgical care two times a year
- Post-operative pain management as appropriate for the surgical procedure and patient (to be dictated into the post-op note and discharge note)
- Urology will use pre-printed orders for pain management of hospitalized pediatric patient appropriate for age and weight of patient

Pediatrics will provide the following core services:

- Pediatric consultations will be provided to pediatric urological patients when requested by urologists
- Pediatric hospitalists and pediatric intensivists will co-manage pediatric patients when requested by urologists
- Initial conservative management of simple urologic conditions listed but not limited to:
  - Balanitis
  - Epididymitis/Orchitis
  - Epididymal mass
  - Hematuria
  - Hydrocele
  - Nephrolithiasis
  - Pyelonephritis
  - Scrotal Mass
  - Undescended Testicle
  - Urinary Incontinence
  - Urinary tract infections
  - Hydronephrosis (to be developed)
  - Hypospadias (to be developed)
  - Abdominal mass (to be developed)
- Outpatient pediatric consultations will be provided to pediatric patients when requested by Urology physicians by contacting Case Manager at x4025
- Inpatient consultations will be provided following the standard referral process
- Pediatrics will, on a daily basis, maintain familiarity with surgical patients on the pediatrics ward (through discussions with the charge nurse) and will convey any concerns to the staff surgeon
- Circumcision per guidelines

**Access Agreements**

Urology will provide the following access:

- All patients will be offered an appointment within one day for any urologic problem
- All patients requiring an operating room surgical intervention will be offered an OR time within 5 days of that determination (Cases referred to Pediatric Urologist will be offered the earliest available surgery date as medically indicated)
- Immediate access for urgent and emergent conditions

Pediatrics will provide the following access:

- Same day access offered for all Pediatrics patients who can schedule by 4:00 p.m. and arrive in the clinic by 4:30 p.m. Monday - Friday

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- Evenings between 5:00 p.m. – 8:00 p.m. and Saturdays between 8:30 a.m. and 4:30 p.m. the clinic is staffed with one provider who covers the practice for customer convenience and urgent needs for customers who can schedule by 7:00 p.m. and arrive by 7:30 p.m. in the evenings and customers who can schedule by 4:00 p.m. and arrive by 4:30 on Saturdays
- Inpatient consultation at any time

**Consultation / Treatment Process**

- *In order to avoid delays referring clinic agrees to use the standard ANMC evaluation and consultation process*
- 8:30 a.m. – 4:30 p.m. use standard ANMC evaluation and consultation process (see flowchart)
- 4:30 p.m. – 8:30 a.m. fax /scan evaluation and consultation form to Urology

**Communication Process**

- Pediatrics will identify patients who have complex issues such as, medical, logistical or social issues, when sending a consult
- Dictated summary of consults, hospitalization & surgery, outlining findings and recommendations for care on all patients to include pain management and anticipated follow-up with guidelines and conditions for return to Urology. Send cc to PCP.
- Urology will notify the patient’s Primary Care Provider during the time of an admission to Urology Service or within 48-72 hours of a surgical procedure.
- Home Based Services (HBS): in the event a post-op patient requires HBS, Urology personnel will be responsible for referring the patient to the HBS team. This includes completing the necessary paperwork for prescriptions, equipment and nursing orders. Urology will authorize the transfer of care to the Primary Care Provider in accordance to the MCD/MCR guidelines.
- Post-op wound care: Urology will communicate post-op wound care needs with the patient. If the patient requires assistance with their wound care, the Urology clinic personnel will arrange for appropriate follow-up
- Post-op pain management: Urology will manage the post-op pain for the expected post-op recovery time. In the event the patient requires pain management beyond the anticipated recovery period, the Urologist will communicate the patient’s status with the Primary Care Provider prior to the transfer of care.

**Consultation and Treatment Guidelines** (for each referral guideline include graduation criteria)

- The process for approving guidelines:
  - Guidelines developed at department (or other) level
  - Department presents guideline to appropriate Clinical Core Business Group (CCBG)
  - After CCBG approval guideline goes to PIC for final approval
  - After PIC approval guideline is posted on ANMC intranet

- Guidelines include:

Urology	Pediatrics
<ul style="list-style-type: none"> <li>• Balanitis</li> <li>• Epididymitis/Orchitis</li> <li>• Epididymal mass</li> <li>• Hematuria</li> <li>• Hydrocele</li> <li>• Nephrolithiasis</li> <li>• Pyelonephritis</li> <li>• Scrotal Mass</li> <li>• Undescended Testicle</li> <li>• Urinary Incontinence</li> <li>• Urinary tract infections</li> <li>• Hydronephrosis (to be developed)</li> <li>• Hypospadias (to be developed)</li> <li>• Abdominal mass</li> </ul>	<ul style="list-style-type: none"> <li>• Circumcision</li> </ul>

- Urology and Pediatrics will include each other in development of new referral or clinical care guidelines for pediatric urological conditions.

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**Quality Assurance Agreements**

- Service agreements will be reviewed, updated and approved bi-annually with final approval by the SCF VP of the Medical Services Division and the ANMC Administrator.
- Training and education needs can be requested by either service. Each service is responsible for responding in a timely manner.
- Quality review of the system will occur on a regular basis. Metrics to include:
  - % of time guidelines are met
  - % of time processes are followed
  - % of time adequate information is provided to consultant clinic
  - % of time adequate information is provided to referring clinic
  - % of time appointment is booked using the phone process
  - % of dictation consultation summary received

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Signature of Urology Medical Director

Amy Schumacher,

Signature of Pediatrics Outpatient Medical Director

Michelle Myers, MD

Signature of Pediatrics Inpatient Medical Director

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Signature of SCF Vice President Medical Services

Dee Hutchison,

Signature of ANMC Administrator