

## **ANMC Department Service Agreement Orthopedic and Pediatric Departments**

The following is a collaborative service agreement between the Orthopedic and Pediatric departments. The departments agree on the following scope of practice for the provision of primary & specialty care.

### **Core Competencies:**

Orthopedics will provide the following core services:

- Management of acute / chronic musculo skeletal conditions beyond the scope of primary care including surgery
- Ortho will provide fracture management per guidelines. Includes but is not limited to:
  - Casting
  - Splinting
  - Diaphyseal fracture
  - Ankle
  - Leg
  - Knee
  - Hip
- Consultation for orthopedic problems (page x1619)
- Post-operative pain management as appropriate for the surgical procedure and patient (to be dictated into the post-op note and discharge note)
- Ortho will use pre-printed orders for pain management of hospitalized pediatric patient appropriate for age and weight of patient
- Nurse Case Manager to arrange follow up needs and plans for patients returning to Anchorage

Pediatrics will provide the following core services:

- Prior to the consult process, the Primary Care Provider will provide the patient with an initial evaluation and management, to include imaging services, if indicated per guidelines, of acute/chronic musculo-skeletal conditions within the scope of primary care.
- Pre-operative medical clearance for patients when requested
- Follow-up management on chronic non-operative muscular skeletal conditions
- Initial conservative management of most musculoskeletal conditions
- Pediatrics will provide fracture management per guidelines for:
  - Toe fracture (Salter fractures page x1619)
  - Finger fracture (Salter fractures page x1619)
  - Torus fracture (pediatric patients)
  - Meta tarsal fracture (Salter fractures page x1619)
  - Clavicle fracture
  - Stable Boxer follow up (with guidelines)
- Pediatrics will develop and maintain pre-printed orders for pain management of hospitalized pediatric patient appropriate for age and weight of patient
- Pediatric hospitalists and pediatric intensivists will provide inpatient care to children when requested by orthopedic staff physicians.
- Pediatric consultations will be provided to outpatient pediatric orthopedic patients when requested by orthopedic staff physicians by contacting Case Manager at x4025
- Pediatric hospitalists and pediatric intensivists will co-manage pediatric patients when requested by orthopedic staff physicians
- Provide clerical support for discharge of patients in the same manner as is done for medical patients
- Pediatrics will, on a daily basis, maintain familiarity with orthopedic patients on the Pediatrics ward (through discussion with the charge nurse) and will convey any concerns to the staff surgeon.

### **Access Agreements**

Orthopedics will provide the following access:

- All patients will be offered an appointment within one day for any problem
- All patients requiring an operating room surgical intervention will be offered an OR time within 5 days of that determination
- Immediate access for urgent and emergent conditions
- Inpatient consultation at any time

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
- 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 consult process (see flowchart)
- 4:30 p.m. – 8:30 a.m. fax /scan consult form to Peds/Ortho
- Use standard consultation process as defined in the Medical Staff By-laws
  - Provider to provider contact
  - Write order

### **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 Surgery
- Orthopedics will notify the patient's Primary Care Provider during the time of an admission to the Orthopedic Service. Ortho will notify the patient's Primary Care Provider within 48-72 hours of the surgical procedure.
- Home Based Services (HBS): in the event a post-op patient requires HBS, Orthopedics personnel will be responsible for referring the patient to the HBS team. This includes completing the necessary paperwork for prescriptions, equipment and nursing orders. Orthopedics will authorize the transfer of care to the Primary Care Provider in accordance to the Medicaid/Medicare guidelines.
- Post-op wound care: Orthopedics will communicate post-op wound care needs with the orthopedic patient. If the patient requires assistance with their wound care, the Orthopedics clinic personnel will arrange for appropriate follow-up
- Post-op pain management: Orthopedics 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 Surgeon will communicate the patient's status with the Primary Care Provider prior to the transfer of care.
- For non-urgent Pediatric consults call Case Manager at x4025 and Pediatrician will see the patient
- Inpatient Pediatrics to Orthopedics - Pediatrics will dictate consultation note, make brief note in chart and establish verbal contact with referring provider
- The preferred method of communication for inpatients is provider to provider phone calls

### **Consultation / 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
- Hand
- Shoulder
- Back
- Hip
- Knee
- Foot and ankle
- Pediatric admit / post-operative orders
- Sedation for painful procedures
- Sedation for non-painful procedures
- Pain management and PCA

**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 Orthopedics Medical Director

Amy Schumacher,

Signature of Pediatrics Outpatient Medical Director

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Signature of Pediatrics Inpatient Medical Director

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Signature of SCF Vice President Medical Services

Dee Hutchison,

Signature of ANMC Administrator