

ANMC Department Service Agreement Surgery and Pediatric Departments

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

Core Competencies:

Surgery will provide the following core services:

- Treatment and complex work-up of a surgical diagnosis and surgical intervention for outpatients
- Admission, work-up, surgical intervention and management of hospitalized Pediatric patients
- Non-cardiac thoracic surgeries

Lower • GI Endoscopy for pediatric patients

- Upper GI Endoscopy for patients over the age of 10. For patients under the age of 10 a phone consult is required, should go to Pediatric GI specialist.
- Post-operative pain management as appropriate for the surgical procedure and patient (to be dictated into the post-op note and discharge note)
- Surgical intervention and post-op management of patients with pyloric stenosis
- Maintain relationships with Pediatric surgery consultant services in the community
- Follow PICU agreements as developed through the Peds ICU committee for admission and management guidelines

Pediatrics will provide the following core services:

- Diagnosis and initial work-up of a surgical diagnosis based on referral guidelines
- Pre-operative medical clearance for high risk patients
- Pediatric hospitalists and pediatric intensivists will provide inpatient care to children when requested by general surgeons.
- Pediatric consultations will be provided to pediatric surgical patients when requested by surgeons
- Pediatric hospitalists and pediatric intensivists will co-manage pediatric patients when requested by surgeons
- I and D of superficial abscesses below the neck
- Maintain Pediatric sub-specialty consultant services in the following areas:
 - Pulmonology
 - Cardiology
 - GI
 - Nephrology
 - Neurology
 - Neonatology
- Referrals will be made directly to the Pediatric Surgeon for the following conditions:
 - Neonatal surgical conditions
 - Hirschprung's disease
- Pediatrics will develop and maintain pre-printed orders for pain management of hospitalized pediatric patient appropriate for age and weight of patient
- Pediatrics will, on a daily basis, maintain familiarity with surgical patients on the Pediatrics ward (through discussion with the charge nurse) and will convey any concerns to the staff surgeon
- Pediatrics staff will participate in all pediatric trauma codes as specified per trauma multidisciplinary guidelines and participation agreements
- Sedation and monitoring for radiology procedures requiring sedation if non-intubated
- Evaluation and management of patients with possible pyloric stenosis
- Evaluation and admission of patients with potential neurosurgical problems such as shunt malfunction
- Pediatric outpatient and inpatient consultations will be provided to pediatric surgery patients when requested by the Surgeon
- Primary Care Provider and/or Case Manager will make social rounds to admitted patients at least once during the admission

Access Agreements

Surgery 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

Outpatient

- *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 Surgery/Peds Inpatient
- 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. Send cc to PCP.
- Surgery will notify the patient's Primary Care Provider during the time of an admission to Surgery Service or within 48-72 hours of a surgical procedure.
- Home Based Services (HBS): in the event a post-op patient requires HBS, Surgery personnel will be responsible for referring the patient to the HBS team. This includes completing the necessary paperwork for prescriptions, equipment and nursing orders. Surgery will authorize the transfer of care to the Primary Care Provider in accordance to the MCD/MCR guidelines.
- Post-op wound care: Surgery will communicate post-op wound care needs with the patient. If the patient requires assistance with their wound care, the Surgery clinic personnel will arrange for appropriate follow-up
- Post-op pain management: Surgery 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.
- Pediatric outpatient consultations will be provided to pediatric surgery patients when requested by the Surgeon by contacting a Case Manager at x4025

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
 - Surgery will participate in the Peds ICU committee

Approved 6/17/04

- Clinical guidelines:

Surgery	Pediatrics
<ul style="list-style-type: none">• Breast disease• Colonoscopy• EGD• GERD• Hernia• Skin and sub-cutaneous nodules• Thyroid nodules• Cholelithiasis	<ul style="list-style-type: none">• 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

Frank Sacco, MD

MD

Signature of Surgery Medical Director

Amy Schumacher,

Signature of Pediatrics Outpatient Medical Director

Michelle Myers, MD

Signature of Pediatrics Inpatient Medical Director

Douglas Eby, MD MHP

RN

Signature of SCF Vice President Medical Services

Dee Hutchison,

Signature of ANMC Administrator