



**SERVICE AGREEMENT**

Revised: 11/29/2012

**Emergency Medicine & Adult Primary Care**

**GENERAL GUIDELINES**

- Physicians from the ED and Primary Care departments shall treat each other with respect at all times.
- When patient specific information needs to be communicated to the PCP, a telephone encounter will be used instead of a CC Chart or Staff Message
- Mid-level providers (RNP's, PA-C's, and Case Managers) are to discuss all cases requiring transfer to the ED with their mentor prior to initiation of transfer.
- ED physician will refer ED patients for follow up with their PCP only if clinically indicated.
- Transfers to the Emergency Department are by definition "higher level of care." Patients should not be informed that no additional charge(s) will be incurred.
- Patients should also be notified that if discharged from the Emergency Department, they are responsible for their transportation.
- No specific treatments or final disposition should be outlined to patients prior to arrival in the Emergency Department –unless superseded by an accepted protocol or other agreement -- as this limits the decision making capabilities of the Emergency Department Providers and Hospital-based consultants.
- Escalation Policy: if consensus regarding patient management is not achieved, escalation will go in this order:
  - Emergency Medicine, Adult Primary Care Physician Leadership on Call
  - AAMD Service Line Director(s)
  - Area Medical Director

ISSUE	DESCRIPTION OF AGREEMENT
<p><b>Transfers to the ED from clinic and UCC/After-hours/Specialty Clinics</b></p>	<p><b>Clinic Hours: 8:30 am – 5 pm:</b>  <b>Unstable patient</b> – call 911, courtesy call to the ED charge RN or MD</p> <p><b>Stable patient</b> – page <b>FMC</b> facilitator at x7771 or <b>OMC</b> facilitator at 457-2000 to discuss the case. Facilitator will notify the ED and arrange admission or direct admit or help to facilitate necessary tests.</p> <p><b>Diagnostic Test Follow-up - Outlying Clinics:</b></p> <ol style="list-style-type: none"> <li>1. Primary Care providers will follow up on lab/diagnostic tests.</li> <li>2. Patients seen in Outlying Medical Offices that do not have STAT lab capabilities are responsible for getting the results, contacting the patient and acting on abnormal results. If the provider will not be available for the results, he/she must find a colleague to cover for them. These patients should not be sent to the ED or Urgent Care for result follow up. If the results are critical, the provider will contact the facilitator for disposition of patient's between the hours of 8:30 a.m. through 4:30 p.m. by paging FMC facilitator at x7771 or OMC facilitator at 457-2000 to discuss the case. The facilitator or physician will notify an Emergency Department Physician if Emergency Department evaluation is needed. (See below for results that return after 5 pm)</li> </ol>



	<p>3. Contact MOD at #1604 for EPRP, UCC /After-hour for patients with abnormal results obtained after 5 pm that require admission. The Facilitator or sending physician will notify the ED physician if Emergency Department evaluation is needed.</p> <p><b>Clinics on the Fontana &amp; Ontario Campus:</b></p> <ol style="list-style-type: none"> <li>1. Primary Care Providers will follow up on lab/diagnostic tests.</li> <li>2. The Facilitator, when available, will be contacted for Patients requiring a higher level of care. When the Facilitator is not available, the Primary Care Provider will contact an Emergency Physician if Emergency Department evaluation is needed.</li> </ol> <p><b><u>Urgent Care/After-hour/Specialty Night Clinics: 5:00 pm – 8:30 am:</u></b>  <b>Unstable patient</b> – call 911, courtesy call to the ED Charge RN or MD</p> <p><b>Stable patient</b> – call MOD at #1604 for EPRP, UCC /After-hour, Turn-over's requiring admission. Facilitator or sending physician will notify the ED physician.</p> <p><b>Diagnostic Test Follow-up</b> – Patients requiring follow up testing after the closing of UCC/After-hour will be followed up in the ED. Urgent or emergent testing that cannot be completed by shift completion will be verbally endorsed UCC physician to ED physician. All pertinent physical examinations will be completed and documented; all appropriate laboratory and necessary imaging will be ordered both in Health Connect and Telerad prior to transfer. Documentation, including a clear assessment and plan must be completed prior to transfer.</p> <p><b>High Desert Medical Office</b> – will not send patients to the ED without discussing the with the ED physician. The HD medical office will handle lacerations. Special circumstances will be discussed with the ED physician or appropriate consultant for disposition before the patient leaves the HD office.</p>
<p><b>Abnormal Lab/ X-ray Follow-up</b></p>	<p><b>Critical Labs:</b> Abnormal labs ordered by clinic physicians during UCC and found to be critical will be handled by UCC until closing.</p> <p><b>Ordered by ED Physician:</b> All labs/x-rays ordered by an Emergency Physician are the responsibility of the ordering ED physician. If POE labs are ordered by an Emergency Physician, the PCP will follow the results. Incidental abnormal findings on tests ordered by the ED physician: The ED physician will send a Health Connect telephone message with the abnormality to the PCP for follow up.</p> <p>Abnormal urgent and emergent-labs/x-rays ordered by the Emergency Physician will be reviewed and treated by the ED physician to ensure that these abnormalities have been addressed (i.e. Missed fractures etc.)</p>
<p><b>Refill Requests</b></p>	<p>ED physicians may refill medications if needed. When the refill returns to their RAR, it can be reassigned to the PCP</p>



<b>Pain Medications</b>	Injectable pain medications will not be used in UCC/After-hours for chronic pain patients. Special circumstances will be addressed on a case by case basis.
<b>Consults</b>	Consultation requests should be made through physician-to-physician communication and should not typically involve the Emergency Department or its providers, unless initiated by the ED provider. If an outpatient consult/referral is necessary for the presenting ED complaint, it will be ordered by the ED physician This will be clearly documented in the ED note.
<b>In Basket Management</b>	<ul style="list-style-type: none"> <li>• The ordering provider, or members of the Family and Internal Medicine Departments, is responsible for labs and imaging ordered.</li> <li>• DME, ARx/OWO, Disability forms for Family &amp; Internal Medicine patients will be managed and ordered by members of the Family &amp; Internal Medicine Department.</li> <li>• Messages from members will be managed by the covering provider to whom it was addressed.</li> </ul>

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