



## **SERVICE AGREEMENT**

Revised 12/04/2012

### **Obstetrics/ Gynecology, Urgent Care, & Emergency Medicine**

#### **COMMUNICATION STANDARDS**

The Emergency Department provides evaluation and stabilization or treatment to any patient who presents therein. Patients presenting in the ambulatory setting with life and limb threatening emergencies should be transferred to the Emergency Department and a courtesy phone call to an ED provider should be made to ensure “warm hand-off” communication.

Patients *without* life or limb threatening emergencies may be accepted to the Emergency Department ONLY by an ED physician provider. All non-emergent cases require discussion with the Utilization Management physician during the hours of 8:30 AM and 4:30 PM, Monday through Friday. Referral of a patient to the ED without the above is not acceptable.

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. Once a consultant has initiated evaluation of the patient, that consultant is expected to discuss the assessment and recommendations with the referring provider.

If a consultant recommends either admission or consultation by another service, then the consultant making the recommendation needs to have a direct conversation with the other consultant.

#### **RESPONSE TIME STANDARDS**

- Physicians on call, or designee, are expected to return pages within 15 minutes of being paged.
- If there is no response after 15 minutes, the consultant will receive another page.
- The Chief of Service or other physician administrator may be contacted if there is no response to the second page.
- Consultation is expected within 1 hour of the request. If consultation is expected to occur after this time frame, the consultant must inform the referring provider of the delay.
- If the physician on C call cannot be contacted – Please call A call (73300) or D call (73303)

#### **ESCALATION POLICY**

If consensus regarding appropriate patient admission or management is not achieved, escalation will go in this order:

1. Emergency Department, OB/GYN Physician Leadership on call
2. AAMD Service Line Director
3. Area Medical Director

#### **IN-BASKET OWNERSHIP**

- The ordering provider, or members of the OB/GYN Department, is (are) responsible for labs and imaging ordered.
- DME, ARx/OWO, Disability forms for post-operative patients will be managed and ordered by the covering OB-GYN or members of the OB/GYN Department.
- Messages from members will be managed by the covering provider to whom it was addressed.
- Refills for medication will be provided by the OB/GYN or Primary Care Physician. Pain medication may be ordered for outpatient use during the Emergency Department encounter as deemed appropriate by the ED provider.



## WORKFLOWS

### COVERAGE

Fontana:

- C call - 24 hours, pager -1588, cell phone -73302
- Backup call 24 hours: A call - 73300 or D call - 73303

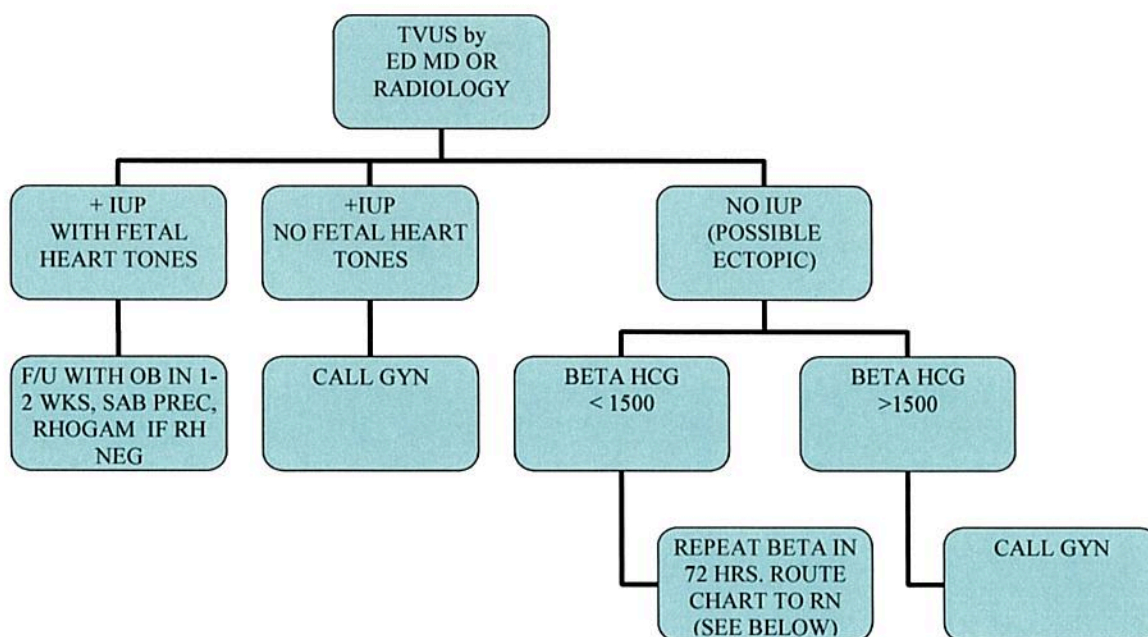
Ontario:

- F call - 0800 to 0200 and 0600 to 0800, cell phone -48406, pager 81089
- E call - 0200 to 0600, cell phone - 48405, pager 81088

### ER/UC DEPT FIRST TRIMESTER BLEEDING PROTOCOL

**GOAL:** Provide the highest quality of service to our patients

- All Urgent Care patients should have initial intake and evaluation by the RN/MA. This should include Age, Gravity and Parity, LMP, Quantity of bleeding, Associated symptoms, and vital signs, and urine pregnancy test
- All Urgent Care patients should have a stat CBC, Quantitative Beta HCG, and ABO-Rh (if there is not a previous ABO-Rh in the computer).
  - If the patients are stable (mild bleeding/cramping) then they should be seen by the UC/ED provider and can be managed according to the following algorithm.
  - If heavy bleeding or severe abdominal or adnexal pain then call Ob/Gyn
- Any patient who presents to the Emergency Department will be evaluated by the Emergency Department Provider. OB GYN will be consulted as clinically indicated. The FTBP may be referenced as needed. All encounter documentation should include patient age, estimated or documented gestational age, and confirmation of hemodynamic stability including vital signs. Appropriate follow up after discharge must be ensured.





- Please route charts of all 1<sup>st</sup> trimester bleeding patients that need follow-up Beta HCGs via Health Connect to the Perinatal RN case managers below

**ONTARIO patients route to PAM PALMER**  
**FONTANA/REDLANDS patients route to KAREN SUTTON**

**The assigned RN will contact the patient and order the repeat beta in 72 hours**

**OB BLEEDERS LESS THAN 20 WEEKS ( 2<sup>ND</sup> Trimester)**

- ED/UC performs initial exam
- Sonogram to evaluate fetus
- Consult GYN as needed
- All patients with an ectopic pregnancy or for whom there is concern for ectopic pregnancy will receive an OB/GYN consult or communication in order to ensure appropriate follow up.
- Patients who present to the Emergency Department with loss of pregnancy will be evaluated by an Emergency Department provider and OB/GYN will be consulted as appropriate.
- These patients will be given standardized diagnosis-related patient information, using Health Connect and the SCPMG Clinical Library Patient Instructions.
- A staff message should be sent to the in-basket of the C call provider and RN case manager (see FTBP) to arrange follow up.

**OB GESTATION >20 WEEKS**

- Initial evaluation will occur in Labor & Delivery (L&D) for any pregnancy-related chief complaint (i.g. abdominal pain, back pain)
- Pregnant patients of any gestational age with Central Nervous System, Cardiopulmonary, and Trauma related primary complaints will be initially evaluated in the Emergency Department. OB/GYN Consultation will be obtained as needed. Transfer to L&D for continued obstetric care is at the discretion of the OB/GYN provider.

**NON PREGNANT (GYN)**

- Patients with vaginal bleeding will be evaluated by the ED/UC provider and OB/GYN will be consulted as needed.
- Gynecology Postoperative Patients will be evaluated by the ED/UC provider with GYN consultation as needed.
- Gyn Oncology Patients will be evaluated by the ED/UC Provider with Internal Medicine or GYN consultation as needed.
- POLST, Palliative Care, and Hospice Discussions will be initiated by the GYN Oncologist, Internist, or Primary Care Physician.

**GYN PATIENTS SEEN BY UC/ED MD REQUIRING FOLLOW UP**

**Fontana**

- If patients have never been seen by a an Ob/Gyn provider in Fontana then send an referral (Tapestry)



- If patients have been seen by a Ob/Gyn provider in Fontana/Redlands then route chart to **Marilyn McLaughlin**
- If Gyn consult obtained then Gyn MD will be responsible for arranging follow-up

**Ontario**

- If patients have never been seen by a Provider in Ontario then send referral (Tapestry)
- If patients have been seen by an Ob/Gyn provider in Ontario then route chart to Ontario Secretary **Stephanie Garcia**
- If Gyn consult obtained then Gyn MD will be responsible for arranging follow-up

**POST OP COMPLICATONS**

**Urgent Care**

- < 30 days – consult Gyn
- > 30 days – UC-workup and consult Gyn as needed

**Emergency Department**

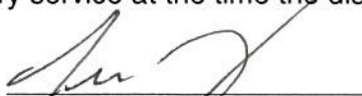
- Patients, who present to the ED, will be initially evaluated and stabilized by the Emergency Physician on duty. OB GYN may be consulted as clinically indicated.

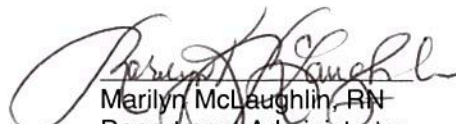
**ADMISSIONS**

- All obstetric related admissions will be admitted to OB/GYN.
- All non-critical patients with active bleeding (menorrhagia) who require admission will be admitted to the OB/GYN service.
- GYN patients with severe anemia requiring blood transfusion that are not actively bleeding will be admitted to the Internal Medicine service with OB/GYN consultation as needed.
- GYN patients (i.g. severe anemia due to AUB) with active medical problems (i.g. CHF, chest pain/ACS) will be admitted to the Internal Medicine Service with OB/GYN consultation.
- All OB/GYN postoperative complication readmissions will be admitted to OB/GYN.
- All OB patients requiring ICU admission for a medical condition will be admitted by Internal Medicine to the Internal Medicine ICU team. All OB patients requiring ICU admission for a surgical condition will be admitted by the Surgical ICU team.
- Pregnant patients admitted for medical illness will be admitted by either OB/GYN or Internal Medicine as appropriate on a case by case basis.
- ***Instances during which consensus cannot be reached by the on-call physicians regarding the primary admitting service will be escalated to the leadership of the respective department.***

**Disposition:**

Patients in the Emergency Department who are not admitted are the responsibility of the Emergency Physician until the patient has been admitted to the hospital. Any disposition issues, AMA (Against Medical Advice) discharge, Social Services concerns, a change to the plan of care, *et cetera* are the responsibility of the primary service at the time the disposition concern arises.

  
 Teresa Wray, MD  
 Chief of Service  
 OB/GYN

  
 Marilyn McLaughlin, RN  
 Department Administrator  
 OB/GYN



Fontana & Ontario Medical Centers



Ramona Snipes, MD  
Chief of Service  
Emergency Medicine

Sara Bigdeli, MD  
Physician in Charge  
Urgent Care

Janet Kilgore, RN  
Director  
Emergency Medicine, Fontana

Teresa Swift, RN  
Department Administrator  
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Mike Krause, RN  
Director  
Emergency Medicine, Ontario