SCOPE OF SERVICE
OTOLARYNGOLOGY CLINIC

A. LOCATION AND HOURS OF OPERATION
The Otolaryngology (ENT) Clinic is located on the 3rd Floor of the Ambulatory Care Center. Clinic hours are 0800 – 1630 or until clinic is completed. For appointment scheduling of specific days and times of specialty clinics, see the Ambulatory Division Policy Manual, A-90-DIV, Appointments - Clinic Scheduling.

B. SERVICES/CONDITIONS AND POPULATION SERVED
Patients of all ages (neonates, infants, children, adolescents, adults, and geriatrics) who have acute or chronic conditions of the ear, nose, and throat are served via diagnostic and management. This also includes congenital disorders such as cleft lip (bilateral or unilateral) and palates. In addition to FWCC, we also service patients with cancers of the head and neck. Otolaryngology shares with Oral maxillofacial in servicing trauma of the facial, maxilla, and facial bones.

Other services include allergy testing and immunotherapy, facial plastic and reconstruction surgeries. In addition, the ENT Otolaryngology are now evaluating patients with severe hearing loss (Conductive, Sensorineural or both) by implanting devices such as BAHA (Bone Anchored Hearing Apparatus) as well as Cochlear implants.

Specialty clinics include: Audiology Clinic, Cleft Clinic, Speech Pathology, Neuro-otology and facial plastics.

C. PROCEDURES/TREATMENT/ACTIVITIES PERFORMED
Procedures performed in clinic include minor surgical procedures such as:
arch bar removal
closed reduction of nasal fractures
eyelid gold weight placement/removal
I & D of peritonsillar abscess
keloid removal
myringotomy with tube placement in adult patients only
repair of facial lacerations
skin biopsies (excisional, incisional, laser)
skin tag removal
Therapeutic procedures include:
- allergy injections
- Botox injections
- make ear molds -delete
- placement of PE tubes (adults only)
- removal of foreign bodies from ears and nose
- removal of P.E. Tubes from the ear canal
- speech therapy
- tracheostomy tube changes

Diagnostic procedures include:
- allergy set testing
- audiograms/tympanograms
- biopsies of the head and neck (skin, cyst, temporal artery)
- EMG (muscle/nerve damage to voice box)
- ENG (vertigo, Meniere's disease)
- ENOG (facial nerve paralysis/Bell's Palsy)
- Epley Maneuvers
- nasal endoscopy, laryngoscopy and videostroboscopy
- needle aspiration of neck masses
- newborn hearing screens
- non-sedated ABR in children
- Prick allergy screening (to confirm diagnosis only)
- Prick allergy testing
- RAST testing

For a complete list of procedures, see the Otolaryngology Policy Manual, P-10-OTO, Procedures Performed and Not Performed.

D. CLINIC STAFFING

Medical Staff include: physicians including staff and residents, medical students (under the direct supervision of licensed physicians).

Nursing Staff include: a RN Clinic Manager, 2 RN Staff Nurses, 1 Nursing Assistant, and 2 Hospital Admit Techs.

Ancillary staff consists of Audiologists (2 full-time and 1 part-time), a Case Manager (shared), Physician Assistant, Speech Pathologist, and a RN Clinical Coordinator who is under the supervision of the ENT Medical Department Head.

E. NURSING STAFF FUNCTIONS

The RN Clinic Manager
1. makes staff assignments
2. orders special equipment and supplies
3. conducts hiring and evaluation interviews and disciplinary conferences and
4. provides staff development.
5. assists in the clinic as needed.
6. attends scheduled meetings
The **RN Staff Nurses**
1. administer medications and IV fluids
2. perform allergy testing and treatment
3. assist physicians with procedures and exams
4. may act as Charge Nurse in the absence of the Clinic Manager
5. monitor patients receiving conscious sedation
6. perform patient assessments
7. are responsible for making sure all referring consults are viewed by the Chief Resident or Staff Physician and appointments are scheduled

The **Nursing Assistant**
1. assists physicians with procedures
2. cleans exam room between patient usage
3. flows patients in and out of exam rooms
4. orders supplies from CMS
5. performs vital signs
6. processes equipment and transporting instruments to CMS

The **Hospital Admit Techs**
1. schedule diagnostic tests
2. act as receptionist
3. answer phone
4. assist with patient registration
5. maintain daily census and other patient related data
6. process patients in and out of clinic
7. receive incoming consults, sorts, and logs in with Medical Record # (if established) and insurance information
8. schedule appointments
9. deliver all radiology consults timely

**F. IMPORTANT ASPECT OF CARE**

Important aspects of care include:

**High Volume: Management of the following patients:**
- Allergy Immunotherapy
- Chronic and acute ear diseases
- Cleft Palate/Lip
- Facial Trauma
- Gastrointestinal Reflux Disorder (GERD)
- Hearing Disorders
- Neurological disorders of the ear (i.e. Meniere’s disease)
- Obstructive Sleep Apnea
- Pediatric, Adults, Geriatrics
- Post-Operative Patients
- Pre-Operative Patients
High Risk: Management of the patients receiving the following treatment for:
- Acute Facial nerve Paralysis
- Globus Sensation
- Head and Neck Cancer
- Laryngeal Stenosis
- Leukoplakia of the oral cavity
- Patients with neck masses
- Stridor
- Sudden Hearing Loss
- Unresolved dysphagia
- Vocal cord disorders

Problem Prone: Telephone triage of problems, referrals, and consults.

SCHEDULING/ACCESSIBILITY OF CARE

All appointments requested from within LSUHealth-Shreveport will be scheduled from the work queue referrals only. The Chief Resident or the Physician Assistant will review each referral from the work queue and assign an appointment date. The nursing staff or the Hospital Admit Techs will then schedule the appointments via Electronic Health Record (EHR).

All external referrals will be received via Fax. The scheduling process will be the same as described above with in-house referrals.

Emergency Referrals

During and after Clinic Hours

1. All referrals will be entered into the work queue. The physician will be notified if the referral is urgent or emergent for immediate scheduling. Current patient contact information as described below shall be included with the referral in the event that if needed, the ENT clinic staff may contact the patient.

2. Patient Contact Information includes the following:
   a. Patient’s name
   b. Medical Record #
   c. Patient’s contact phone number
   d. Patient’s relative or significant other’s contact phone number

After Clinic Hours, Holidays, and Weekends

1. The ECC physician will page the ENT Resident on Call and relay the patient’s information.

2. The ECC Physician shall:
   a. enter the patients clinical information into EHR along with the patient’s contact information as described above.
   b. include the ENT Resident’s name spoken to.
Inpatient Referral Follow Ups

During Clinic Hours

1. The clinic shall be notified @ (318) 813-2690 for appointments. The ENT resident will also enter appointment request into the clinic staff “In-Basket” for notification of needed appointment.

2. The ENT Resident will see the patient in-house and assign a follow-up appointment to the clinic if needed.

3. The discharging resident shall forward this information to the ENT Clinic staff “In Basket”.

4. The inpatient staff shall call the clinic during business hours for the assigned appointment to be scheduled in the EHR.

After Clinic Hours, Holidays, and Weekends
All physician requested patient referral and follow up appointments shall be assigned via “In Basket” or Work queue.

Post-Operative Patients:

Follow the Inpatient Referral protocol above.

Emergent/Urgent

1. Page the ENT Resident on Call @ 2900.

2. Patients will be seen immediately or within 24 hours if appropriate.

3. The Chief Resident or Attending Physician shall make the decision whether to bring the patient in the clinic the same day of the referral.

4. If the patient is to be seen the same day, staff may send the patient or escort the patient to the ENT clinic preceded by a call to a clinic nurse for continuity of care.

5. If the patient’s appointment is not scheduled for the same day; the referral/consult shall be forwarded to the Scheduling and Authorization Needed SHV ENT CLN work queue.

   a. Patient’s relative or significant other’s contact phone numbers
   b. Patient’s clinical information

6. In the event, there is not time for the appointment to be mailed; the staff will call the patient. A current telephone number is essential.
Clinics: Consults and Referrals Only

1. Cleft Palate - (Second Monday of each month unless otherwise specified by the staff physician) for patients with cleft palates/cleft lip

2. Audiology - (Mon-Fri) for patients requiring audiological evaluation

3. Speech – (patients with speech disorders)

4. Outpatient Surgery Follow-Up for patients discharged from day surgery

5. Faculty Clinics: Call 675-6262 for appointment scheduling.

6. The Inmate Clinic is scheduled on Friday afternoons only
   **Exception:** If the patients requires evaluation during the week

Patient referrals from physicians are given appointments to appropriate clinics through open booking.

H. NO SHOW FOLLOW-UP

1. The clinic staff nurses will complete the follow-ups by the end of each clinic day. Patients with high risk diagnoses of cancer will be:
   a. rebooked twice
   b. followed by a telephone
   c. followed by a certified letter

   Staff will document the above information in the EHR.

2. Established patients with other high risk diagnoses will be:
   a. rebooked twice
   b. followed by a certified letter

3. A new patient (none established) patient will be rebooked once with no certified letter.

I. ABNORMAL DIAGNOSTIC RESULTS FOLLOW-UP

All test results are shown to the ordering physician. If results are abnormal according to the patient's norm, the patient is recalled based on the urgency of the situation by the physician, nurse or clerk. If non-urgent, the patient is sent a letter/appointment card or contacted by phone. If the mail is returned (ex. wrong address) attempt to contact the patient is made by phone.

If attempts to notify the patient by routine methods (phone, mail) fails and/or the need to contact the patient is considered urgent, the Public Health Agency, Social Services Dept, UPD or the local law enforcement agency is contacted for assistance. A log book is maintained to prove a monitoring mechanism.
J. **PATIENT EDUCATION**

Written and/or verbal instructions are given to the patient by physicians and nurses and documented in the EHR. Instruction sheets are provided for certain diagnostic tests as well as pre/post-op work-ups. The will also receive an “After Visit Summary” printout from the EHR.