SCOPE OF SERVICE
UROLOGY CLINIC

A. LOCATION AND HOURS OF OPERATION
The Urology Clinic is located on the 3rd Floor of the Ambulatory Care Center and functions 0800-1630 Monday thru Friday or until clinic is completed.

B. SERVICES/CONDITIONS AND POPULATION SERVED
The clinic provides diagnostic and therapeutic management to patients of both sexes from birth thru all ages (neonates, infants, children, adolescents, adults and/or geriatrics). Care is given to in-patients and out-patients with genito-urinary and adrenal conditions, acute and chronic.

C. PROCEDURES/ACTIVITIES PERFORMED
Procedures performed in the clinic include:

Diagnostic radiologic procedures:
- Intravenous Pyelogram and Cystogram,

Specialty diagnostic tests:
- PVRs

Flow rates

Surgical procedures
- Circumcisions
- Fiduciary Marker Placement
- Prostate biopsies
- Vasectomies

Therapeutic procedures:
- Nephrostomy-cystostomy tube changes
- Urethral dilations
- Nephrostogram
- Bladder irrigations
- Instillations
- Urodynamics
- Urethrogram
- Ureteral Stent placement

See the ACD: Urology Clinic Policy Manual, P-10-URO for a complete list of procedures performed in the clinic.
D. **CLINIC STAFFING**

Medical staffing consists of a Medical Clinic Chief, Staff MD, Residents, and Medical Students under direct supervision of the licensed physicians. Two Physician Assistants for the medical staff are under the direction /management of the Clinic Medical Director.

Nursing Staff consists of an RN Clinic Manager, 3 RN Staff Nurses, 1 LPN, 1 Nursing Assistant, 2 Administrative Coordinators and 2 Hospital Admit Tech 4.

Ancillary staff consists of a Case Manager who assists patients to obtain home health care and assistance in acquiring medication if needed, and 2 Urology Radiologic Imaging Specialists who perform ultrasounds with accompanying procedures and other radiologic procedures under the direction of the Clinic Medical Director.

E. **NURSING STAFF FUNCTIONS**

The **RN Supervisor** performs managerial tasks such as
1. scheduling procedures
2. ordering equipment and supplies
3. making staff assignments
4. conducting hiring interviews and disciplinary conferences
5. providing for staff development
6. also functions as a staff nurse

The **Staff Nurses** (RN, LPN, or Float Nurse)
1. prioritizes patients to be seen by physicians
2. sets up and assists with x-ray, surgical and therapeutic procedures
3. provides patient teaching for diagnostic tests and home care
4. collects urine and blood specimens
5. performs CMG and flowmeter studies
6. administers medication and IV therapy

The **Nursing Assistant** is responsible for
1. processing equipment and maintaining sterilization records
2. assisting with x-ray and surgical procedures
3. performing CMG and flowmeter studies
4. taking vital signs
5. obtaining urine specimens and sending specimens to the ACC Lab
6. performing multistix on all urines
7. logging results in book

The **Clerk** is responsible
1. for booking appointments
2. processing patient in and out of clinic
3. scheduling diagnostic tests
4. answering the telephone
5. retrieving medical records
6. transporting intra/interdepartmental requests/consults
7. mailing/ telephone contact for rescheduled patients
8. assisting with patient registration.
F. IMPORTANT ASPECTS OF CARE

Important aspects of care in the Urology Clinic includes:

High Volume: Management of the patient requiring GU procedures such as:
- Ureteral Catheterization
- Cystoscopy
- Cystoscopy with Ureteral Catheterization
- Digital Rectal Exam
- Circumcision
- Flow Met
- Post Void Residual
- Urodynamic Testing
- Extracorporeal Shockwave Lithotripsy (ESWL)

High Risk: Management of the patients undergoing the following procedures:
- Transrectal-Prostate Biopsy
- Renal Biopsy
- Percutaneous Nephrostomy Tube Placement
- Vasectomy
- ESWL

Problem Prone: Management of the patient undergoing the following procedures:
- Dilation of Complex Urethral Structure Disease
- Gross Hematuria with Clot Retention
- Incision and Drainage of Soft Tissue Abscesses
- Diversion in cases of Ureteral Obstruction secondary degree to Malignancy
- Suprapubic Tube Placement/Changes

G. SCHEDULING/ACCESSIBILITY OF CARE

Patients initial appointments are scheduled via physician consult; however, non-appointed and urgent care patients may be seen via referral from private physician or referral from triage, or ER area. The average waiting for routine appointments is three (3) months and waiting room time 1-2 hours; however, urgent and emergency cases are treated as needed. The RNs review all diagnostic reports; abnormal tests results are referred to a physician who determines the need for follow-up treatment. The patient is then contacted via phone or mailed an appointment to return to clinic if needed. No-show patients whose conditions or test results require close follow-up are contacted by the nursing and medical staff or, if unable to contact, assistance to get the patient to the clinic will be requested by the local law enforcement agency. Serious conditions in which the no-show patient will be pursued include: kidney cancer, prostate cancer, testicular cancer, bladder cancer, penile cancer, urethral cancer, ureteral obstruction, testicular torsion, and renal failure.

H. NO-SHOW APPOINTMENT FOLLOW-UP

Patients who miss an appointment who have a high-risk condition/diagnosis including testicular cancer, prostate cancer, renal cancer, urosepsis, infectious stones, ureteral obstruction, neuropathic bladder dysfunction pyelonephritis, renal failure and bladder cancer will be contacted in a manner appropriate to the urgency of their situation. See the Ambulatory Care Division Policy Manual, P-06-DIV, Patient Recall.
I. FOLLOW-UP OF ABNORMAL DIAGNOSTIC RESULTS
Patients shall be contacted to return to the clinic for further examination or treatment when diagnostic test results are significantly abnormal compared to the patient's norm. All patients with elevated PSA's and abnormal urine cytologies are called to return to clinic within a week. A log of patients contacted is maintained to provide a monitoring mechanism.

Physicians and nurses are responsible for determining need to recall the patient. If nursing staff question the need for recall, they refer to the physician for direction. 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. See Patient Recall, General Section P-6.

J. PATIENT EDUCATION
Preparatory instructions for diagnostic testing are given in writing and verbally at the time the appointment is scheduled. Pre and post procedural instructions are given verbally and/or in writing by nursing personnel. The Medical Staff is responsible for giving the medical treatment and plan of care instruction. On all written instructions, the clinic phone number is provided in the event the patient has additional questions or concerns.