

We have one urologist here every other week for clinic and one day a month for procedures. We also have an NP doing a clinic every other week. Our urology cases go to Slidell and Gulfport.

Dedicated women's health center.

Dedicated GYN Surgeon is booked out 2 months.

As soon as the PCP doctors know you are here, you should expect at least 3-5 operative cases a week. We have 15 PCP and APPs that will refer cases to you. The Gulfport primary care doctors across the parking lot would also send some of their patients to us, just because we are closer. That would be in addition to the ER volumes. Ideally you could expect to have a few short days of surgery, that would also help increase volumes due to your availability. We have a great mix of patients from the lowest end of the socioeconomic scale to the very well to do.

Emergency Medicine

6a-6p-Single EM doctor coverage

6p-6a-Single EM doctor coverage

10a-10p-APP

We have 20K annual visits and a low acuity mix. This is due to the fact we have a lot of healthy, active older people. Approximately 35% of our ED patients are more of an urgent care related issue and not emergent. However, it was shared with us that the urology service volume is more reflective of an ED that has 35K annual visits. Our admission rate is about 10% and our transfer rate is 4-6% of all patients. Overall, the patient population is very nice. The highest volume of transfers has come from cardiology, GI and urology. We don't need someone to be on call at night. The EM doctors know when to call the urologist. We very rarely need a urologist after hours. We can hold them in the ER until the morning arrives.

We typically transfer out 1-2 operative cases a week without a urologist in town. If the population knew we had a urologist, then the volume of urology cases that came to our hospital would be closer to 3-5 operative cases a week. A lot of those cases would be stones. The ambulance drivers would bring the cases here, and not Gulfport about 20 miles to the east, where there are 3 urologists. If our new urologist is flexible and wants to do add on cases, the volume will also grow quicker. About one third of our patients are here part time or just passing through. About two thirds are the local residents.

Hospitalist Service

7 on/7 off-12-hour shifts with after-hours virtual coverage

We spent some time speaking with Dr. Copeland (U of MS-Undergraduate/MD, Tulane Residency), the lead hospitalist. He is very easy to work with and does a great job managing our inpatients. We have a nocturnist service that is covered remotely. If there is a critical care issue that Dr. Copeland can't handle, he is just a phone call away from a critical care phone consult. Dr. Copeland does most critical care procedures, with paracentesis being done by radiology, and intubation/central lines done by ER/ANES, but Dr. Copeland will run the codes. There are no anesthesia services over the weekend.

You should expect this job to be an easier pace than a very busy service. Just being available from 8a-4p will get you more business. This is not a practice with a full day of inpatient consults, some days none, some days 3-5. You should be busy enough to have a full complement of urology cases. Our hospitalist service has an average daily census of about 16-20 with an APP that helps out.

On the inpatient side, we have transferred large obstruction stones and testicular abscess. Post operatively Dr. Copeland manages the patient and will only call you if something comes up where he needs your opinion. The urology service is a consultative service and the hospitalists will admit and manage your patients.

No surgical ICU or eICU coverage.

Radiology is in house M-F and after hours and weekends with a Nighthawk service.

1.5T MR, 64 slice CT, 4 ultrasounds, dexascan, two 3D mammos

We have a mobile lithotripsy unit that used to come every Friday. We will get that up and running again with our new provider on an as needed basis.

Surgery/Procedures

On the day of surgery, patients begin to report at 6:30a to our 6 bed pre operative area. We have a 7 bed recovery area. They typically wait about 45 minutes before their procedure starts. We do the pre anesthesia visits 24-48 hour in advance. We have 3 OR and 2 endoscopy suites, with one OR being oversized.

We have a scrub technician and RN on each case. We have a MD (1)/CRNA (3) model with Dr. Dang supervising the CRNA team. Dr. Dang has 30 years of experience. Dang takes care of the pre-op, peri-op and post-op. He is comfortable with any type of case that is scheduled. They typically finish cases by 3p, but can stay until 5p-6p for add ons. For all scheduled patients, Dr. Dang will review that file as soon as it is scheduled. He is very thorough and makes sure the patient is ready for the procedure.

Tuesday is the busiest day with Orthopedics and pain procedures. Every third Friday, our GI comes to town. General surgery is here on Monday and Wednesday and podiatry comes on Friday.

Make sure to get Dr. Petre-GS involved in your IV itinerary.