



Rancho Los Amigos National Rehabilitation Center OUTPATIENT SERVICES POLICY AND PROCEDURE

**SUBJECT: Clinic 4: Same Day Clinic
Referral Criteria, Intake Process, and
Procedures**

**Policy No.: 4.03.01
Supersedes: 01/2015
Revision: 05/2018
Page: 1 of 3**

INTENT

Clinic 4 is *not* a substitute for emergency care. In an emergency, refer to Administration Policy A 123 - Emergency Medical Care.

Clinic 4 serves Los Angeles County Department of Health Services (DHS) patients with non-emergent medical conditions who may need treatment.

- Referrals to Clinic 4 are typically made by the Rancho Primary Care Medical Home (PCMH) or Rancho Specialty Care Clinic (DHS assigned patients), after all available Primary Care Physician (PCP) slots have been filled, including Open Access slots and those vacated by no-shows and cancellations.
- If a patient "walks in" for same-day care, calls the Appointment Call Center, or the Nurse Message Center, with concerns regarding a medical condition, every attempt must be made to contact the PCMH team and schedule the patient to be seen by the PCP before making the referral to Clinic 4.
- Similarly, if a patient experiences a non-urgent medical condition while participating in outpatient therapy, the therapy team should attempt to contact the PCMH team and schedule the DHS-assigned patient with his or her PCP.

REFERRAL CRITERIA

Examples of non-urgent conditions that are appropriate to refer to Clinic 4 include, but are not limited to:

- Minor injury
- Sprains and strains
- Mild breathing difficulties
- Fever, chills, malaise
- Sore throat or cough
- Skin rashes and infections
- New pressure sores
- Vomiting, diarrhea
- Urinary tract infections

After treatment, the Clinic 4 provider will refer the patient back to his or her PCP for follow-up care.

PROCEDURE(S)

Referrals from Specialty Clinic

- If a DHS-assigned patient empaneled to Rancho presents with an additional medical condition, other than that which is being treated by the Specialist, the Specialty team should contact the PCMH. If the PCP recommends the patient be referred to Clinic 4, the PCP should contact the Clinic 4 team to complete the handoff.
- If a DHS-assigned patient empaneled to another DHS facility presents with an additional medical condition, other than that which is being treated by the Specialist, the Specialty team may refer the patient to Clinic 4 directly. The Specialist should contact the Clinic 4 team to complete the handoff.

EFFECTIVE DATE:

APPROVED BY:

Dennis Wong, MD
Leilani Hermosura, NP
Walter Afable

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

Signature(s) on File.

Upon arrival at Clinic 4, the patient will be advised by PAC during registration of their option to change empanelment to Rancho.

- If a patient is covered by Non-DHS Medi-Cal Managed Care or private insurance, the Specialty Provider should consider referring the patient back to her or his outside PCP, urgent care, or nearest emergency room, as the provider deems appropriate, to mitigate the risk of non-payment. The Specialty Provider may refer the patient directly to Clinic 4; however, there is no guarantee of reimbursement for services provided due to the lack of prior authorization. PAC will advise patient at the time of registration of their option to switch assignment to DHS and/or change empanelment to DHS-Rancho.
- If a patient is covered by fee-for-service Medicare or Medi-Cal, empaneled or not empaneled to Rancho, the Specialty Provider may refer the patient directly to Clinic 4. Patients not empaneled to Rancho will be advised by PAC, during registration, of their option to be empaneled to Rancho.

Intake Process

PAC

- Upon arrival at Clinic 4, each patient is registered by PAC prior to being scheduled for a "Nurse Only" visit to Clinic 4.
- If PAC determines patient is Non-DHS Medi-Cal Managed Care or private insurance, (including Rancho employees, visitors, volunteers, or research participants), PAC will provide the patient with a **pink** piece of paper which reads "Non-DHS". This will serve as an alert to the providers that the patient is either not empaneled to Rancho or has no authorization to be seen in Clinic 4. Provider should consider referring the patient back to her/his outside PCP, urgent care, or nearest emergency room, as the provider deems appropriate.
- If PAC determines the patient is DHS-assigned, empaneled to Rancho or another DHS facility (including fee-for-service Medicare or Medi-cal), the patient's information is recorded on a **green** piece of paper. This will serve as an alert to the providers that it is okay for the patient to be seen in Clinic 4 due to DHS assignment (empaneled to Rancho or another DHS facility) or minimal risk of non-payment.

NURSING & PROVIDER

- The patient is next seen by the intake nurse. If the patient presents the nurse with a **green** piece of paper, evaluation and treatment can commence without further interruption.
- If the patient presents with a **pink** piece of paper, the nurse and/or provider must assess the patient's medical stability.
 - If the patient is medically stable, he or she will be directed by the nurse or provider to contact his or her outside PCP, visit Urgent Care, or go to the nearest Emergency Room (ER).
 - If it is determined that the patient needs immediate medical attention, the Clinic 4 team will call 9-1-1 to transfer the patient to the nearest ER.
 - Based on the nursing intake, if the Provider chooses to treat the patient, nursing will then schedule a provider visit.
- An exception should be granted for a Non-DHS patient who experiences a fall or minor injury while on Campus. In this case, an evaluation and basic workup is recommended. The Clinic 4 team should then contact Risk Management.

Further Medical Treatment

- While treating the patient, if the Clinic 4 Provider recommends that the Non-DHS patient be admitted to inpatient, the Clinic 4 team notifies Central Admission and Referral Office (CARO) and Bed Control for medical clearance. Bed Control then contacts the PAC to request financial clearance if admission is medically approved.

- PAC will attempt to obtain authorization for admission. If PAC is unable to secure authorization for admission, PAC will inform Bed Control that no authorization has been received. Bed Control then notifies the Clinic 4 team.
- The Clinic 4 Provider makes the final medical decision on whether to admit the patient to inpatient or call 911 to facilitate transfer to the closest Emergency Room.
- If the Provider decides to admit the patient, the Clinic 4 team notifies Bed Control who then advises the PAC. The decision to admit the patient without authorization is documented by PAC and they inform inpatient Case Management of the need to seek authorization retroactively.

Other situations and appropriate actions

| SITUATION | ACTION |
|--|--|
| 1. Medication refills, supply refills, or DME orders | 1. Propose to PCP. The PCMH is the appropriate place to address patients' medication, narcotics, supply, and equipment needs. |
| 2. Patients seen in PCMH or Specialty Clinic with SIRS or se_2sis. | 2. Keep the patient in the scheduled clinic location with original medical team for observation, work-up, and possible admission to inpatient. |
| 3. Patients requesting completion, review, or signing of forms, documents, or letters. | 3. Refer the patient to Health Information Management (HIM). |
| 4. Patients designated as "late" or "no-show" to clinic appointment | 4. Reschedule the patient with the originally scheduled provider. If available, the patient should be scheduled in the next available Open Access slot, or consider a tele-health visit. |
| 5. Patients who request an earlier appointment with their PCP | 5. Reschedule the patient with the PCP via Open Access. |
| 6. Patients recently discharged from ER or hospital | 6. Schedule the patient with his or her PCP via Open Access, or have Care Management pursue an alternative solution. |

