

**OLIVE VIEW-UCLA MEDICAL CENTER
PATIENT ACCESS
POLICY & PROCEDURE**

**NUMBER: 863
VERSION: 1**

SUBJECT/TITLE: DOWNTIME PROCEDURES

POLICY: Patient Access has the responsibility of registering all patients presenting for emergency/urgent care services. A manual process will be implemented when the electronic health record (eHR) is not functioning.

PURPOSE: To establish procedures for controlling the issuance of Medical Record Number's (MRN) and Financial Information Number's (FIN's) when the electronic health record is not functioning and/or when it is brought down by Information Systems Division for upgrades. To establish procedure for a team of experienced workers who can process chronically all downtime data in order to ensure accuracy.

DEPARTMENTS: REVENUE MANAGEMENT

DEFINITIONS:

PROCEDURE: DEM/PSYCH ER

REGISTRATION WORKER:

- I. Using First Net for Patients accessing the Emergency/Urgent Care department, Labor and Delivery, and Psych ER Obtain MRN
- II. Verify patient's name, date of birth, current Los Angeles County address, and Social Security Number (if available), using Patient Information form (PIF) and government issued ID, i.e. CA DL, Passport, Matricula, etc.
- III. If eHR is read only, verify if patient previously received services and obtain MRN
- IV. If eHR is down all together, verify if patient previously received services using 724 Access to obtain old MRN
- V. If both ORCHID and 724 is down rely on downtime registration system and patients DHS card to manually create a FIN using the MRN on patients card
- VI. Issue new MRN and FIN if it has been determined per existing

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procedures that no previous MRN exists.

- VII. For Patients accessing the Emergency/Urgent Care department, Labor and Delivery, and Psych ER Obtain MRN from Permanent File Master Card consisting of assigned block of numbers previously issued from Medical Records Department (list of downtime numbers).

NOTE: Each employee issuing an MRN and or FIN from the permanent master file card and completing all essential information is responsible for the completion of the patient registration of the MRN/FIN issued.

- VIII. Manually complete the following forms:
 - A. Labels
 - B. English/Spanish Consent
 - C. Patient ID Card
- IX. Enter patient's name and MRN on Downtime Log (electronically done using downtime registration system or manual if downtime registration system is not available).
- X. At the end of each shift, notify on coming staff of Downtime status.
 - A. For scheduled Downtime at the end of each shift:
 - 1. Photocopy logs and hand carry copies of logs along with PIF stapled to a copy of the face sheet to the on duty Supervisor or designated staff at the end of each shift.
- XI. For Non-Scheduled Downtime, forward all documents to on coming shift.
 - 1. Photocopy logs and hand carry copies of logs along with PIF stapled to a copy of the face sheet to the on duty Supervisor or designated staff at the end of each shift.
 - 2. Supervisor/Manager or designee will determine if staff will be required to accommodate the downtime
 - 3. If so staff are to remain at the work site until it is determined by the supervisor/manager or designee
- XII. When ORCHID is functioning the recovery process begins
 - A. Enter all patient data into the eHR
 - B. Assign MRN, FIN and or both (whichever applies)
 - C. Forward original copy of Downtime Log to Supervisor or designated staff.
- XIII. If previous MRN is found in ORCHID, prepare Merge Request Form and forward to Supervisor or designated staff.

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ADMITTING WORKER:

- I. For Downtime Admission, a requisition will be received by admissions staff and log on Admissions Log.
- II. Conduct interview with patient and/or responsible family member. Complete and secure patients signature on all required forms per existing procedure.

NOTE: The Department of Treasure Tax Collector form (MA-590) must be completed on patients, with no resource.

- III. Ensure the Standard Register Patients Linkup System is in manual mode, input patient information and generate forms to create medical chart (per existing procedure)
- IV. Manually complete Inpatient Accounts Receivable Billing Instruction (face sheet) and distribute copies as follows:
 - A. Patient Chart
 - B. Financial Folder

LABOR AND DELIVERY ADMITTING:

- I. Receive patient and complete Registration (per existing procedures).
- II. Conduct interview with patient and/or family member to determine if patient has existing MRN. Complete and secure patients signature on all required forms (per existing procedures).

NOTE: The Department of Treasury Tax Collector form (MA-590) must be completed on patients with no resources.

- III. If patient states he/she has an existing MRN, request Medical Record Card.
- IV. If patient states he/she does not have an existing MRN or does not have proof of existing number, contact Registration staff at ext. 65228 to obtain a MRN
- V. Generate an Obstetrical Encounter form and list patient on the Downtime obstetrical Clinic Registration Log.
- VI. Check OB Pre-Screen files for an existing financial folder and do the following:
 - A. If a file exists, update information in file and complete the

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- chronological log (per existing procedures).
- B. If a file does not exist create a financial folder (per existing procedures).

- VII. If Inpatient admission is required receive Obstetrical Encounter form L&D clerk and notate Admit on the OB Clinic Registration Log & OB Downtime Admissions Log. Call ext. 65228 for Newborn Pre-Admit MRN.

- VIII. Ensure the Standard Registry Patient Link Up System is in manual mode and input patient's information to generate patients chart.

- IX. Contact DEM Patient Access staff at ext. 65228 to obtain a downtime MRN for the Newborn Pre-Admit.

- X. Manually complete the Accounts Receivable Billing Instructions and distribute as follows:
 - A. Patients Medical Chart – Original
 - B. Patients Hospital Folder – Copy
 - C. Utilization Review – Copy

- XI. Forward patients chart to the L&D clerk

- XII. When eHR has recovered input Admissions, recurrent Outpatient FIN and Newborn Pre-Admit using the appropriate time.

SUPERVISOR:

- I. Receive notification downtime from Information Systems or from outgoing shift. If Scheduled Downtime assemble a minimum of 6 employees in order to complete data entry when eHR is back up.

- II. Inform staff of downtime status and continue to use Downtime procedures.

- III. For scheduled downtime packets, staffing, Downtime MRN's, and all other necessary supplies are available.

- IV. Receive Downtime Logs from staff.

- V. Review for completeness, accuracy and proper registration.
 - A. Complete merge request for duplicate MRN per existing procedure.

- VI. Forward all completed logs to Patient Access Assistant Division Head

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of ER and Admissions.

DEPARTMENT APPLICATION COORDINATOR (DAC)

- I. Receive and review all Downtime documents to ensure completed data entry is accurate in eHR.
- II. If accurate, annotate “Completed, date and initial” on log and forward to Admitting Manager.
- III. If not accurate, research and correct the error in eHR and notify all effected departments.

ADMITTING MANAGER:

- I. Receive completed logs and confirm all is completed and filed.

References:	
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