Policy:

It is the policy of LSUHSC-S to use a rotation system for licensed healthcare providers who supply post discharge services/care to patients not provided by the hospital. Providers for service shall be screened and referral information maintained relating to type, location, level and quality of service provided. Per the Balanced Budget Act of 1997 the hospital shall provide a list of all available agencies to each patient. The agency must submit a written request to be placed on the list.

Procedure:

1. Referrals for Service

   All patients shall be given the option of selecting a provider of their choice for a particular service. Provider selection by a patient shall not be biased by staff solicitation for a particular provider.

   If patients have an established relationship with a provider then they shall be referred back to that provider, unless they specifically request otherwise.

   A physician may order a particular provider if documentation and justification is present that a particular provider supplies a unique service or specialty. This justification must be documented.

   All other patients not meeting one of the above criteria shall be provided, by the case manager, with a list of agencies located within their area of residency. If the patient refuses, or is otherwise unable to make a decision, a surrogate decision maker will be contacted for preference and if no preference is stated, the referral rotation list shall be implemented.

2. Referral Rotation List

   Case Management shall maintain the list of all approved healthcare providers who supply post discharge services/care.

   Providers may solicit to be on the rotation list for a service by submitting a request to the Assistant Administrator for Patient Care Services or their designee to include the following: description of service; education, experience, and certifications of staff; evidence of certifications; licensure of business; references from current users.
** Any other solicitation for business including distribution of literature, on-site patient contact, or incentives for hospital staff or physicians shall be considered grounds for non-placement or removal from the rotation list.

Once a provider is deemed appropriate for referrals they shall be notified in writing and added to the rotation list for that service.

Separate rotation lists, for all types of services, shall be maintained within service regions.

All providers are expected to notify the Assistant Administrator of Patient Care Services or their designee in writing if there is a change in the ability to deliver a particular service. (Examples might include a change in the level of staffing for a specialty area, or lack of equipment available.)

3. Removal from Referral Rotation List

Providers, who do not provide a high quality level of service; who lose their CMS and/or TJC accreditation and/or refuse to accept indigent patients may be removed from the rotation list. Clinical practice and treatment is to be within the National Standard of Care for the providers’ classification, i.e. Home Health, Rehabilitation Hospital, etc., current licensure must be maintained. This process shall include: documentation by staff of variances in patient care delivery, patient complaints, billing, and documentation. Variances shall be completed at the time they occur by hospital staff and physicians. Copies of the variances shall be maintained on file and mailed to the providers for correction and response. If it is determined that the severity and/or number of variances is excessive, or there is a failure to respond to variances, then the provider may be removed from the rotation list. Serious violations shall include clinical practice and treatment that does not meet the National Standard of Care; CMS or TJC regulations and has a high probability of causing patient harm.

Prior to their removal, the agency shall be notified in writing. A hearing may be requested by the agency. This hearing shall be before the Administrator or his designee, and two Associate or Assistant Administrators. The provider may be represented by a person of their choosing. The hearing shall be held promptly, and shall be informal in nature, and the rules of evidence shall not apply. The decision of this panel shall be final.

Depending on the violations, and if the provider is removed from the list, they may solicit to be placed back on the list by submitting a plan of correction which shall be reviewed and approved or denied by Administration and LSUHSC Legal Affairs Office.
4. Department Referral Rotation Tracking

Patient referrals based on patient request, previous relationship with the provider, or physician request because of provider specialty, shall not be a part of rotation referral.

Patients who do not fall into one of the previous categories shall be referred to the next provider on the list.

Certain types of provider referrals shall be centralized within the Case Management Department. All personnel making referrals shall contact the Case Management to determine the next provider on the rotation.

The Case Management Department shall be able to demonstrate by the referral log that a rotation system is used and provide monthly reports of provider referrals.

_________________________
Administrator

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Date

Approved by Clinical Board:  9/19/00, 5/15/01, 11/18/03, 3/21/06, 5/19/09, 7/17/12
Written: 12/96
Revised: 11/97, 11/03, 2/06, 4/09, 7/12
Reviewed:  8/00, 4/01, 11/03, 2/06, 4/09, 7/12