**Referral Review Process**

Step 1: Referral is received from community partner (i.e., hospital, home health, hospice, MD office, community, etc.)

Step 2: Receipt of referral is acknowledged to referral partner via updating e-referral system, telephonic contact with referring Case Manager, MD, etc.

Step 3: Referral is downloaded in its entirety.

Step 4: Patient demographics are recorded in the CRM section of PCC under leads. The referral is then added to the waitlist.

Step 5: The entire downloaded referral is loaded into PCC under Miscellaneous Documents found under the admin tab and labeled “Hospital Referral”. This is for ease of review for all departments.

Step 6: The Admissions Coordinator sends the referral Face Sheet to the BOM for verification of insurance benefits, Medicare days, etc.

Step 7: The Admissions Coordinator reviews the referral notating the following:

1. History & Physical
2. MD Progress Notes
3. MAR (Looking for potential high-cost meds)
4. Previous 72 hours Vital Signs including weight
5. Is the patient receiving PT/OT/ST…if so, reviewing the initial eval and progress notes?
6. Current vaccination status
7. Has a PASRR been completed
8. Discharge plan at the time referral is received

Step 8: The Admissions Coordinator compares the findings from their review of the referral with the

facility’s completed Clinical Competency Grid.

1. If all findings fall within the **green** area, the Admission Coordinator will proceed with costing out Medications and any potential needed DME equipment for review with the Administrator.
2. If there are findings within the **yellow** area, the Admission Coordinator will review the referral with the DON and/or their designee. If the DON does have questions, the Admission Coordinator will follow-up with Case Management and/or MD for clarification and relay those findings back to the DON.
3. If there are findings falling within the **red** area, the Admission Coordinator will notify their Regional of the Red findings and the referral will be denied. The lead is closed in PCC.

*(If the facility DON is comfortable with their facility Clinical Competency Grid, it is not necessary for the DON to review* ***every*** *referral. DONs should only be reviewing those referrals that fall under the Yellow on the Competency Grid. If after reviewing, the DON wishes to decline the referral, the Admission Coordinator must escalate the denial to their Regional for review and input from the regional clinical team. Plainview’s policy is no referral is denied at the facility level.)*

Step 9: If the financial review looks appropriate and the clinical review meets the criteria per the Clinical

Competencies Grid, a bed is offered to the patient and/or family representative.

Step 10: If the offered bed is accepted, the Admission Coordinator will move forward with the admit. If

the patient is coming in under Managed Care, a Managed Care pre-authorization must be received prior to the patient admitting into the facility.

Step 11: Prior to the patient admitting into the facility, the Admission Coordinator will ensure the

following information is available:

1. Known discharge plan at the time of discharge from Acute Care (i.e., Hospital)
2. Discharge Orders have been received
3. Needed DME equipment has been communicated to Central Supply
4. 5 Day MAR
5. Previous 72 hours Vital Signs
6. COVID Results and Vaccination Status
7. A room has been assigned to the New Resident
8. Case Management has been notified of which unit to call to give report

Step 12: Conducting Pre-Admission Meeting with the following:

1. Administrator, if available
2. DON and/or Designee
3. Therapy
4. BOM
5. MDS
6. Dietary
7. Housekeeping
8. Social Services