

**Policy Topic:** Procedure

**Policy:** Referral Management – Coordination of Care

**Effective/Review Date:** 6/27/2016

**Purpose:** Standardize referral and follow-up procedures

**Responsible Party:** PH Clerk, PH Nurse

**Procedure**

1. When the needs of the patient are outside the scope of services provided by MCPHD, the nurse refers the patient to an appropriate healthcare facility/provider/service.
2. All referrals are documented using a referral log. A copy of the referral and consult report is maintained in the patient's medical record.
3. The nurse discusses the referral with the patient and completes the referral, which includes pertinent information about the patient's medical condition, reason for referral and the request for treatment and or services.
4. The referral is routed to the office staff, who is responsible for the coordination of services and tracking of all referrals.
5. The office staff coordinates the requested care, treatment or services within a time frame that meets the needs of the patient, as well as the recommendations of the provider and schedules appointments with the "referred to" provider or community resource when at all possible.
6. The office staff coordinates and/or notifies the patient of the appointment and tracks the status of the referral until completed. Completed is defined as the care or service was received or all communication attempts with the provider and/or patient have been exhausted yet the care or service was not received. Referrals are tracked according to urgency of the referral.
  - *Immediate:* The nurse is responsible for managing all immediate healthcare referrals and coordinates directly with the "referred to" provider.
  - *Urgent:* Within 2 business days from the expected completed date if a consultation report, notes, or other documentation is not received from the "referred to" provider or facility.
  - *Routine:* Within 10 business days from the expected completed date if a consultation report, notes, or other documentation is not received from the "referred to" provider or facility.
  - *Community Resource Referrals:* At the next patient visit. These referrals are tracked for frequency and type of referral only to evaluate whether available community resources is sufficient and appropriate to meet patient needs.
7. The patient is given a copy of the referral form, which contains the contact information of the referral provider, facility or community resource.
8. In the event the patient is non-compliant with the appointment scheduled for them, MCPHD initiates outreach efforts to contact the patient and reschedule the appointment.
9. A copy of the consultation report, notes, or other documentation about the status or outcome of the referred service is filed in the medical record upon receipt by MCPHD.

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