

12 – Support Services

12.1 Radiology

Southwest Medical Associates (SMA) provides radiology services at multiple locations. The facility located at 888 S. Rancho Drive offers extended hours for urgent situations. SMA offers additional facilities, which operate during normal business hours (please call the individual facility for office hours).

Special radiology studies such as CT, Ultrasound, Fluoroscopy, and IVP's require appointments. Appointments can be made by contacting the scheduling department at **(702) 877-5390**. Plain film studies do not require a referral or an appointment; however, they do require an order signed by a physician. Contact the Radiology Department at **(702) 877-5125** option 5 with any questions.

NAME/LOCATION	PHONE	HOURS	PROCEDURES
Rancho/Charleston 888 S. Rancho Dr. Ultrasounds, CT Scans	(702) 877-5125	S-S 24 hours	Scheduled procedures 24 hours for emergencies STAT, Expedited Diagnostic Mammography DEXA Scans
N. Tenaya Satellite 2704 N. Tenaya Way	(702) 243-8500	S-S 7 a.m. - 7 p.m.	Plain film studies Screening Mammography Routine Ultrasounds Routine CT Scans
S. Eastern Satellite 4475 S. Eastern Ave.	(702) 737-1880	S-S 7 a.m. - 8 p.m.	Plain film studies Screening Mammography DEXA Scans Routine Ultrasounds STAT, Expedited, Routine CT Scans
Siena Heights Satellite 2845 Siena Heights	(702) 617-1227	S-S 8 a.m. – 8 p.m.	Plain film studies Screening Mammography Routine Ultrasounds
Montecito Satellite 7061 Grand Montecito Pkwy	(702) 750-7424	S-S 8 a.m. – 8 p.m.	Plain Film Studies Routine Ultrasounds
Sunrise Satellite 540 N. Nellis Blvd	(702) 459-7424	M-F 8 a.m. - 5 p.m.	Plain film studies Screening Mammography
W. Tropicana Satellite 4835 S. Durango	(702) 984-5200	M-F 8 a.m. - 5 p.m.	Plain film studies Screening Mammography
Pahrump Satellite 2210 E. Calvada	(775) 727-6400	M,W,Th 8 a.m. - 5 p.m.	Plain film studies
Lake Mead Satellite 270 W. Lake Mead	(702) 677-3720	M, T, F 8 a.m. - 5 p.m.	Plain film studies
Summerlin Satellite 10105 Banburry Cross Drive	(702) 877-5199	M-F 8a.m.-5 p.m.	Plain film studies Screening Mammography Routine Ultrasound
W. Oakey Satellite 4750 W. Oakey Blvd	(702) 877-5199	M-F 7 a.m.-5 p.m.	Plain film studies Screening Mammography Routine Ultrasound

For radiology providers not listed, please refer to the HPN Provider Directory, the HPN web site www.healthplanofnevada.com or contact Provider Services at **(702) 242-7088** or **(800) 745-7065**.

Southwest Medical Associates Mammography Guidelines

Screening Mammography

Screening mammogram for female patients ages **35 or older**:

- Must have an order (patients can self-refer if they are over 40+)
 - General breast pain or tenderness
 - Fibrocystic breasts
 - Yellow, green, white or milky discharge

Screening mammogram for female patients age **34 or younger**:

- Must have an order (no self-referrals)
 - Typically done for pre-augmentation purposes
 - Genetic testing and/or a strong family history of breast cancer (first degree relative)

Diagnostic Mammography

Female patients ages **35 or older** must have a diagnostic mammogram FIRST:

- Must have a diagnostic order/referral
 - New mass or lump
 - Rule out breast implant rupture (patient can be ANY age)-NO BCP VISIT, IMAGING ONLY
 - New onset nipple retraction, skin puckering or thickening
 - Bloody, black or clear discharge
 - First mammogram after being diagnosed with breast cancer (if the patient had a mastectomy unaffected breast can resume screening mammogram)
 - **EXCEPTION**: if a patient had a mammogram within the last 6 months and presents with a new lump, nipple retraction, skin puckering or discharge, a breast ultrasound should be completed first

Female patients ages **34 or younger** must have a *breast ultrasound* FIRST:

- Must have a diagnostic order/referral
 - New mass or lump
 - New onset nipple retraction, skin puckering or thickening
 - Bloody, black or clear discharge
 - Focal breast pain ONLY (please provide location)

Male patients:

- Must have a diagnostic order/referral
 - All males 18 and over require a diagnostic mammogram first, unless they are of pediatric age (please see pediatric patient guidelines)

Pediatric patients 17 years and under:

- Must have a breast ultrasound order/referral
 - All males 17 years of age and younger-NO BCP VISIT, IMAGING ONLY

******PLEASE NOTE:**

- If a patient presents with an issue that has already been imaged within the last 12 months with normal results and there are no **NEW** changes, referral may be declined.
- Breast Ultrasound referrals for dense breast will be declined.

Radiology reports are available in 24-48 hours and are faxed to the requesting physician's office. Finalized reports can be mailed to a physician's office if requested by the physician or designated staff. Access to dictated reports is available on a 24-hour basis through the PowerScribe dictating system and 24-hour access to completed reports is available through the Imagecast Radiology Information System. Arrangements for access may be made by telephoning **(702) 877-5125 (option # 5)**. All reports are confidential and released only to the physician/provider or designated staff.

Imaging Expectation Sheets and Member Instruction Sheets – Please see Section 24.9 thru 24.23 for copies of these frequently used forms

Timelines for diagnostic tests performed in the SMA Radiology department are as follows:

- ◆ Expedited requests – studies done in 72 hours
- ◆ At Risk requests – studies done in 14 days
- ◆ Routine requests – studies done in 30 days
- ◆ STAT Referrals will be handled according to the below process.

Important Note:

Because of department limitations all requests for STAT examinations must be done between the hours of 8:00am and 5:00pm at the Rancho location.

Providers ordering a STAT study need to furnish the scheduling department with a contact number for direct telephonic result notification, an ETA of the patient arrival, a referral with appropriate clinical information and all necessary lab results.

If the patient needs I.V contrast and is 75 years of age or older, diabetic, or has a history of renal disease, please provide current (within 30 days) BUN and Creatinine levels. If lab tests have not been completed, please order them stat.

Please instruct patients to arrive by 5:00pm. If Imaging is unable to contact the requesting Provider with results, the patient will be directed to check in through the Urgent Care for Evaluation & Treatment.

Please share this information with your applicable staff. If you have any questions about the above timeframes or require additional information, please contact the SMA Scheduling department at 877-5390, Fax 877-5157.

12.2 Laboratory

Quest Diagnostics Laboratory is the HPN designated provider for all outpatient laboratory services in Nevada, including clinical laboratory testing, surgical pathology, fine needle aspirations (FNA), cytology (GYN and non-GYN) and bone marrow aspirations.

Quest Diagnostics maintains drawing stations at 7 Southwest Medical Associates' locations and at 26 additional Quest locations throughout the state. The Quest Diagnostics main laboratory is located at 4230 Burnham Avenue and offers 24-hour stat service, extended patient hours and access to specialized testing. For exact facility locations and hours, please visit Quest Diagnostics online at www.questdiagnostics.com or call (866) MYQUEST or (866) 697-8378.

Quest Diagnostics offers a comprehensive test directory, which includes complete instructions for accessing its services and preparing patients for certain, specialized testing. Quest Diagnostics also offers complete courier services, provides laboratory supplies and arranges for prompt result reporting. For more information visit Quest Diagnostics online at www.questdiagnostics.com or phone **(866)MYQUEST or (866)697-8378**.

MyQuest™ App is also available with access to your Quest Diagnostics test results to better manage your health. Visit QuestDiagnostics.com/MyQuest to sign up for an account.

On your computer, tablet, or smartphone, you can:

- **Get** easy-to-understand lab results delivered directly to you
- **Schedule** lab testing at a time convenient for you
- **Share** your health information with your healthcare providers
- **Organize** your health information in one convenient place
- **Schedule and receive** medication reminders
- **View** your lab results back to 2010 with Advanced Access

12.3 Speech Therapy

Speech Therapy Center of Excellence is HPN's designated provider for all speech therapy services. Their telephone number is **(702) 641-8255**.

Referral Process:

- New referrals for HPN HMO and Point of Service (POS) members should be sent to Speech Therapy Center of Excellence via the online provider center.
- If needed, supporting clinical information may be faxed to Speech Therapy Center of Excellence at (702) 399-8255.
- After 5 business days, members may contact Speech Therapy Center of Excellence directly to schedule an appointment.

For HPN Medicaid and Nevada Check Up, please refer to the Provider Directory for additional speech therapy providers.

12.4 Physical Therapy/Occupational Therapy

Desert Valley Therapy and ATI Physical Therapy are Health Plan of Nevada's (HPN) designated providers for therapy services. Staff includes physical therapists, occupational therapists, certified hand therapists, exercise specialists, athletic trainer, therapy assistants and therapy technicians.

For HPN-Medicaid and Nevada Check Up, please refer to the Provider Directory for additional physical therapy and occupational therapy providers

Referral Process

- Provide the patient with a written referral and have the patient contact the Desert Valley Therapy or ATI Physical Therapy site of their choice for an appointment:
- Routine referrals are seen within 30 days. Patients may be seen sooner as needed.
- A telephone call in conjunction with the written referral can expedite the referral process in surgical and other more urgent cases.

For more information visit www.atipt.com

12.5 Optometry

EyeMed is HPN's designated provider for quality comprehensive eye care. **Please confirm member's vision coverage prior to referring patients.** Fee-for-service patients and most insurance plans are also accepted.

LensCrafters provides comprehensive visual examinations that include:

- * automatic perimetry
- * subjective refraction
- * binocularity testing
- * biomicroscopy
- * dilated ophthalmoscopy
- * tonometry
- * fundus photography (if needed)

Full-service contact lenses are also provided which includes hard gas permeable, soft daily wear, soft disposable daily and extended wear, tinted soft contacts and a wide range of special design contact lenses for hard-to-fit patients.

LensCrafters carries a wide variety of frames from inexpensive to high-end designer lines. The optical lab can manufacture any type of spectacle lens including progressive addition, and no-line bifocals.

Please visit www.lenscrafters.com for locations/hours or to schedule an appointment.

12.6 Home Health Care

Southwest Medical Home Health (SMA Home Health) a full-service Medicare-certified home health agency licensed by the State of Nevada.

SMA Home Health offers comprehensive care in the least restrictive environment to promote independence and wellness. Together with a physician, our team members develop a plan of care that best suits the needs of each patient.

Who is Eligible for Home Health Services?

SMA Home Health maintains written guidelines and criteria for admission, they are as follows:

- The patient must be confined to his/her home.
- The patient must need Skilled Nursing care on an intermittent basis, Physical Therapy, Speech-Language Pathology Services, or has continued need for Occupational Therapy.
- The patient must be able to have his/her needs met by the agency's stated scope of service.
- The patient must be under the care of a primary care physician, licensed to practice medicine or osteopathy in the state of Nevada, who will order and approve the provision of services.
- The patient must be located within the geographic area served by SMA Home Health. Direct services are available in the metropolitan Las Vegas area. Those patients outside of the service area will be served through contractual arrangements. In some areas outside of the metropolitan Las Vegas area, services may be limited. Depending on the need of the patient and the availability of services, the patient may need to stay within the Las Vegas area until independent with care.

2020 HPN Provider Summary Guide

- The home environment must be safe and able to meet the patient's physical needs and ensure safety of all staff.
- Services and care must conform to current standards of practice for the respective discipline.
- The clinical condition of the patient must be within the feasibility of the agency's services, time, cost, personnel and skills.
- Acceptance for home care services is realistically based on the patient's willingness and ability to function in a non-institutional environment. The primary focus of home care is to teach the patient and/or care giver self-care in the home environment
- Eligibility for participation is not based on the patient's race, creed, color, religion, ancestry or national origin, gender, sexual preference, age, handicap or veteran status.
- Patients who cannot be cared for by the agency will be appropriately referred to other resources.
- If the patient does not meet admission criteria, the referring physician will be promptly notified.

What Services are available under Home Health?

- Skilled nursing services
- Wound care and enterostomal therapy
- Medication teaching and monitoring
- Infusion therapies (i.e. antibiotics, hydration, pain management, TPN, etc.)
- Enteral nutrition
- Chronic disease management
- Rehabilitation Services
 - Physical therapy
 - Occupational therapy
 - Speech therapy
- Dietary evaluation and education
- Social work services
- Home health Aide

Who Provides the Home Care Services?

An interdisciplinary team of professional staff including registered nurses, therapists, medical social workers, dietitians and home health aides. Individualized care is available on an intermittent basis 7-days-a-week.

How Do I Initiate a Referral?

Call the Referral Department at **(702) 383-0887**, 8 a.m. - 5 p.m. every day.

How Do I Receive Feedback?

Interaction with the physician will occur as frequently as necessary based on the complexity and urgency of the plan of care, but at least every 60 days.

Telephone and written communication will take place as needed.

What Is the Criteria for Discharge from Home Health Services?

Patients are discharged from home health service upon achievement of goals as noted in the interdisciplinary plan of care, once they no longer meet the eligibility requirements or when services can no longer be provided safely and effectively in the patient's home or upon order by the attending physician. When the physician discharges a patient from home health service, all pertinent information regarding the condition of the patient will be documented in the patient's medical record. Services may be discontinued at any time, for any reason, by the patient or the patient's advocate.

Who Can I Call for Questions and Concerns about the Agency?

If you have questions or concerns regarding home health services, contact the SMA Home Health agency at **(702) 383-0887**.

12.7 Hospice

Southwest Medical Hospice Care (SMA Hospice) is a Medicare/Medicaid certified hospice agency, licensed by the State of Nevada.

The mission of Southwest Medical Hospice is to compassionately meet the needs of individuals living with a life limiting condition or terminal condition, their families and loved ones, by providing comprehensive patient centered care. Our families will be supported with quality medical care in a professional and ethical manner, while we strive to support the patient and families emotionally and spiritually.

Hospice care for terminally ill patients can be provided in the home, in a custodial residence, or in our contracted inpatient facilities depending on the needs of the patient.

Who Is Eligible for Hospice Services?

SMA Hospice provides hospice care for any HPN insured as well as Medicare, Medicaid, private insurance and private-pay patients.

When should hospice be considered?

Patients are eligible for hospice care when the attending physician and hospice medical director make a clinical determination that life expectancy is six months or less, if the disease follows its usual course.

Examples include:

- Any terminal cancer diagnosis
- End-stage chronic obstructive pulmonary disease (COPD)
- End-stage cardiomyopathy
- End-stage renal failure (dialysis has been stopped)
- End-stage congestive heart failure (CHF)
- Amyotrophic lateral sclerosis (ALS)
- End stage peripheral vascular disease (PVD)
- HIV/AIDS
- End stage dementia
- Stroke
- Parkinsons

These indicators can suggest eligibility but do not replace professional judgment, CMS regulations or local coverage determinations (LCDs).

What Is the Admission Criteria?

- The patient has been informed by their physician that they have a terminal diagnosis with a prognosis of six months or less.
- The patient has elected no additional curative treatment for their terminal disease and all intervention will be directed toward the provision of comfort.
- The patient resides in the Las Vegas metropolitan area and can be safely serviced by SMA Hospice staff.

Note: Referrals may come from the physician, patient, family, friends, social workers or clergy.

Services may include:

- Skilled nursing services
- Occupational therapy
- Home Care Aide
- Pastoral/spiritual counselors
- Bereavement services
- Nutritional therapy
- Physical therapy
- Speech therapy
- Medical social service
- Trained Volunteers
- Respiratory therapy
- Clinical pharmacy services
- Medical supplies coverage
- Inpatient care for symptom control
- Durable Medical Equipment
- Medications for symptoms related to the terminal diagnosis

SMA Hospice patients will receive care and services consistent with the needs identified in the continuing evaluation process and consistent with their benefit plan description.

Who Provides the Hospice Services?

An interdisciplinary team with shared responsibility for cases. The SMA Hospice Medical Director, hospice providers, registered nurses, social workers, therapists, home care aides, pastoral counselors and trained volunteers work together to provide physical, emotional and spiritual support to the patient and family.

How Do I Initiate a Referral?

Call Southwest Medical Hospice Care at **(702) 671-1111**. Individualized care is available 24-hours-a-day, 7-days-a-week.

For more information about Southwest Medical Hospice Care, please call **(702) 671-1111**.

12.8 Durable Medical Equipment (DME): Specialty Rehabilitation and Home Infusion Services

Southwest Medical Pharmacy & Home Medical Equipment is dedicated to delivering quality patient care in the home. Southwest Medical Pharmacy & Home Medical Equipment is Health Plan of Nevada's contracted full-service durable medical equipment, specialty rehabilitation, and home infusion pharmacy company that offers a comprehensive range of health care services and products including:

2020 HPN Provider Summary Guide

Home Infusion Therapy	Durable Medical Equipment	Rehab and Specialty Products
<ul style="list-style-type: none"> • IV Antibiotics • Total Parenteral Nutrition • Chemotherapy • Hydration • Immunotherapy • Enteral Nutrition and Pumps 	<ul style="list-style-type: none"> • Walkers • Wheelchairs • Crutches • Canes • Commodes • Bili Lights • Diabetic supplies • Insulin Pumps • Ostomy Supplies • Urological Supplies • Breast pumps 	<ul style="list-style-type: none"> • Cushions • Power wheelchairs and scooters
<p>All clinical services are overseen by a Registered Pharmacist</p>	<p>Respiratory Therapists on staff and available 24/7</p>	<p>Certified ATP on staff</p>

Southwest Medical Pharmacy & Home Medical Equipment provides products and equipment to rent and purchase. We are committed to providing customized home health care to each patient. Our team of professionals includes doctors of pharmacy, registered pharmacists, respiratory therapists, licensed technicians and patient intake specialists. Our customer service staff is available 24 hours a day, 7 days a week to assist providers, patients and their caregivers with questions or concerns regarding our products and services.

Location: 6720 Placid Street, Las Vegas, NV 89119

Phone: (702) 796-1016

DME Fax: (702) 242-7703

Pharmacy Fax: (702) 796-0818

12.9 Durable Medical Equipment (DME): Large DME and Respiratory Equipment

Preferred Home Care is Health Plan of Nevada’s designated DME provider for large DME and Respiratory Equipment. For the DME listed below, contact Preferred Home Care directly at **(702) 951-6900 or (800) 794-9732 or fax to (702) 951-6904.**

- * Alternating pressure pad and pump
- * Apnea monitor
- * CPAP, BiPAP, BiPAP ST
- * Knee CPM
- * Lightweight wheelchairs
- * Low Air-Loss Mattress
- * Oxygen systems
- * Patient lift/hoyer
- * Semi-electric beds
- * Standard wheelchairs
- * Tens units
- * Trach supplies
- * Volume ventilators

For all custom DME or DME purchases above \$200, call HPN for Prior Authorization at **(702) 242-7330**.

12.10 Transitional Care Unit (TCU) Admissions (Subacute and SNF)

A transitional level of care is available in the following types of settings:

Medical/Subacute Level of Care:

Definition of patient types:

A **subacute patient** is a medically complex patient who qualifies for acute hospitalization, but does not require the high technology of the acute hospital. Subacute care requires the coordinated services of an interdisciplinary team including physicians, nurses and other relevant professional disciplines.

An **acute rehabilitation** patient is one who requires the care of a physiatrist, an interdisciplinary team, has a good rehabilitation potential and can tolerate four to six hours of therapy a day.

Admission criteria to the medical/subacute unit:

- * Patient has a subacute/medical need or short-term rehabilitation need.
- * Services needed cannot be performed in a less intensive setting, e.g., home health or outpatient setting.
- * Patient may have failed in his/her home environment with alternative, less intensive services.
- * Subacute setting can meet patient's needs. The Harmon Hospital (HH), admissions service can provide you with specific admission criteria by calling the admission service at **(702) 794-0100, extension 4012**.
- * Admissions can occur as a transfer from an acute or skilled/custodial facility, an emergency room, urgent care or to a surgery center. Admission services case managers will assist with referral to HH.
- * The patient must be evaluated by a physician prior to a direct admission.

All admissions require:

- * Physician orders and transfer summary completed by the transferring physician (ER/UC/PCP)
- * Chest x-ray or orders for a portable x-ray on admission.

Patients that are in the medical subacute level of care are to be seen by the attending physician daily.

Skilled Care/Skilled Rehabilitation Level of Care:

Definition of patient types:

A **skilled rehabilitation** patient is a patient who requires at least one therapy a day to increase his/her level of functioning, is alert and able to follow instructions.

A **skilled nursing** patient is patient, who regardless of age, meets Medicare Part A skilled criteria and cannot be maintained at home.

Admission to the **skilled care or skilled rehabilitation** is coordinated through HH admissions service. These criteria are in accordance with Medicare definition of skilled care and skilled rehabilitation.

Admissions to the skilled units are generally arranged during normal working hours unless there is need for special arrangements. Patients admitted to a skilled/skilled rehabilitation should be seen by the attending physician bi-weekly or as needed.

Custodial Level of Care:

Definition of patient types:

A **group care** patient is one who is independently mobile but cannot be at home due to inability to provide own meals, handle medications or finances.

An **intermediate nursing facility** patient is one who is unable to be maintained at home; requires assistance with ADLS (bathing, dressing, transferring, ambulating), as well as with IADLs (shopping, homemaking, etc.); and does not meet any skilled Medicare criteria.

Admission to the **custodial level** of care can be made by contacting the nursing facility directly. The facility will then notify HPN of the admission.

12.11 Breast Care Program

OptumCare is dedicated to breast health education and prevention along with breast cancer treatment and survivorship. Patients enter the OptumCare Breast Care Program when their primary care physician places a diagnostic imaging referral. Once the test is scheduled, patients are automatically enrolled in our breast care program. Once enrolled, one of our three Advanced Practitioner of Nursing (APRNs) will perform a clinical breast exam prior to any diagnostic testing of the breast. The patient will receive preliminary results of the diagnostic mammogram and/or ultrasound once completed. If a biopsy procedure is required, the patient will be informed by the advanced practitioner nurse who then will provide education and instructions on the steps ahead and will answer any questions the patient may have. The Breast Care Clinic will then obtain prior authorization for the procedure and in most cases will be able to schedule that procedure before the patient leaves the clinic.

Our mission is to provide cutting edge medical and surgical care to all patients with breast concerns, including benign and malignant problems in a respectful, thoughtful, and compassionate manner.

Our vision is to create a home for breast health offering comprehensive, coordinated, and multi-disciplinary care to tailor treatment to suit each individual patients unique need. Our dedicated staff will work urgently to partner with all patients and walk side by side on every step of their journey to re-gaining their best and most optimal health.

For more information about the Breast Care Program, please **call (702) 877-5253**.

12.12 Wound Care

Southwest Medical Wound Care Center was designed to provide medical treatment to non homebound patients with chronic wounds. Set in a caring environment, the Clinic offers direct supervision by an onsite physician with a wound care background. The primary job of the Wound Care Clinic is the treatment of "Chronic Wounds". This includes many conditions related to vascular disease and diabetes, lower extremities chronic wounds. We also offer transcutaneous pulse oximetry testing for hyperbaric treatments.

Locations:

Wound Care
4750 W Oakey Blvd, 1st floor
725-600-8630

Hours of Operation for Wound Care:

Monday and Friday (Wounds below knee to toe only)
7:00am - 12:00pm & 1:00pm – 4:00pm

Tuesday, Wednesday, and Thursday (Wounds from head to toe)
7:00am-12:00pm

All services are by appointment only

Appointment procedure:

- Patients must have a referral form completed by Primary Care Provider, Specialist, or Urgent Care Provider.
- Referral must be faxed to 702-266-8774 or submitted electronically via the online provider center.
- A Wound Care assistant will contact patient and schedule an appointment

Services provided:

Wound Care

- Evaluation for Hyperbaric oxygen therapy (HBO) is available on referral. TCOM (TcPO₂) studies will be done to determine if HBO treatment will be effective.
- Chronic Wound Care
- Consultation for negative pressure therapy (wound vacuum) is available
- ABI evaluation for PAD screening and diagnosing
- No “STAT” or “Expedited” wound care referrals. Patients needing higher level care of care for their wounds may need to go to Urgent Care or Emergency Room to be evaluated.

Podiatry Wound Care:

- Wounds below the knee
- Any wounds of the lower extremity (below the knee)

12.13 Closed Observation Unit

Southwest Medical Associates Closed Observation Unit (COU) consist of five beds intended to meet the needs of Health Plan members requiring additional services and/or care that can be reasonably provided on a strictly outpatient basis. Health Plan patients can be admitted to the Observation Unit when it is decided additional monitoring and/or care is necessary and can safely and appropriately be provided within 23 hours of disposition.

The Closed Observation Unit is located at:

**888 S. Rancho Dr.
Phone (702) 877- 5335**

The Chest Pain Center is an important component of the unit.

All admissions to the Observation Unit must be screened by Care Management to establish eligibility. **Only Urgent Care providers can admit to this unit.**

Providers: If you are considering admitting a patient for admission to COU, you can contact the provider on duty at the Rancho Urgent Care for consultation.

2020 HPN Provider Summary Guide

Appropriate admissions include but are not limited to:

- * Patients with an episode of chest pain who are now pain free with no significant EKG changes requiring ongoing monitoring and serial cardiac enzymes
 - * Blood transfusions
 - * Rehydration
 - * Adult Asthmatic patients needing serial SVN treatments
 - * CHF patients requiring diuresing.