

OREGON STATE HOSPITAL

PORTLAND – SALEM

POLICIES AND PROCEDURES

SECTION 4: Fiscal

POLICY: 4.012

**SUBJECT: Purchase of Outside Medical Services/
Durable Medical Equipment/Goods**

POINT PERSON: LEE HULLINGER
CHIEF FINANCIAL OFFICER

APPROVED: GREGORY P. ROBERTS
SUPERINTENDENT

DATE: JUNE 7, 2011

I. POLICY

A patient may be referred outside Oregon State Hospital (OSH) for medical or other professional services, if deemed necessary, by the appropriate professional staff. Durable Medical Equipment/Goods may be recommended by outside OSH medical or other professional services or by internal physician to OSH.

Referral for outside medical services may be:

- A. For diagnostic purposes.
- B. Required as a result of injury, accident, or condition while a patient at OSH.
- C. As a result of an illness or condition endangering the patient's health to which OSH is unable or unequipped to administer.

II. DEFINITIONS

- A. "Durable Goods" are items that meet a patient's specific need and may leave with the patient at discharge (i.e., owned by the patient). It is not a commonly shared item owned by the hospital (i.e., a wheelchair that shall be used by others on the unit). Examples of durable goods specific to a patient include specialized items not met by other hospital means, dentures, or a leg brace.

III. PROCEDURES

A. Outside Medical Services

1. A patient referred outside OSH for medical or other professional services must be accompanied by form OSH-STK-09710 (see Attachment 1), "Purchase of Outside Medical Services," and form OSH-STK-03398 (see Attachment 2), "Documentation of Outside Medical Service," providing the authority to treat, the necessary billing information, and the documentation of services rendered.

This procedure should not be used by contract-based services for the ongoing care or for services provided on grounds without approval of the Chief Medical Officer (CMO).

2. Refer to instructions for filling out form OSH-STK-09710 (see Attachment 3).
3. In an emergency, the form must be completed as much as possible by unit staff from the OP/RCS screen. The Communications Center may assist.
4. The unit RN or designee shall complete the identifying information at the top of form OSH-STK-03398 and ensure that the form has been addressographed. This form must also accompany the patient to the outside medical service provider at the time of service and be completed and returned to OSH with the patient.
5. All reasonable efforts should be made to ensure services provided to patients are culturally and linguistically compatible with patient's background.

B. Durable Medical Equipment/Goods

1. If Durable Medical Equipment/Goods are recommended by the outside OSH medical or professional service, then the unit RN or designee shall have the unit Physician determine if such Equipment/Goods are necessary and have the unit Physician write an order in the patient's medical record.
2. If the unit Physician writes an order for the recommended Durable Medical Equipment/Goods, then the unit RN or designee shall complete a Request for Purchase (RFP), form #OSH STK 10657, for the item and attach a copy of the physician's order and

supporting documentation from the outside OSH medical or professional service.

3. The unit Nurse Manager shall review and sign the RFP and then forward this to the CMO or designee for final approval.
4. The CMO or designee shall approve or deny the RFP. If denied, it shall be returned to the unit. If approved, it shall be sent to the Business Office.
5. Requests for Proposal for Durable Medical Equipment/Goods shall be reviewed by the Business Office Manager or designee to determine if other funding sources are available. If they are, the Business Office Manager or designee shall take necessary action to utilize the alternative funding source. If there is no alternative funding source, or once alternative funding has been secured, then the RFP shall be forwarded to the Purchasing Department.

C. Dentures

1. If the Dental Clinic prescribes Dentures/Dental Medical Equipment/Goods for a patient, they shall complete a RFP and provide supporting documentation.
2. The CMO or designee shall approve or deny the RFP. If denied, it shall be returned to the Dental Clinic. If approved, it shall be sent to the Business Office.
3. Requests for Proposal for Durable Medical Equipment/Goods shall be reviewed by the Business Office Manager or designee to determine if other funding sources are available. If they are, the Business Office Manager or designee shall take necessary action to utilize the alternative funding source. If there is no alternative funding source, or once alternative funding has been secured, then the RFP shall be forwarded to the Purchasing Department.

D. Eyeglasses

1. If the Clinic prescribes eyeglasses for a patient, they shall utilize an open Purchase Order to pay for the glasses.
2. The Clinic RN shall complete the RFP for the open Purchase Order and shall monitor expenses, completing a new RFP as needed to replenish Purchase Order funds.

**SUBJECT: Purchase of Outside Medical Services/
Durable Medical Equipment/Goods**

POLICY NUMBER 4.012

DATE: June 7, 2011

PAGE 4 OF 4

3. The CMO or designee shall review and approve the RFP for the open Purchase Order for eyeglasses.
4. If a patient requests additional features, above those provided by OSH, then the Clinic RN shall have the patient complete a Patient Withdrawal of Funds for the cost of the additional features prior to ordering the eyeglasses with these features. The Clinic RN shall then forward the Patient Withdrawal of Funds form to the Business Office.

IV. ATTACHMENTS

Attachment 1 – form OSH-STK-09710, Purchase of Outside Medical Services

Attachment 2 – form OSH-STK-03398, Documentation of Outside Medical Service

Attachment 3 – Instructions Purchase of Outside Medical Services

V. REFERENCES

Comprehensive Accreditation Manual for Hospitals (CAMH), Standards EC.02.04.01 and EC.02.04.03, The Joint Commission, 2011

Replaces Oregon State Hospital Policy and Procedure 4.012, *Purchase of Outside Medical Services*, dated 2/27/2009.

Department of Human Services

OREGON STATE HOSPITAL
DOCUMENTATION OF OUTSIDE MEDICAL SERVICE

Patient Name _____ Treatment Date(s) _____
OSH Referring Physician _____ Telephone Number _____
Outside Provider _____ Specialty _____

THANK YOU FOR PROVIDING CARE TO OUR PATIENT. ARTS I AND II of
this form and give it to the staff person with the patient. This information is necessary for proper
continuity of care and is also necessary to qualify your services

PART I: CLINICAL INFORMATION Please send a copy of _____ Oregon State Hospital Ward _____
In addition to a copy of the written report: 2600 Center Street NE
Salem, OR 97301-2682

Check One:

I have given clinical information by phone to Dr. _____ on _____ (Date)

I am summarizing my findings below.

1. Findings and Diagnosis: _____

2. Describe service you provided: _____

3. Record followup: _____

PART II: COMPLETE QUESTIONS

- 1. Was this an appropriate patient referral? Yes No
- 2. (a) Did you get proper referral information? Yes No
- (b) If no, what information was lacking? _____

Signature of Outside Medical Provider

Date

CONFIDENTIAL: This information has been disclosed to you from records where confidentiality is protected by State Law (ORS 179.505) and Federal Law (45CFR, Part 164). You are prohibited from making further disclosure without specific written consent of the persons or as otherwise permitted by law.

ADDRESSOGRAPH

File Original: Consultation Section
Yellow: Clinic
Pink: Outside Medical Service Provider
Thin: Six Months To Two Years
Form # OSH-STK-03398 MR 6 - 07/2006 MR# 68-03-0104-06

INSTRUCTIONS
PURCHASE OF OUTSIDE MEDICAL SERVICES

1. Section I - Unit staff must provide the information required to complete the "to be completed by OSH staff" portion of Section I, i.e., date of birth, date of service, a date one month from date of service, and initials of the employee preparing this form.
2. Section II - Is completed by the physician referring the patient for outside medical service.

If the service needed is an emergency during OD hours, the OD shall complete this section. In emergencies, the white copy may be removed at this point in order to accompany the patient while the other copies are forwarded as instructed in No. 4, below.

3. Section III - May be completed by unit staff using the OP/RCS Benefits screen.
4. After Section III is completed, the pink copy is forwarded to the Business Office.
5. The remaining copies are distributed as follows:

White Accompanies patient to the provider. If the Communications Center is transporting, the transportation staff must be given the white copy.

Blue Remains in the patient's medical record under Property/Financial.

Yellow Retained on the unit in the patient's medical record. When the service(s) is completed the unit physician signs Section IV and forwards the yellow copy to the Business Office.

If the outside medical services are of extended duration it may be necessary to sign and forward the yellow copy to the Business Office before the final service is completed. This determination shall be made on an individual case basis. In such cases, the Business Office shall contact you directly.

NOTE: Form OSH-STK-09710, Purchase of Outside Medical Services, must be completed for each appointment to an outside doctor, dentist, psychologist, clinic, hospital, or other medical provider.