

ELDERLY - URGENT CARE

802 MAGNOLIA AV, STE 106 – CORONA, CA 92879

Tel: 951.371.9500 Fax: 951.371.9194

www.coronadoctors.net

Faro T. Owiesy, M.D., Inc.

Mon-Fri. 9:00 am-6:00 pm, Sat. 10:00 am- 4:00 pm

WHEN TO GO TO THE URGENT CARE:

- Stitches/Suturing/Stapling
- Wound infection
- Acute Cough or Shortness of Breath/Inhalation therapy
- Respiratory infections/Allergies/Asthma/
- Dehydration/ Diarrhea/Colitis
- Rectal/Anal bleeding/hemorrhoidal complaints
- Abdominal Symptoms, nausea & vomiting
- Urinary tract Symptoms/Kidney infection-pain
- Burns
- Lacerations
- Sprains/Strains
- Back pain/Shoulder pain/Cramping
- Swelling of the limbs
- Impacted Cerumen
- Medication evaluation and refills
- In case you cannot have same day appointment with your PCP
- RCFE- physical and certification w/o appointment

1

WHEN TO GO TO THE EMERGENCY ROOM

If you are experiencing any of these Conditions, please call 9-1-1 immediately:

- Life-threatening conditions
- Heart attack or stroke
- Open fractures/fall with possibility of fractures
- Severe bleeding
- Chest pain
- Head injury or other major trauma
- One-sided weakness or numbness of the body-Stroke
- Loss of consciousness
- Severe abdominal pain with or without bleeding

We accept most Insurance, and have cash patient plans.

HMO patients need to see their assigned Urgent Care Centers.

We will be happy to provide our services to HMO patients if they prefer our clinic. However, we are not able to bill assigned HMO carrier. Charges and fees upon delivery of services apply by credit card or Cash payment.

See our HMO policy:

- 1- Urgent Care visit: \$ 300.00
- 2- Any additional procedure based on procedure code and fees
- 3- We provide you with a Statement for your Insurance Carrier for reimbursement to you.
- 4- We Accept Major Credit Cards and Cash.
- 5- We accept HMO

The geriatric patient represents such a challenge.

When a medically complex older person with impaired memory, impaired mobility, and impaired social supports presents, the system slows and frustration ensues. If frustration is to be reduced and quality optimized, perhaps a new model of urgent care and emergency care is required.

A highly functional team could theoretically optimize quality, efficiency, and satisfaction. We have devised other specialized units to optimize efficiency and quality. Perhaps geriatric Urgent Care units are now needed, to provide space and comfort without high-stake worries of through put and length of stay, and cost.

In its "Report to Congress," Med PAC identified the conditions that are most likely contributing to avoidable hospitalizations for nursing home residents, including congestive heart failure, respiratory infections, urinary tract infections, sepsis, and electrolyte imbalances. To lay the foundation for improved assisted living and nursing home care, we can build on the experiences of other individuals and organizations and incorporate their findings into our own care settings.

Our six year experience demonstrates the monthly routine visit, coordination of daily health condition changes of seniors at RCFE -Facilities with the physician office per phone call and fax/ email system from caregiver site will dramatically diminish need for Emergency Department referrals.

It is known that older persons use ED services **more frequently**, are admitted more often, stay a longer time in the ED (sometimes 50% longer) and are readmitted to the ED after discharge twice as usual.

The real benefit of Elderly –Geriatric Urgent Care comes to the light when the Urgent care Physician and midlevel-providers, Medical assistance and LVNs as a team are experienced with geriatric daily life and health maintenance. Urgent care service requires excellent fluent

communication from caregiver side (facility or family member) with Urgent care clinic. Information provided by the third party will tremendously reduce the intake triage time and paper work procedure. It will reduce the gap between provider's direct diagnostic approach and subsequent management. We respect the value of information delivered by caregivers, who acknowledge the patient's behavior changes e.g. related to uti, constipation, dehydration etc. **Facility Caregivers are most reliable person to assist the physician in understanding of patient's change of condition.**

Advantage of the information provided promptly would establish an effective means to rapid service delivery with lowest waiting time. Information technology theoretically enables a pre-registration function so that critical information such as PAST MEDICAL HISTORY, CURRENT CODE STATUS, AUTHORIZATION FOR TREATMENT/PROCEDURE, MEDICATIONS, EMERGENCY CONTACT, INSURANCE COVERAGE information, can be captured smoothly and in **one page** of information. Such preparations would save time once the patient arrives. A pre-registration function also has the advantage of easing the triage nurse task, potentially eliminating waiting time. Second, as part of often the illness the elderly patient is unable to communicate complete or accurate information, the diagnostic and therapeutic direction might become difficult to establish. Other caregivers can help by spending the time to identify key information, clarify recent events, provide information about prior functional status, ensure an accurate medication list, etc. This requires Urgent care physicians/Physician assistant/Nurse practitioner to work as a team with the patient's Caregiver, the Urgent care nurses, and, potentially, geriatric nurse practitioners or physician assistants. A highly functional team could theoretically optimize quality, efficiency, and satisfaction. A geriatric team works at any urgent care or Ed is highly changing job.

We have devised other specialized units to optimize efficiency and quality.

Perhaps geriatric Urgent Care units are now more than ever needed, to provide space and comfort without high-stakes worries of through put and length of stay. It is cost effective in general, less time consuming compared to Emergency Department's visits, and may reduce the burden of unnecessary law suits because of **negligence**. We witnessed several law suits within local Emergency departments, because of negligence and lack of coordination and timely communication between specialties involved in the care. We believe more diagnostic tests and increased time expenditure at the EDs demonstrate clearly the lack of Geriatric health provider's presence at those units per se. A 10-12 hour delay in diagnosis and appropriate management of elderly patients complain may bring the frail life of a Grand ma to the edge of the life. More sophisticated diagnostic procedures at ED requires more personal based one on one care for 24 hour until patient placed at the floor. Strangely, those tests do not bring more light to the initial suggested diagnostics. To our experience the geriatric health provider should be able handle the urgency within 2-3hours without delay. We do recognize more timely need for diagnostic procedures in the emergency situations such as disseminated septicemia, acute Myocardial Infarcts, Strokes, Fractures, or acute GI- hemorrhages, etc.

We are proudly offering Geriatric's Urgent Care for the past 12 months in Corona, CA, county of Riverside. **Our duties going beyond the Clinic setting. Our Provider provides Urgent Visit to Urgent requests promptly at the assisted living/ Board and Care, even at patient's home for bed confined individuals.** We utilize fluent provider's direct Cell-phone line and fax communication routing for urgent access.

Our patients having reduced transfer to ED or 911 calls. We follow the continuation of care at the hospital or Skilled nursing facility by help from dedicated hospitalist group. This approach makes it possible for us to concentrate fully at our Urgent care duty.

We are not yet sure if the effort of providing quality will pay itself off with the new Accountable Care Act (ACA). This perspective in the elderly care requires financial support and insurance cooperation. Finally, strong community, and financial support are simultaneously required for Geriatric Urgent care facility commitment. Most Urgent-cares already lose money on elder patients and chronic and multi-morbid patients, so adequate geriatric units are unlikely to be eagerly built soon in the next few years following Accountable Care Act (ACA).

If research data reveal optimized outcomes, decreased subsequent resource utilization, or other meaningful improvements a trend could begin. Then we all will benefit especially generation who handed the torch to us and we as the next generation in need of the same. With respect to new statement of ACA- Obama Care we started the first step in our community. Any suggestion and support welcomed.

We look forward to attend your family nights and meetings to introduce our services to your community. WE need your suggestions and ideas to improve our services to your residents and other seniors.

4

In order to provide promptly the necessary patient's information to Urgent Care facility CORONA DOCTORS MEDICAL CLINICS established an effective "Face Sheet" as below to facilitate rapid service delivery with lowest waiting time, and mini mal mistake.

COMPACT FACILITY FACE SHEET SAMPLE:

**FAMILY MEDICINE ASSISTED LIVING
802 MASON ST. CORONA, CA 90000
TEL: 951.371,9500, FAX 951.371.9194
URGENT TRANSFER FORM**

CORONA DOCTORS MEDICAL CLINICS
802 MAGNOLIA AVE, STE 106, CORONA CA 92879
FARO T. OWIESY, M.D.



Resident Name:
Date of Birth:
Date of Admission:
Responsible Party: POA
Name:
Address:
Phone:

CHIEF COMPLAINT:
Care giver's Name:.....

Medicare No:

Medi-cal/secondary-Ins. No:

SSN:

First Diagnosis:

Second Diagnosis:

Any Known Allergies:

Code Status:

Primary Physician:

Address:

Phone:

Fax:

5

Primary Medications & doses:

Family Contact: (list 2 if possible):

1. Name

Address:

Phone #

Relationship:

2. Name

Address:

Phone #

Relationship

Nurse-Tel:

Nurse-Tel:

Administrator: Tel:

UC- physician: Please check and sign below if the resident is stable to return to our facility.

Medically stable to return to RCFE, MD signature..... Date.....

PLEASE FAX TO THE ABOVE FAX NUMBER