Provider Notification Tool

This tool allows:

1. PCPs and referring providers to be notified when their patient has an event at an HCA Healthcare hospital

2. Specialists to be notified when a patient is referred to from our hospitals' ER

3. PCPs, referring, and consulting providers to receive a direct message when their patient has an ADT event at our hospital*

Patient Events

☐ ED Registration*   ☐ Discharged AMA
☐ ED Discharge*   ☐ ER referrals
☐ ICU Transfer*   ☐ COVID-19 Test Results
☐ Birth   ☐ Inpatient Discharge*
☐ Death   ☐ Inpatient Admit*

Delivery & Timing

☑ New! For the highlighted events, direct messages* are auto-sent in real time to the PCP, referring, and consulting providers with an EMR published direct address

☐ Email: Batched or hourly notifications offered

☐ Fax: Hourly

☐ Text: 15 minutes after patient referral occurs

☐ Secondary Provider and up to 3 Proxy designations available

☐ Option to stop notifications while out of the office

How-to Enroll
Contact your hospital's Director of Physician Relations.

Complementary with
PatientKeeper Clinical Portal, MEDITECH Remote Access, HIE Clinical Viewer. To request remote access call our Service Desk at 877-772-2814.

Additional Details
- Patients must identify their PCP and/or referring physician during registration/admission for the notification to be sent.
- The ER provider must choose the specialist to refer to during the discharge routine.
- Text notifications will be sent as a HIPAA compliant message with the patient's first three letters of their last name and the first two letters of their first name.
- Email and fax notifications include full patient details. Emails are encrypted.

*This supports CMS Conditions of Participation Requirement §482.13(b)(4), giving patients the right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital.

HCA Healthcare®

NEW: Direct message notification example

PCPs, Referring, and Consulting are auto-enrolled if direct address is published with a HISP

Patient (NAME, DOB, ADDRESS) was admitted to FACILITY on DATE at TIME. PATIENT NAME has requested that PCP NAME be notified of the inpatient admission. This is an auto generated notification. DO NOT REPLY directly to this message as replies are not monitored from this address and will not be returned.

PCP & referring physician notification examples
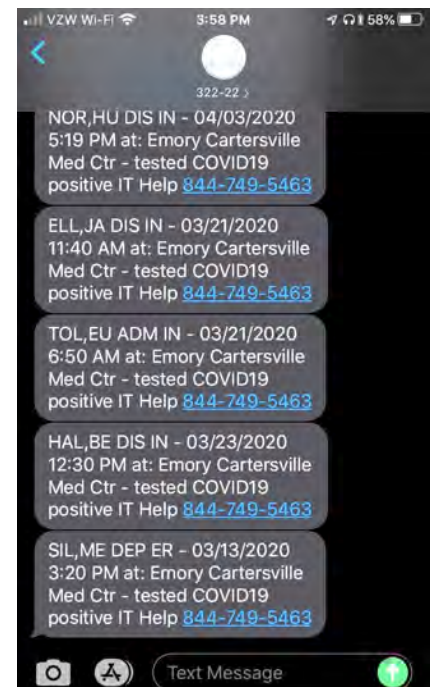
Sample Email/Fax:
Event type: IP Discharge with COVID-19 test results

Dear [Provider],

Below, please find a list of patients who were recently seen at an HCA Healthcare hospital and referred to you for follow up care. Depending on the referred to specialty, you may receive a call from one of HCA's Appointment Service patient care liaisons to help this patient schedule their follow-up appointment.

Field	Information
Full Name	LAST NAME, FIRST NAME
Date of Birth	05/05/1955
Gender	Female
Chief Complaint	Abdominal pain
Clinical Impression	Passed Kidney Stones
Hospital	Doctors Hosp of Augusta
Unit	Progressive Care unit
Status	DIS IN – 04/05/2020 6:19 PM
COVID-19 Status	Patient tested positive for COVID-19

Sample Text

ER referral notification examples

Sample Email/Fax

Dear [Provider],

Below, please find a list of patients who were recently seen at an HCA Healthcare hospital and referred to you for follow up care. Depending on the referred to specialty, you may receive a call from one of HCA's Appointment Service patient care liaisons to help this patient schedule their follow-up appointment.

Field	Information
Full Name	LAST NAME, FIRST NAME
Date of Birth	05/05/1955
Gender	Female
Primary Clinical Impression	Right flank pain
Secondary Clinical Impression	Passed Kidney Stones
Hospital	Doctors Hosp of Augusta
ED Discharge Date Time	DEP ER - 05/21/20 6:35 am
ED Depart Disposition	ROUTINE HOME/SELF CARE
ED Physician Name	Doe, John MD
Referred to by ED Physician	Smith, Jane MD – urologist
Referral Notes	Patient being referred to urologist for f/u care.
Patient Home Phone	(555) 555-5555
Patient Other Phone	(555) 555-5555
Patient City	Nashville

Sample Text