



HOSPITAL POLICY AND PROCEDURE

Title: Admission of a Patient

Number: A724

Effective Date: 03-19-14

Revise Date:

Review Date (no revisions):

PURPOSE

To define the admitting policy for patients of Grays Harbor Community Hospital

POLICY

Hospital services shall be made available to all persons, without prejudice, and shall be limited only by bed availability. The admission of patients when there are limited beds available in the community shall be based on a system which gives priority to critically ill patients.

1. Hospital Personnel will treat all patients and visitors receiving services from or participating in other programs of Grays Harbor Community Hospital and its affiliated clinics with equality in a welcoming manner that is free from discrimination based on age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, veteran or military status, or any other basis prohibited by federal, state, or local law. (Refer to policy A723 Patient Non-Discrimination).
2. Patients shall be admitted to the hospital only upon the orders and under the care of a member of the medical staff who is lawfully authorized to diagnose, prescribe and treat patients.
3. The hospital will inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible. All patients who are registered will be offered the Patient Rights and Responsibilities brochure. (Refer to policy A715 Patient Rights/Patient Responsibilities for a full description).
4. The hospital's goal, based on a reverence for life that honors the individuality and particularity of every person, is to provide compassionate care and to effectively alleviate pain and suffering especially at the end of life. We are committed to providing care that honors the personhood, dignity and value of dying persons. (Refer to A713 Advanced Directive; *Patient Rights for End-of-Life Treatment*).
 - GHCH shall offer basic information about advance directives to every registered patient and make available educational materials including sample forms to patients and the general public upon request.
 - The hospital will honor the treatment decisions of every patient and will advise a patient or his/her agent when we are unable to honor his/her advance directive. GHCH shall make a reasonable effort to obtain copies of Advance Directives when patients register for services.
 - GHCH will not discriminate against any person seeking medical care based on the existence or lack of existence of an advance directive.

5. Recognizing the right of patients to be informed in their health status, to be involved in care planning and treatment, and to be able to request or refuse treatment, a variety of consent forms will be used to facilitate all patients' participation. The patient's signature, or other person legally authorized to provide consent on behalf of a patient, will be obtained as an indicator that the patient was involved in the decision making process, having been informed of the patient's health status, diagnosis and prognosis. (Refer to policy A406 Consent for Health Care).
6. A Notice of Privacy Practices Pamphlet is provided to every patient each time he/she is registered for services. This pamphlet informs the patient of their Privacy Rights and our hospital's Privacy Practices. (Refer to policy REG-060 Patient Privacy Rights).
7. Through the Medical Financial Assistance (MFA) program, the hospital provides financial assistance to facilitate access to care for vulnerable populations. This includes offering medical financial assistance to uninsured and insured low income patients where the ability to pay for medical services acts as a barrier to accessing medically necessary care. Information about the MFA program will be widely available to all patients seeking care, to all GHCH staff and providers within the care delivery process, and to all employees who may need to discuss patient financial responsibility. (Refer to policy PA-501 Medical Financial Assistance (MFA) a.k.a. Charity Care).

Author of Policy:

Chief Nursing Officer

Date

Authenticated By:

President/CEO

Date