DIRECT ADMISSIONS

PURPOSE

To provide a guideline and policy for patient admissions which occur from the physician clinic directly to the hospital.

The Direct Admit Policy allows patients to be admitted without having to go through the Emergency Department (ED). This can happen as an urgent or same day admission as well as for elective or non-urgent admissions.

Unstable patients should be sent immediately to the Emergency Department (ED). Please contact the ED by dialing extension 28650 or 427-9595 prior to transferring the patient. All transfers from the Clinic to the ED require provider to provider contact.

All direct admissions require Provider to Hospitalist communication prior to the admission (including surgical admissions). To contact the hospitalist, call the House Supervisor at ext. 27000.

POLICY

I. Clinic Provider:
   a. Contact the House Supervisor (HS) on duty directly to determine if there is bed availability and give quick report to House Supervisor so patient status can be determined. House Supervisor extension is 27000 or 427-3636.
   b. Contact Hospital Physician to accept admission of clinic patient. Once accepted for admission, Clinic Provider/MA will talk with the House Supervisor to arrange the most appropriate transition of patient to Central Registration/accepting unit.

II. Hospitalist Physician:
   a. Contact House Supervisor, update of admit diagnosis, intended unit. House Supervisor will give advice on appropriate admission status & FIN.
   b. Hospitalist Physician to enter appropriate admission orders into the EMR. Note it is important to ensure the orders are entered under the appropriate Pre-Admit patient account (HS will contact Patient Access to get appropriate FIN#).

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III. The House Supervisor will:
   a. During discharge planner hours, the HS will consult with the discharge planner to determine appropriate status.
      i. Afterhours the HS will enter the appropriate information into the Milliman or Interqual systems to determine appropriate status assignment. If needed, contact the on-call discharge planner.
   b. Immediately contact Registration (ED Registrar) to complete the “Pre-Admit” Registration and receive FIN #.
      i. Report to Hospitalist Physician the FIN #.
   c. Update the hospitalist ASAP of status.
   d. The HS must then notify:
      i. The receiving unit and give report to the assigned nurse.
   e. The House Supervisor (HS) will review the patient’s chart in the Electronic Medical Record (EMR) and ensure the admission bed placement is appropriate.

IV. Patient Access department
   a. Upon arrival, the patient will complete the registration process. Central Registration should notify the receiving unit of the patients’ arrival so personnel can meet the patient and transfer the patient to the receiving unit.

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