

Title: ADMISSION OF A PATIENT

Scope:

This scope applies to all inpatient areas at MultiCare Health System. It includes Tacoma General Hospital, Allenmore Hospital, Mary Bridge Children’s Hospital, Good Samaritan Hospital, Auburn Medical Center, Covington Medical Center, MultiCare Deaconess Hospital, MultiCare Valley Hospital, MultiCare Rockwood Clinic and Capital Medical Center.

Policy Statement:

This policy applies to the admission of a patient. An inpatient is a person who has been admitted to a hospital for bed occupancy for purposes of receiving inpatient hospital services. Generally, a patient is considered an inpatient with a provider admission order, medical necessity and the expectation that patient will remain at least overnight and occupy a bed. Patients who are being admitted for elective inpatient surgery are considered formally admitted once anaesthesia induction has begun.

The medical record contains information to justify the admission of the patient.

Plans of care and discharge plans are initiated for each admission.

MHS does not exclude or deny admission to any person on the basis of race, color, creed, religion, gender, age, ethnicity, disability status, national origin, sexual orientation, marital status, pre-existing condition or any other illegal basis.

Procedure:

- I. **All Members of the Medical Staff with Active Admitting Privileges May Admit Patients**
 - A. The Provider will:
 1. Determine patient admission needs
 2. Coordinate care between the patient’s primary care provider and Specialists providing care to the patient
 3. Identify necessary level of care and monitoring
 4. Provide appropriate orders (preferably entered into the EMR, however may be called, faxed or sent to the appropriate unit). These orders should include but are not limited to:
 - a. Admission Status (inpatient, ambulatory, observation for)
 - b. Admitting Diagnosis,
 - c. Attending Physician and
 - d. Admitting unit
 - e. Vital sign parameters
 - f. Allergies/Reactions

- g. Diet orders
- h. Activity orders
- i. Diagnostic, Lab and Imaging orders
- j. Medications and IVs to be administered during hospital stay, including Medication Reconciliation of home medications.
- k. Procedure/Treatments
- l. Resuscitation status as appropriate

- 5. Assess patient at the bedside within timeframe outlined by Medical Staff Bylaws
- 6. Identify goals of treatment and treatment plan
- 7. Inform patient about risks, benefits and alternatives of surgery and/or procedures and obtain informed consent as indicated
- 8. Complete the patient's History and Physical (H&P) as outlined by Medical Staff Bylaws.
- 9. Initiate appropriate discharge plan as indicated

II. The Unit Secretary/Health Unit Coordinator is Responsible for Notifying Patient Access Services When Patient Has Arrived.

III. Patient Access Services will:

- A. Upon notification, register the patient, generate the Face Sheet, Identification Band, Document Labels, and ensure delivery to the patient location.
- B. Obtain demographic and insurance information and signatures on applicable forms at the time of registration.
- C. Provide and review with the patient the MultiCare Handout entitled "Notice of Privacy Practices, Conditions for Treatment, Financial Disclosures, Patient Rights Materials, Financial Assistance" Form (87-9158-0A)
- D. If the patient cannot read English, interpreter services should be sought and translated forms will be provided.
- E. For every patient who has Medicare or a Managed Medicare as any insurance, primary, secondary, or tertiary, regardless of age the "An Important Message from Medicare" Form (87-0568-3e) must be reviewed with the patient and a signed copy of the document provided to the patient.
- F. If the patient is eligible for TriCare the form "An Important Message from TriCare" (88-0061-0) must be reviewed with the patient and a signed copy of the document provided to the patient.

IV. Procedure for Admission to Clinical Care Area:

A. Obtain a Bed Assignment:

- 1. A Provider will contact the appropriate department for bed availability and assignment. This may be the MultiCare Transfer Center (MTC), or the House Supervisor.

2. The admitting patient care staff will be notified of pending admission and bed assignment.

B. Responsibilities

1. Clerical support responsibilities:

- a. Retrieve past medical records, including recent ED or urgent care services, as needed

2. RN:

- a. Obtain handoff/report of patient condition and receive patient into appropriate care area.
- b. Place identification bands with appropriate information
- c. Identify and prioritize appropriate patient care needs.
- d. Obtain/acknowledge necessary physician orders
 - i. Medication orders must meet MHS standards prior to medication administration
 - ii. The RN ensures that orders are accurately implemented.
- e. Complete the nursing admission documentation and verify that appropriate admission data is collected and documented
- f. Ensure that the Advance Directive information has been obtained and document the content of the advanced directive in the patient's record if known.
- g. If the patient is an adult and does not have a Health Care Directive or wishes additional information:
 - i. A referral may be made to Care Management/ Social Workers who can provide resources to the patient
 - ii. The Health Care Directive form (87-6030-2e) may be offered to the patient
 - iii. The care team initiates a patient plan of care

V. Patients will have a Standardized Patient Medical Record (Chart):

- A. The type of chart created will be driven by patient location and availability of the EMR

Related Forms:

Notice of Privacy Practices, Conditions for Treatment, Financial Disclosures, Patient's Rights Materials, Financial Assistance Form #87-9158-0A
 Important Message from Medicare Form # 87-0568-3e
 Important Message from TriCare Form # 88-0061-0
 Health Care Directive Form #87-6030-2e

References:

CMS Standards:

45 C.F.R. § 80
 45 C.F.R. § 84
 45 C.F.R. § 91

	<p>29 U.S.C. § 794</p> <p>Centers for Medicare and Medicaid. (2020). <i>State Operations Manual- Regulations and Interpretive Guidelines for Hospitals</i>.</p> <p>The Joint Commission. (2020). <i>Comprehensive Accreditation Manual for Hospitals</i>. PC 01.02.03, RC 02.01.01, RI 01.01.01 EP2, 5, RI 01.02.01, EP 1,2,22, RI 01.05.01</p> <p>Washington State Department of Health. (2010). <i>Chapter 246-320 WAC Hospital Licensing Regulations</i>.</p>
	<p>Point of Contact: Executive Director, Patient Access 253-697-1865</p>
<p>Approval By: Patient Access Leadership NOC CapMC QSSC MHS Quality Safety Steering Council</p>	<p>Date of Approval: 8/12; 7/14; 4/17; 8/20 11/20 7/21 9/14; 5/17; 8/17; 4/18; 12/20</p>
<p>Original Date: Revision Dates: Reviewed with no Changes Dates:</p>	<p>12/00 8/04; 7/07; 9/09; 06/12; 8/14; 4/17; 10/20 XX</p>

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Scope/locations of services updated March, 2017.

Ethnicity and Pre-existing condition added per non exclusion law 7/17

MultiCare Deaconess Hospital, MultiCare Valley Hospital, MultiCare Rockwood Clinic

Added to scope 7/21/17

4/11/18 - Approved at SKRB 3/26/18 and QSSC 4/10/18 to apply to Covington Medical Center

Approved by QSSC e-vote 8/15/2021 to apply to Capital Medical Center