
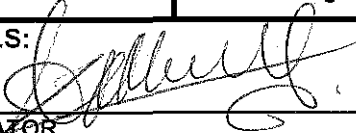



Effective Date:                      Supersede Date:

 QUINCY VALLEY MEDICAL CENTER	Ref.# 483.12	Tag# C-0373			
	Total Pages: 1			Procedure	Protocol
APPROVALS:  ADMINISTRATOR			SUBJECT: LTC Swing Bed Admission		
 DEPARTMENT MANAGER			- Policy		
Manual Distribution:		Originating Department: Social Services		Affected Department All Departments	

**DEFINITION/PURPOSE**

It is the policy of QVMC to provide quality care to the residents of Quincy and surrounding areas.

**PERONNEL**

Social Services, Nurses, Physicians, Billing, and Certified Nursing Assistants

**COMPETENCIES**

Knowledge of Policy

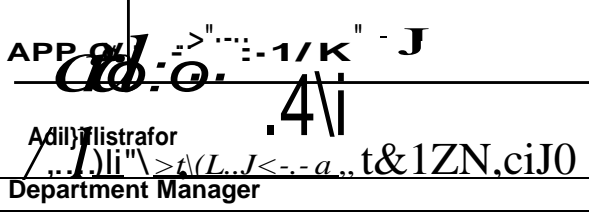
**GENERAL INFORMATION / POLICY**

The majority of LTC Swing Bed admissions will be completed Monday through Friday, preferably in the morning, with prearrangement through Social Services and CNO or designee. Admissions will be a collaborative team approach including Nursing Administration, Social Services, LTC Nursing Supervisor, Billing, Therapies (if applicable) and the Admitting Physician.

## PROCEDURE

1. All outside LTC referrals will be faxed to Social Services at (509-787-1912) or sent to Voice Mail (509-787-5350) per phone request for admission into LTC Swing Bed.
2. If patient is from another facility, home, or admitted from QVMC acute care then information will need to be provided for review and appropriateness of placement. The packet should include:
  - a. H&P
  - b. Personal History
  - c. Medication List
  - d. Nursing Notes
  - e. Multidisciplinary notes
  - f. PT/OT/ST notes if applicable
  - g. Lab and Radiology
3. If patient referral for LTC Swing Bed admission is referred from the community a home visits and evaluation is required. Patient PCP is contacted for medical information to be released to QVMC for review of appropriate admission.

4. All LTC referrals are initially screened by the Social Service Director and will be a coordinated admission process with the collaboration team. After the initial screening, the patient information will be forwarded to the appropriate departments for further screening. The collaborative team will then decide to admit or decline.
5. Prior to admit, if appropriate, a DSHS representative will complete an assessment and approve LTC placement. This is only for MEDICAID payer. Social Services will initiate assessment and assist with Medicaid application when appropriate.
6. Upon acceptance, Social Service will contact referral source and inform them of acceptance, request updated notes, discharge summary, medication list, estimated time of arrival (ETA) and then inform the collaborative team of ETA.
7. The Admitting Physician will be notified by Social Service upon arrival. The physician will see the resident on the day of admission to write orders and see the patient. An H&P will be dictated within 24 hours of admission.
8. If patient admission is denied, Social Services will contact referring facility and inform them of the reason of denial.

QUINCY VALLEY MEDICAL CENTER	Reference# 3000.5	Tag#	Original Date: 3/02	Effective Date: 12/10	Supersede Date: 3/06
	Total Page!j: 2				
 Adiljilistrafor Department Manager			<b>SUBJECT:</b> Admissions from Emergency Department		
			X Policy	X Procedure	Protocol
<b>Manual Distribution:</b>		<b>Originating Department:</b> ED	<b>Affected Department:</b> ED, Acute		

**PURPOSE**

- To facilitate admission of patients being admitted into Acute care.

**PERSONNEL**

- Physicians, nursing staff.

**COMPETENCIES**

- Knowledge of this policy and procedure.

**GENERAL INFORMATION / POLICY**

- Patients admitted from the Emergency Department must be cleared for admission by the Emergency Department physician. The ED physician may write holding admission orders by admitting the patients as Observation.
- The physician on-call will be contacted by the Emergency Room physician of the admission.
- Room assignments shall be made by the Charge Nurse.
- Admission shall be timely and room placement shall take into consideration the patient's overall condition, treatment regimen required, and patient's emotional, psychological and spiritual needs.
- Patients will be provided with an admission package (wash basin, emesis basin, tooth paste/brush, tissues, soap, lotion, soap dish, bedpan/urinal, denture cup, water pitcher/cup, wash cloths, towels, gown/slippers, and/or any supplies specific to patient conditions/needs).
- Patients will have an ID band and allergy band (as applicable).
- Paperwork to be completed on admission will include: Admit Assessment Tri-fold/Observation Assessment, 24-hour flow sheet, care plan, MAR, charge sheet, medication reconciliation, KARDEX, signed Consent to Treat, and labix-ray slips as applicable.

**PROCEDURE**

1. A report will be given by the Emergency Department nurse to the receiving RN/LPN on the assigned unit.
2. Assign the patient to a room, taking the following into consideration:
  - a) Condition of the patient
  - b) Age of the patient
  - c) Mental status
  - d) Need for proximity to the nursing station
  - e) Need for isolation precautions
  - f) Type of room requested by the patient
3. The assigned nursing staff member to receive the patient will place equipment and supplies required at the patient's bedside as indicated from the report provided by the Emergency Department personnel.

NOTE: Patients may have family members bring personal items from home. If personal medical monitoring equipment is brought from home-the patient will provide the necessary equipment to ensure that the item is calibrated and consistent with the monitoring practices of Quincy Valley Medical Center. If unable to do so, monitoring equipment provided by the facility will be used. If mobility equipment is brought, the items will be inspected for any safety issues and to ensure that the equipment is safe and in compliance with facility equipment use policies.

Date Reviewed: Signature: \_\_\_\_\_

Date Reviewed: Signature: \_\_\_\_\_

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Date Reviewed: Signature: \_\_\_\_\_

QUINCYVALLEY -MEDICAL CENTER	Reference Number:	Tag#:	Original Date:	Effective Date:	Supersede Date: 10/31/12
	Total Pages:				
APPROVED <i>Administrat(or)</i> uitb .dz. Ju.. .wu.. leMJjJ')			SUBJECT: Admission of Extended Swing Bed or Medicare Certified Swing Bed Patient		
Department Manager			Policy	Procedure	Protocol
Manual Distribution: Nursing Departments		Originating Department: Nursing Departments		Affected Departments: Swing/Medicare Certified Swing Departments	

**DEFINITION/PURPOSE**

To provide quality care to the Patients admitted to Quincy Valley Medical Center.

**PERSONNEL**

Nurses, Physician, Nursing Assistants, Social Worker and Activity personnel.

**COMPETENCIES**

Knowledge of policy.

**GENERAL INFORMATION**

The majority of Swing Bed Patients will be admitted Monday through Friday, preferably in the morning or early afternoon with prearrangement through Nursing administration and social services. Admission will be a collaborative effort by administration, Nursing, Physician, Social Services, Registration/billing and therapies.

**PROCEDURE**

1. All outside referrals will be faxed to the Social Services department at (509-787-1912). All referrals are initially screened by the Social Services department and will coordinate the admission process with collaboration from appropriate departments. After initial screening, the Patient information will be forwarded to the appropriate departments for further screening. The collaborative team which includes nursing administration will make the final decision on admission. Once the decision to admit has been made a admission physician will be requested. If a Patient is denied admission the Social Services Department will contact the referring facility to inform them of the denial.
2. Prior to admit, if appropriate, a DSHS representative will complete an assessment and approve skilled nursing level of care, if patient requires Medicaid payer assistance. Social Services will assist with the application process.



3. If possible, orient Patient/family to facility if not done previously.
  
4. If patient is from another facility or admitted from QVMC acute care, they will be provided an admission packet, which should include:
  - a. Discharge summary
  - b. History and physical (admit from home must have designated physician to provide history and physical orders).
  - c. Personal history
  - d. Medication list
  - e. Any consults needed

- f. Progress notes
  - g. Advanced directives
  - h. Lab, radiology, PT and OT reports when appropriate and available
5. The admitting Physician will be notified by Social Services upon Patient's arrival. The physician will see the patient on the day of admission to assess and place the orders in the electronic medical record. A history and physical will be dictated within 24 hours of admission.
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6. Nursing personnel will, (see attached admission checklist):
- a. Escort Patient to room and orient to room, facility, staff and services.
  - b. The Registered Nurse with the assistance of the Licensed Practical Nurse will assess the admission of Patient using the electronic medical record assessment tool, then begin developing the individualized Patient care plan, which includes goals and interventions on the Medact and communicate pertinent information to appropriate staff and departments.
  - c. Physician orders are scanned to our "In House Pharmacy" and faxed to local pharmacy when appropriate. (Medicare Certified Patients receive medications from "in house pharmacy" and extended care Swing Bed Patients receive medications from local pharmacy.
  - d. Ensure POLST form is completed and signed by appropriate persons.

7. The Ward clerk or designee will, (see attached checklist):
- a. Assemble paper chart and set up Electronic Medical Record Chart by notifying the registration department and obtaining medical records number, face sheet and Patient stickers.
  - b. Notify appropriate departments of admission.
  - c. Explain admit agreement and obtain appropriate signatures on appropriate admission documents.
  - d. Explain Patient rights in a manner understandable to the Patient, using an interpreter when appropriate and provide copies to the Patient.
  - e. Ensure that admission labs, xrays and other ordered tests are received by appropriate departments then fill out Lab Kardex for future scheduled lab orders.
  - f. Ensure that the dietary department has received the Patient's admission diet order.
  - g. Identify Patient with appropriate ID bracelets/bands.
  - h. Add name and appropriate Patient information to the Swing Census book and add to Patient report list and the bath and laundry schedule.
  - i. Complete belongings list with the Patient or Patient representative, and ensure that clothing and belongings are appropriately marked with name.

\*\*Variations are possible, depending upon the Patient's needs and disabilities, i.e. pain, disorientation, LOC, etc. The Patient's guarantor may sign in Patient's behalf when necessary.



QUINCY VALLEY MEDICAL CENTER 11. 11.11 Z-1111		Ref.# FA 1003	Tag# C 0361- C 0373	Original Date: 1/25/11	Effective Date: 2/01/11	Revised Date: - 5/13/13
APPROVALS DISBURSATOR DEPARTMENT MANAGER			SUBJECT: <b>Resident Rights</b>			
Manual Distribution:			Originating Department: Social Service Department		Affected Departments: Nursing/Social Services/Activities/ Registration	
			<input checked="" type="checkbox"/> Policy		<input type="checkbox"/> Procedure	
					<input type="checkbox"/> Protocol	

**DEFINITION/PURPOSE**

The facility protects and promotes the rights of each resident admitted in order to provide a dignified existence, self-determination, and communication with and access to persons and service inside and outside the facility. The facility will protect and promote the rights of each resident.

The resident has the right to exercise their rights as residents and as citizens of the United States. Residents will be free from interference, coercion, discrimination, or reprisal from the facility in their rights. If a resident is adjudged incompetent under the laws of the State, the rights of the resident will be exercised by the individual appointed under State law to act on the residents behalf.

If the resident has not been adjudged incompetent under the laws of the State, but is not able to exercise his/her rights, the attending physician will document the reason in

the resident's medical record. Any legal surrogate designated by the laws of the state may exercise the resident's rights to the extent provided by state law.

## **PERSONNEL**

Resident Rights will be initiated by the Registration department and followed up by the Nursing department, Social Services, and Pt. Advocate/Registrar to ensure that all rights have been signed upon admission into a swing bed. All employees who work in patient care areas will need to know these rights and adhere to them.

## **EQUIPMENT AND SUPPLIES**

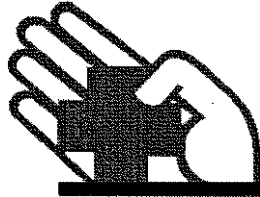
Resident Rights Pamphlet, Computer on Wheels (COW), Signature Pad, and Acknowledgement signature page

## **GENERAL INFORMATION / POLICY**

All patients who are being admitted into a swing bed status will be given Resident Rights upon admission in a language that they can understand. Each inpatient will sign an acknowledgement page to ensure that they received and understand their rights.

## **PROCEDURE**

Upon a swing bed admission, each patient will be given Resident Rights, see attached copy, in a language that they can understand and will initial each page of the Resident Rights as well as the Acknowledgement page to ensure that they have read and understood their rights. If a patient is unable to read their rights then their rights will be read to them in a manner so they can understand them. This will be done by either the Registration staff, Pt. Advocate/Registrar, Social Service Director, or Admitting Nurse at each admission. The signed Resident Rights will be placed within the patient chart, either electronic or paper, and will be monitored by QI to ensure that each patient is receiving their rights.



## QUINCY VALLEY MEDICAL CENTER

As a patient of Quincy Valley Medical Center, you have Patient Rights. These Rights are of great importance and we would like you to fully understand what they include. You have a right to be notified in writing of your rights and obligations before treatment begins. The patient's family, guardian, or Power of Attorney for Health Care may exercise the patient's rights when that patient has been judged incompetent. Quincy Valley Medical Center has an obligation to protect and promote the rights of the patients.

### Patient Rights:

- (1) Be treated and cared for with dignity and respect;
- (2) Confidentiality, privacy, security, complaint resolution, spiritual care, and communication. If communication restrictions are necessary for patient care and safety, the hospital must document and explain the restrictions to the patient and family;
- (3) Be protected from abuse and neglect;
- (4) Access protective services;
- (5) Complain about their care and treatment without fear of retribution or denial of care;
- (6) Timely complaint resolution;
- (7) Be involved in all aspects of their care including:
  - (i) Refusing care and treatment; and
  - (ii) Resolving problems with care decisions;
- (8) Be informed of unanticipated outcomes according to RCW 70.41.380;

- (9) Be informed and agree to their care;
- (10) Family input in care decisions;
- (11) Have advance directives and for the hospital to respect and follow those directives;
- (12) Request no resuscitation or life-sustaining treatment;
- (13) End of life care;
- (14) Donate organs and other tissues according to RCW 68.50.50Q and 68.50.560 including:  
Initials. \_\_\_\_\_

SURGERY/OUTPATIENT/ER/OBSV/ACUTE

QVMC





- (i) Medical staff input; and
- (ii) Direction by family or surrogate decision makers;

The Law prohibits discrimination in public accommodations based on the following:

- Race
- Color
- National Origin
- Sex
- Creed
- Disability
- Honorably discharged veterans or military status
- HIV, AIDS, and Hepatitis C status
- Pregnancy or Maternity
- Sexual orientation or gender identity
- Use of a guide dog or service animal by a person with a disability

PLACES OF PUBLIC ACCOMMODATION INCLUDE, BUT ARE NOT LIMITED TO:

Public resorts;

Places of accommodation, assemblage, or amusement;

Public schools;

Private institutions open to the public for an event or gathering;

Places of patronage, including government offices, stores, shopping malls, theaters, libraries, hospitals, and transit facilities.

**PROHIBITED PRACTICES IN PUBLIC ACCOMMODATION:**

UNDER RCW 49.60.215, A PLACE OF PUBLIC ACCOMMODATION CANNOT:

- Refuse or withhold entrance;
- Charge a different rate or offer different terms and conditions of service;
- Prohibit entrance of a service animal.
- Make any inquiry of connection with prospective employment that is discriminatory.

IF YOU HAVE BEEN DISCRIMINATED AGAINST, PLEASE CONTACT THE WASHINGTON STATE HUMAN RIGHTS COMMISSION:

1-800-233-3247 VOICE OR 100-300-7525 TTY

[www.hum.wa.gov](http://www.hum.wa.gov)

Se Habla Espanol

Language interpreters are available. Accommodations to people with disabilities will be made

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**PATIENT RIGHTS ACKNOWLEDGMENT SIGNATURES**

PATIENT RIGHTS

This is to acknowledge that I have been informed of my Patient Rights in compliance with the following WAC 246-320-141 subsection (1) requirements of the CAH regulations, and all rules and regulations to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate and to issue advance directives to be followed should I become incapacitated.

Patient or Patient's Representative: 'X. \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date \_\_\_\_\_

**If Patients Representative signed, complete the following:**  
\_\_\_\_\_

**Print Name**

**Relationship**




SURGERY / 0 UTPAIENT/ER/OBSV /ACUTE

QVMC

Tag#:	Original Date: 03/03/2014	Effective Date: 03/03/2014	Supersede Date:
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SUBJECT:

Admissions from Emergency  
Department

 <b>QUINCY VALLEY MEDICAL CENTER</b>	Reference Number:	
	Total Pages:	
<b>APPROVALS:</b>  _____ Administrator		
 _____ Department Manager		
Originating Department: ED		Procedure  Protocol
Manual Distribution: ED, Acute, UR	Affected Departments: ED, Acute, UR	

**DEFINITION/PURPOSE**

To facilitate the placement of patients into observation or admission of patients into inpatient/acute level of care from the emergency department

**PERSONNEL**

Physicians, nursing staff, utilization review nurse and registration.

**COMPETENCIES**

Knowledge of this policy and procedure.

**PROCEDURE**

- \*All patients who are being placed or admitted from the emergency department into another level of care in our hospital must have an "Admission appropriateness screen" performed using the Utilization Review Initial Steps, (see attachment 1).
- \*The admitting physician or other provider on call will be contacted by the emergency physician to notify of the admission and level of care.
- \*Room assignments shall be made by the charge nurse, taking into consideration the patient's:
  - a. condition
  - h. age & gender of patient
  - c. mental status of patient
  - d. safety needs
  - e. isolation needs
  - f. patient preference
- \*Emergency physician writes the order to place the patient in observation or admit the patient to inpatient/acute using CPOE in the current open medical record. (No need to change patient numbers).
- \*The order is verified by the nurse and a printed copy is provided to the registration person as soon as possible.
- \*The registration person/front desk will make the appropriate changes for billing purposes and

provide a new face sheet and ID bracelet reflecting the level of care.

\*Prior to the emergency/charge nurse handing the patient off to the acute nurse, a verbal face to face report will be given.

**GENERAL INFORMATION**

Each admission into inpatient/acute or placement into observation will require the following electronic forms to be completed:

- a. Initial interview
- b. Admission physical assessment
- c. Medact/careplan (ongoing)
- d. Personal belongings eform

e. Patient rights or medicarqights, ,

Note:

Ensure that the appropriate ancillary departments have been notified of admission such as: dietary, physical therapy, housekeeping, infection control (when appropriate).

Depending on the patient condition and or diagnosis, other forms or assessments may be necessary upon admission or at any time during patient stay, such as: Restraint form, neuro , check form, in case of death form, etc. See form and assessments available.

Ensure that patient receives ID bracelet and any other appropriate bracelet as soon as available.

Receiving nurse will ensure that patient has equipment and supplies available.

Patient's will be provided with the admission pack and any other items that the patient needs for personal comfort and care.

If the patient requires an item that we do not have available, the family may be asked to bring item in.

Any special electrical or other equipment must be inspected by maintenance to ensure safe.

Ensure that the registration department obtained the signed consent to treat which you will see under images on the virtual chart.

