SUMMIT PACIFIC
• MEDICAL CENTER •

POLICY

Title: Hospital Admission
Department: Nursing
Effective Date: 12/18/2017

I. **SCOPE:** This policy applies to patients admitted to the hospital as inpatient or observation status.

II. **PURPOSE:** To outline the process of admitting a patient to Summit Pacific Medical Center (SPMC).

III. **POLICY:** Hospital services shall be made available to any patient regardless of race, color, creed, ethnicity, national origin, religion, marital status, sex, sexual orientation, gender identity or expression, disability, veteran or military status, source of payment for care, or any other basis prohibited by federal, state, or local law. Admission of adult patients is based on bed availability, and the ability of SPMC to provide appropriate medical management without surgical or specialty services. Limited admission is available on a case-by-case basis to adolescent patients, 14 years of age and older based on collaborative approval of CMO or Medical Director, unit manager, and pharmacy director. All patients will have an admission order signed by a provider with SPMC hospital privileges.

IV. **DEFINITIONS:**

AOC – Administrator on call. Nursing management or delegate that is responsible for providing emergency and after-hours administrative support to the hospital units.

Charity Care—Hospital based financial assistance to facilitate access to care for vulnerable populations. This includes offering 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.

Direct Admit—Patients referred for admit by the patient's primary care provider (PCP). This includes SPMC clinic and external clinic providers.

Patient Representative—Another person authorized to give informed consent or make decisions on behalf of the patient, when the patient is incompetent or otherwise unable to make decisions on their own behalf.

V. **PROCEDURE/REQUIREMENTS OF POLICY:**

1. Patients can be referred and accepted for admission by the Acute Care hospitalist as a Direct Admit and need to have a workup and evaluation prior to admission or within the last 24 hours.
2. No direct admits shall occur when the hospitalist is unavailable to come assess the patient in person.
3. Overnight direct admits are prohibited.

4. The referring provider shall contact the attending hospitalist for approval.
5. Provider-to-Provider handoff must occur prior to admission and the accepting hospitalist must evaluate the patient in person prior to acceptance.
6. The admitting provider is responsible for completing the admission orders. The admitting provider may consist of the following:
    A. Attending hospitalist, including telehealth providers with SPMC privileges.
    B. PCP with SPMC privileges who wishes to perform medical oversight for his/her patient during acute hospitalization.
        i. This scenario requires prior approval of the attending hospitalist
        ii. The attending hospitalist is responsible for all orders, procedures, and emergency management if the PCP cannot be contacted.
        iii. The PCP is responsible for arranging coverage when not available for call. Covering provider, must also have SPMC privileges.
7. The Emergency Department provider may write transition orders to facilitate timely patient transfer from the Emergency Department to a hospital admission unit, if the attending hospitalist has previously approved the admission but is not readily available to complete admission orders. Transition orders should consist of, at a minimum, the following:
    A. Admission status
    B. Code status
    C. Diet
    D. Activity
    E. Pain medication
8. Admission as an inpatient versus observation status will follow CMS guidelines and will be determined by Utilization Review in collaboration with the attending hospitalist.
    A. Patients admitted to SPMC will have an average length of stay (LOS) of 96 hours.
    B. LOS for patients admitted in observation status should not normally exceed 24 hours. Medical observation is intended for short term diagnostic testing and monitoring. This is done to determine the patient's need to be admitted as a hospital inpatient or discharged home.
    C. Any patient that Utilization Review and attending provider cannot come to consensus to in regards to stay type, shall be initially designated as observation status and the decision taken to the Utilization Review Committee.
9. Placement of patients within the hospital will be the responsibility of nursing services. Patients will be assigned rooms appropriate to their diagnosis, sex, age, and need for close observation. All rooms at SPMC are designated as semi-private.
    A. Patient admissions, which create difficult or acuity assignment concerns, will be addressed using a collaborative problem solving approach.
    B. Any problems that cannot be resolved using Charge Nurse to Charge Nurse Communication should be referred to unit manager or AOC.
10. At the time of admission, each patient or patient representative will receive:
    A. Patient's rights and responsibilities
    B. Notice of Privacy Practices

C. Information about the right to formulate Advance Directives or make a reasonable effort to obtain copies of Advance Directives when patients register for services (For more information, please see Advance Directives Policy).

For code status/ Portable Orders for Life- Sustaining Treatment (POLST) forms for all admitted patients.

i) All patients admitted by ACU providers must have code status orders placed at the time of admission.
ii) All code status discussions with patients or other proxy decision-makers should be documented in chart notes.
iii) Patients with goals of care that are anything other than Full Code/Full Treatment must have a valid POLST form on file within 24 hours of admission.
iv) If no POLST form has been completed previously or the current POLST form is unavailable for review, a new POLST form must be completed within twenty-four (24) hours of admission. Exceptions for patients lacking decisional capacity and without appropriate proxy decision-makers available should be clearly documented in the medical chart.

D. Consent for Treatment, outlining the patient's right to accept and reject medical treatment.
E. Information on how to apply for Charity Care.

11. The admitting nurse will ensure that the patient has completed the registration process and will complete the admission assessment and initiate the care plan within 12 hours of admit.
12. For Admission Criteria and Scope of Service for each unit see Appendix A.
13. Admission Limitations:
    A. SPMC is staffed and designed for acutely ill adults and in some cases, adolescent patients if the expected treatment plan, medications, and dosages do not vary greatly from that expected for an adult with the same diagnosis.
    B. Pediatric patients requiring admit will be referred and transferred to hospitals with age appropriate care (i.e. Mary Bridge Children's Hospital and Seattle Children's Hospital).
    C. SPMC does not provide surgical services. Patients requiring potential surgical intervention may have initial medical management of a condition started at SPMC while awaiting transfer to a higher level of care in the case a surgical bed is not readily available at a neighboring hospital (i.e pain management, abdominal decompression).

APPENDIX A

Acute Care Criteria for Admission and Scope of Service

1. Criteria for Admission:
    a. Adult or adolescent patients experiencing onset of acute illness or an exacerbation of a chronic condition and meet criteria for inpatient admission per MCG guidelines.
    b. Medical observation patients who are in need of further monitoring for diagnostic work-up to determine the need for further inpatient admission. Observation patients who do not meet criteria for an inpatient admission should be discharged within 48 hours.
    c. Safe patient handling and lift considerations for admission: Room 200 must be available to admit patients weighing over 440 pounds and not to exceed 550 pounds. All other Acute Care rooms can accommodate patients being admitted that are 440 pounds or less.
    d. Swing bed patients who have completed a qualifying three midnights Medicare stay in an acute bed at SPMC or another acute facility and assessed to have a positive medical and/or rehabilitation potential (See Admit to Swing Bed Policy for more information).
    e. Criteria for pregnant patients. Patients in their 1st trimester of pregnancy (up to 12 weeks gestation) may be admitted to Acute Care. If the patient is expected to exceed 12 weeks gestation during the anticipated hospital stay, they will not be admitted to Acute Care and should be transferred to a facility with obstetrical services or other accepting facility.
2. Scope of Service:
    a. Acute Care is a 10 bed medical/medical-telemetry unit.
    b. Patient population consists of adult patients, and in limited situation adolescents, with non-surgical diagnoses who require generalized medical care and sometimes continuous telemetry monitoring.
    c. Patients may receive titrated medications to control malignant cardiac arrhythmias or metabolic disorders.
    d. RN's hold current ACLS certification
    e. The nursing care model is Team Nursing utilizing RNs and CNAs.