

Policy Name: PATIENT ADMISSION, TRANSFER, DISCHARGE, AND/OR CHANGE IN ADMIT STATUS	Policy No.: PC 44
Department: Organization-Wide	Page No.: 1 of 2
Effective Date: 10/97	Print Name & Title:
	Signature & Date:
This Replaces: CC 4.0	<u>APPROVALS:</u>
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9/06kf, 2/09lh, 4/09lh, 1/12tc; 1/14lh	Signature & Date:
Retired:	Print Name & Title:
	Signature & Date:
Related Policies:	Print Name & Title:
	Signature & Date:

SCOPE:

All patients admitted for inpatient care as "Full Admit" status, "Observation" status, or "Ambulatory" status. Employees in Registration, PBX, Nursing departments, Ancillary Patient Care departments, and Case Managers.

PURPOSE:

To provide consistent, efficient procedures for patient admission, transfer, discharge, and change in admit status.

POLICY:

Capital Medical Center will not discriminate in the admission or treatment of patients, and we will not make any distinction based on a patient's age, gender, race, color, religion, national origin or any other legally prohibited basis.

- 1. Admissions
 - A. All admissions require a Physician Order specifying:
 - i. Placement of patient (i.e. Med/Surg, ICU, Step-Down)
 - i. Patient status (i.e. Observation or Full Admit)
- 2. Transfers
 - A. Transferring a patient refers to changing the actual room/bed assignment of the patient. Transfers do not involve changing the patient's admit status.
 - B. The Transfer activity will be processed via order entry by the department in which the patient is physically located at the time the order to transfer is issued.
- 3. Discharges
 - A. All patient discharges require a Physician Order
 - B. The order entry discharge function may be used to discharge both "Observation" status and "Full Admit" status patients.
- 4. Changes in Admit Status

- A. A written Order is required before the patients' admit status may be changed.
- B. "Observation" status may be changed to "Full Admit" status.
- C. "Full Admit" status should not be changed to "Observation" status unless due to clerical error and is not contradictory to the physician order, and then documented as such in Artiva and the medical record.

PROCEDURE:

- 1. To admit a patient from outside the hospital (e.g. MD office, other facility):
 - A. Requests for admission will be routed to the House Supervisor.
 - B. The House Supervisor will call the nursing unit for a bed assignment.
 - C. The unit Charge Nurse will assign the patient a bed based on the admitting Rx, Gender, Age, and Care Setting.
 - D. The Staffing Coordinator or House Supervisor will immediately call Registration with the admission information.
- 2. To admit a patient from within the hospital (e.g. ER, AMB, WS, Newborn Nursery, OR, Radiology, Cardiopulmonary):
 - A. Requests for admission will be routed to the House Supervisor.
 - B. The House Supervisor will call the nursing unit for a bed assignment.
 - C. The unit Charge Nurse will assign the patient a bed based on the admitting Rx, Gender, Age, and Care Setting.
 - D. The department initiating the admission will immediately call Registration with the admission information or fax them an admit order written by the admitting physician.
 - E. The department initiating the admission may contact the House Supervisor for assistance if problems are encountered obtaining a bed assignment.

3. Transfer Process:

- A. Requests for admission will be routed to the House Supervisor.
- B. The House Supervisor will call the nursing unit for a bed assignment.
- C. The unit Charge Nurse will assign the patient a bed based on the admitting Rx, Gender, Age, and Care Setting.
- D. The department in which the Transfer Order is issued will process the transfer activity via Order Entry, indicating new bed assignment/accommodation code.

4. Discharge Process:

A. When the patient physically leaves the hospital, the unit secretary will process the discharge function in Meditech. Accuracy noting time, date, and destination code are essential. This completes the discharge process.

5. Status Change Process:

- A. When a Written Order to change patient's status to "Full Admit" is received, the Registration Department must be notified immediately.
- B. If the status needs to be changed after patient discharge, it can only be done if the need for change is due to a clerical error and does not contradict the physician order. Patient Access lead, supervisor or director must be notified to correct the clerical error with appropriate documentation of said clerical error.
- C. If the status needs to be changed after patient discharge not due to clerical error:
 - i. There must never be a duplicate account created.
 - ii. The account must be corrected manually in SSI with all actions documented in Artiva and the medical record.
 - iii. Notify Patient Days
 - iv. Accounts that need to be changed in SSI only and not in PA, enter an X2 in front of the policy number and document the reason for the re-bill request.