

Title: ADMISSION OF A PATIENT

Scope:

This policy applies to the admission/registration of a patient to all MultiCare services. 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 once formally admitted as inpatient with the expectation that he or she will remain at least overnight and occupy a bed. A patient is considered formally admitted at the time of the physicians order to Admit as Inpatient. Patients who are being admitted for elective inpatient surgery are considered formally admitted once anaesthesia induction has begun.

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

Policy Statement:

Receive the patient/family/caregiver into the system in such a manner that he/she feels welcome and secure while comfort, safety, biopsychosocial, cultural, financial and spiritual needs are addressed; and obtain the key information identified below to process the patient 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. All patient admission must be accompanied by appropriate orders called, faxed or sent to the appropriate unit. These orders should include but are not limited to:
 - 1. Admission Statue (inpatient, ambulatory, observation for)
 - 2. Admitting Diagnosis, attending Physician and admitting unit
 - 3. Vital sign parameters

4. Allergies/Reactions
5. Diet orders
6. Activity orders
7. Lab and Imaging orders
8. Medications and IVs to be administered during hospital stay, including Medication Reconciliation of home medications. The written and/or faxed order must include complete list of medications to be administered during hospital stay.
9. Procedure/Treatments
10. Resuscitation status as appropriate

B. The Licensed Independent Practitioner (LIP) will:

1. Determine patient admission needs
2. Coordinate care between the patient's primary care provider and Specialists providing care to the patient
3. Access appropriate care site for admission
4. Provide orders appropriate to patient care needs
5. Assess patient at the bedside within timeframe outlined by Medical Staff Bylaws
6. Specify reasons for admission or treatment
7. Determine diagnosis or diagnostic impression
8. Identify goals of treatment and treatment plan
9. Counsel patient about risks, benefits and alternatives of surgery and/or procedures and obtain informed consent as indicated
10. Complete the patient's History and Physical (H&P) as outlined by Medical Staff Bylaws.
11. 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 Licensed Independent Practitioner (LIP) will contact the MMC Operations Logistic Center (OLC) for Tacoma General admissions. For Allenmore or Mary Bridge admissions contact the Hospital Supervisor for bed availability and assignment.
 - 2. The admitting patient care staff will be notified of pending admission and bed assignment.
- B. Clerical support responsibilities:
 - 1. Retrieve past medical records, including recent ED or urgent care services, as needed
 - 2. Transcribe physician orders.
- C. Compile chart The RN:
 - 1. Obtains report of patient condition and receives patient into appropriate care area.
 - 2. Identifies and prioritized appropriate patient care needs.
 - 3. Obtains physician orders as needed

	<ul style="list-style-type: none"> a. Medication orders received from the physician as “meds per home routine” or any other non-specific fashion will not be administered b. Medication orders must meet MHS standards prior to medication administration c. The RN ensures that the orders are accurately acknowledged, and implemented. <ul style="list-style-type: none"> 4. Completes the nursing admission documentation and verifies that all appropriate admission data are collected and documented 5. Ensures that the Advance Directive information has been obtained and documents the content of the advanced directive in the patient’s record if known. 6. Assures that identification bands are placed with appropriate information included 7. Educate adult admissions on the pneumococcal/influenza vaccine and review protocol using form (88-0670-2e) 8. The Health Care Directive form (87-6030-2e) will be completed by Registered Nursing personnel: <ul style="list-style-type: none"> a. If the patient is an adult and does not have a Health Care Directive or wishes additional information: b. The Health Care Directive form (87-6030-2e) is given to the patient and this is documented on the form. <p>D. The care team initiates a plan of care/clinical pathway</p> <p>V. Patients will have a Standardized Patient Medical Record (Chart):</p> <ul style="list-style-type: none"> A. The type of chart created will be driven by patient location B. All inpatients will have the blue chart back with the set tabs and outpatient procedure records will follow the Surgical Procedure Record Format outlined in Surgical Services policy
	<p>Related Policies:</p> <p>MHS P &P: <i>Advance Directive: Living Will and Mental Health</i></p> <p>MHS P &P: <i>Patient Identification, Using Two Patient Identifiers, Informational Wristbands.</i></p> <p>MHS P &P: <i>Orders: Written, Faxed, Emailed, Verbal, Telephoned</i></p> <p>MHS P &P: <i>Medication Administration and Documentation in the Acute Care Setting</i></p>

	<p>MHS P &P: <i>Patient Nondiscrimination</i> MHS P&P: <i>Registration and Point of Service Collection Policy</i> MHS P & P: <i>Patient Rights and Responsibilities: Adults and Special Rights of Adolescents</i> Scope of Service/ADT Criteria</p>
	<p>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 Pneumococcal/Influenza Vaccine Protocol form # 88-0670-2a</p>
	<p>References: CMS Standards: 45 C.F.R. § 80 45 C.F.R. § 84 45 C.F.R. § 91 29 U.S.C. § 794 Joint Commission Standards: RI 01.01.01 EP2, 5, RI01.02.01, EP 1,2,22</p>
	<p>Point of Contact: Executive Director, Patient Access 253-697-1865</p>
<p>Approval By: Revenue Integrity, Compliance, Access Services SKRB on behalf of CMC MEC Quality Steering Council</p>	<p>Date of Approval: 8/12; 7/14; 4/17 4/18 9/14; 5/17; 8/17; 4/18</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 XX</p>

Distribution: MHS Intranet

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

Scope updated (added CMC only) April, 2018.