

**Title: ADMISSION OF A PATIENT**

**Scope:**

This policy applies to the admission/registration of a patient to all MultiCare services.

**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, disability status, national origin, sexual orientation, marital status, 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. Patient Access Services will:**

- A. Provide the standard inpatient admission packet for inpatients and surgical/procedure patients and will create and maintain a supply of standardized admission packets for use.
- B. Upon notification, register the patient, generate the Face Sheet and ID Band, document labels, and assure delivery to the patient location.
- C. The Patient Access Technician is responsible for obtaining remaining information and signatures on required forms at the time of registration.

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

**IV. Procedure for Patient Access Services:**

- A. The Conditions for Treatment Form (87-5616-5) and The Financial Agreement Form (87-0355-0) will be handed to the patient for review.
  1. If the patient cannot read English, interpreter services should be sought and translated forms will be provided.
  2. After reviewing the form, any question the patient may have should be answered.

3. When all the patient's questions have been answered, have the patient sign and date each of the forms on the eSignature pad.
  4. The Patient Access personnel shall then sign as a witness to the patient's signature.
- B. All patients will be given the following brochures at the time of admission:
1. Managing Pain Brochure
  2. Patient Safety Brochure
  3. The Patient Rights Brochure (87-3018-6)
- C. If the patient wishes to request financial assistance:
1. The patient shall complete, "The Notice of Availability for Uncompensated Care Form (87-0350-6)," with the assistance of the patient access personnel.
  2. This form is NOT the application, but a request for application for assistance.
- D. The completed form will either be mailed by the patient when complete or returned to the Financial Assistance Office as indicated on the instructions.
- E. Patient Access personnel will refer the in-house Financial Counselor to the patient's room, so a bedside conversation can occur regarding financial assistance.
- F. The Health Care Directive form (87-6030-2e) will be completed by the Patient Access and Registered Nursing personnel:
1. If the patient is an adult and does not have an Health Care Directive or wishes additional information:
    - a. The Health Care Directive form (87-6030-2e) is given to the patient and this is documented on the form.
- G. For every patient who has Medicare or a Managed Medicare as any insurance, primary, secondary, or tertiary, regardless of age:
1. The "An Important Message from Medicare" Form (87-0568-3e) must be reviewed with the patient.
  2. If the patient cannot read English, a translated form will be provided or interpreter services sought.
  3. After reviewing the forms, any question the patient may have should be answered.

4. When all patient's questions have been answered, have the patient sign and date the form on the eSignature pad.

5. Provide the patient with a copy of the signed document.

H. If the patient is eligible for TriCare:

1. The form "An Important Message from TriCare" (88-0061-0) must be reviewed with the patient.

2. If the patient cannot read English, a translated form will be provided or interpreter services sought.

3. After reviewing the forms, any question the patient may have should be answered.

4. When all the patient's questions have been answered, have the patient sign and date the form on the eSignature pad and provide the patient with a copy of the signed document.

**V. Procedure for Admission to Clinical Care Area:**

A. Obtaining 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.

3. Compile chart

C. 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

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, transcribed, and implemented.
- 4. Completes the nursing admission record 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. Educated adult admissions on the pneumococcal/influenza vaccine and review protocol using form 88-0670-2e
- D. The care team initiates a plan of care/clinical pathway

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

- 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

**VII. The Standardized Admission Packet will be used for all inpatient and surgical/invasive procedure patients.**

- A. The admission packet for adults will include the following:
  - 1. Admit Pack:
    - a. Conditions for Treatment 87-5616-5
    - b. Notice of Availability for Uncompensated Care 87-0350-6
    - c. Code Order (purple sheet) 87-016a-7
    - d. Health Care Directives Form 87-6030-2e
    - e. Patient Rights Brochure 87-3018-6
    - f. Managing Pain Brochure 87-9530-0
    - g. If applicable
      - 1.) Sterilization consent – DSHS forms 13-364, 13-365 or 13364A must be signed 30 days before scheduled procedure, 72 hours before emergency surgery
      - 2.) Special Consent to Medical Treatment, Operation,

	<p>Postoperative Care, Anesthesia, or Other Inpatient Procedure 87-0132-8</p> <ol style="list-style-type: none"> <li>3.) Acknowledgement of Notice of Privacy Practice 87-8970-0 (MHS downloadable in various languages)</li> <li>4.) An Important Message from Medicare 87-0568-3</li> <li>5.) An Important Message from TriCare 88-0161-0</li> </ol> <ol style="list-style-type: none"> <li>2. Computer Generated Components (produced by Patient Access Services) <ol style="list-style-type: none"> <li>a. Face sheet</li> <li>b. Appropriate ID band</li> </ol> </li> </ol> <p>B. The admission packet for pediatrics at Mary Bridge will include the following:</p> <ol style="list-style-type: none"> <li>1. Conditions for Treatment 87-5616-5</li> <li>2. Notice of Availability for Uncompensated Care 87-9154-1</li> <li>3. Parent Consent for Participation Special Visitors/Entertainers/Pet Partner Program</li> <li>4. Pediatric Patient Rights Brochure 87-3019-4</li> </ol> <p>C. There are forms in the adult packets that are not mandatory for every patient (Medicare and TriCare forms, sterilization consent forms, Acknowledgement of Notice of Privacy Practice). The admission packet forms delivered by Patient Access will contain only those forms applicable to the patient.</p>
	<p><b>Related Policies:</b></p> <p>MHS P &amp;P: <i>"Advance Directive: Living Will and Mental Health"</i></p> <p>MHS P &amp;P: <i>"Patient Identification, Using Two Patient Identifiers, Informational Wristbands."</i></p> <p>MHS P &amp;P: <i>"Orders: Written, Faxed, Emailed, Verbal, Telephoned"</i></p> <p>MHS P &amp;P: <i>"Medication Administration and Documentation in the Acute Care Setting"</i></p> <p>MHS P &amp;P: <i>"Patient Nondiscrimination"</i></p> <p>Good Samaritan P &amp; P: <i>"Acute Care Patient Admit Process"</i></p> <p>Scope of Service/ADT Criteria</p>
	<p><b>Related Forms:</b></p> <p>Conditions for Treatment - Form # 87-5616-5</p> <p>Important Message from Medicare Form # 87-0568-3e</p> <p>Important Message from TriCare Form # 88-0061-0</p>

	<p>Notice of Uncompensated Care Form # 87-0350-6 or 87-9154-1 (MB)  Health Care Directive Form #87-6030-2e  Patient Rights and Responsibilities Pamphlet (Adult/Adolescent) # 87-3018-6  Patient Rights and Responsibilities Pamphlet (Pediatric) # 87-3019-4  Patient Safety Brochure # 87-5910-9  Managing Pain Brochure # 87-9530-0e  Pneumococcal/Influenza Vaccine Protocol form # 88-0670-2a  Financial Agreement Form # 87-0355-0</p>
	<p><b>References:</b>  45 C.F.R. § 80 (2012)  45 C.F.R. § 84 (2012)  45 C.F.R. § 91 (2012)  29 U.S.C. § 794</p>
	<p><b>Point of Contact: Administrator Business Operations 459-8266 or  Nurse Executives</b></p>
<p><b>Approval By:</b>  Quality Steering Council</p>	<p><b>Date of Approval:</b>  <b>8/12</b></p>
<p>Original Date:  Revision Dates:  Reviewed with no Changes Dates:</p>	<p>12/00  8/04; 7/07; 9/09; 06/12  none</p>

Distribution: MHS Intranet

**Title: PEDIATRIC PATIENTS, CARE AND PLACEMENT OF**

**Scope:**

This policy applies to the placement of all pediatric patients within MultiCare-Health System (MHS).

**Policy Statement:**

This policy establishes the MHS procedure for the appropriate placement of pediatric patients at any site within MHS.

All patients are admitted without regard to race, ethnicity, national origin, sex, pre-existing condition, physical or mental status

**Procedure:**

**I. Pediatric patients requiring services within MHS:**

- A. Every effort will be made to admit pediatric patients to Mary Bridge Children’s Hospital & Health Center (MBCHC) at Tacoma or Good Samaritan; however, other specialties and locations may provide services to pediatric patients
- B. An adult may receive services and admissions to MBCHC or Good Samaritan based on the department’s scope of service or on an individual case-by-case basis
- C. Emancipated minors and obstetrical patients will be treated as adults with regard to consent for care
- D. All pediatric patients, regardless of location or service, will receive individualized, age and developmentally-appropriate care
- E. Policies and procedures related to the care of pediatric patients will be followed at all locations where pediatric patients are receiving care
- F. A patient must be 18 years or older to execute an Advance Directive. See MHS P & P: *Advance Directives: Living Will and Mental Health*

**II. Responsibilities:**

- A. The Mary Bridge (MB) or Good Samaritan (GS) House Supervisor will assist in collaboration with the appropriate Clinical Director and/or designee and the administrator on-call to determine patient placement. Consideration will be given to admission of both pediatric and non-pediatric patients based on individualized care needs and facility capacity status.

**III. The following steps assure proper placement of the pediatric patient:**

- A. Pediatric patients will be given priority consideration over adult

	<p>patients for admission requests to MBCHC at Tacoma and Good Samaritan.</p> <p>B. The admission of adult patients to MBCHC at Tacoma and Good Samaritan will be reviewed on a case-by-case basis with approval being coordinated by the MB or GS House Supervisor as appropriate, the Clinical Director and/or designee, the administrator on-call and the pediatric health care team</p> <p>C. Re-direction of admissions for identified non-pediatric patients to an adult facility will be coordinated by the MB or GS House Supervisor as appropriate, the Clinical Director and/or designee, adult and pediatric health care teams, and the administrator on-call as needed</p> <p><b>IV. Definitions</b></p> <p><b>Pediatric Patient:</b> Determined by patient age, from birth to 18<sup>th</sup> birthday.</p> <p><b>Emancipated Minor:</b> A minor at least 16 years of age may petition the court for determination of emancipation status. RCW 13.64.060. This status includes the right to provide informed consent for health care. Documentation of this legal status by health care providers may include obtaining a copy of the child's Washington driver's license or identification card, which designates emancipation, or a copy of the court order declaring the minor emancipated.</p>
	<p><b>Related Policies:</b></p> <p>MHS P &amp; P: "Admission of Patient"</p> <p>MHS P &amp; P: "Advance Directives: Living Will and Mental Health"</p>
	<p><b>Point of Contact: VP &amp; Administrator, MBCHC - 403-1420</b></p>
<p><b>Approval By:</b>  MGSB Pediatrics Committee  MHS Pediatrics Committee  Quality Steering Council</p>	<p><b>Date of Approval:</b>  <b>5/12</b>  <b>6/12</b>  <b>7/12</b></p>
<p>Original Date:  Revision Dates:  Reviewed with no Changes Dates:</p>	<p>1/02  10/03; 8/06; 5/09; 4/12  none</p>

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