



## POLICY:

Patients admitted to United General Hospital's 25 beds as critical access will have a hospital stay an average of 96 hours and demonstrate a low likelihood of reusing emergent surgery or complex intensive care.

Pediatric patient over 1 month of age meeting admission criteria are admitted to United general hospital as inpatients. Patients requiring telemetry monitoring and meet admission criteria are admitted as inpatients.

Admission as an inpatient is guided by established admission criteria of medical diagnosis, severity of illness, availability of beds, preference of the attending physician and level of nursing care required.

Placement of patients within the hospitals will be the responsibility of nursing service. Patients will be assigned rooms appropriate to their diagnosis, sex, age and need for close observation. Patient admissions, which create difficult or problem unit assignment situations, will be addressed using a collaborative problem solving approach.

Patients requiring short-term care, where admission as an inpatient is not required, may be admitted to observation status under the 25 bed limit. Criteria for observation are patients whose condition warrants a period of observation to determine if hospitalization is needed. Interqual criteria, used by the Care Management Department, is the official reference for determining patient status. Observation should not normally exceed 48 hours.

All patients are to receive a copy of "Your Rights as a Patient" upon admission by the Admitting personnel. Nursing will ensure that patients receive their copy.

United General Hospital is required by law to make services available to all people in the community. United General Hospital will not discriminate against a patient nor visitor based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or because a patient is covered by a program such as Medicare or Medicaid. United General provides emergency services and does not deny emergency services to any person who needs the service but cannot pay for the emergency service.

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**United General Hospital**  
**Hospital Scope of Service**

Administration

15571

Scope

(Rev: 6)Official

## Hospital Scope of Service

United General Hospital, located in Sedro Woolley, Washington, serves Public Hospital District 304, which encompasses more than 2,300 square miles from Bayview in the West to Cascade Mountains in the East; from the southern Skagit County boundary to the Canadian border in Eastern Whatcom County.

United General, a 97 bed licensed facility, as a Critical Access Hospital has a 25 bed maximum acute care capacity. Of the 25 Critical Access Hospital acute care beds up to 5 beds can be used for swing bed patients and 4 beds are designated as Intensive Care level beds. The balance of beds are used for General Medical /Surgical/Oncology Inpatient and Observation, as well as Preoperative preparation, Postoperative care, and Outpatient intravenous therapies. United General provides general observation/inpatient/surgery acute care services for adult and pediatric patients over 5 years of age and outpatient care for all age groups.

The following patients are medically screened, treated and stabilized, discharged, referred or transferred due to lack of medical, equipment, nursing or diagnostic resources:

- Neurology
- Cardiac diagnostics with potential surgical intervention
- Renal
- Obstetrics
- Primary Mental Health
- Plastic & Reconstructive
- Thoracic
- Acute/critical inpatient/observation of pediatric patients under the age of 5
- Bariatric patients with BMI greater than 40, however not to exceed BMI of 50. Potential surgical intervention: Prior to the admission of a patient exceeding BMI the House Supervisor will ascertain whether safe provisions, [equipment](#) and care can be provided to meet the patient's needs. The patient will be evaluated in person by a surgeon and/or electronically at the request of a referred provider. If the surgeon and the nursing supervisor both perceive the operation is safe to be performed at United General Hospital, then the surgeon will discuss the case with the Medical Director of Anesthesiology (or the on-call Anesthesiologist) and a summary of that discussion will be documented prior to proceeding to the Operating Room.
- Bariatric patients with BMI greater than 50 or 45 with co-morbidities-Medical Admission: Prior to the admission of a patient exceeding BMI the House Supervisor will ascertain whether safe provisions, [equipment](#) and care can be provided to meet the patient's needs.

The top DRGs are reviewed on an annual basis.

As a Trauma IV center, United provides emergency care 24 hours day, seven days a week. Contracted emergency physicians and members of the Medical Staff are available to evaluate and treat emergency patients. Following an initial screening and stabilization process, the provider determines whether care can be provided at United or whether transfer to a tertiary care facility is appropriate.



## **POLICY:**

The grievance process promotes patient empowerment in healthcare. This policy defines the process for customer complaints and grievances in accordance with State and Federal regulations so a prompt and fair resolution is reached.

Front line staff is encouraged and trained to listen and address the issue at the time concerns are voiced. If resolution of the issue is not possible at the time, timely and appropriate review of response is our goal.

A Complaint is defined as displeasure with a process or person. A Grievance is defined an issue that is related to a real or perceived violation of a patient's rights or alleged or actual adverse outcome resulting from care provided at United General or a United General provider. A Suggestion is intended to improve quality at United General.

### **Notification of Patient Rights**

Patient Rights posters and patient education materials are provided in admission material and in patient care areas throughout the organization.

#### **1. Prompt Resolution of Patient Complaint/Grievance**

All internal and external customer (patient, physician, staff or visitors) complaints and process problems will be addressed at the time of the occurrence in an effort to resolve the customer complaint and/or review and improve the process. All patient and/or family complaints received should be responded to within 45 days.

- An issue is not a grievance if it can be handled on the spot by staff present.
- An issue is not a grievance if patient currently in hospital calls leadership first and had not yet tried to resolve the issue with the involved department. Leadership can forward the complaint to the proper department and consider it a complaint.
- If the issue is able to be resolved while the patient is still an inpatient it is not considered a grievance.
- Billing issues are not considered grievances unless the patient is disputing charges due to poor care or service.
- If the first awareness of an issue comes in writing after the patient leaves the hospital and it does not meet any of the documented grievance criteria it is considered a patient complaint.

#### **2. Who to Inform of Complaint or Grievance**

Complaints may be handled by front line staff or operational leadership. Grievance responses will be coordinated through Administration. Methods of Complaint Communication - Concerns may be expressed verbally to staff, via comment card, satisfaction survey narrative, phone call or letter. Staff are to communicate concerns that may result in a grievance to the CCO or CEO.

#### **3. Leadership and Operating Board Role**

The United Operating Board has delegated to the Chief Executive Officer (CEO) the responsibility of coordinating this process. The CEO is responsible for aggregating data and submitting it to the United Operating Board periodically. The Board uses this information to assess the effectiveness of the resolution. CEO and Senior Leadership are responsible for reviewing the information for improvement opportunities.

4. Every effort should be taken to investigate and communicate with the complainant within 45 days. If the review is likely to take more than 7 days, a letter or phone call of acknowledgement is recommended. This letter should include who is responsible for the review and a phone number to contact them if desired.
5. In all grievance resolutions, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.
6. If the grievance is not resolved, the patient will be referred to the Patient Rights form printed at all registrations which lists the Department of Health Quality Assurance contact: (360) 236-4700 and The Joint Commission Office of Quality Monitoring contact: (800) 994-6610.
7. Any alleged breach of verbal or written patient identifiable information to a party or parties who does not have a right to that information is a violation of hospital policy. The Privacy Officer will be notified for investigation and action.