SCOPE

This policy applies to all PeaceHealth settings and services:

☐ Cottage Grove Medical Center  ☐ Peace Island Medical Center  ☐ St. John Medical Center
☐ Ketchikan Medical Center  ☐ Sacred Heart River Bend  ☐ St. Joseph Medical Center
☐ Peace Harbor Medical Center  ☐ Sacred Heart University District  ☐ United General Medical Center
☐ PeaceHealth Medical Group  ☐ Southwest Medical Center  ☐ System Services Center
☐ PeaceHealth at Home  ☐ PeaceHealth Labs  ☐ Ketchikan Long Term Care

PURPOSE

The purpose of this policy is to establish policy for admitting or registering a patient for services, and to ensure that any individual seeking care, treatment or participation in programs, services and activities at PeaceHealth Southwest is not discriminated against.

POLICY

As a recipient of Federal financial assistance, PeaceHealth does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, creed, national origin, religion, gender, age, sexual orientation, marital status, or disability, in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by PeaceHealth directly or through a contractor or any other entity with which PeaceHealth arranges to carry out its programs and activities.

Additionally, PeaceHealth receives the patient and family into the system in such a manner that he/she feels welcome and secure, and that their comfort, safety, bio-psychosocial, cultural, financial, and spiritual needs are addressed.

Requirements:

1. A patient will be admitted to the PeaceHealth Southwest by order of a Medical Staff member who has specifically been granted admitting privileges or by an Allied Health Professional who has specifically been granted admitting privileges as per Medical Staff Bylaws.
2. Patient Access will identify patient per Patient Identification procedure # 900.2.122 and place identification band on patient and process valuables per Patient Belongings Control # 101.356.59.

3. **All patients will:**
   3.1. Have an appropriate medical record initiated;
   3.2. Receive Conditions of Service Form;
   3.3. For every patient who has Medicare or a Managed Medicare as any insurance, primary, secondary, or tertiary, regardless of age, will receive “An Important Message from Medicare” form;
   3.4. Be assessed to determine whether any time of interpreter services are requested or required;
   3.5. Be asked if they have an Advance Directive and be offered information about formulating an Advance Directive if they do not have one (note: there is NO requirement for a patient to have an advance directive).
   3.6. Receive notification of their patient rights.
   3.7. Receive information about HIPPA upon initial visit to the facility.
   3.8. Have an admission assessment per the appropriate department Standard of Care.

**HELP**

Further information may be obtained by contacting your Manager or the Administrative Manager.

**RELATED MATERIAL**

Observation Status Requirements-Government Payers CLS-0441
Advance Directives 150.2.268
Bed Management Scope of Services 403.468.1
Important Message from Medicare 403.270.1
Utilization Management Plan 150.3.175
Patient Rights and Responsibilities 900.1.107, 900.1.108
Safe Place for Newborns 403.502.138
APPROVALS

Initial Approval:

VP Operations approved new policy.

Subsequent Review/Revision(s):

Chief Operating Officer approved revisions April 29, 2015
Clinical Practice Work Group approved review November 09, 2017

For a complete history of collaborations and approvals, please check Workflow History or contact your policy coordinator.