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PeaceHealth
United General Medical Center

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Owner Tami Gilbert
Area Nursing
Applicability PeaceHealth
United General
Medical Center
Tags Policy

Admission to United General Medical Center Policy

SCOPE

PeaceHealth United General Medical Center.

PURPOSE

The purpose of this policy is to establish a process 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 United General Medical Center (UGMC), or other entities within the Northwest Network, 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.

Admitting Privileges:

1. A patient may be admitted to the medical centers 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.

Length of Stay:

1. Patients admitted to United General Medical Center's 25 beds as critical access should have an average length of stay of less than 96 hours and demonstrate a low likelihood of emergent surgery or complex intensive care needs.

Pediatric Patients:

1. Admission for observation of children under age 18 is considered on a case-by-case basis with input from the Nursing Supervisor and the Nurse Team Lead (considering diagnosis and symptoms). No direct admit of patients under the age of 18 will take place at UGMC.

Inpatient Admission:

1. 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.

Direct Admit and Transfers:

1. All direct admissions and transfers to UGMC will be handled by calling the nursing supervisor. No direct admissions will be accepted for Step down level care. These patients must be evaluated in the ED first.

Observation:

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

Swing:

1. Swing Bed patient admissions are specifically outlined in the ***Swing Beds Scope of Service*** (see the Related Material section).
2. Swing Bed patients must meet criteria for admission and may stay longer than 96 hours based on the criteria for care.

Inpatient Rehab:

1. Inpatient Rehab admissions are specifically outlined in policy ***Inpatient Rehab Admission Criteria Policy*** and ***ARC Admission Procedure*** (see Related Material section).

- a. Admission Criteria Inpatient Rehab.
- b. Inpatient Rehab patients must meet criteria for admission and may stay longer than 96 hours based on the criteria for care.

Patient Identification:

1. Admitting staff identifies patient per the ***Patient Identification Policy***, places identification band on patient, and processes valuables per the ***Patient Belongings Policy***. (See the Related Materials section for all policy links).

Need for Hospitalization:

1. The attending practitioner (hospitalist or rehab physician) is required to document the need for continued hospitalization as required based on patient status. This documentation is outlined in the ***Medical Records Policy*** (see Related Material section).
2. An adequate written record of the patient's need for care, treatment, and services for continued hospitalization. A simple reconfirmation of the patient's diagnosis is not sufficient.
3. The estimated period of time the patient will need to remain hospitalized.
4. Plans for post-hospital care.
5. The hospitalist or rehab physician may be contacted by the Medical Executive Committee Chair if information is needed. It is expected that the attending practitioner respond promptly to requests for information or to discuss the case.
6. Failure to comply will be brought to the attention of the Chairman of the Medical Executive Committee (MEC) for decision, if necessary.

All Patients:

1. Should have an appropriate medical record initiated;
2. Should receive Conditions of Treatment Form;
3. Who have Medicare or a Managed Medicare as any insurance, primary, secondary, or tertiary, regardless of age, will receive "An Important Message from Medicare" form.
4. Who have Medicare or a Managed Medicare as any insurance, primary, secondary, or tertiary, regardless of age, should receive "Medicare Outpatient Observation Notice"
5. Are assessed to determine whether any type of interpreter services are requested or required;
6. Are 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).
7. Receive notification of their patient rights.
8. Receive information about HIPPA upon initial visit to the facility.

HELP

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

DEFINITIONS

Patient: An individual receiving care at UGMC.

RELATED MATERIAL

Forms:

- An Important Message from Medicare Form
- Medicare Outpatient Observation Notice Form
- Conditions of Testing/Treatment/Admission Consent Form

Policies:

- ARC Admission Procedure
- Patient Identification Policy
- Inpatient Rehab Admission Criteria Policy
- Medical Records Policy
- Patient Belongings Policy
- Swing Beds Scope of Services

Formerly known as document number 250.2.129

All Revision Dates

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Approval Signatures

Step Description	Approver	Date
Dir Clinical Services / Nurse Executive	Sharon Rutherford: Dir Clinical Services	2/8/2022
	Sharon Rutherford: Dir Clinical Services	2/8/2022