
Policy : Admission Policy

Summary/Intent

To outline admission status, admission criteria and admission process.

Definitions

The Medical Unit incorporates patient admissions for Acute, Swing Bed, or Observation status. All admissions to the Medical Unit require physician orders to admit to Snoqualmie Valley Hospital. Admissions are limited to adults and adolescents. Pediatric patients will be referred to appropriate facility.

Affected Departments/Services

This policy applies to patients admitted to the Medical Unit on Acute, Swing, or Observation Status

Policy: Compliance - Key Elements

Snoqualmie Valley Hospital District does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, religion, creed, ancestry, national origin, gender, sexual orientation or on the basis of disability, age or source of payment in admission to, participation in, or receipt of the services and benefits of any of its programs and activities, whether carried out by Snoqualmie Valley Hospital District directly or through a contractor or any other entity with whom Snoqualmie Valley Hospital District arranges to carry out its programs and activities.

The Medical Unit is a 25 bed acute medical and sub-acute unit located on the second floor of Snoqualmie Valley Hospital (SVH). It consists of one semi-private and 24 private rooms.

The unit cares for:

- A. Acutely ill adult and late-adolescent patients per hospital policy.
- B. Short stay, medical observation patients who are in need of further monitoring for diagnostic work-up to determine the need for inpatient admission.
- C. Swing Bed patients who have been assessed to have positive medical and/or rehabilitation potential.
- D. **UTILIZATION OF THE NURSING UNIT**
 - 1. **Criteria for Admission to the Medical Unit:**
 - a. **Inpatient**
 - i. A patient is considered a candidate for an Acute admission if they are an adult or late-adolescent experiencing an acute or potentially acute illness or injury, or an exacerbation of a chronic condition affecting one or more body systems, and meet criteria for admission per QIO guidelines.
 - b. **Swing Bed**
 - i. A patient is considered a candidate for a Swing Bed admission when:
 - I. They completed an acute inpatient stay of three consecutive midnights in the previous 30 days or met an alternative condition for eligibility under their insurance benefit.
 - II. Their medical condition has the potential for rehabilitation or the patient can have a medical benefit from the stay. One example is a patient who is dying but requires IV pain management.
 - III. A need for skilled nursing care exist i.e., wound management, medication management, etc.

IV. The skilled nursing/rehabilitation services are more appropriate for the hospital setting.

V. There is a need for skilled rehabilitation therapy.

ii. If a SVH acute inpatient is to be changed to swing bed status, the patient must be discharged from acute inpatient status and admitted under swing bed status.

c. Observation

i. Medical observation is intended for short term diagnostic testing and monitoring. This is done to determine the patient's need to be admitted as a hospital inpatient or be discharged home. Observation patients can be admitted as an inpatient if they meet the acute criteria. Observation patients who do not meet criteria for an inpatient admission must be discharged within 48 hours.

ii. Patients in 'observation' status are simply transferred to 'inpatient' status without the need for registration discharge and readmission

iii. The referral to admit can come from any physician though only a physician with admitting privileges can perform the admission and manage the patient's care.

2. Admission Limitations:

a. The Medical Unit is staffed and designed for acutely ill adult and late-adolescent patients, but not critically ill patients.

b. Individuals who are not candidates for admission include:

i. Patients requiring mechanical ventilation.

ii. Patients who require invasive monitoring.

iii. Patients who require titrated medications to control malignant cardiac arrhythmias.

iv. Patients who require titrated antiarrhythmic, inotropic, or beta blocker drugs to maintain hemodynamic stability.

v. Pediatric patients.

3. Types of Admissions:

a. Any provider may refer patients to the Med-Surg Unit Hospitalist for admission.

b. Patients can be admitted as follows:

i. **Direct Admissions:** Patients referred by the patient's primary care provider and accepted by the hospitalist. The Hospitalist is responsible for the admitting orders to the Med-Surg Unit.

ii. **Emergency Department Admissions:** Patient assessed in the Emergency Department and referred and approved by the Hospitalist for admission. The Hospitalist is responsible for the admitting orders to the Med-Surg Unit.

iii. **Swing Bed Admissions:** Patients meeting the criteria for a Swing Bed Admission. Referrals are accepted by the Swing Bed Utilization RN and approved in consultation with the Hospitalist, Nursing and Rehab Managers, and Pharmacist as needed. Criteria for admission to a Swing Bed:

iv. 1. Have no less than three consecutive midnights as an inpatient in a hospital; 2. Have skilled nursing facility days remaining in their Medicare benefit period; 3. Require a skilled medical need (IV med, pain management, wound, therapy needs of physical, occupational, or speech).

v. **Observation Status:** Patients admitted for monitoring and observation with discharge or an acute admission expected within 48 hours.

4. Admitting physician:

a. Admitting medical orders are entered into EPIC by the Hospitalist or a delegate and include:

i. Order to admit to the unit and a declaration of status, i.e. observation/acute/swing bed.

ii. Admitting diagnosis

iii. Code status or directions for the management of a life-threatening crisis

iv. Diet

v. Activity level

vi. Allergies

vii. Vital Signs frequency

viii. Laboratory tests

ix. Medical Imaging or other diagnostic procedures

x. Medication:

l. Scheduled medications

II. PRN medications

- b. Completes a full history and physical within 24 hours.
- c. Complete admission note on day of admission.

E. Nursing Unit Responsibilities for Admissions include:

1. Complete the nursing admission assessments, including medical history, social history, physical assessment, skin assessment, and fall risk assessment in the EMR within 8 hours of admission.
2. Initiate the patient's nursing care plan within 8 hours and completed within 24 hours.
3. Orient the patient and family to the unit and patient room.
4. Assure admission forms are signed by the patient or representative.
5. Inventory the patient's belongings and securing the patient valuables.
6. Initiate the nurse-driven portion of the intake Medication Reconciliation process.

F. Patient Rights:

1. Snoqualmie Valley Hospitals adheres to the Washington State WAC 246-320-141 for patient rights that include:
 - a. Be treated and cared for with dignity and respect;
 - b. Confidentiality, security, timely complaint resolution. If communication restrictions are necessary for patient care and safety, the hospital must document and explain the restrictions to the patient and family;
 - c. Be protected from abuse and neglect;
 - d. Access protective services;
 - e. Be informed of and agree to their care;
 - f. Request no resuscitation or life-sustaining treatment;
 - g. End of life care;
 - h. Donate organs and other tissues according to RCW 68.50.500 and 68.50.560 including:
 - i. Medical staff input; and
 - ii. Direction by family or surrogate decision makers;
 - i. Require staff to follow informed consent laws; and
 - j. Not hindering a patient's access to care if a patient refuses to participate.
2. The Death with Dignity Act allows some terminally ill patients, who meet specified criteria, to request and use lethal doses of medication from qualified medical providers as part of their end of life care". Snoqualmie Valley Health does not participate in this voluntary program, and as such would assist the patient with arrangements to transfer to appropriate services if they wish to use Death with Dignity end of Life care.

References below:

- [Washington Death with Dignity Act- Chapter 70.245 RCW](#) (statute)
- [Death with Dignity Act Requirements- Chapter 246-978 WAC](#) (regulation)
- Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations Part 80, 84, and 91. (Other Federal Laws and Regulations provide similar protection against discrimination on the grounds of sex and creed).

42 CFR Ch. IV 485.645 (d)(1), 483.10(b)(h) and 483.12(a)., Washington State WAC 246-320-141., RCW 70.41.380 .,RCW 68.50.500 and 68.50.560

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Attachments:

(REFERENCED BY THIS DOCUMENT)

68.50.500

68.50.560

70.41.380

Death with Dignity Act Requirements- Chapter 246-978 WAC

Washington Death with Dignity Act- Chapter 70.245 RCW

Other Documents:

(WHICH REFERENCE THIS DOCUMENT)

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[https://www.lucidoc.com/cgi/doc-gw.pl?ref=snovh:10947\\$4](https://www.lucidoc.com/cgi/doc-gw.pl?ref=snovh:10947$4).