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Policy : Admission Policy

Purpose

To define admission status, eligibility criteria, and general admission processes for patients admitted to the Medical Unit at Snoqualmie Valley Hospital (SVH).

Scope

This policy applies to all patients admitted to the Medical Unit under Inpatient, Swing, or Observation status.

Non-Discrimination

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, disability, age, or source of payment in admission to, participation in, or receipt of services and benefits of any hospital program or activity. This applies to services provided directly by Snoqualmie Valley Hospital District or through contractors or other affiliated entities.

Policy:

I. Medical Unit Overview

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

The Medical Unit provides care for:

- Acutely ill adult and late-adolescent patients in accordance with hospital policy;
- Short-stay medical observation patients requiring monitoring and diagnostic evaluation; and
- Swing Bed patients who demonstrate medical and/or rehabilitation potential following an inpatient hospital stay.

II. Admission Status Types and Eligibility

A. Inpatient Admission:

1. A patient may be admitted as an inpatient when they are an adult or late-adolescent experiencing:
 1. An acute or potentially acute illness or injury; or
 2. An exacerbation of a chronic condition involving one or more body systems,
2. and when the patient meets applicable medical necessity criteria for inpatient admission in accordance with federal and state guidelines.

B. Observation Admission

1. Observation status is intended for short-term treatment, diagnostic testing, and monitoring to determine whether a patient requires inpatient admission or may be safely discharged.
 - a. Observation services are time-limited and generally do not exceed 48 hours.
 - b. Patients in observation status who subsequently meet inpatient admission criteria may be converted to inpatient status without requiring discharge and readmission registration processes.

C. Swing Bed Admission

1. A patient may be admitted to the Swing Bed program when all applicable criteria are met, including:
 - a. Completion of a qualifying inpatient hospital stay, or meeting an alternative eligibility requirement under the patient's insurance benefit;
 - b. A medical condition with potential for continued medical management and/or rehabilitation;
 - c. Patients converting from inpatient status to Swing Bed status must be formally discharged from inpatient care and admitted under Swing Bed status.
 - d. Determination that required services are most appropriately provided in a hospital-based Swing Bed setting.
 - e. A documented need for daily skilled nursing services and/or skilled rehabilitation therapy; and
2. Patients converting from inpatient status to Swing Bed status must be formally discharged from inpatient care and admitted under Swing Bed status.

III. Admission Limitations

- A. The Medical Unit is staffed and equipped to care for acutely ill adults and late-adolescent patients but is not designed to manage critically ill patients.
- B. Patients who are not appropriate for admission to the Medical Unit include, but are not limited to, those requiring:
 1. Mechanical ventilation;
 2. Invasive hemodynamic monitoring;
 3. Continuous titration of medications for malignant cardiac arrhythmias;
 4. Continuous titrated infusions of antiarrhythmic, inotropic, or beta blocker medications to maintain hemodynamic stability; or
 5. Pediatric inpatient care.
- C. Patients whose clinical needs exceed the capabilities of the Medical Unit will be stabilized and transferred to an appropriate facility.

IV. Admission Pathways

- A. Patients may be admitted to the Medical Unit through the following pathways:
 1. Direct Admission: Patients referred by a licensed provider and accepted by a provider with admitting privileges.
 2. Emergency Department Admission: Patients evaluated in the Emergency Department and accepted for admission by a provider with admitting privileges, who determines appropriate admission status.
 3. Swing Bed Referral: Internal or external referrals reviewed and coordinated by the hospital's care coordination and clinical teams.
- B. Only providers with admitting privileges may admit patients and manage inpatient or observation care

V. Admitting Provider Responsibilities

- A. The admitting provider is responsible for:
 1. Determining the appropriate admission status;
 2. Entering admission orders;
 3. Establishing an initial plan of care; and
 4. Completing and documenting an admission evaluation consistent with hospital policy and regulatory requirements.

VI. Patient Rights

A. Snoqualmie Valley Hospital adheres to Washington Administrative Code (WAC) 246-320-141 and applicable federal regulations governing patient rights. Patients will be provided a copy of the rights and responsibilities per SVH policy.

VII. Washington Death with Dignity Act

The Washington Death with Dignity Act permits eligible terminally ill patients to request and self-administer prescribed medication to hasten death under specific statutory conditions. Snoqualmie Valley Hospital does not

participate in this voluntary program. Upon patient request, the hospital will assist with transfer to an appropriate participating facility or service.

References

- Washington Death with Dignity Act - Chapter 70.245 RCW
- Death with Dignity Act Requirements - Chapter 246-978 WAC
- Washington Administrative Code 246-320-141
- RCW 70.41.380
- RCW 68.50.500 and 68.50.560
- Title VI of the Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- Age Discrimination Act of 1975
- 42 CFR §485.645(d)(1), §483.10(b)(h), §483.12(a)

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Attachments:

(REFERENCED BY THIS DOCUMENT)

68.50.560
Death with Dignity Act Requirements- Chapter 246-978 WAC
70.41.380
Washington Death with Dignity Act- Chapter 70.245 RCW
68.50.500

Other Documents:

(WHICH REFERENCE THIS DOCUMENT)

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

<https://www.lucidoc.com/api/auth/login?org=10510&returnto=%2Fcgj%2Fdoc-gw.pl%3Fref%3Dsnovh%3A10947%245>.