ADMISSION POLICY

Scope: This policy applies to patients admitted to the Med-Surg Unit on Acute Status, Swing Bed Status, or Observation Status.

Purpose: To outline admission status, admission criteria and admission process.

Statement: The Med-Surg Unit incorporates patient admissions for Acute, Swing Bed, or Observation status. All admissions to the Med-Surg unit require physician orders to admit to Snoqualmie Valley Hospital. Admissions are limited to adults and adolescents. Pediatric patients will be referred to Children's Hospital, Seattle; Swedish Hospital, Issaquah or Evergreen Hospital, Redmond.

POLICY:

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 Med-Surg Unit is a 25 bed acute medical-surgical and sub-acute unit located on the first floor in the patient care wing of Snoqualmie Valley Hospital (SVH). It consists of semi-private and private rooms.

The unit cares for:

A. Acutely ill adult and adolescent patients per hospital policy.

B. Short stay, medical observation patients who are in need of further monitoring for diagnostic work-up to determination the need for inpatient admission.

C. Swing Bed patients who have completed a three (3) consecutive midnights stay in an acute bed at SVH or another acute facility and assessed to have positive medical and/or rehabilitation potential.

I. UTILIZATION OF THE NURSING UNIT

A. Criteria for Admission to the Med-Surg Unit:

1. A patient is considered a candidate for an Acute admission if they are an adult or 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 Qualis guidelines.

2. A patient is considered a candidate for a Swing Bed Medicare admission when:

a. They completed an acute inpatient stay of three consecutive midnights in the previous 30 days.

b. 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.

c. A need for skilled nursing care exist i.e., wound management, medication management, etc.

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

e. There is a need for skilled rehabilitation therapy.

3. If a SVH acute inpatient is to be changed to swing bed status, the patient must be discharged as an acute inpatient and re-admitted as a swing bed patient.

4. 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 discharge within 48 hours.

B. Admission Limitations:

1. The Med-Surg Unit is staffed and designed for acutely ill adult and adolescent patients, but not critically ill patients.

2. Individuals who are not candidates for admission include:

a. Patients requiring mechanical ventilation.

b. Patients who require invasive monitoring.

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

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

e. Pediatric patients.

C. Types of Admissions:

1. All members of the Medical Staff may refer patients to the Med-Surg Unit Hospitalist for admission, or they can admit patients themselves.

2. Patients can be admitted as follows:

a. Direct Admissions: Patients referred by the patient's primary care provider and accepted by the hospitalist.

b. 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.

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

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

D. Admitting physician:

1. Admitting medical orders are written by the Hospitalist and include:

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

b. Admitting diagnosis, secondary diagnosis

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

d. Diet

e. Activity level

f. Allergies

g. Vital Signs frequency

h. Laboratory tests

i. Medical Imaging or other diagnostic procedures

j. Medication:

i. Scheduled medications

ii. PRN medications

2. Complete the patient's Medication Reconciliation form.

3. Completing the patient's history and physical within 24 hours.

4. Dictation of H&P for the EMR.

E. Nursing Unit Responsibilities for Admissions include:

1. Complete the nursing admission assessments, including medical history, social history, physical assessment, skin assessment, and fall assessment on the electronic medical record within 8 hours of admission.

2. Complete the patient database in Healthland.

3. Enter the ICD - 9 diagnosis code in Healthland.

4. Assure accurate transcription of physician orders to the electronic medical record and scan orders to the pharmacy.

5. Initiate the patient's nursing care plan within 8 hours and completed within 24 hours.

6. Orient the patient and family to the unit and patient room using Teach-back method to assure patient understanding. (Teach-back is a way to confirm what was explained to the patient or what they need to know in a manner that the patient understands. Patient understanding is confirmed when they explain it back to you.)

7. Assure admission forms are signed by the patient or representative.

8. Inventory the patient's belongings and securing the patient valuables.

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, privacy, security, timely complaint resolution, spiritual care, and communication. 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. Complain about their care and treatment without fear of retribution or denial of care;

f. Be involved in all aspects of their care including:
   i. Refusing care and treatment and resolving problems with care decisions;
   ii. Be informed of unanticipated outcomes according to RCW 70.41.380;

g. Be informed and agree to their care;

h. Family input in care decisions;

i. Have advance directives and for the hospital to respect and follow those directives;

j. Request no resuscitation or life-sustaining treatment;

k. End of life care;

l. 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;

m. Require staff to follow informed consent laws; and

n. Not hindering a patient's access to care if a patient refuses to participate.

2. Snoqualmie Valley Hospital does not participate with Physician Assisted suicide by decision of the Board of Commissioners. Arrangements can be made to relocate the patient to a facility that does participate in this option at the patient's request (Washington Death with Dignity Act).

References:

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