Policy & Procedure : Admissions

Policy:

It is the policy of Lewis County Hospital District No. 1 to not deny admission to any patient due to gender, race, color, religion, ancestry, financial class, national origin, sexual orientation or gender identity. The Patient Access department is staffed from 7:00 am to 10:00 pm seven days a week in the emergency department and 6:30-5:00 in the main entrance. The Emergency Room Technician will admit any patients outside of the Patient Access staff hours.

Revision Requirements:

If any revisions are made to this policy and procedure, a copy of the revision shall be submitted to the Department of Health within thirty days after the changes are approved. This is in reference to subsection (5) of WAC 246-320-141(7).

Procedure:

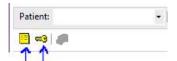The following procedure is intended for those patients whose medical condition allows time for normal processing:

1. The patient's physician will notify the RN or Health Unit Coordinator of the admission.

2. RN or Health Unit Coordinator will notify Patient Access of patient name, patient type, attending physician, room number and admitting diagnosis.

3. If the patient is in acute distress or if any delay in transporting him/her to the patient care unit would be hazardous, have him/her transported to the assigned patient care unit immediately or the Emergency department if the bed is not ready. The admissions process will then be completed in the patient's room when it is appropriate or by a family member in the Patient Access department.

The Patient Access Representative will:

1. Greet the patient in a professional, empathetic and time efficient manner.

2. They will provide information to the patient and/or family member as needed. Information may include but not limited to; the status of their family member, the reason for long wait times, etc.

3. Emergency room patient's are initially registered through Cerner Firstnet as a quick registration. After triage, the complete registration is completed.

FirstNet P9984

3. If patient is an emergency room admit, get name and date of birth, put patient in the triage room and inform the RN of the patient waiting in triage.

4. The quick registration can be completed by clicking on the yellow box next to the key

5. The full registration can be completed by clicking on the key.

6. If patient is having chest pains, bleeding profusely, shortness of breath, severe trauma, severe pain, penetrating eye injury, chemical eye injury, psychiatric disturbances or substance abuse or is pregnant and in pain, take the patient directly back to emergency room area. **Do not put the patient in the triage room.**

7. Advise the patient that information is needed in order to create the patient's hospital medical record.

8. Enter into the Cerner computer system, the patient's demographic, insurance information, the admitting physician and the patient's primary care provider (PCP).

9. If the patient's demographic and insurance information is already listed in the computer system, verify all information and update as needed. Follow the appropriate form on the computer screen.

10. Add any biller notes if applicable.

11. Scan the patient's or subscriber's insurance card into the electronic health record (EHR).

12. Scan the patient's photo identification into the EHR.

13. Enter employment information.

14. Enter any other information requested on the computer screen.

15. Follow each insurance carrier's policies and procedures, Medicare, Medicaid or Worker's Compensation as it applies to the patient.

16. Scan the eligibility confirmation document into the patient's EHR.

17. The computer will generate the Admission Summary Sheet (face-sheet) and Consent for Treatment.

18. If patient has Medicare or a Medicare HMO and patient is being admitted as an inpatient, print two copies of the Important Message from Medicare and make sure patient or family member signs and receives copy.

19. Review the Consent for Treatment with the patient. Provide the patient and/or guarantor with a copy of the Consent for Treatment.

20. Have the patient or patient's legal representative sign the Consent for Treatment. Legal guardians must produce legal documentation. A minor under the age of 18 must have a parent sign for treatment. There are exceptions to this. Please refer to the Washington State "Minor Consent" regulations.

21. Request any co-payments that are due or provide the patient with information regarding financial assistance.

22. Ask all patients 18 years or older, if they have an Advance Directive. If they have one, scan it in the patient's EHR.

23. The Patient Access Representative will give the patient a HIPAA Notice of Privacy Practice and a Friends, Family, Visitor Notification Form to acknowledge and complete.

24. Reiterate to the patient that any valuables should be sent home with family members or be kept in the hospital safe. (See Patient Personal Belongings Policy and Procedure).

25. If patient is Medicare, a Medicare Secondary Payer (MSP) questionnaire must be completed electronic through the Cerner system. If unable to do this electronically, a paper copy of the MSP may be completed and scanned into the EHR.

26. If the patient is an emergency room patient, a wristband will be printed, and the Patient Access Representative will place the wristband on the patient's wrist.

27. The Patient Access Representative will take all completed and signed paperwork to the Health Unit Coordinator, if the patient is being admitted to floor or to the Emergency room if patient is being registered for Emergency room.

28. If a patient is transferred to Observation, please refer to the Medicare Outpatient Observation Notice (MOON) policy.

29. If the patient is admitted as an Inpatient, the Patient Access Representative or ER Technician must send a notification to the payer. The Case Manager will follow up promptly by obtaining the authorization for the inpatient admission.

30. If the patient has Veterans insurance, the Patient Access Representative will obtain an authorization.

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