POLICY NUMBER: CP01.010
CATEGORY: General Administrative

TITLE: Patient Acceptance, Admission, Transfer and Discharge

POLICY: The acceptance of patients and decisions regarding their care are the responsibility of members of the UF Health Shands medical staff with appropriate privileges. UF Health Shands is committed to providing health care services and accommodations for care without regard to age, race, religion, gender, national origin, marital status, color, sexual orientation, ability to pay, or disability, as and to the extent required by law.

Registration and admission activities and the processing of all documents required to register, admit, discharge and/or transfer patients within UF Health Shands are coordinated at each service location.

All persons receiving care for any reason at UF Health Shands shall be issued a medical record number.

PURPOSE: To define the responsibilities of medical staff and facility personnel regarding acceptance, admission, transfer, and discharge of patients seen at UF Health Shands Hospital including hospital based freestanding Emergency Departments. This policy excludes UF Health Shands Homecare and UF Health Shands Psychiatric Hospital, which operate under their policies and guidelines regarding acceptance, admission, transfer and discharge as applicable.

APPROVED:

Edward Jimenez Digitally signed by Edward Jimenez
Date: 2021.09.28 11:48:42 -04'00'

Edward Jimenez
Chief Executive Officer

DEFINITIONS:

A. Transfer Center / Bed Control – Coordinates hospital to hospital transfers in accordance with state and federal law, coordinates admissions and provides support to obtain appropriate bed placement for patients in the inpatient setting.

CORE PROCEDURE:

I. Admissions

A. Department of Admissions

1. The Admissions Department is responsible for registration activities and processing the administrative documents necessary to register and create a billable account for the organization.

2. A financial evaluation should be completed on all inpatients. This evaluation shall be made prior to elective admissions and after treatment and care has commenced for emergent admissions. The admitting physician may request a pre-admission evaluation, which should be completed immediately.

A patient should have acceptable, assignable insurance/sponsorship that can be verified prior to elective admissions. When insurance/sponsorship is not verified, the patient should render a deposit based upon the estimated portion of the hospital charges not covered by a third-party payer. Additionally, delinquent patient accounts should have a satisfactory method of payment approved prior to elective admissions.

If the patient is found not to meet the financial requirements of the hospital, the attending physician or his/her designee should be contacted.

B. Medical Staff

1. The clinical acceptance of patients and decisions about their medical care are the responsibility of an attending physician.

2. Bed requests are auto generated by Hospital Services orders written by medical staff. Bed requests are assigned to primary nursing units by Bed Control Staff. Primary unit placement determined by physician service and patient level of care.

3. When an elective/scheduled admission is canceled, the attending physician or designee should notify the Transfer Center / Bed Control.

4. If a bed is not immediately available for an emergent direct admission, the admitting physician shall be notified and the Transfer Center / Bed Control shall assist in coordination of the appropriate placement for the immediate needs of the patient.

5. Medical Staff are responsible for the completion of admission orders in a timely fashion.

C. Department of Nursing and Patient Services

1. Transfer Center / Bed Control

Unscheduled patient admissions via the Transfer Center / Bed Control should be questioned about possible exposure to communicable diseases. If there are any positive responses to the questions, the attending physician or his/her designee should be contacted.

a. Bed Placement priorities vary dependent on bed availability and changes in patient condition.

b. Bed placement is coordinated between Bed Placement staff, Nursing Coordinators, and the medical staff.

c. Bed requests are auto generated by Hospital Services orders written by medical staff. Bed requests are assigned to primary nursing units by Bed Control Staff. Primary unit placement determined by physician service and patient level of care.

   If a bed is not available in the area allocated to the admitting medical service, the bed assignment shall be made per a pre-identified algorithm from the Department of Nursing and Patient Services.

d. Bed Placement and the Nursing Coordinator should assess daily the availability of beds for surgical / procedural patients. If a potential or pending bed will not be available, the physician should be consulted and the the Operating Room or Procedural Department will be advised.

2. Nursing and Patient Services

   Upon admission, each patient is assessed by a Registered Nurse (RN) to determine patient care needs. See Nursing policy AM-013 – Provision and Documentation of Nursing Care.

D. Operations

1. Department of Utilization Review

   Upon Admission to UF Health Shands Hospital an admissions review will be completed by Utilization Review personnel to determine compliance with admission criteria and facilitate access to the appropriate level of care. Admission review findings shall be discussed with the physician as needed.

2. Department of Patient and Family Resources

   Patients requiring any continued services after hospitalization should be identified during the admission review or referred to the Department of Patient and Family Resources as soon as possible. Department staff (Case Managers and Social Workers) should screen medical records and consult with other health care team members on designated patient units to identify such patients.

II. Types of Admissions

A. Emergent Admissions

a. Emergent patients presenting to the UF Health Shands Hospital ED's shall be screened and/or treated without regard to the ability to pay (See CP02.019 – Emergency Medical Screening Exams).

b. For ED to ED emergent transfers; refer to CP02.014 – Emergency Patients – Acceptance and Transfer.

c. For hospital to hospital transfer requests, where the patient's condition is considered urgent or emergent, the Transfer Center / Bed Control shall facilitate the transfer unless the patient meets criteria as a special admission as designated in section II C – Special Admissions.

   If an inpatient from a referring facility requires immediate attention, the accepting service may request the patient be processed through the Emergency Department

d. Patient Transfers by the Flight Program – ShandsCair

   i. All referrals received by ShandsCair must be evaluated by flight crew for appropriate utilization of flight as a mode of transport.

   ii. In the event that the accepting physician or service considers the transport emergent, the flight teams shall prepare for immediate liftoff. The accepting physician or service shall be responsible for providing bed space for the patient upon the team's return to UF Health Shands Hospital or for making alternate arrangements at another facility.

   iii. Problems or questions regarding transfer procedures should be referred to the ShandsCair Administrator on call.

B. Elective Admissions

Elective admissions are scheduled by an attending physician or his/her representative. Routine admission policies apply when the decision to admit the patient is made, unless the patient is a special admission, see section C., below.

C. Special Admissions

1. Obstetrical Admissions

   a. Labor & Delivery is a point of admission for obstetric patients. Patients may also be admitted through either Emergency Department.

      i. Once admitted, the patient is considered to be an inpatient and a discharge order shall be required when appropriate. The admission cannot be canceled.

      ii. Obstetric patients may be admitted to Labor & Delivery Triage as an outpatient for evaluation until a decision is made, based on appropriate medical criteria, to admit as an inpatient, observation or discharge home.

      iii. Obstetrical patients with medical, surgical, or psychiatric problems, including those requiring intermediate or intensive level of care, may be admitted to the Obstetrical

Service unless the Obstetrical Service determines an alternative service assignment is more appropriate.

2. Forensic Patient Placement - See CP05.404 – Prisoner (Forensic) Placement and Security.

3. Admission of Minor Child

   a. Any person under the age of 18 should be accompanied through the admissions process by his/her parent, guardian, or other person authorized to consent to his/her care by court order, except for minors in any of the following situations who shall provide consent for their own care:

      iv. A minor who has been emancipated by a Court;

      v. A minor who is or ever was married;

      vi. A minor who is being treated for a sexually transmitted disease; or

      vii. A minor being treated for a pregnancy-related condition,

      Any minor child who does not meet the above requirements shall be referred immediately to Patient and Family Resources.

   b. Emergency Medical Condition - When parent, guardian, or other person authorized to consent to his/her care by court order is unavailable and treatment is documented by the attending physician to be emergent, the minor child may be admitted. The parent/guardian or next of kin shall be notified as soon as possible after the emergency medical care or treatment is begun.

4. Emergent Clinic Admissions

   a. Patients currently in UF Health outpatient clinics may be admitted directly under the Emergent Clinic Process. Clinic staff can call Transfer Center/Bed Control to initiate process. Patient must be stable enough to wait in clinic office until an inpatient bed is assigned. Patients who are clinically unstable may be directed to the Emergency Department.

5. Outpatient Observation

   a. Outpatient observation status may be ordered for patients who do not meet clinical inpatient criteria but who require medical observation beyond normally specified limits following complex diagnostic and therapeutic procedures, or outpatient surgical procedures, or for patients who arrive at the Emergency Department with acute symptoms. A patient may be placed in outpatient observation status, including the use of a bed, when it becomes necessary to evaluate an outpatient’s condition or determine the need for admission as an inpatient.

   b. Outpatient observation patients shall be monitored by the utilization management staff and converted to inpatient status if/when the level of care changes. Utilization management staff and Case Management staff will assist the physician in daily re-

evaluation of the patient's status and determine if the patient should be admitted to inpatient status, discharged from observation or continued as observation.

III. Internal Transfers

A. Priorities for internal transfer should include bed availability and changes with patient conditions.

B. Whenever responsibility for a patient is transferred to another Medical Staff member, on either the same service or another service, the transferring attending shall document the transfer, including documentation of the acceptance of the patient by the accepting attending, as an order on the order sheet of the medical record.

1. Transfers from one attending to another within the same service as a result of scheduled routine service coverage changes do not require a transfer order.

2. The attending physician need not write a transfer order if care is being transferred temporarily (e.g., weekend, holiday, evening coverage), in accordance with an established department or service call schedule, and such schedule is made known to all appropriate and necessary care providers and hospital personnel, and maintained by the department in accordance with policy for the maintenance of on-call schedules.

D. Medical Staff

1. Transfers of inpatients who have been initially admitted to an "off service unit" (e.g., an orthopaedic patient admitted to a medical unit) to the home service unit and transfer of responsibility from one attending to another within the same service, due to scheduled routine changes in service coverage do not require a physician's written order. Once the patient has been transferred to the home service, the responsible physician and nurse must review the orders for the patient within 24 hours of the transfer. If the transfer to the home service also involves transfer of care to another attending physician, the requirements set forth in section III (B) above shall be met.

2. When a patient is transferred from one medical service to another patient care orders will be rewritten in accordance with CP02.058 – Medical Orders. Once the patient is transferred, the receiving service is responsible for all patient orders and medical care.

IV. Discharges

A. Medical Staff

1. Patients shall be discharged only on a written order of the patient's attending physician or dentist or his/her resident with the attending's concurrence. Should a patient decide to leave the hospital against the advice of his physician or dentist, or without proper discharge order, the risks of such action shall be explained and documented by the physician, and the patient or guardian shall be requested to sign the form "Statement of Acceptance of Responsibility by Patient/Family for Leaving Hospital Against Medical Advice," in accordance with CP02.023 – "AMA, Refusal of Treatment/Hospitalization Against Medical Advice."

2. The discharge order should be completed by the attending physician or his/her housestaff physician by 7 p.m. of the night before discharge. If extenuating circumstances exist, an order should be written as early as possible on the day of discharge.

   a. Instructions given to the patient (and family when appropriate) regarding his/her condition, prognosis, and required continued medical care shall be documented in the electronic medical record (EMR). During EMR downtimes, this information will be documented on the Discharge Instructions form (PS107526) by the discharging physician. The Discharge Diagnoses/Procedures/ Disposition/Information Form (PS107233) must also be completed by the discharging physician during EMR downtimes.

   b. When a patient is being transferred to a post-acute care facility or other acute care hospital, a physician involved in the patient's care shall assess the patient to determine the level of care needed during transportation. The physician shall complete and attest to the accuracy of the Non-Emergency Ambulance Transportation Certification Statement form (PS127653).

   NOTE: The obstetric patients are excluded from the established discharge policy.

B. Nursing and Patient Services

1. Unit staff should enter into the electronic bed placement system all pending and actual discharges, once notification has been received.

2. Discharge planning and coordination is the primary responsibility of the patient's RN. The RN collaborates with the patient's physician(s), social worker, pharmacist, dietitian, case manager, and other providers, as necessary to meet the patient's post-hospitalization care needs. (See also CP02.017 – Interdisciplinary Care Planning)

3. Patients and their families should receive teaching/specialized instructions for post-hospital self-care / patient care.

4. The nurse, upon discharge, shall review the Physician Certification Statement for Non-Emergency Ambulance Transport (PCS) to ensure no material changes in the medical conditions or transport needs have occurred. If changes have occurred, the physician shall be contacted to fill out an updated PCS form.

C. Patient and Family Resources

1. All patients being discharged to a post-acute care facility or other acute care hospital shall be assessed by Patient and Family Resources in order to facilitate a physician determination of the level of care needed during transportation and to ensure that the agency transporting the patient is able to provide that level of care.

2. Patient and Family Resources may consult with ShandsCair staff on any patient to assist with the determination of level of care and recommendations for agencies that are certified to provide the appropriate level of care.

3. When a Physician involved in the patient's care has determined the appropriate level of care during transport (in consultation with Patient and Family Resources Staff), the

physician shall complete and attest to the accuracy of the Non-Emergency Ambulance Transportation Certification Statement form (PS127653).

D. Department of Admissions

Unresolved financial payment plans shall be completed with the patient/family as appropriate.

ASSOCIATED POLICIES:

CP02.017 – Interdisciplinary Care Planning
CP02.019 – Emergency Medical Screening Exams
CP02.023 – AMA, Refusal of Treatment/Hospitalization Against Medical Advice
CP02.054 – The Baker Act (The Florida Mental Health Act)
CP02.058 – Medical Orders
CP02.074 – Suicide Risk Screening and Suicide Risk Assessment
CP05.404 – Forensic Patient Security
AM-013 – Provision and Documentation of Nursing Care Policy
S-023 – Nursing Suicide Precautions Policy
CM-1021 Assessment for Discharge Planning Needs
CM-1024 Transportation Request