

Administrative Policy and Procedure Manual**Subject: Admission, Discharge and Transfer****III.4****Purpose**

To define admission, discharge, and transfer processes within the MLH acute care hospitals; to identify inpatient and outpatient admission, discharge, and transfer guidelines for the three acute care hospitals.

Statement

Admission to, discharge and transfer from Bryn Mawr Hospital, Lankenau Hospital, and Paoli Hospital are medical decisions based on the need for acute care as determined by a physician. Procedures have been established to ensure appropriate level of patient care and bed utilization.

Bryn Mawr Hospital, Lankenau Hospital, and Paoli Hospital provide health care services regardless of race, age, marital status, color, religion, sex, sexual orientation, ancestry, national origin, or handicap. As a place of public accommodation, our facilities are available to all orderly persons requiring hospitalization.

Performed by: Bed Control Representatives
Patient Resource Representatives
Transfer Center Staff
CEQI Care Management

Procedure

- I. Admission
 - A. Admission is arranged through a physician with admitting privileges of the MLH Medical Staff. Sources of admission include Emergency Department, physician referral, Outpatient Services, Clinics, and inter-hospital transfers. Specific procedures relating to the admission process are found in the Registration and Reception Service and Nursing department's admission procedure manuals.

- B. A direct admission is a patient evaluated by a physician who requires Admission directly to an inpatient bed. Unstable patients will be sent to the Emergency Department if a bed is not immediately available.
- C. Admission is determined by patient needs and the hospitals' capabilities. In some instances, when patients require extensive specialized care, they may be referred to a specialty hospital. Admission category is determined by the physician, based on the patient's acuity. The categories are emergent, urgent, and elective. Patient type is determined by the accommodation of the patient - private, semi-private, telemetry, intensive care, medically justified private, outpatient, nursery, intensive care nursery, psychiatric, OP clinic, recurring, SPU, emergency department, observation.
- D. Bed assignment is coordinated between the Bed Control and the Nursing staff to ensure patients requirements can be met by available nursing resources. Through on going communication, Nursing staff and bed control staff assign beds to patients based on accepted criteria with consideration given to patient preference, primary nursing considerations, infection control, nursing unit specialization, and the acuity on the nursing unit.

II. Transfer

A. Incoming MLH Transfers:

1. All incoming MLH transfers will be processed by the Transfer Center according to their established internal policies, including MLH interfacility transfers. Exceptions to this process are any transfer of NICU and psychiatric patients.
2. Prior to approval for transfer, all patients will be assessed for medical necessity of admission utilizing Interqual Criteria as guidelines.
3. Patients requiring a procedure will be admitted on the date the procedure will be performed.
4. Patients who are medically unstable and/or require an advanced level of care will be transferred to the appropriate clinical area upon the request of the MLH physician, and based upon bed availability.
5. Transfers resulting from patient/family requests will be processed according to the determination of the onsite administrative designee.
6. The Transfer Center will obtain authorization for the MLH hospitalization and method of transport, if necessary.
7. Any financial liability resulting from admission must be discussed with the patient and/or family prior to transfer.

B. Outgoing Acute Transfers:

1. All outgoing acute to acute transfers will be processed by the Transfer Center according to their established internal policy. Exceptions to this process are NICU, ED, and psychiatric transfers.
2. The Transfer Center nurse confirms the acceptance of the transfer with the receiving physician, obtains the appropriate bed, requests the copy of the medical record from Case Management, and arranges transportation.
3. Authorization for hospitalization is the responsibility of the receiving facility.

4. Prior to the transfer, the patient and/or family will be advised of their potential financial responsibility for the transfer occurring as a result of a personal request.

C Intrafacility transfers from bed to bed and clinical area to clinical area occur in accordance with established procedure to ensure the appropriate level of patient care and bed utilization.

III. Discharge

A. Patients shall be given notification of impending discharge by the physician.

- Patients should be discharged promptly when they no longer require acute care, in order to maximize appropriate bed utilization.
- Discharge planning is available through the Department of CEQI Care Management to assist patients with continuing care.

B. Discharge officially occurs when:

- The patient expires.
- The attending physician writes a discharge order or gives verbal discharge orders and the patient leaves the hospital.
- A patient signs out against medical advice (AMA) and leaves the hospital.
- A patient leaves the hospital without a written or verbal order of a physician. (Patients leaving AMA without signing out have eloped and require appropriate notes in the chart.)

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