

LAC+USC MEDICAL CENTER POLICY

Subject: ADMISSION TO LAC+USC MEDICAL CENTER FROM THE COMPREHENSIVE HEALTH CENTERS AND OUTPATIENT CLINICS		Original Issue Date: 4/16/02	Policy # 703.1
		Supersedes: 11/12/13	Effective Date: 10/19/18
Departments Consulted: Ambulatory Care Clinical Council Support Services Quality Improvement Dept. of Emergency Medicine Department of Medicine Utilization Review Department of Surgery Nursing Services Bed Control Medical Center Admission Office Patient Flow	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Council	Approved by: (Signature on File) Chief Medical Officer	
		(Signature on File) Chief Executive Officer	

PURPOSE

Delineate the direct admission procedures for patients to the LAC+USC Medical Center from the Comprehensive Health Centers, approved contracted clinics, and the LAC+USC Outpatient Clinics.

POLICY

This policy establishes procedures for the direct admission of a patient to LAC+USC Medical Center from the Comprehensive Health Centers, approved contract clinics, LAC+USC Outpatient Clinics, and all LAC+USC units that are not within Hospital or Emergency Department.

PROCEDURE

Treating Provider

1. The treating provider determines that the patient requires immediate admission to the Medical Center. If at this initial or on subsequent assessment the provider feels the patient is unstable, or needs urgent/emergent evaluation and monitoring, the provider contacts the ED directly to coordinate transfer.
2. The treating provider places the order to admit in the patient's clinic record. In ORCHID this is the "Consult to Utilization Review" order, and the ORCHID order requires documentation of the reason for admission as well as the name and contact number for the referring provider or provider care team.

Treating Provider/Clinic/CHC Nursing Staff

3. Treating provider or team member calls the Utilization Review Admission Nurse at (323) 409-2961 and notifies UR nurse that a patient requires admission. Team member then

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provides the following information by phone, fax, or ORCHID as requested: (Note: after 4:30 p.m., calls will be forwarded to the Utilization Review Nurse in the Emergency Department [UR ED] (323) 409-5001.

- Patient's Name
 - MRUN Number
 - Patient's Birth Date
 - Diagnosis and Reason for Admission
 - Clinic note to include diagnosis and reason for admission
 - Clinic, referring Physician and service requesting admission
 - Admitting Service
 - Name of Referring Clinic/Comprehensive Health Center (CHC)
 - Clinic/CHC Contact Person and Telephone Number
 - Any clinical requirements, such as isolation, PCU, ICU, etc.
4. The treating provider determines the need for direct medical supervision of the patient. A provider will remain in the clinic/area with the patient until the patient's disposition has been determined.
 5. If at any point the patient becomes clinically unstable during the direct admission process, the patient should be sent to the closest Emergency Department.

Utilization Review (UR) Admission Nurse

6. The UR Nurse reviews the medical necessity and approves emergent/urgent admission based on the InterQual® admission criteria.
7. If the patient does not meet InterQual® admission criteria, the nurse will refer the admission request to the Utilization Review Medical Director or designee for secondary-medical review and disposition.
8. After consultation between the Utilization Review Medical Director or designee and the treating provider, one of the following decisions will be made:
 - a. A clinic appointment may be scheduled and the admission will be deferred.
 - b. Elective admission may be scheduled.
 - c. Patient may be emergently admitted.
 - d. Patient may be referred to Emergency Department for further evaluation and monitoring.
9. If the decision is to defer the admission and schedule a clinic appointment, the UR nurse will assist the treating physician in obtaining the appropriate clinic appointment, diagnostic test(s), etc. at the referring clinic or at an Outpatient Department specialty clinic, where indicated.
10. The UR Nurse reviews the patient's carrier code/payer source per the patient's records.

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11. The UR Nurse contacts the PHP/HMO as appropriate. If the PHP/HMO does not authorize admission, the UR nurse notifies the treating physician and assists with disposition of the patient.
12. If admission is approved, the pre-admit order is entered and electronically forwarded to Bed Control.

Bed Control

13. Bed Control assigns an inpatient bed to pre-admitted patient.
14. Using the "admit" procedure, Bed Control admits the patient into system when the patient arrives to the hospital, updates the following information, and files the entry:
 - a. Admit Physician: Team to which the patient is assigned
 - b. Patient Service: The medical/surgical service to which the patient is assigned
 - c. Admission Type: "Emergent/Not Your Emergency"
 - d. Admission Source: Choose from dictionary
15. Bed Control calls the referring clinic/CHC with the bed information.

Treating Provider/Clinic/CHC Nursing Staff

16. The treating provider or colleague documents the room and bed assignment on the patient's clinical record.
17. If medically appropriate, clinic provider or colleague transports patient to the Admissions Office or directly to the ward, per Bed Control instructions.
18. The outpatient provider or colleague sends the patient's hospital/clinic record or Interagency Transfer Agreement with the patient.

Admission Office

19. Clinic notifies Admissions staff of the "Admit from Clinic."
20. Admissions Office prepares the admission chart with face-sheet, general consent, HIPAA privacy forms, patient identification bracelet, clinic plate. Office staff access 270/271 system to verify financial resources. Office updates patient information and enters financial code in the insurance field.
21. Admission Office notifies Bed Control of admission, attaches the admission notification slip to the face-sheet.

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- 22. Admission Office receives patient from clinic, obtains signature, issues brochures, gives admission packet to patient, and directs patient to designated ward.
- 23. If the patient is sent directly to the ward, worker takes admission packet to the assigned ward.

Bed Control

- 24. Bed Control informs the referring Clinic contact of bed availability. Any questions re: bed availability must be directed to Patient Flow Manager-ANO (323) 409-1605.

Treating Provider

- 25. Treating provider may work with the clinical services to make a bed available on the preferred unit within 60 minutes or the patient will be placed in the available bed on another unit.
- 26. If at any time, the patient's medical condition requires transfer to the Emergency Room, treating physician contacts the DEM at (323) 409-6710 to coordinate transfer.

Clinic/CHC Nursing Staff

- 27. Clinic staff notifies the UR Admission Nurse of the patient's transfer to the Emergency Room should that happen before the direct admission is completed

UR Admission Nurse

- 28. UR Admission Nurse reports to ED UR and Bed Control supervisor or designee at 4:30 p.m. all patients remaining in clinic or Comprehensive Health Center waiting for a bed assignment.

REFERENCES

Medical Center Policy #703
 Joint Commission Standards (Provision of Care, Treatment, & Services)

REVISION DATES

April 16, 2002; October 16, 2008, November 12, 2013; October 19, 2018