

LAC+USC MEDICAL CENTER

DEPARTMENT OF NURSING SERVICES POLICY

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| Subject: PATIENT ADMISSION / BED UTILIZATION | | Original Issue Date: 08/91 | Policy # 700 |
| | | Supersedes: 01/17 | Effective Date: 07/21 |
| Departments Consulted: | Reviewed & Approved by: Professional Practice Committee Nurse Executive Council Attending Staff Association Executive Committee | Approved by: (signature on file) Nancy Blake Chief Nursing Officer | |

PURPOSE

To describe the process for the admission of patients and the utilization of beds within the LAC+USC Medical Center (LAC-USC).

POLICY

- Only Attending Staff with admitting privileges for LAC+USC may admit patients
- Patients are admitted or transferred to nursing units in accordance with the nursing unit/service admission criteria and the availability of beds
- The Bed Control Department, in collaboration with the Patient Flow Manager, Nurse Manager or Nursing Supervisor, Medical Consult Physician, and appropriate Medical/Surgical service, coordinates bed activity
- Physicians, nurses, and other disciplines are expected to collaborate on the patient's initial and ongoing plan of care for all acute care patients
- A Registered Nurse is responsible for the completion of a nursing assessment for all patients presenting at an Emergency Room, for all patients when they become an inpatient, and for specifically identified patients presenting at ambulatory care clinics/units in accordance with established documentation standards

PROCEDURE

General Information

All patients seen in LAC-USC shall:

- Sign a General Consent for treatment
 - At each inpatient admission
 - At least annually for receipt of ambulatory care
- Receive a unique Medical Record Number (MRN)
- Be registered and financially screened to determine insurance and other financial resources

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- Receive a complete assessment of his or her physical and psychosocial status by a professional staff member
- Be informed of a coordinated interdisciplinary plan of care based on his or her health care needs

Admission Standards

Patients are admitted to LAC-USC in a variety of ways:

- As a scheduled admission
- From the Department of Emergency Medicine
- From an Ambulatory Care Clinic
- Transferred from an outside hospital as a lateral transfer
- Transferred for a higher level of care-Emergency Medical Treatment and Active Labor Act (EMTALA)

In addition, all inpatients admitted to LAC+USC shall:

- Receive the hospital information packet describing their rights and responsibilities
- Be informed of the Patient Self-Determination Act
- Provide a copy of their advance directives, if applicable, for placement in their health/medical record

Each patient care service/Unit Structure Standards address the following admission standards developed jointly by nursing, medicine, and hospital administration:

- Physicians qualified to admit patients
- Admission criteria and/or Interqual criteria
- System for patient admission
- Communication with Bed Control Office
- Maintenance of patient information
- Circumstances governing admission including issues of medical admission orders, reasonable time frames for assessment by physician and nursing, and required documentation
- Initial physician orders for the patient admitted as an “emergency,” scheduled, routine, STAT expedite, and/or expedite admission are to be written as per the Attending Staff Manual Rules/Regulations/Policies

Each nursing unit admitting patients shall obtain admission orders. If nursing staff is unable to obtain providers orders for a new admission within one hour, the staff needs to notify the nurse manager / supervisor. The nurse manager / supervisor will within one hour notify the CMO / MOD.

Each nursing unit sets standards for completion of the admission assessment process by identifying factors including:

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- Anticipated length of stay
 - Complexity of the nursing care needs of the major patient population(s) served
- Weights and heights are documented on all patients on admission. Weights shall be done:
 - Weekly on inpatients and on each clinic visit for patients on protein modified, diabetic, weight reducing, wired jaw diets and those designated as high risk by the Clinical Dietitian

See Unit Structure Standards for further details.

Bed Utilization Standards

- Each nursing unit monitors their unit patient list and maintains a computer generated listing of current patients by bed and room assignments (census) on a continuing basis throughout the day.
- The census is updated for all room and bed changes (admissions and transfers) by the Bed Control Department at the point and time of each patient transaction upon notification by the unit
 - This notification is done by telephone
- Discharges are entered into the electronic health record (EHR) by Unit Staff as soon as the discharged patient physically leaves the unit.
- Length of Stay: each unit must designate the determinants of length of stay, the comparison with averages, medical justification, and use of available resources
- Maintenance of patient logs for operating rooms, delivery rooms, emergency rooms, and ambulatory care is described in the respective Unit Structure Standards Manuals
- The nurse in charge may change the bed placement on the unit based on nursing assessment of the patient's care and/or environmental or safety needs and will communicate the changes to the Bed Control Department

Concerns Regarding Utilization of Beds:

- In each setting of the LAC+USC problems related to bed utilization are resolved by the Patient Flow Manager, Nurse Manager or Nursing Supervisor, Medical Consult Provider, and appropriate service/specialty, in collaboration with the Bed Control Department.
- Administration is notified to effect closure to admissions/transfers when designated service beds are no longer available

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- Mechanisms for closing or combining units during bed utilization crises are described in the Medical Center’s Disaster Plan and Contingency Plan
- When difficulties arise in placing a patient in an appropriate available bed, the senior physicians of the involved medical services (on duty or on call) work collaboratively with the Patient Flow Manager, Nurse Manager or Nursing Supervisor to resolve the problem. Medical Alert Center and/or LAC+USC Bed Control Department are involved in the process in order to assist in identifying available space within the County facilities or within the Medical Center

DOCUMENTATION

Document according to Documentation Standards (see Nursing Policies, “*Documentation-Inpatient; Inpatient Documentation Guidelines*”).

REFERENCE

Attending Staff Manual, Rules and Regulations
LAC+USC Healthcare Network Policy 703: Admission to LAC+USC Healthcare Network Facilities
LAC+USC Healthcare Network Policy 703.1: Admission to LAC+USC Medical Center from the Comprehensive Health Centers and Outpatient Clinics
Nursing Policy, “*Documentation, Inpatient; Documentation Guidelines*”
Welfare and Institutions Code, Sections 14059 and 14132
Patient Self-Determination Act

REVISION DATES

1992, 1993, 1995, 1996, 1997, 05/98, 04/00, 12/01, 03/05, 06/06, 11/09, 09/11, 01/17, 07/21