

ADMINISTRATIVE POLICY AND PROCEDURE

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Subject: INTRA FACILITY DISCHARGES AND ADMISSIONS

Policy No.: B809.2

Supersedes: February 21, 2018

Review Date: August 22, 2023

Origin Date: February 1, 1998

Revision Date: August 22, 2023

PURPOSE:

To outline the procedure when there is an INTRA FACILITY discharge and admission between Diagnosis Related Group (DRG) Medical Services and DRG-Exempt Rehabilitation Services.

POLICY:

Patient movement between DRG and DRG-Exempt units are considered INTRA FACILITY discharges and admissions and must be documented according to specified Medicare guidelines. Patient movement from one DRG unit to another like-classification OR from a DRG-exempt unit to another like-classification is considered a transfer and is not covered by this policy.

KEY POINT: This policy does not apply when a DRG-exempt patient receives same day surgery or other medical procedures as these areas are not considered to be admitting units.

PROCEDURE:

A. DISCHARGING UNIT

1. The need to discharge a patient from a DRG to DRG-exempt unit or from a DRG-exempt to DRG unit is determined by the attending physician.
2. The discharging physician completes an order for discharge and an INTRA FACILITY discharge summary in the Electronic Health Record (EHR). The order must include the reason for discharge, the admitting unit and accepting attending physician, and any change in the level of care.
3. The discharging unit clerk or designee notifies Bed Control when an INTRA FACILITY discharge/admission has been ordered.
4. The sending unit discharges the FIN and notifies Bed Control. Bed Control admits the new FIN in ORCHID.
5. Other appropriate health care providers complete discharge documentation for the INTRA FACILITY discharge.
6. The discharging unit will remove current admission documentation from the hardback. The Condition of Admission and Bed Rail Use Status Form will be copied and sent with the current admission documents to the admitting unit. Health Information Management (HIM) will pick-up the chart from the admitting unit.

Revised: 8/08, 9/08, 5/14, 2/18, 8/23

Reviewed: 8/08, 9/08, 5/14, 2/18, 8/23

Approved By:

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KEY POINT: An intra facility discharge and admission is considered a continuous stay and does not require a new Conditions of Admission. Therefore, the Conditions of Admission signed at the beginning of a continuous stay remains in effect.

B. ADMITTING UNIT

1. Charge nurse or designee assigns a bed and receives report from the discharging unit and notifies admitting physician of the patient's arrival.
2. The admitting physician completes:
 - a. Admission orders
 - b. History and physical

KEY POINT: A complete history and physical is required if the last admission H&P exceeds 30 days.

KEY POINT: New admitting orders must be completed whenever a patient is transferred or discharged/admitted within the Medical Center due to a change in medical status and acuity. For Medi-Cal/Medicare recipients, a new TAR is not needed unless requested by the Utilization Management Department.

3. All appropriate health care providers complete a brief assessment within 24 hours of admission. Nursing assessments are done within 8 hours of admission.