

<b>Policy Title:</b>			
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**PURPOSE:**

To establish a clearly defined mechanism to facilitate the admission, transfer, and discharge of patients.

**DEFINITION(S):**

**Admission** is taking a patient from the outpatient to an inpatient setting. Transfer encompasses shifting of responsibility for the care of the patient from one unit to another, one clinical service to another, or from one licensed practitioner to another. This movement includes discharge from Olive View-UCLA Medical Center to other county facilities/organizations and non-county facilities/organizations as well as transfer within the medical center.

**Discharge planning** is a process in which needs of the patient are assessed and the resources to meet those needs are identified with the patient being moved to the most appropriate level of care.

**POLICY:**

Patients will be admitted to Olive View-UCLA Medical Center, transferred, or discharged to the appropriate level of care as a result of assessment/reassessment activities in concurrence with pre-established criteria.

Patients will be transferred or discharged to another facility when:

- Medical necessity is established for a procedure and/or service not provided at Olive View-UCLA Medical Center. Patients may be discharged to non-county facilities if the required service is not available at other county facilities.
- Safe and effective care cannot be provided because the facility lacks bed capacity.
- Required unit or service is closed.
- Insufficient number of trained personnel available for the level of patient acuity.
- Patient requests transfer, has appropriate health insurance coverage and will pay for transportation costs.
- Third party payer request.
- Patient is considered stabilized per Los Angeles County Department of Health Services patient transfer guidelines.

All patients hospitalized in Olive View-UCLA Medical Center will be assessed upon admission for discharge planning needs. Discharge planning is collaborative, patient focused, and a multi-disciplinary process.

1. Discharge planning is initiated upon admission to a unit.
2. Discharge planning is addressed by all staff in assessment/reassessment activities, daily collaborative rounds, walking/attending rounds, multi-disciplinary unit conferences, and patient/family conferences.

Staff to document discharge planning assessment in the electronic health record of the patient.

**PROCEDURE:**

<p>The physician reviews the patient information and through collaboration determines medical necessity, level of care, and appropriate services.</p>	<p>Assessment/reassessment is ongoing; patient may be transferred from one unit to another, from one service to another, from one practitioner to another, or from one organization to another based on assessment activities.</p>
<b>STEPS</b>	<b>KEY POINTS</b>
<p><b>I. Admission</b></p> <p>A. Scheduled</p> <ol style="list-style-type: none"> <li>1. Scheduled admissions are coordinated through Utilization Review and Patient Financial Services-Admitting Division.</li> <li>2. Admitting orders are entered by the primary physician in charge of the care of the patient.</li> </ol> <p>B. Unscheduled</p> <ol style="list-style-type: none"> <li>1. The physician enters an order for the patient admission to specified unit or service based patient assessment and pre-established criteria.</li> </ol>	<p>Admitting orders will consist of a minimum of:</p> <ul style="list-style-type: none"> <li>▪ Admitting diagnosis</li> <li>▪ Name of admitting service</li> <li>▪ Admitting MD</li> <li>▪ Activity</li> <li>▪ Diet</li> <li>▪ Allergies</li> <li>▪ Frequency of vital signs</li> </ul> <p>The admitting resident of the appropriate service is notified by the DEM or clinic physician. If the patient is known to have a communicable disease such as tuberculosis, the admitting resident must be informed. Patients may be admitted through the DEM or the clinics. Patients from other hospitals are accepted for admission per the Los Angeles County Department of Health</p>

	<p>Services Patient Transfer Guidelines (see attachment I) as implemented through the Medical Alert Center (MAC). Potential admissions from non-county hospitals are evaluated for appropriateness by the Olive View-UCLA Medical Center Administrative Nursing Office (ANO)/ Patient Flow Manager. MAC prepares a list daily for the ANO to review. See specific departmental procedures for actual process. MAC coordinates admissions in collaboration with nursing, physician staff, and bed control.</p>
<p>2. The unit admitting the patient notifies Bed Control/Admitting.</p> <p>3. Admitting orders will be entered by the accepting physician.</p> <p>4. Nursing staff prepares patient for admission; enters appropriate assessment data, education activity into the electronic health record, and communicates pertinent clinical information to accepting unit nurse.</p> <p><b>II. Transfer</b></p> <p>A. Unit to unit</p> <p>1. Physician enters an order for transfer; physician to document in the patient electronic health record the reason for transfer, patient's physical and psychosocial status, summary of care provided.</p>	<p>If no beds are available and patient meets transfer criteria, external transfer may be necessary.</p> <p>If patient will be managed by a physician other than the admitting physician, the accepting physician will confer with the admitting physician regarding the patient's medical condition and current treatment plan to assure continuity of care.</p> <p>Documentation to include date, time, and full name of accepting nurse.</p> <p>Assessment/reassessment activities by all disciplines help to determine level of care. Nursing and ancillary services staff to communicate findings and concern of patients' status to physician.</p> <p>Decision to transfer patient is discussed with patient and/or family when appropriate. In the event the patient requires a higher level of care, it is imperative that physician attempt to notify the patient's family/significant other of the transfer.</p>
<p>2. Nursing staff coordinates transfer with bed control and accepting unit. In addition to a verbal report, the nurse documents in the electronic health record the following information:</p>	<p>Nursing staff may inform/reiterate with patient and family the decision to move patient.</p> <p>Send the following when transferring patient:</p> <ul style="list-style-type: none"> <li>▪ IV antibiotics</li> </ul>

<ul style="list-style-type: none"> <li>▪ patient’s status/condition</li> <li>▪ summary of nursing care planned and provided</li> <li>▪ transfer of personal property</li> <li>▪ time of transfer</li> <li>▪ mode of transfer (gurney, wheelchair, etc.)</li> <li>▪ who accompanied patient (nurse, attendant, therapist, etc.)</li> </ul> <p>B. Service to Service Hand-off</p> <ol style="list-style-type: none"> <li>1. Physician enters “hand-off” note following established procedure.</li> </ol>	<ul style="list-style-type: none"> <li>▪ prescription drugs, if any</li> <li>▪ clothing and other personal belongings</li> </ul> <p>Patients requiring transfer to Mental Health or from Mental Health to a non-Mental Health unit, must meet the pre-established collaborative transfer protocol. See: Mental Health Policy and Procedure Manual.</p> <p>Whenever patient is transported from one unit to another, regardless of purpose (i.e. diagnostic study, changing care units), the level of care is reassessed and necessary supportive care/equipment is identified. The appropriate staff/equipment accompanies patient or is ordered to be available on arrival, in order to maintain required level of care as prescribed. See:</p> <ul style="list-style-type: none"> <li>▪ ICU Manual-Structure Standards-In-House Transfer, page 23.</li> <li>▪ Department of Emergency Medicine Policy and Procedure manual: Patient Transfer, Emergency Cardiac Care</li> <li>▪ Respiratory Care Services Policy and Procedure Manual: In-House Ventilator Transport, MRI, and Ventilator Dependent Patients.</li> </ul> <p>Physician staff notifies nursing staff of the next physician assuming care of the patient in his/her absence to ensure care continuity.</p>
<ol style="list-style-type: none"> <li>2. Accepting physician enters acceptance of patient, plan of care, and enters orders.</li> </ol> <p>C. Practitioner to Practitioner (Follow above IIA &amp; IIB)</p> <p>D. External Transfer (See the following - Discharge IIIA)</p>	<p>Patients are transferred from Olive View-UCLA Medical Center to another facility when the service is not available at Olive View to meet the patients’ identified needs nor can the Medical Center safely provide the appropriate level of care.</p>

<p><b>III. Discharge</b></p> <p>A. To another acute care facility</p> <ol style="list-style-type: none"> <li>1. The discharging nursing unit staff to verify financial status as documented on Patient Financial Clearance Sheet in medical by PFS staff</li> <li>2. The Patient Flow Manager/ANO Manager contacts MAC with transfer request and provides necessary information including transferring physician and contact #. There must be a receiving facility and accepting physician before the patient leaves OV-UCLA MC. Cardiology and Neuro-Surgical patient transfers may be coordinated directly by the sending and accepting physician. MAC is still responsible for arranging the method of transportation as requested by the sending Physician. For Neonates, the attending physician identifies and contacts the appropriate facility directly. Transportation is arranged per receiving hospital protocol.</li> </ol>	<p>The attending physician is the primary decision maker on all patient discharges.</p> <p>A discharge order negates all pending inpatient orders (including acute dialysis), unless specified otherwise.</p> <p>Patients may be discharged (AKA transferred) from the DEM, medical observation, pediatric observation, and/or inpatient units. Discharge decisions include consideration of patient's immediate needs as well as long term needs</p> <p>All adult non-managed care patient discharges (transfers) to other County or non-County facilities are coordinated through MAC.</p> <p>Patients identified with a payor source assists MAC in determining appropriate facility placement. If payor source information is not readily available notify MAC and continue with discharge/transfer preparations.</p> <p>MAC (323-887-5310) will determine facility based on patient's assessed needs, level of care and services required.</p> <p>MAC will also make arrangements for transportation based on patient needs/condition. The need for air transport will be determined collaboratively with the patient care team. See DEM policy, 'Helicopter Procedure: Transportation Request and Safety.'</p>
<ol style="list-style-type: none"> <li>3. MAC notifies Olive View physician of discharge arrangements (includes name of receiving facility, physician, transportation).</li> </ol>	

<p>4. Physician informs:</p> <ul style="list-style-type: none"> <li>▪ Nursing Staff</li> <li>▪ Patient and patient’s family of the need for discharge to another facility and obtains consent.</li> </ul> <p>5. The unit nurse contacts the 24 Hour Administrative Nursing Office (ANO) with the following information:</p> <ul style="list-style-type: none"> <li>▪ Patient name</li> <li>▪ MRUN</li> <li>▪ Reason for discharge (transfer)</li> <li>▪ Name of transferring physician</li> <li>▪ Financial status</li> <li>▪ Need for air transport</li> </ul> <p>6. Physician communicates with the accepting physician/facility regarding:</p> <ul style="list-style-type: none"> <li>▪ diagnosis</li> <li>▪ reason for transfer</li> <li>▪ patient’s physical and psychosocial status</li> <li>▪ summary of care provided</li> <li>▪ progress towards goals if appropriate</li> <li>▪ level of care</li> <li>▪ services indicated</li> <li>▪ other pertinent clinical information as needed</li> </ul>	<p>If the patient is not able to give/sign consent, two physicians may sign the consent on their behalf. (Patients in DEM sign Patient Transfer Acknowledgment).</p> <p>24 Hour ANO will arrange for support services for helicopter landing.</p>
<p>7. Physician documents as above (#6); completes transfer summary, other documents as required.</p> <p>8. Unit nurse prepares patient for discharge (transfer):</p> <ul style="list-style-type: none"> <li>▪ documents appropriate assessment data and education activity (includes discharge instructions)</li> <li>▪ completes Referral/Continuity Plan of Care</li> <li>▪ provides verbal report to accepting nurse</li> </ul>	<p>See Transfer – ‘Unit to Unit’ page 4</p> <p>Nursing staff ensures that the medical record/x-rays are printed and accompany patient to facility; transportation appropriate for patient’s needs.</p> <p>Patients are discharged (transferred) to acute care facilities when:</p> <ul style="list-style-type: none"> <li>- medically stable</li> </ul>

<p>9. Upon confirmation of transportation, nurse notifies physician. Physician performs an assessment to verify that the patient is stable for transfer.</p> <p>B. To non-acute care facility (includes skilled nursing facilities, acute rehabilitation, board &amp; care)</p> <ol style="list-style-type: none"> <li>1. Physician enters an order for discharge</li> <li>2. Physician documents:             <ul style="list-style-type: none"> <li>▪ reason for discharge</li> <li>▪ patient’s physical and psychosocial status</li> <li>▪ current medications</li> <li>▪ summary of care provided and progress toward goals</li> </ul> </li> <li>3. Unit nurse to contact Social Work or Physical Therapy as appropriate per established procedure</li> <li>4. Unit nurse arranges transportation, if indicated, through Olive View-UCLA Medical Center Office Services/Transportation office.</li> <li>5. Nurse prepares patient for discharge, communicates with accepting facility as previously described.</li> </ol>	<ul style="list-style-type: none"> <li>- receiving facility has accepted the patient.</li> </ul> <p>There must be a physician’s order prior to the patient being transported.</p> <p>Transportation is arranged through CDO after hours, on weekends, and holidays when Office Services/Transportation office is closed.</p>
<p>C. Home (with or without home care) <u>Non-TB patients</u></p> <ol style="list-style-type: none"> <li>1. Physician enters order; documents:             <ul style="list-style-type: none"> <li>▪ reason for discharge</li> <li>▪ patient’s physical and psychosocial status</li> <li>▪ summary of care provided and progress toward goals</li> <li>▪ current medications</li> <li>▪ community resources or referrals provided to patient</li> </ul> </li> </ol>	<p>Discharge order negates all pending inpatient orders, unless specified otherwise.</p> <p>Discharge summary to be entered into the Electronic Health Record.</p>

<ul style="list-style-type: none"> <li>▪ medical care follow-up</li> </ul> <p>2. Unit nurse prepares patient for discharge; completes discharge plan, Patient Discharge Instructions, Patient Referral/Continuity Plan of Care (if home care is indicated); documents as previously described.</p> <p><u>Discharge of a suspect or confirmed tuberculosis patient</u></p> <p>1. Weekday discharges</p> <ul style="list-style-type: none"> <li>a. The written plan should be submitted to TB Liaison Public Health Nurse (phone (818) 364-4590, fax (818) 364-3565)</li> </ul> <p>TB Control staff will review the discharge plan and notify the provider within 24 hours of approval or inform provider of any additional information/action required or needed for approval prior to discharge.</p>	<p>Follow established discharge planning procedures.</p> <p>Unit nurse to provide medication information to include name of medication, use, dosage, route of administration, frequency and common side effects.</p> <p>Nurse to document if any and what written literature was given to the patient including food/drug interaction.</p> <p>To facilitate a timely discharge, the provider should submit a written discharge plan to TB Control 1 to 2 days prior to the anticipated discharge</p> <p>If a home evaluation is required to determine if the environment is suitable for discharge, health department staff will make a visit</p>
<p>2. Holiday and Weekend Discharges</p> <ul style="list-style-type: none"> <li>a. The provider will phone the Los Angeles County Operator at (213) 974-1234 and ask to speak with the Public Health Administrative Officer of the Day (AOD). A response will usually occur within one hour.</li> <li>b. If the discharge cannot be approved, the patient must be held until the next business day until appropriate arrangements can be made.</li> </ul>	<p>All arrangements for discharge should be made in advance when weekend discharge is anticipated.</p>

**ATTACHMENTS/FORMS:**



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**REFERENCE(S)/AUTHORITY:**

Administrative Nursing Office Transfer Guidelines

Department of Health Services

Policy #373 Transferring Patients

Policy #373.1 Emergency Transfer Authorization County Code 2.76.530

Policy #373.2 Transfer of Patients

Federal Patient Anti-Dumping Statue

Joint Commission on Accreditation of Healthcare Organizations, Comprehensive Accreditation Manual for Hospitals (2014). Chicago

Los Angeles County Department of Health Services Patient Transfer Guidelines. 1992

Rules and Regulations of the Professional Staff Association of the Los Angeles County

Olive View-UCLA Medical Center. 2014

LAC DHS Medical Alert Center Policy #230, "Intra-County Health Facility Patient Transfer Procedure.

Olive View-UCLA Medical Center Department of Emergency Medicine, 'Helicopter Procedure: Transportation Request and Safety.'

Olive View-UCLA Medical Center Infection Control Manual. TB Exposure Control Plan

LAC DHS Public Health Programs and Services. Tuberculosis Control Program Manual

H&SC 1213610

Health Care Financing Administration, "Conditions of Participation of Hospitals"

American Association for Continuity of Care, "Standards for Hospital Continuity of Care"

**APPROVED BY:**

Bilitch, Bonnie (Chief Nursing Officer)

Maass, Judith (Chief Executive Officer)