


<b>Name of Policy:</b> <u>Admission Process</u> <b>Policy Number:</b> 3364-122-41 <b>Department:</b> Nursing Service – Inpatient Behavioral Health <b>Approving Officer:</b> Chief Nursing Officer <b>Responsible Agent:</b> Nursing Director Inpatient Psychiatry <b>Scope:</b> The University of Toledo Medical Center	  <b>Effective Date:</b> 4/1/2023 Initial Effective Date: 3/2007				
<table> <tr> <td><input type="checkbox"/> New policy proposal</td> <td><input type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td><input type="checkbox"/> Major revision of existing policy</td> <td><input checked="" type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table>		<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy	<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy
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### (A) Policy Statement

All patients receive routine processing, whether admission occurs from within or outside the hospital. Each patient and family member are treated with dignity and concern throughout the admission process.

### (B) Purpose of Policy

To assure that all admissions meet the admission criteria as established and to provide an efficient and timely admission process.

### (C) Procedure

#### Pre-admission Process

1. Admissions to the program are initiated by either a face-to-face pre-screening with the patient or by a phone assessment where pertinent information is obtained from the referral source, patient, or family to determine if the patient meets eligibility admission requirements.
2. After all pertinent information is obtained the attending physician for each division is consulted to obtain final approval for the admission. Staff work along side of physician and or referral source for timely arrival and admission onto the unit.
3. Upon MD approval, the unit is contacted to advise of the patient status and to assign a room.
4. If the patient has a legal representative, the representative must sign all required consents. If the legal guardian is not available at time of admission, papers may be faxed, and telephonic permission witnessed by two staff is required. Documents are to be signed as soon as possible.
5. Consents which must be signed include the following:
  - a. General Consent
  - b. HIPAA
  - c. Consent for Release of Information
  - d. Patient Rights and Responsibilities
  - e. Medication consents

When obtaining verbal consent, the person obtaining consent shall document this consent on the admission consent treatment form. Documentation for verbal consent shall include employee's signature, date, time, from whom consent was obtained, and signature of additional witness. The family member, guardian or health care representative should be instructed to provide written signature for consents.

## Unit Admission Process

1. Admission to the program may occur at any time and available 24/7, including holidays, weekends, and after hours.
2. When the attending physician direct admits a patient to the unit, the unit is notified as to a tentative time of arrival. Direct admissions are highly desirable, but the patient must be medically stable.

### Admission from the Emergency Department

1. Patients presenting in the ED are evaluated by the ED physician and the psychiatric consult team. After the evaluation, the attending physician of the unit is consulted for final approval of the admission. To the extent available, all consents for voluntary admission are signed by the patient in the ED before the patient is admitted to the unit. If the appropriate legal representative cannot be contacted the unit is advised and staff assists in the process of obtaining consents, verbal consent as stated above. Approval of the admission must occur before the patient is transported to the unit.

## Documentation

The nurse writes detailed admission notes in the interdisciplinary progress note section of the electronic chart, including but not limited to the following:

- Exact time of admission
- Age, gender, and race of patient
- Mode of admission
- Location of patient prior to arrival on unit
- Notification of any special medical or behavioral problems.
- Narrative description of patient's symptoms, presenting behavior, and reasons for hospitalization.

<p><b>Approved by:</b></p> <div style="display: flex; justify-content: space-between; margin-bottom: 20px;"> <div style="width: 45%;"> <u>/s/</u>            Tamara Cerrone, BSN, RN,            Nursing Director         </div> <div style="width: 45%; text-align: center;"> <hr style="border: none; border-top: 1px solid black;"/>           Date         </div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 20px;"> <div style="width: 45%;"> <u>/s/</u>            Tanvir Singh, MD            Service Chief         </div> <div style="width: 45%; text-align: center;"> <hr style="border: none; border-top: 1px solid black;"/>           Date         </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>/s/</u>            Kurt Kless MSN, RN            Chief Nursing Officer         </div> <div style="width: 45%; text-align: center;"> <hr style="border: none; border-top: 1px solid black;"/>           Date         </div> </div> <p><i>Review/Revision Completed By:        Administrator Ambulatory Services &amp; Behavioral Health        Tammy Cerrone, Lindsay Watson MSW LSW</i></p>	<p><b>Review/Revision Date:</b></p> <p>3/2007        5/17/2010        7/29/2014        9/21/2017        11/24/2020        4/1/2023</p>          <p><b>Next Review Date:</b>    4/1/2026</p>
<p><b>Policies Superseded by This Policy: 1-M-45</b></p>	