Admission Criteria for Kobacker Name of Policy: Inpatient **Policy Number:** 3364-122-43 THE UNIVERSITY OF TOLEDO **MEDICAL CENTER Department:** Nursing Service – Kobacker Inpatient Psychiatric Hospital **Approving Officer: Interim Chief Nursing Officer Responsible Agent:** Administrative Director Effective Date: 5/1/21 Scope: The University of Toledo Medical Center Initial Effective Date: 9/1988 New policy proposal Minor/technical revision of existing policy Major revision of existing policy Reaffirmation of existing policy

(A) Policy Statement

All inpatient admissions must meet admission criteria.

(B) Purpose of Policy

To assure that all patients meet acceptable admission criteria as specified in the Ohio Department of Mental Health Rules.

(C) Procedure

- 1. The inpatient hospital will meet state licensure standards regarding admission to a psychiatric inpatient unit.
- 2. The hospital will utilize the admission criteria developed by the InterQual Behavioral Criteria for Adolescents and Children.
- 3. The patient must require a need for 24 hour nursing care.
- 4. The entire patient presentation needs to be considered when determining the need for admission, which includes but is not limited to past history of mental illness, availability of support services, acute symptomatology, level of dangerousness, and family support systems.
- 5. The decision for admission rests with the physician.
- 6. Other considerations for the appropriateness of admission include but are not limited to: age of patient, gender, current unit census and milieu, patient condition.

Approved by:		Review/Revision Date: 3/2007 5/17/2010
/s/		7/29/2014 9/21/2017 10/1/20 5/1/21
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Review/Revision Completed By: Administrative Director		
		Next Review Date: 5/01/2024
Policies Superseded by This Policy: 1-M-44		