


Name of Policy: <u>Admission, Discharge and Transfer</u> Policy Number: 3364-100-01-01 Department: Hospital Administration Approving Officer: Chief Executive Officer - UTMC Responsible Agent: Chief Nursing Officer Scope: The University of Toledo Medical Center	 Effective Date: 09/22/2021 Initial Effective Date: 12/15/1979
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

All admissions and transfers to the hospital will be coordinated by the Nursing Administration Staff (House Supervisor/Admission Coordinator).

(B) Purpose of Policy

The purpose of this policy is to outline procedures for admissions, discharges, and transfers with the goal of delivering safe high-quality care that is compliant with all pertinent regulations.

(C) Procedure

1. Admissions.

- a. All admission calls will be coordinated through the Nursing Administration Staff (House Supervisor/Admission Coordinator) at 419-383-2337 or 1-866-404-BEDS.
- b. Emergency admissions have priority over urgent and elective admissions.
- c. All pre-scheduled elective admissions will be scheduled through the Patient Registration Specialist in the patient access department. Patient access department will schedule pre-scheduled elective admissions on the date requested by the physician or physician designate on a first come, first serve basis. The Admitting physician will be notified if the patient's insurance plan does not cover services provided at UTMC. Pre-scheduled admission information, will be transferred to the Patient Registration Specialist in the patient access department at 419-383-5095.

2. Intra-Unit and Inter-Unit Transfers.

- a. All requests for intra-unit and inter-unit transfers will be requested through the Nursing Administration Staff (House Supervisor/Admission Coordinator).
- b. Inter-Unit Transfers. The Nursing Administration Staff (House Supervisor/Admission Coordinator) will be responsible for locating and assigning a bed on the unit to which the patient is to be transferred. Both units involved in the transfer will then be notified by the Nursing Administration Staff.

3. Discharges:

- a. Discharge planning will begin on admission for the patient, to ensure proper planning and the ability for a safe and appropriate discharge.
- b. The physician will determine when the patient is medically stable for discharge. The physician will complete medication reconciliation and secure the necessary prescriptions prior to patient discharge.
- c. Physicians will complete prescriptions for medications, medical equipment, and O₂ therapy and consults for further treatments in the discharge instructions.

- d. Follow-up appointment requirements will be determined by the discharging physician. The clerical specialist, bedside nurse, and/or discharging team physician can coordinate follow up appointments and place in the discharge instructions.
- e. Physician will sign and date discharge instructions for patients that need community resources upon discharge and place discharge forms and prescription work in the chart.
- f. Nursing Units will:
 - i. Collaborate with the patient/family to secure transportation home; and this will be communicated by the primary nurse.
 - ii. The primary nurse will notify Outcome Management Staff if they are consulted on the case, and/or a transportation need is identified.
- g. Patients will be discharged after a final discharge order is received by the discharging physician on day of discharge. The primary nurse will obtain proper signatures prior to patient discharge.
- h. Nursing will make a copy of the discharge instructions after all signatures are obtained for the permanent record in the chart.

4. Transfer from Another Institution.

- a. Inter-facility transfers to the hospital will be coordinated by the Nursing Administration Staff (House Supervisor/Admission Coordinator) and must have a bed assignment and accepting physician who will take primary care of the patient prior to transfer to UTMC. Inter-facility transfer is contingent upon available resources, clearance from the transferring physician, maintenance of high-quality care, and compliance with government mandates such as EMTALA.
 - i. No physician can accept a patient for another hospital service without the consent of the other service. The physician accepting the transfer will take that patient onto their service, unless another service agrees to accept the transfer.
- b. The Nursing Administration Staff (House Supervisor/Admission Coordinator) will speak with the referring physician and obtain clinical information necessary to identify an accepting physician at UTMC.
- c. The admitting service and/or attending will be notified upon the patient's arrival.
- d. The transferring facility will send with the patient a completed consent for transfer and all pertinent patient care records.
- e. **Non-Emergency Transfers.** The following information is required prior to inter-facility transfer:
 - i. Patient's name, date of birth, address, and telephone number.
 - ii. Admitting diagnosis, copy of the other facility's demographic sheet if available.
 - iii. Name of the transferring institution.
 - iv. Name of the referring physician.
 - v. Patient insurance provider.
 - vi. Optimum transfer date and time.
 - vii. Pertinent facts such as isolation required or specialty unit.
 - viii. Requested level of care and room accommodations.

f. Emergency Transfers.

- i. UTMC accepts all inter-facility patient transfers with emergency medical conditions.
- ii. Inter-facility emergency transfers to the hospital will be coordinated by the Nursing Administration Staff (House Supervisor/Admission Coordinator) and must have a bed assignment prior to transfer to UTMC.
- iii. The Nursing Administration Staff (House Supervisor/Admission Coordinator) will contact the transferring institution to obtain the patient's demographic information and insurance coverage. Every attempt will be made to verify the patient's insurance coverage. The Nursing Administration Staff (House Supervisor/Admission Coordinator) will notify the transferring facility if we do not accept the patient's insurance carrier.
- iv. If the transfer falls under the EMTALA regulations, the patient will not be denied admission for lack of third party funding. The admitting physician will be notified when the admission requirements have been satisfied to confirm the transfer date and time. The Nursing Administration Staff will notify the physician or designee at the referring facility in order to obtain information consent for transfer from the patient.
- v. At no time will an emergency transfer be denied admission because of lack of demonstrated ability to pay.
- vi. All patients transferred from other hospitals will be identified as such in the Hospital Information System. For these patients, source codes on provider bills will reflect the patient's status as a transfer from another hospital.
- vii. Any request from an outlying Emergency Department (ED) for transfer to the UTMC ED will be directed to the UTMC ED attending.
- viii. Emergency transfer patients should be transferred to the ED when their clinical condition is not clearly defined and/or emergent stabilization/treatment intervention may be indicated. This includes situations when admission area still needs to be determined, e.g., Medical Intensive Care Unit versus Med-Surg.
- ix. All trauma patients will be evaluated in the UTMC ED.
- x. Appropriate consent for transfer and a copy of the patient's medical record will accompany the patient at the time of transfer.

g. Responsibility for Care During Transport.

- i. Stabilization and care of patient during transport is the responsibility of the referring facility.
- ii. Mode of transport, e.g., auto, EMS, medical helicopter, critical care transport unit, will be determined by the referring facility.
- iii. Changes in required care during transport will be communicated to UTMC.

Approved by:		Review/Revision Date:	
<u>/s/</u>	<u>09/22/2021</u>	7/18/81	10/15/2008
Rick Swaine	Date	10/3/84	2/1/2014
Chief Executive Officer - UTMC		11/21/84	3/1/2017
 		4/11/86	4/1/2020
 		6/26/87	6/23/2021
 		6/26/88	
 		2/17/89	
<u>/s/</u>	<u>09/22/2021</u>	3/6/90	
Andrew Casabianca, M.D.	Date	10/10/91	
Chief of Staff		3/24/93	
 		7/31/96	
<i>Review/Revision Completed By:</i>		3/19/97	
<i>HAS</i>		4/30/04	
<i>Admitting</i>		8/27/07	
<i>Nursing</i>			
<i>Chief of Staff</i>			
		Next Review Date: 06/01/2024	
Policies Superseded by This Policy: 7-01-01 - Admission, Discharge and Transfer			

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.