



DocID: 14556
Revision: 8
Status: Official
Department: DOH Policy & Policies
Manual(s):

Policy & Procedure : Admissions

Policy:

It is the policy of Lewis County Hospital District No. 1 to not deny admission to any patient due to gender, race, color, religion, ancestry, financial class, national origin, sexual orientation or gender identity. The Patient Access department is staffed from 7:00 am to 10:00 pm seven days a week. The Emergency Room Tech will admit any patients outside of the Patient Access staff hours.

Revision Requirements:

If any revisions are made to this policy and procedure, a copy of the revision shall be submitted to the Department of Health within thirty days after the changes are approved. This is in reference to subsection (5) of WAC 246-320-141(7).

Procedure:

The following procedure is intended for those patients whose medical condition allows time for normal processing:

1. The patient's physician will notify the RN or Health Unit Coordinator of the admission.
2. RN or Health Unit Coordinator will notify Patient Access of patient name, patient type, attending physician, room number and admitting diagnosis.
3. If the patient is in acute distress or if any delay in transporting him/her to the patient care unit would be hazardous, have him/her transported to the assigned patient care unit immediately or the Emergency Department if the bed is not ready. The admissions process will then be completed in the patient's room when it is appropriate or by a family member in the Patient Access department.

The Patient Access Representative will:

1. Greet the patient in a professional, empathetic and time efficient manner.
2. If patient is an Emergency Room admit, get name and DOB, put patient in Triage and inform RN of the Triage.
3. If patient is having chest pains, bleeding profusely, shortness of breath, severe trauma, severe pain, penetrating eye injury, chemical eye injury, psychiatric disturbances or substance abuse or pregnant patient with pain, take directly back to Emergency Room, do not put in Triage.
4. Advise the patient that information will need to be obtained to produce the patient's hospital record.

5. Enter the patient's demographic and insurance information and the admitting physician in the computer system.
6. If the patient's demographic and insurance information is present in the computer system, verify all information and update as needed. Follow the appropriate form on the computer screen.
7. Add any biller notes applicable.
8. Obtain the patient's insurance information and the patient spouse's insurance information if applicable and scan into medical record.
9. Obtain and scan photo identification into medical record.
10. Obtain employment information.
11. Enter any other information requested on the computer screen.
12. Follow each insurance carrier's policies and procedures, Medicare, Medicaid or Worker's Compensation as it applies to the patient.
13. The computer will generate the Admission Summary Sheet (facesheet) and Consent for Treatment.
14. If patient has Medicare or a Medicare HMO and patient is being admitted as an inpatient, print two copies of the Important Message from Medicare and make sure patient or family member signs and receives copy.
15. Review the Consent for Treatment with the patient.
16. Have the patient or patient's legal representative sign the Consent for Treatment. Legal guardians must produce legal documentation. A minor under the age of 18 must have a parent sign for treatment. There are exceptions to this. Please follow state law.
17. The Patient Access representative will give a copy of the Consent for Treatment to the patient.
18. Collect any co-payments at this time or refer the patient or family for financial assistance.
19. Ask all patients 18 years or older if they have an advance directive. If they have one, put it in patient's chart.
20. The Patient Access Representative will give the patient a HIPAA Notice of Privacy Practice and a Friends, Family, Visitor Notification Form to acknowledge and complete.
21. Reiterate to the patient that any valuable should be sent home with family members or be kept in the hospital safe. (See Patient Personal Belongings Policy and Procedure).
22. If patient is Medicare, a Medicare questionnaire (MSP) will be completed and entered into computer.
23. If patient is an Emergency room patient a wristband will be printed, and the Patient Access Representative will place a wristband on the patient's wrist.
24. The Patient Access Representative will take all completed and signed paperwork to the Health Unit Coordinator if the patient is being admitted to floor or to the Emergency room if patient is being registered for Emergency room.

Document ID	14556	Document Status	Official
Department	DOH Policy & Policies	Department Manager	Fritz, Roschelle
Document Owner	Niedert, Jessica	Next Review Date	02/27/2021
Original Effective Date	05/25/2010		
Revised	[05/25/2010 Rev. 0], [03/13/2012 Rev. 1], [05/13/2013 Rev. 2], [03/18/2014 Rev. 3], [05/18/2015 Rev. 4], [11/17/2015 Rev. 5], [04/18/2018 Rev. 6], [11/12/2018 Rev. 7], [02/28/2019 Rev. 8]		
Attachments: (REFERENCED BY THIS DOCUMENT)	Advance Directives Charity Care/Financial Assistance		
Other Documents: (WHICH REFERENCE THIS DOCUMENT)			

Document History

Revision 8

Views [\(Revision\)](#) (this version)

Effective 02/28/2019
Document Owner at Publication Jessica Niedert Patient Access Manager
Description If Morton Hospital makes changes or additions to any of the policies listed under subsection (5) of WAC 246-320-141, a copy of the revised policy shall be submitted to the Department of Health within thirty days after the changes or additions are approved.
Committee Approvals ([02/19/2019](#)) [Policy Oversight Committee](#)
([02/27/2019](#)) [Board of Commissioners](#)

Revision 7

Views ([Revision](#)) ([Changes](#))
Effective 11/12/2018
Document Owner at Publication Jessica Niedert Patient Access Manager
Description Updating from MGH to Lewis County Hospital District
Committee Approvals ([11/05/2018](#)) [Non-Clinical Policy Review Committee](#)
([11/12/2018](#)) [Policy Oversight Committee](#)
([11/28/2018](#)) [Board of Commissioners](#)

Revision 6

Views ([Revision](#)) ([Changes](#))
Effective 04/18/2018
Document Owner at Publication Jessica Niedert Patient Access Manager
Description Updated spelling errors only
Committee Approvals ([04/02/2018](#)) [Non-Clinical Policy Review Committee](#)
([04/16/2018](#)) [Policy Oversight Committee](#)
([04/25/2018](#)) [Board of Commissioners](#)

Revision 5

Views ([Revision](#)) ([Changes](#))
Effective 11/17/2015
Document Owner at Publication Jessica Niedert Patient Rep. / Biller
Description Merging information from Emergency Department Patient Registration document with this document in order to archive duplicate procedure. [Reviewed on 9/29/2017 by Jessica Niedert: Next Review Date is 9/29/2019.][Review approval failed]
Committee Approvals ([11/02/2015](#)) [Non-Clinical Policy Review Committee](#)
([11/17/2015](#)) [Policy Oversight Committee](#)
([12/02/2015](#)) [Board of Commissioners](#)

Revision 4

Views ([Revision](#)) ([Changes](#))
Effective 05/18/2015
Document Owner at Publication Michelle Cournyer Admitting Manager
Description Updated hours and procedure to reflect current practice.
Corrected formatting.[Owner changed from Cournyer, Michelle to Niedert, Jessica by Garcia, Shana on 05-OCT-2015]
Committee Approvals ([05/04/2015](#)) [Non-Clinical Policy Review Committee](#)
([05/18/2015](#)) [Policy Oversight Committee](#)
([05/27/2015](#)) [Board of Commissioners](#)

Revision 3

Views [\(Revision\)](#) [\(Changes\)](#)
Effective 03/18/2014
Document Owner at Publication Michelle Cournyer Admitting/PT Manager
Description Renaming document

Revision 2

Views [\(Revision\)](#) [\(Changes\)](#)
Effective 05/13/2013
Document Owner at Publication Michelle Cournyer Admitting/PT Manager
Description

Revision 1

Views [\(Revision\)](#) [\(Changes\)](#)
Effective 03/13/2012
Document Owner at Publication Michelle Cournyer Admitting/PT Manager
Description New admitting hours effective 4/1/12

Revision 0

Views [\(Revision\)](#) [\(Changes\)](#)
Effective 05/25/2010
Document Owner at Publication Karen Tompkins Admitting Manager
Description

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<https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:14556>.