

Major Hospital A Major Health Partner	Hospital Admission MS-17
Does this policy meet a regulatory standard? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Formulated by: Medical Staff Office/Administration Approved by: Medical Executive Staff and Board of Directors Effective Date: 9/23/2013

Purpose: To provide general hospital admission requirements for the processes of patient admission to the hospital.

General Hospital Admission Requirements

1. Admission Orders

- 1.1. Must be written and signed by a physician or another credentialed practitioner with appropriate privileges.
- 1.2. A nurse practitioner or a physician assistant who has not been granted admitting privileges by the hospital's medical staff may act as a proxy for the ordering M.D./ D.O. which allows them to write inpatient admission orders on his or her behalf, if the ordering M.D. approves and accepts responsibility for the admission decision by countersigning the order prior to discharge.
- 1.3. Emergency Department physician, nurse practitioners and physician assistants who do not have admitting privileges are authorized to write temporary "bridge" orders for an inpatient admission on behalf of the ordering physician, if the ordering practitioner approves and accepts responsibility for the admission decision by countersigning the order prior to discharge.
- 1.4. Orders must include:
 - 1.4.1.1. Level of care (e.g., inpatient, observation).
 - 1.4.1.2. Initial treatment plan.
 - 1.4.1.3. Diagnostic tests and medications.
 - 1.4.1.4. Admitting diagnosis
2. Patients presenting for admission who have no attending physician shall be attended by members of the Active Staff in the service to which the needs of the patient indicate the assignment. The Service Chief shall have authority to call any members of the Medical Staff to attend to a patient as is necessary.
3. All inpatients and MOB patients, excluding newborns born at Major Hospital, must have documented assessment and admission orders signed by an M.D./D.O. from the referring site.
 - 3.1. Direct Admission – the Outpatient Primary Care Provider (PCP) or Outpatient Specialty Care Provider must speak with Hospitalist Provider on duty to request patient direct admission.
4. Documentation requirement(s)
 - 4.1. Completed history and physical (H&P)

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- 4.1.1. Must be placed in the electronic health record within 24 hours of admission or registration, and no more than 30 days before all surgical or procedural cases requiring anesthesia services, including all inpatient, outpatient or same day surgeries or procedures.
- 4.1.2. Must include:
 - 4.1.2.1. Chief complaint and reason for admission.
 - 4.1.2.2. Physical examination findings,
 - 4.1.2.3. Initial diagnosis and plan of care.
- 4.1.3. If the H&P is completed within the 30 days before admission or registration, an updated medical record entry including documentation of an examination for any changes in the patient's condition is required within 24 hours after admission or registration.
 - 4.1.3.1. The examination must be conducted by a Practitioner who is credentialed and privileged by the Hospital Medical Staff to perform an H&P.
 - 4.1.3.2. The updated note must document an examination for any changes in the patient's condition since the time that the patient's H&P was performed that might be significant for the planned course of treatment.
- 4.2. Medical Necessity Documentation
 - 4.2.1. Physicians or another qualified licensed practitioner must document justification for inpatient admission based on clinical conditions and regulatory criteria.

Reviewed	Revised
3/31/2015	5/23/2016
06/27/2022	12/11/2019
12/8/26	12/18/2020
	2/23/26

References &/or Standards listed here.

ACHC Standard 10.01.17 & 30.00.10 H&P and Surgical H&P requirements
 Major Hospital Medical Staff Bylaws: Credentialing Manual, pg. 15 item 2.5(c)
 MHP Hospital Admission Procedure

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