GUAM MEMORIAL HOSPITAL AUTHORITY
NURSING SERVICES MANUAL

APPROVED BY:	RESPONSIBILITY:	EFFECTIVE DATE:	POLICY NO.	PAGE
Zennia Pecina, RN, MSN Associate Administrator of Nursing Services	Nursing Services	October 24 2012	6301-II E-21	1 of 4
TITLE: ADMISSION TO THE SKILL NURSING FACILITY (SNF) FROM THE ACUTE CARE FACILITY				
LAST REVIEWED/REVISED: 12/2015				
ENDORSED: NMC 11/2015; MEC 12/2015				

PURPOSE:

To relocate patients within the hospital to meet his/her needs and care for his/her present condition. When an inpatient medical condition level of care changes from an acute level to a Skilled Nursing level the attending physician can request for the patient to be evaluated for a Skilled Nursing Facility (SNF) level of care. This is not considered a transfer from GMH but a discharge from an acute unit to the Skilled Nursing Unit for admission.

POLICY:

I. CRITERIA FOR ADMISSION:

A. Acute care patients must have been in the acute care facility at least three days (not including the discharge date), properly evaluated by their attending physician and their condition stabilized.

B. Must be reviewed, and accepted by the Skilled Nursing Facility (SNF) Medical Director for admission to SNU, requires post-hospital care after a period of intensive hospital care, but no longer requires constant medical services.

C. When the nursing care required by the patient is at a skilled service, required to prevent deterioration of their condition or to sustain their current capabilities, and to improve their potential for recovery.

D. Need for Physical, Occupational, or Speech Therapy on a regular basis where the provision for these services if the patient was discharged home would not be as available

E. The need of the patients requires other skilled services provided at SNU.

II. RESIDENTS MOST LIKELY TO BE ADMITTED TO SNF:

Post-acute care patients recovering from or requiring care for:
A. Orthopedic Injuries;
B. Cerebral Vascular Accidents;
C. Myocardial Infarction;
D. Lower Limb Amputations;
E. Wound Care/Pressure Sore management, and/or Extensive Skin Graft management
F. Trauma Cases;
G. Intravenous (IV) Therapy, Antibiotics, or Total Parenteral Nutrition;
H. Terminal Care for Intravenous pain management;

I. Dialysis with Other Skilled Care Needs;
J. Enteral Tube Feeding;
K. Infectious Diseases requiring Skilled Care
L. Skilled Care for a new tracheostomy;
M. Family or home support care training.

III. ELIGIBILITY CRITERIA FOR SNU COVERAGE OF SERVICES (PAYMENT SOURCE)

1. FOR MEDICARE BENEFICIARIES
   A. Enrolled in the Medicare Program (Part A and Part B), and has Skilled Nursing days available;
   B. Medical Appropriateness Exception- An elapsed period of no more than 30 days is permitted for SNF admissions were the patient's condition make it medically inappropriate to begin an active course of treatment in at SNF within 30 days after hospital discharge, and it is medically predictable at the time of the hospital discharge that they will require covered care within a pre determinable time period;
   C. Attending Physician order for SNF admission;
   D. Requires skilled services by a Registered Nursing Staff or Skilled Rehabilitation Services on a daily basis;
   E. The SNF services are reasonable and necessary for the illness or injury;
   F. The medical need for daily skilled services which can be provided only as an inpatient at "SNF" *(from* the SNF manual issued by Medicare).

2. FOR OTHERS INSURANCE PROVIDERS

   The criteria for coverage for non-Medicare patients is based upon the individual's extended/skilled care benefits. Family or patient needs to check with their insurance for covered benefits.

3. CLASSIFICATION OF PATIENTS

   The SNF utilizes the RUG III Clinical Classification System to determine resident care needs. Residents/families or responsible representatives can obtain information about the Classification System from SNF Head Nurse or SNF Medical Director.

IV. PROCEDURE FOR ADMISSION:

1. Admission from an acute care unit of GMHA to SNF:

   A. Attending physician shall request consultation from the SNF Medical Director.
   B. The SNF Medical Director evaluates the patient and determines whether SNF admission criteria are met.
   C. The SNF Medical Director uses the Request for Skilled Nursing Unit (SNU)Admission Form (**Attachment I**)to document findings and the determination for admission.

2. Upon approval of the admission to SNU, the Medical Director shall complete the following:

    A. Provide the patient a copy of the patient information pamphlet;
    B. Forward a duplicate copy of the Medical Director's Request for Skilled Nursing Unit (SNU) Admission Form (**Attachment I**) to the SNU unit;

3. The attending physician writes SNU admission orders. The admission orders should include the following criteria (if indicated):

    A. Accuchecks should be limited to once or twice daily;
    B. Recent Hemoglobin should not be less than 9 gm/dl. Hematocrit should not be less than 27%;
    C. The patient should be afebrile at least 24 hours prior to admission;
    D. PICC lines should be placed in patients who are admitted to SNU for long-term IV therapy;
    E. No more than two IV antibiotics should be ordered;
    F. Standing orders for Tylenol 500mg or 650mg every 4 hours for mild pain on pain scale of one to three or fever above 100.5;
    G. Standing orders for Bowel Protocol;
    H. Standing orders for Bladder Protocol;
    I. Standing orders for renewal of medications every 30 days for long-term patients who stay over 30 days;
    J. Standing orders for sliding scale for Regular Insulin coverage;
    K. Standing orders for changing indwelling Foley catheters every 30 days and reassessment for possible removal if indicated;
    L. Standing orders for labs to include (at a minimum) CBC and Chem 7 within a week of their admission and as needed. For patients that have wounds, Albumin levels should be ordered weekly;

4. The Charge Nurse of the transferring unit calls the SNU Charge Nurse for a bed assignment. The SNU charge nurse will assign the resident a bed that best meets their needs.

5. Required documents to be sent from the acute unit to SNU include:
    A. Current Lab report/results such as CBC, Chemistry, Microbiology reports that were obtained during their acute admission, and other relevant laboratory studies;
    B. Radiology reports, specifically chest x-ray reports;
    C. Medication Administration Records (MARS) and parental therapy records;
    D. PPD skin test results, Influenza and Pneumococcal immunizations, and any other relevant information or reports;
    E. Copy of the History & Physical Report from the acute hospital admission;
    F. Any other consultations;
    G. Therapy evaluations;
    H. Do Not Resuscitate (DNR) signed form if indicated.

6. Prior to SNU transfer, Patient Registration staff should obtain signatures on the SNU admission packet from the patient or their representative.

7. Once all the documentation is completed and room assigned, the transferring Charge Nurse will call SNU to give endorsement to the SNU's Charge Nurse.

8. FAX a copy of the SNU admission orders to pharmacy to prepare a 24 hour supply of medication.

9. The Utilization Review Coordinator conducts concurrent review every seven days to assure that criteria are being met for continued admission.

V. GENERAL INSTRUCTIONS FOR SNU TRANSFER:

A. Once SNU medications are delivered to unit and endorsements are completed, the transferring Charge Nurse will notify the Nursing Supervisor to activate EVOC personnel;

B. Safeguard patient's belongings and send with the patient or family;

C. Transferring Charge Nurse will endorse to SNU Charge Nurse using the SBAR process.

D. SNU Charge Nurse will place the accepted patient on a waiting list or in order of priority when there is no room available at SNU.

VI. ATTENDING PHYSICIAN RESPONSBILITY:

A. Complete Discharge Summary

B. Attending Physician Orders which should include:
1. Medications;
2. Treatments;
3. Rehabilitative therapies needed and special services ordered;
4. Diet, fluid restrictions;
5. Precautions relating to activities undertaken by the patient
6. Activity level (ambulatory, wheelchair, etc.);
7. Plans for continuing care and discharge plan from SNU

RELATED POLICIES:

Policy# 6301-II E-17 Transfer within Patient Care Unit, Nursing Services Manual
Policy# 6301-I E-3 Discharge of Patient from Hospital, Nursing Services Manual
Policy# 6580-B13 Transferfrom SNU to Acute Care Facility, Skilled Nursing Facility Policy Manual
Policy # 6580-C-6 Transfor/Discharge Requirements, Skilled Nursing Facility Policy Manual
Policy# 6580-C8 Admissionfi·omAcute Care Facility to SNU. Skilled Nursing Facility Policy Manual
Policy # 6580-C9 Pre-Admission Screening of Mentally Ill Individual and Individual with Mental Retardation, Skilled Nursing Facility Policy Manual
Policy # A-PS300 SBAR Communication/Patient Hand-off Communication, Administrative Manual

RECISSIONS:

Attachment I

REQUEST FOR SKILLED NURSING UNIT (SNU) ADMISSION
GUAM MEMORIAL HOSPITAL AUTHORITY

DIAGNOSIS: Primary: _____
Secondary: _____

DOES THE PATIENT REQURIE DAILY SERVICES THAT CAN ONLY BE PROVIDED ON AN IN-PATIENT SNU BASIS UNDER THE SUPERVISIONOF A LICENSED NURSE OR THERAPIST? □ YES □ NO

REASON FOR SNU ADMISSION: (Select Category from SNU Pre-Admission Screening Form on Page 2)
□ Rehabilitation □ Extensive Care □ Special Care □ Clinically complex □ Other _____

RECOVERY POTENTIAL: □ Excellent □ Fair □ Uncertain □ Nil

ESTIMATED LENGTH OF STAY: _____ weeks

_____ _____
SIGNATURE OF ATTENDING PHYSICIAN DATE & TIME OF REQUEST

□ ACCEPT □ DEFER □DENY (Continued on back page)

_____ _____
SIGNATURE OF SNU MEDICAL DIRECTOR DATE & TIME OF CONSULTATION

ADDRESSOGRAPH

REQUEST FOR SKILLED NURSING UNIT (SNU) ADMISSION
GUAM MEMORIAL HOSPITAL AUTHORITY

□ ACCEPT □ DEFER □ DENY

SIGNATURE OF SNU MEDICAL DIRECTOR

DATE & TIME OF CONSULTATION

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REQUEST FOR SKILLED NURSING UNIT (SNU) ADMISSION
GUAM MEMORIAL HOSPITAL AUTHORITY

REFERRING AREA: □ Medical-Surgical □ Surgical
□ Medical Telemetry □ Pediatrics □ ICU/CCU

REHABILITATION CATEGORY

1. Does the patient have a diagnosis that will benefit from one or more rehab disciplines? (If yes, MAKE NOT IN HOSPITAL CHART REQUESTING REHAP THERAPY (PT, OT, and/or ST) TO EVALUATE AND RECOMMEND CARE PLAN. — 1. □ Yes
2. Has patient had Rehab Evaluation and is PT, OT and/or ST recommended? — 2. □ Yes
3. Will the patient have a physician's order for this therapy? — 3. □ Yes

EXTENSIVE CARE CATEGORY

In the last 14 days, has the patient received:

1. IV Medication — 1. □ Yes
2. Suctioning — 2. □ Yes
3. Tracheostomy Care — 3. □ Yes
4. Ventilator/Respiratory Care — 4. □ Yes

In the last 7 days, has the patient received:

1. IV/Parenteral Feedings — 1. □ Yes

SPECIAL CARE CATEGORY

Does the patient currently have:

1. Surgical wounds or open lesions with one of the following: wound care or skin care treatments, or foot dressing or special applications, ointments or medications. — 1. □ Yes
2. A stage 3 or 4 pressure ulcer or 2 ulcers (any type) across all Stages. — 2. □ Yes
3. Fever with dehydration, pneumonia, or vomiting, or weight loss or tube feeding. — 3. □ Yes
4. A feeding tube (NG/PEG). — 4. □ Yes

In the last 7 days or since admission if less than 7 days in the facility:

1. Respiratory Therapy — 1. □ Yes Most recent date received: _____

In the last 14 days did the patient have:

1. Dialysis — 1. □ Yes
2. Radiation Therapy — 2. □ Yes
3. Chemotherapy — 3. □ Yes

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CLINICALLY COMPLEX CATEGORY

Does the patient currently have:

1. Hemiplegia	1. ☐ Yes
2. Coma	2. ☐ Yes
3. Dehydration	3. ☐ Yes
4. Pneumonia	4. ☐ Yes
5. Septicemia	5. ☐ Yes
6. Burns	6. ☐ Yes
7. Internal Bleeding	7. ☐ Yes
8. Tube Feeding	8. ☐ Yes
9. Diabetes with daily injections and 2 days of Physician order changes?	9. ☐ Yes

In the last 14 days, did the patient receive

1. Oxygen Therapy	1. ☐ Yes
2. Chemotherapy	2. ☐ Yes
3. Transfusions	3. ☐ Yes
4. Dialysis	4. ☐ Yes
5. In the first week will the resident be medically unstable enough to require physician's examination and/or changes (at least 2 instances).	5. ☐ Yes

ADDITIONAL INFORMATION

1. Behavior problems	1. ☐ Yes
2. Restraints used	2. ☐ Yes
3. Hemoglobin greater than 9 gms	3. ☐ Yes
4. Nutritional Supplements Needed:	4. ☐ Yes
5. Recent Surgeries	5. ☐ Yes

NOTES

ADDRESSOGRAPH

ADMITTING SKILLED NURSING UNIT (SNU) PHYSICIAN ORDERS
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DIAGNOSIS: Primary: _____
Secondary: _____

PATIENT INFORMED OF DIAGNOSIS: □ YES □ NO
CODE STATUS: □ FULL CODE □ NO CODE □ UNDECIDED

DIET: □ REGULAR □ SPECIAL (Specify on Physician's Order sheet)
FAMILY MAY BRING IN FOOD: □ YES □ NO
ACTIVITY: □ Un-restricted □ SPECIAL (Specify on Physician's Order sheet)
VITAL SIGNS: □ ROUTINE □ SPECIAL (Specify on Physician's Order sheet)
ALLERGIES: □ NO □ YES

REHAB EVALUATION:

PHYSICAL THERAPY	□ FULL EVALUATION & TREATMENT AS RECOMMENDED □ EVALUATION ONLY (FOR NEED OF INTERVENTION)
OCCUPATIONAL THERAPY	□ FULL EVALUATION & TREATMENT AS RECOMMENDED □ EVALUATION ONLY (FOR NEED OF INTERVENTION)
SPEECH/LANGUAGE THERAPY	□ FULL EVALUATION & TREATMENT AS RECOMMENDED □ EVALUATION ONLY (FOR NEED OF INTERVENTION)
REHAB POTENTIAL:	□ GOOD □ FAIR □ POOR □ NIL

PRESSURE SORE PROTOCOL	□YES	□ NO	
BOWEL CARE PER SNU PROTOCOL	□YES	□ NO	
DENTAL CONSULT IF NEEDED	□ YES	□ NO	
PODIATRY CONSULT IF NEEDED	□ YES	□ NO	
RECENT CHEST X-RAY NEGATIVE FOR TB	□ YES	□ NO	DATE:_____
LABORATORY TESTS REQUIRED	□ YES	□ NO	(Specify indication and application on Physician's order sheet)

EXPECTED LENGTH OF STAY IN SNF: _____ WEEKS

PHYSICIAN'S SIGNATURE: **DATE:**_____

SNU PHYSICIAN'S ORDER FORM
GUAM MEMORIAL HOSPITAL AUTHORITY
(page 1 of 2)
GMHA FORM # XXXXX REVIEWED: XXXXX
CREATED: 2/19/00 REVISED: 5/16/00

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ADMITTING SKILLED NURSING UNIT (SNU) PHYSICIAN ORDERS
GUAM MEMORIAL HOSPITAL AUTHORITY (page 2)

ALL ORDERS MUST BE WRITTEN WITH A BALL POINT PEN AND ICLUDE DATE, TIME, AND PHYSICIAN'S SIGNATURE

PLEASE MATCH MEDICATION ORDERS WITH DIAGNOSIS AND SPECIFY INDICATION FOR PRN ORDERS

CAN SNU PHYSICIAN-DIRECTOR COUNTERSIGN AND WRITE ORDERS?
□YES □ NO

CAN GENERGIC SUBSTITUTES BE USED?
□YES □ NO

DATE	TIME	PHYSICIAN'S ORDER	DATE/TIME

SNU PHYSICIAN'S ORDER FORM (page 2 of 2)
GUAM MEMORIAL HOSPITAL AUTHORITY
GMHA FORM # XXXXX REVIEWED: XXXXX
CREATED: 2/19/00 REVISED: 5/16/00

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GUAM MEMORIAL HOSPITAL AUTHORITY
REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledged that they have reviewed and approved the following:

☐	Bylaws		Submitted by Department/Committee: Nursing Management
☐	Rules and Regulations		Policy No.: 6301-II-E-21
☒	Policies & Procedures -Renewed		Title: **ADMISSION TO THE SKILLED NURSING FACILITY FROM ACUTE CARE FACILITY**

Reviewed/Endorsed	Date: 11/23/2015	Signature
Title		Zennia Pecina, MSN, RN Associate Administrator, Clinical Services (Acting)
Reviewed/Endorsed	Date: 12.23.15	Signature
Title		Friedrich C. Bieling, MD Medical Executive Committee, President
Reviewed/Endorsed	Date: 12.28.15	Signature
Title		Theodore Lewis, MBA Executive Management Committee, Chairperson
Reviewed/Endorsed	Date	Signature
Title		
Reviewed/Endorsed	Date	Signature
Title		
Reviewed/Endorsed	Date	Signature
Title		
Reviewed/Endorsed	Date	Signature
Title		

*Use more forms if necessary. All participating departments/committees in developing the policy should provide signature for certification prior to submitting to the Compliance Officer