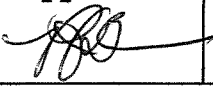


**GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL**

Approved	Responsibility	Effective	Number	Page
	Quality Mgmt. Medical Staff	Date 9/20/89	6432-4	1 of 2
TITLE: ADMISSION AND DISCHARGE CRITERIA				

PURPOSE:

To define the admission and discharge criteria utilized throughout the Hospital to assure proper utilization of inpatient services.

POLICY:

GMHA utilizes the criteria approved by the Medical Staff in determining the appropriateness of admission, continued stay, discharge and level of care; appropriateness of surgical procedures and appropriateness of diagnostic and therapeutic procedures.

Physician peer review process is involved in the determination of the proper utilization of hospital services. The Utilization Management Committee (UMC) chairperson makes the final determination in cases of conflict. Appeals may be made to the UMC by affected parties.

The criteria are available in the Medical Staff Office, Quality Management Department and all Nursing Units: Emergency Room, Coronary Care-Intensive Care, Labor and Delivery, Obstetrics, Nursery/NICU, Medical-Telemetry, Surgical, Medical-Surgical, Pediatrics/PICU, and Skilled Nursing.

The criteria are organized as follows:

- I. ISD-A Review System Procedure
 - A. Adult Acute Care Unit
 - B. Coronary Care Unit
 - C. Intensive Care Unit
 - D. Telemetry Unit
 - E. Chemotherapy

- II. Adult Surgical Indication Monitoring

- III. Adult Diagnostic and Therapeutic Procedures

- IV. Pediatric Acute Care Unit

V. Skilled Nursing Unit

VI. Twenty-Three Hour Observation Service

Approved by: Utilization Management Committee, 2/25/93
Medical Executive Committee, 2/26/93
Board of Trustees, 4/21/93

VII. Pediatric Intensive Care, Neonatal Intensive Care,
Neonatal Intermediate Care Units

Approved by: Pediatrics Department, 2/11/93
Utilization Management Committee, 2/25/93
Medical Executive Committee, 2/26/93
Board of Trustees, 4/21/93

PROCEDURE:

1. The Quality Management Department utilizes the above criteria in conductingh appropriateness of admission, continued stay, discharge and level of care; appropriateness of surgical procedures and appropriateness of diagnostic and therapeutic procedures.
2. Physician peer review is conducted on all cases not meeting the criteria.
3. Patients determined to be inappropriately utilizing inpatient services will be referred to ambulatory care services available in the Hospital or the community.
4. Patients requiring inpatient services that are not available in Guam will be considered for off-island referral. The Patient Transfer Policies and Procedures shall be utilized in making this type of referral.

Reviewed:

Revised: 9/92, 2/93

Approved: Utilization Management Committee, 2/25/93
Medical Executive Committee, 2/26/93
Board of Trustees, 4/21/93