

## Policy and procedure for ensuring patient suitability for admission and care

This document is for all Southern Cross Healthcare (SCH) credentialed medical practitioners and hospital employees (General Managers (GMs), nurses, anaesthetic technicians and admission teams).

It outlines the processes for confirming a patient's suitability for admission and ongoing care in a SCH hospital, dependent on:

- Patient needs
- Nature of the treatment
- Capability of the hospital to provide services (models of care) within its Ministry of Health certification (licence); the hospital's access to technology, equipment, imaging and laboratory services; staffing levels and capability; and the range of services required to support the patient

**NB Patients under the Department of Corrections and /or Police custody or monitoring (including home detention or parole) are not suitable for admission in Southern Cross hospitals.**

This will ensure that practitioners are well informed about the capability and capacity of the hospitals they practice from, the pathway for patients is straightforward and coordinated and employees are supported in making well informed decisions with the patient's practitioners.

The surgeon, or anaesthetist, are the medical decision-maker/s and determine if the patient under their care is suitable for the planned surgery or procedure and anaesthetic to be performed at the Southern Cross hospital (see local Models of Care)

This is dependent on the practitioners clinical assessment and good judgement of the

- Health of the patient - ASA physical status score which is a standard tool
- Completeness of health information (sought by doctors and provided by patient)
- Complexity or length of the procedure (determined by the doctors)

Practitioners are also responsible for

- Ensuring their instructions for routine patient care are up-to-date.
- Notifying the anaesthetist and hospital before admitting higher risk-patients, ensuring the anaesthetist and hospital are aware to enable pre-admission assessments and preparations.
- Discussing and booking additional care and equipment requirements with the hospital.
- Notifying the patient of this contingency and the potential for additional fees.
- Arranging or requesting additional patient investigations, loan equipment etc.
- Involvement of other practitioners for more complex cases.

The procedure describes how the pre-admission and admission processes operate to support the provision of safe and appropriate care

## Procedure

### Practitioner assess patients treatment options

Admitting practitioner:

- assess patient's presenting problem and overall health status, noting significant co-morbidities; and provides treatment options.
- may consult with other doctors if there are patient risk factors e.g., the GP and or anaesthetist (taking into consideration [ASA physical status score](#)).

Anaesthetist may seek further information from any healthcare provider.

### Practitioner and patient

Admitting practitioner:

- initiates informed consent processes with patient
- identify suitable hospital facility
- provides the patient with paper and/or electronic link to the SCH documentation required for admission

Patient:

- makes decision to undergo elective surgery or procedure
- completes the necessary documents and submits these to the appropriate hospital: ideally at least seven days prior to day of admission.

Admitting specialist as indicated, may

- order tests or investigations
- arrange blood, equipment, devices, supplies
- involve other practitioners for more complex cases e.g. ASA 3, 4, or patients with matter/s of concern
- communicate with the GM (or delegate), nursing staff or 'bookings' administration e.g., significant alerts, co-morbidities including high BMI, special patient or theatre equipment needs or administration matters.

### Practitioner requests patient admission

- Requests a booking for the patient at the appropriate hospital, specified procedure is within the practitioner's credentialed and approved scope of practice.

## Practitioner requests patient admission

- May also pre-book higher risk patients for higher-level of post-op care, for example, ASA 3 patients with comorbidities/ complex procedures.

## SCH processes admission request

### Booking administrator

- Confirms booking or requests further information
- Enters initial details into patient administration system (WebPAS)
- Checks patient information for completeness
- Where indicated arranges for pre-admission deposit, if non-NZ resident follows appropriate procedures
- May refer to pre-admission service at this stage or appropriate nurse or manager.
- Administration manager ensures that clinical records from previous admissions are accessible (retrieved or available via SpeedScan)

## Reviewing patient information prior to admission

Patient information is reviewed by the following team members or their designate.

- Registered nurses (ward/day-stay or preadmission service) performing nursing assessment identifies and documents (electronic patient record (EPR) or paper) potential issues and special requirements eg alerts, reviews NMW/NHI alerts warnings
- Theatre manager (or delegate) reviews the planned theatre lists to ensure additional requirements are in place prior to admission.
- Ward or Day-stay nurse manager (or delegate)
  - ensures patient information has been received and reviewed
  - where not received, follows up with admitting practitioners rooms and the patient.
  - responses may trigger a need to: contact the specialist/s i.e. surgeon, anaesthetist, physician, or general manager such as significant comorbidities, safe handling equipment if required or other considerations.
  - Nurse may phone patient or request attendance at pre-admission service

Further review may be undertaken if indicated:

- By nurse (theatre) who performs perioperative nursing assessment checks for completeness and identifies potential issues and patient's special needs including theatre equipment and supplies, safe handling equipment
- By medical practitioners e.g. anaesthetist who considers mode of anaesthesia and related clinical matters and determine the physical classification global score ASA.
- By nurses to inform planning requirements, this may include reference to the patient's ASA score, resources, staffing, bed allocation and proximity to nurses

## Reviewing patient information prior to admission

station (for higher risk patients), arranging a higher level of care or contacting the admitting practitioner to consider a planned bed in HDU or ICU

- SCH team members may contact the admitting practitioner (usually a surgeon) if there are concerns regarding suitability needs to be entirely satisfied each patient is suitable for the procedure and ongoing care in the Southern Cross Hospital
- The anaesthetist, on reviewing the patient may decide that the patient is not suitable for admission to the due to anaesthetic risk and, in the patient's best interest may decline to provide anaesthetic care.
- If anticipated needs appear to not meet hospital service capability or the facilities model of care, the General Manager is informed and the case may be postponed or (in rare situations) [declined](#).

## Patient admission process – patient, SCH team and practitioners

Receptionist completes an initial check with the patient on admission so any anomalies with details can be addressed immediately.

- Check visit summary, demographics and General Practitioner (GP) is correct

Admitting nurse completes an identity check with the patient using three unique identifiers i.e., patient given first and last names, date of birth and national health index (NHI) number

Admitting nurse also completes with the patient:

- the wrist band name label is correct and consistent with identification 'sticky' labels and Agreement to Treatment form and confirms and documents allergies, adverse reactions and alerts
- Reviews information and completes the appropriate documentation in the electronic patient record
- Completes baseline observations and a nursing assessment as per care pathway and escalates concerns e.g., VTE or other risks and follows pre-op instructions/orders.

Anaesthetist completes medical assessment and anaesthetic consent.

Surgeon finalises consent process, and where required updates consent form with the patient, 'site marks' so it is visible in operative field after draping.

Patient is given opportunities to raise concerns or ask questions.

Patients are rarely refused admission to a SCH. However, there are situations when a patient is not suitable for admission at a specific hospital, these may include (but not limited to)

- Patient unwell (e.g influenza symptoms)
- Patient does not meet the hospitals admission entry criteria (Models of Care)

- Unacceptable risk to hospital employee or other patients
- Security and safety risks cannot be safely managed
- Facilities and resources not available

Refer to [Procedure for declining patient admission or provision of services](#) for more detailed examples and required processes

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