Entry to service > Procedure for declining patient admission or provision of services

Procedure for declining patient admission or provision of services

Outlines the process for declining patient referral/entry to Southern Cross Healthcare facilities and services.

This document provides guidance on the process of declining patients' referral/entry to Southern Cross Healthcare (SCH) facilities and services.

It is for General Managers and other managers with delegated authority for declining patient admission.

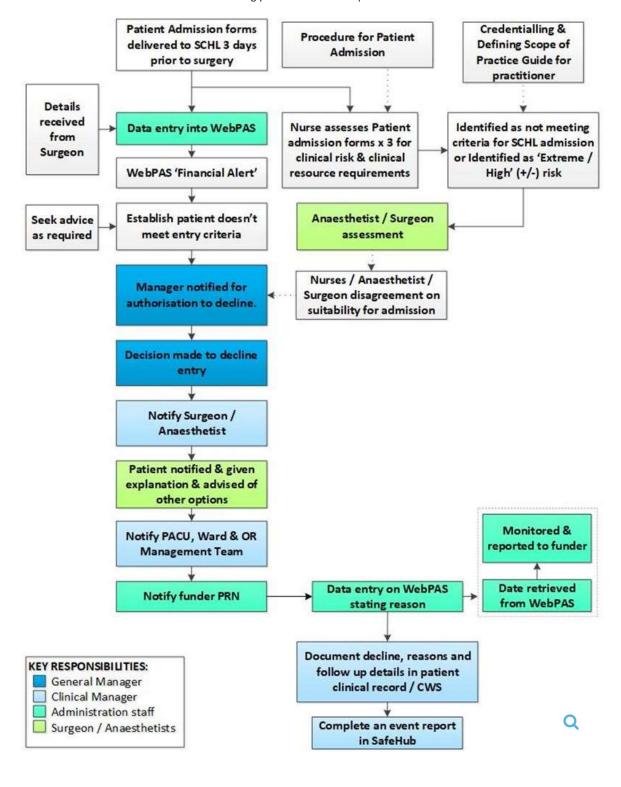
This information is important because it ensures hospitals meet the requirements of Ngā paerewa Health and disability services standard. Specifically Standard 3.1 - Entry and declining entry.

Please also refer to: Policy and procedure for ensuring patient suitability for admission and care

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Declining admission or entry flowchart



Conditions for declining patient admission

Patient admission may be refused when the General Manager (or in the General Manager's absence the manager with delegated authority) deems any of the following conditions applicable.

Situation	Examples
Patient does not meet the Hospital's admission entry criteria	A patient who is ASA 4 or 5 (or in some situations 'high-end' ASA 3 patients may not be able to be accommodated

Situation	Examples
	 depending on the hospital's Model of Care services) A patient who is too young (paediatric situation) Severely immunocompromised patients or infectious disease situations that cannot be safely managed within the current physical environment A patient whose level of obesity is above that which the hospital deems it can safely manage.
Unacceptable risk to hospital employees or other patients	 Patients identified as high risk of having/or diagnosed with CJD Health and safety at work obligations cannot be met E.g, where the security and safety risks cannot be assessed and safety managed E.g, patients under the care of Corrections or Police (including monitoring and /or home detention). This decision is due to the fact that our facilitates are not equipped to address issues that may arise because of potential security breaches.
Facilities or resources required for the treatment and care are not available	 Technology, facilities or equipment not available Safe staffing policy cannot be complied with The anticipated or required level of extended care is not available or special needs for care cannot be provided, for example, unfamiliar procedure, appropriately trained staff, HDU capability
The interests of the hospital are best served by refusing admission	 An actual or potential debtor A person whose inappropriate behaviour has been an issue previously such as a querulant complainant

Situation	Examples
	 The patient of a surgeon or medical practitioner who has not satisfied our credentialing and defining scope of practice policy and procedures An immoral, illegal, unethical, unsafe or commercially inappropriate situation which could be a breach of policy Reputational risk has to be taken into consideration e.g. medical tourism situation or surgery of last resort and which may be inconsistent with the hospital's Model of Care services. To any patient who is held in the custody of the Department of Corrections or the Commissioner of Police (including those on parole or on home detention). This decision is due to the fact that our facilitates are not equipped to address issues that may arise because of potential security breaches.
The type of hospital licence limits the category of patient	 A surgical and medical MoH certificate (licence) precludes such treatment as: Mental health treatment Maternity services Termination of pregnancy A surgical certificate (licence) precludes treatment for medical (nonsurgical) admissions Any specific conditions on the MoH certificate.
Clinical or personal circumstances	 Further tests are required; The patient is not fit for surgery (eg cold or flu, vomiting or diarrhoea); The surgeon or other clinical team members are unavailable; or The patient has changed their mind or needs to postpone for another reason.

Responsibilities

The General Manager (or in the General Manager's absence, the manager with delegated authority) is the authority for declining admission and ensuring all steps in the process are completed.

Communicating and informing

- Inform the original provider / referrer immediately. Detail the reasons for declination with any other relevant information.
- Original provider / referrer to inform the patient / family / whānau using the principles of open disclosure.
- Notify the anaesthetist and the hospital Operating Room, PACU and Ward Managers to facilitate clinical planning.
- Notify the COO and CEO where appropriate, eg extreme and high risk situations or activation of Safe Staffing policy.

Documenting

- Activate warnings and alerts in patient clinical records, clinical workstation, and
- Complete an event report in SafeHub.

Following up

When a patient is declined admission, take clinically appropriate actions to ensure an optimal outcome for the patient. For example:

- Assistance in finding another provider.
- Referral to GP.
- Reschedule for another suitable date/time.
- Request further tests and follow-up.

Associated documents and references

- Ngā Paerewa Health and disability services standard NZS 8134:2021 Standard 3.1
- Health and Safety at Work Act 2015

Guidelines for continuous open communication/disclosure to patients

Find out how you can engage in open communication to ensure better patient outcomes after an unplanned or adverse event.

Policy and procedure for ensuring patient suitability for admission and care

This document describes the safety criteria to ensure patients are suitable for admission to Southern Cross Hospitals

Safe staffing policy and guidelines

This document provides direction and guidance to ensure the safe staffing of clinical areas

CONTENT CONTROL

Published Date: 15 Dec 2022

Version: 3 Site: Network

Content Owner: Victoria Aliprantis Authorised By: Chief of Quality & Risk

