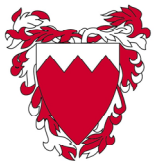

State of Bahrain
Ministry of Health
Salmaniya Medical Complex

# Admissions

A Handbook
January 2001

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# History

**Salmaniya Medical Complex is the largest Tertiary Hospital in Bahrain. The number of beds in Salmaniya Medical Complex has witnessed several major increments. In 1957 the number of beds was 50, in 1977 the new Salmaniya Medical Center was opened by the H.H. the late Amir with 470 beds. In 1987 more wards were opened and the number of beds rose to 617.**

**In 1997 H.H. the Prime Minister inaugurated the new expansion which included 20 wards and thus the number of beds reached to 926.**

# Introduction

***Salmaniya Medical Complex*** **is a multi specialty Health Care Facility providing Emergency, Secondary, and Tertiary Care to all Citizens and Residents of Bahrain. The *Accident and Emergency Department* provides urgent medical care to the sick and injured.**

***Inpatient Care*** **is provided at S.M.C by admitting patients to any one of the wards according to the condition of the patient and type of the disease. A total number of *50 wards with 926 beds* are available for Inpatient Care. Wards are separated according to specialty and further beds are categorized by sex, age of the patient, and condition or type of the disease.**

**Patients who need care are admitted immediately into an "*Inpatient Bed*"[1] as an *Emergency Admission,* while patients who need inpatient care but their condition does not warrant immediate admission are waitlisted and admitted on a date either as requested by the treating doctor or whenever a bed is available. These types of admissions are *Elective Admissions.***

# Policies and Procedures

# A. Types of Admissions

## A-1: Emergency Admissions

Policy

**Patients could be admitted to any one of the Inpatient Beds at S.M.C through Accident & Emergency, Outpatient Clinics or L.P.P/Private Clinics by a doctor who should be a Senior Resident, Chief Resident or a Consultant and should belong to the Department where the patient is going to be treated as an Inpatient. Basically there are three types of admissions Emergency, Urgent and Elective.**

**A patient who is seen at Accident & Emergency Department and whose condition warrants Emergency Care will be admitted as an Inpatient for further care and treatment. (*this patient could have come directly to A&E or brought by Ambulance or transferred from one of the Health Care Facilities with a Referral Letter*)**

**When the A&E Doctor decides that a patient needs specialist's advise an on-call doctor (*should be a Senior or Chief Resident*) belonging to that specialty is called, and in case that doctor decides to admit the patient for further care and treatment, an *Admission Form* is filled, signed and stamped and sent to the A&E Admission Desk.**

**The Admission Reception Desk at the Accident & Emergency will be responsible to locate a suitable bed in one of the wards as per the *Admission Policies & Procedures.* Until a suitable bed is allocated by the Admission Office, the patient should remain in the A&E under the responsibility of the Consultant on-call . Whenever a suitable bed is located Admission Office will enter the full information of the patient into the computer system and send the computer printed Admission Forms to the A&E Department Staff who will transfer the patient to the assigned Ward.**

# A-2: Urgent Admissions

**Patients who were seen at any one of the O.P.D., L.P.P., or Private Clinics and their situations warrant priority for admission to any of S.M.C available beds.**

**The doctor should fill, sign and stamp the Admission Form and send it to the Central Admission Office.**

**Central Admission Office on receipt of the Admission Form will locate a suitable bed and send the patient along with the computer printed forms to the appropriate ward.**

# A-3: Elective Admissions

**Policy**

**Patients whose clinical condition does not warrant neither immediate nor urgent care could be waitlisted and admitted on a later date, either according to the admitting doctor's discretion or according to the availability of an inpatient bed.**

**When a doctor at OPD., LPP or Private Clinic decides to admit a patient an Admission Form is filled, signed and stamped with all the pertinent data and sent to the Admission Office.**

**The doctor when completing the Admission Form should write the date of expected admission and the name of the procedure**

**Admission Office on receipt of the duly completed Admission Form for Elective Admission will enter the data into the *Elective Admission Waiting List.***

**Consultants will be sent a list of all potential Elective Admissions one week before the admission date and the admission list should be finalized by the consultants two days before the Admission Date. Patients should be selected only from this list and on priority basis. Those lists will be audited on regular basis.**

# B. Transfers

**In case a patient's condition warrants a transfer to another specialty the admitting consultant could transfer the patient to the care of a Consultant belonging to that Specialty.**

# B-1: Leave without Discharge

**Policy**

**A patient who is admitted in a ward for inpatient care could be allowed to go home and come back after a specified period of time with the written permission of the treating consultant without being discharged from the hospital.**

**It will be the responsibility of the Treating Consultant to approve a patient for a Leave of Absence from the hospitalization and nursing staff will allow a patient to leave the hospital only with a written order from the doctor.**

**When a patient is on leave of absence the bed will be kept vacant and the no update will be made in the computer system.**

**If the patient fails to return to hospital after the date written on the file the consultant in-charge should be informed and admission office should be informed to discharge the patient from the Hospital.**

# B-2: Discharge Transfer

**Policy**

**A patient who is discharged could be transferred directly from S.M.C to another Health Facility for further care and treatment.**

**A patient could be transferred to another hospital after discharge from S.M.C. It will be the responsibility of the Consultant in-charge to make necessary arrangements with the receiving Hospital for the transfer.**

**S.M.C should make the necessary transport to transfer the patient to the receiving hospital.**

**The patient should be discharged from computer system before the transfer**

# C. Discharges

**Policy**

**A patient who is admitted for inpatient care and treatment, is considered as Discharged at the end of Hospitalization either by the order of the treating doctor or by himself against medical advise or by death.**

**It will be the Consultant in-charge who decides on the Discharge of a patient from Hospitalization. When a consultant decides to discharge a patient it is noted down in the patient's file and the decision will be carried out after the following procedures were done:**

**Patient should be informed about discharge and asked to inform their relative to take them home on the discharge date. In case the patient could not call their relative it will be the responsibility of the Nursing Staff to call the relative to inform about the patient's Discharge.**

**Doctor should write a Discharge Summary and also complete the Data Abstract Sheet. A copy of the Discharge Summary with a brief history of patient's hospitalization and also list of medications and follow-up instructions should be given to the patient before the discharge.**

**Nursing staff will book and inform the patient about the follow-up appointment as requested by the treating doctor.**

**The nursing staff should also arrange to get the Medications prescribed by the treating doctor on Discharge and give to the patient with instructions.**

**In case a patient is staying in a Private Room under payment Nursing Staff will prepare a form which will contain the date of admission, date of transfers (if any) and date of discharge and ask the patient or relative to go to the Cashier's Office to finalize the outstanding bills. In case a patient's discharge is delayed due to non-availability of transport, then nursing staff should inform the social worker who in turn will make**

**the necessary arrangements to take the patient home with the help of the Transport Section at S.M.C.**

**In case a patient is informed about the discharge and still remains in the ward beyond a considerable time, the nursing staff should inform the Social Worker about this problem. The Social Worker will communicate with the patient and the relatives to make necessary arrangements for the transfer.**

**In case a patient insists on Discharge against Medical Advise then this episode will be documented in the patient's file by the Doctor in-charge and patient or relative will be asked to sign before the discharge.**

## Role of Nursing Staff

**As far as admission procedure is concerned the role of Nursing starts the moment a patient enters a ward for admission. As soon as the Admission Documents along with the patient's file is received the nursing staff should enter into the computer system the bed number and name of the Consultant. They will be also responsible to update any change in the status of bed or doctor (*i.e. if a patient is transferred from general bed to private bed, or from one consultant to another*).**

**Nursing staff should inform the Admission Office when a patient is discharged from the ward, and they should do it immediately after the patient physically leaves the bed. They will be also responsible to inform the Social Worker in case a discharged patient does not leave a bed within a prescribed time limit. Social Worker will accordingly make necessary arrangements to assist patients in leaving the ward in due time.**

# D. Other Admission Procedures

**Wards are separated by Departments and Specialties. A patient who is for admission should be admitted only in a ward to which the Admitting Doctor belongs and Admission Office only has the authority to allocate a bed and a ward.**

***Private Rooms*** **are available for admission against payment. If a patient requests a Private Room, Admission Office will allocate a private room after due payment is made at the Cashier's Office.**

***Isolation Beds*** **are available in certain Department wards and in case a doctor requests for an Isolation Bed then the Admission Office will allocate a bed accordingly. But certain Departments do not have assigned Isolation Beds for admission and in this case the patient will be admitted to one of the Private Room Beds**

**Whenever no bed is available in a Department Ward and a patient is waiting to be admitted Urgently, the Admission Office should inform the Team Leader or the Sr. Resident who is on "On-call" duty to discharge patients in order to accommodate the waiting patients for admission.**

**Ministry of Health Hospitals and other Health Facilities approved by MOH could transfer patients to S.M.C for admission. Before transferring a patient the *Transferring Hospital* should call the concerned Consultant at S.M.C and it will be the responsibility of that Consultant to contact the Admission Office to make necessary arrangement for a Bed. On receipt of this call Admission Office will make the necessary arrangements for a bed and the Transferring Hospital will be informed of it so that they could transfer the patient. But until a bed is allocated by the Admission Office no patient should be transferred to S.M.C.**

# Patient's Medical Record (file)

**Admission Office will send a list of all Elective Admission Patients to the Filing Section and receive the files a day before the admission date. In case of Emergency Admission, the A&E Doctor should send a signed File Request Slip to the filing section through a messenger.**

**It will be the responsibility of Admission Office to see to it that the Patient's Medical Record is available at the time of registering an Admission into the computer system and sent to the ward along with the patient or nursing staff who is transferring patient from an Emergency Room bed in case of an Urgent Admission.**

# Bed Utilization Review

**One of the goals and objectives of Salmaniya Medical Complex is to improve Bed Utilization to meet the increasing demand of the population. In order to achieve this objective in August 14, 1993 S.M.C introduced the Bed Utilization Review Program. This program established a Central Admission Office and a Bed Utilization Review Unit. The Central Admission Office was made responsible to control all Admissions to wards and a Bed Utilization Review Unit to review the Length of Stay of admitted patients.**

***A Bed Utilization Review Committee* with members from Administration, Medical Staff, Nursing Staff, Medical Records and Medical Review Office was established under the Chairmanship of the C.E.O of S.M.C to monitor the implementation of Bed Utilization Review Policies and Procedures. This committee which meets once in a month is also responsible to make necessary amendments and updates in the BUR Policies and Procedures whenever the need arises. The Length of Stay(LOS) of all patients who are admitted at S.M.C is monitored closely and any marked increase in the LOS of a department if noticed this committee initiates the necessary corrective actions.**

# List of Wards

**All Departments at S.M.C have their assigned wards. The S.M.C Main Tower has 30 wards where all the Surgical, Pediatric, Orthopedics, E.N.T., Ophthalmology and part of Medical Department wards are located. The new S.M.C Extension has 20 wards where Obstetric & Gynecology, Oncology, ICU., and Private wards are located.**

## Payment Schedule for Private Beds

| Type of Bed | Location & Ward No. | Bahraini | Non-Bahraini |
|---|---|---|---|
| Type A | S.M.C Main Tower<br>All Wards<br><br>S.M.C New Extension<br>Ward 407 | 15 B.D | 25 B.D |
| Type B | S.M.C New Extension<br>Ward 410<br>(all beds except 5&6)<br><br>Ward 413<br>(all beds except 9) | 40 B.D | 60 B.D |
| Type C | S.M.C New Extension<br>Ward 410 (Beds 5 & 6)<br><br>Ward 413 (Bed 9) | 60 B.D | 90 B.D |

** The above mentioned charges are for a single day and patients will be required to pay a deposit of One Weeks room charges as a Deposit

# Attachments

## Revised Discharge Plan (dated December 1995)

**In order to improve timely patient's admission and discharge and to ensure the best utilization of the available beds at S.M.C you are requested to implement the following Discharge Plan**

**It is the duty of the treating physician to determine the discharge of his/her patients.**

**In order to facilitate the discharge plan of patients, a preliminary pre-discharge order should be documented on the patient's progress notes. This pre-discharge order should be entered by the attending physician or his designee one day prior to the day of potential discharge, if possible. An example of a pre-discharge order is as follows:**

- ***Patient could be discharged tomorrow or Patient could go home tomorrow or Patient is fit for discharge tomorrow.***

- ***Unless the attending Physician cancels the pre-discharge order, the patient will be discharged the next morning upon confirmation by the attending physician or his/her designee.***

- ***It is the responsibility of the Chief or Sr. Resident or Resident to prescribe medications, complete the discharge abstract form and write follow-up appointment for the patient once the discharge date is determined.***

- ***The pre-discharge procedures should be completed after the attending physician concludes his/her ward round. In case of incomplete procedures the nursing staff should inform the respective Sr. Resident/Resident.***

- ***Nursing Staff should compile a list of patients with pre-discharge order on a form. The form should be forwarded daily before 4.00 p.m., to the Admission Office.***

- ***Nursing Staff should call the patient's family to inform them about the potential discharge of the patient. The patient's family should be informed that the patient should leave the ward before 9.00 a.m. the next day.***

- ***The Admission Office will call all wards after 9.00 a.m., to confirm bed vacancies.***

**Ministry of Health**
**Salmaniya Medical Complex**
**Administration**

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**Admission in SMC and Responsibility of Departments in making beds available for their needed admission**

## New Admission Policy

### Problem

**A lot of problems and difficulties are being encountered in patient's admissions. Almost daily we are struggling in the afternoons and evenings to make beds available for patients awaiting admission in A&E. Unfortunately this has become the responsibility of the administration (Medical, Administrative and Nursing) rather than the departments.**

**Findings**

**Based on a 100 days study and past five years statistical figures on admission through different departments, it was found out that around 130 beds should be available daily for patient's admission (Elective and Emergency).**

**The distribution of those beds was also identified from the Utilization and Admission pattern during the study.**

**Policy**

**According to the following, new policy will be implemented as from November 1, 1999.**

1. **Each Department will be responsible for making beds available for admitting its patients ( the number of each department has been determined based on the study findings). This should be on daily basis including weekends.**

2. **Departments should ensure that the beds are available by 12.00 noon. Medical Records Department will be contacting**

**the departments to take the lists of discharged patients and their distribution.**

***Contd…..***

3. **Once the needed number of beds has been made available by the individual departments those beds would be strictly reserved for the concerned departments. Beds however will not be reserved for individual consultants.**

4. **Admission Office in Medical Record Department is the only body responsible for making needed arrangements for admission.**

5. **If beds were not made available and or not sufficient for admitting the expected number of patients in any department, Medical Records will contact the Consultant and or Chief Resident on-call and request discharges to allow for needed admissions. In case of no response the Chairman will be notified.**

6. **If departments fail to discharge patients and vacate the needed number of beds for their expected admissions they would be held responsible for such pending admission.**

7. **Under no circumstances except Disasters, vacated and protected beds of a particular department would be used for another department. This would be done only after notification of the concerned chairperson.**

8. **For this new policy to be implemented successfully consultants are urged to:**

- **Adopt the pre-discharge plan which will definitely regularize their discharge procedures.**

- **Adhere to the Average Length of Stay (LOS) as far as possible.**
- **Enhance their follow-up on "in-patients" and avoid delays in seeing them regularly.**

- **Review genuinely of their admissions to avoid unnecessary admissions and especially those done for investigation purposes which could be done on out-patient**

- **Avoid using the Accident & Emergency as a major source of admission and maintain an acceptable ration between emergency and elective admissions whenever possible.**

**This new policy will be implemented for a trial period of 3 months. It will then be evaluated to identify it's impact on patients admissions in S.M.C.**

**The cooperation and abidance of all, Medical, Nursing and Administrative Staff will be deemed crucial for meeting the objective of improving Admission Policy and Procedures in S.M.C.**

***November 1, 1999***

# Glossary of Terms

**Inpatient – A formal acceptance by a Hospital of a patient who is to be provided with room, board and continuous nursing service in an area of the Hospital where patients generally say at least overnight.**

**Leave of absence – Authorized absence of an inpatient from a hospital for a specified period of time with the permission of the treating doctor occurring after admission and prior to discharge.**

**Transfer – A change in medical care unit, medical staff unit or responsible physician, of an inpatient during hospitalization.**

**Length of Stay – The number of calendar days from Admission to Discharge. The Length of Stay is determined by subtracting the Admission Date from the Discharge Date. In case a patient is admitted and discharged on the same day or admitted on one day and discharged on the next day the Length of Stay will be one day.**