HARDIN COUNTY GENERAL HOSPITAL
HOSPITAL-WIDE POLICY

Title: INPATIENT CENSUS MONITORING **Effective Date: 1/04**
Policy Number: 124 **Med Staff:**
Regulation: **Admin:**

I. POLICY

The Utilization Review (UR) department, Discharge Planner (DP) and the Charge Nurse (CN) will monitor the patient census daily as required for a Critical Access Hospital (CAH)

PURPOSE

To monitor patient census in compliance with CAH status requirements. The requirement currently states that CAH participants may maintain up to 25 beds total. All beds can be used interchangeably for acute care and Swing Bed. Hospitals can have any number of acute care patients and Swing Bed patients as long as the count does not go over 25 at the end of the census day (at midnight daily). This count does not include observation patients.

II. DEFINITIONS

CAH = Critical Access Hospital
UR = Utilization Review
DP = Discharge Planner
CN = Charge Nurse

III. RESPONSIBILITY

The UR department, DP, CN, and physicians.

IV. EQUIPMENT

N/A

V. PROCEDURES

INFECTION CONTROL: N/A

1. The inpatient census will be monitored daily via the *Census Sheet*. If the total acute care/Swing Bed census reaches 23 patients, the UR department, DP and/or CN will assess the patients for the capacity for discharge. Those newly admitted, ready for discharge or soon to be discharged will be assessed first for the following:

   a) Consideration of new admissions to determine if Observation would be appropriate
   b) Home with Home Health services;
   c) Home with other services;
   d) Home without services; or
   e) To hospital with which we have a transfer agreement per patient consent.

2. The physician(s) will be notified of the high census and the patients with discharge potential identified. On weekends and holidays, the physician on call is notified of the high census.
3. If unable to adjust the census at this point, and it reaches 25, the appropriate physician is to be notified to obtain a transfer or discharge order in the following order of consideration:
   a) Nursing Home discharges
   b) Patients going home
   c) Transfers to another facility
4. In the event that no discharge or transfer plans are appropriate for the patients, consideration will be given to closing the hospital to inpatient admissions until the census is below 25, as determined by the Hospital Administrator.
5. If there is no way to decrease the patient census and it looks like it will probably exceed the 25 bed limit, a request for Acute Care/Swing Bed Variance may be submitted to CMS by the Hospital Administrator, DP, or other designee. This is done by e-mailing Robert Daly at rdaly@cms.hhs.gov describing the conditions affecting our area causing our need for variance. A copy of the request is to be e-mailed also to Enrique Unanue, Deputy Director of the Office of Health Care Regulation at eunanue@idph.state.il.us or fax it to 217-524-6292.

VI. DOCUMENTATION

A copy of the communication of the Request for Acute Care/Swing Bed Variance is retained and kept on record in the Hospital Administrator's office.