



# Admission, Transfer, Discharge, and Referrals

Dr. Ali D. Abbas/ Instructor, Fundamentals of Nursing Department, College of Nursing, University of Baghdad, ali\_dukhan@yahoo.com

## LEARNING OBJECTIVES

After mastering the contents of this lecture, the student should be able to:

1. Define the terminologies.
2. Describe the admission process
3. Explain the transfer process
4. Describe the home health care
5. List the general gerontologic considerations

## TERMINOLOGIES

Admission Process

Community Services

Discharge Process

Home Health Care

Transfer Process

Referral Process

# CONTENTS

1. The admission process
2. The transfer process
3. The discharge process
4. The referral process
5. Home health care
6. General gerontologic considerations
7. References

## Admission

Entering a health care agency for nursing care and medical or surgical treatment

To meet patients' healthcare needs during the admission process, nurses provide holistic care and establish the basis for how patients will respond to and evaluate the remainder of their stay.

**The following guidelines for establishing an effective nurse–patient relationship to ensure that each patient is considered as an individual in any setting.**

1. Recognize and take steps to reduce the patient's anxiety. Anxiety is a natural reaction to the unknown, but it can be reduced by therapeutic communication, teaching, and acceptance.
2. Remember that the medical or surgical condition for which the patient is being treated is only one part of the patient's life. Other concerns include family needs, financial status, and the future.
3. Communicate with the patient as an individual so that he or she can maintain his or her own identity.
4. Take time to learn who the patient being admitted is, including his or her cultural and religious background. Respect the patient's values and beliefs even though they may differ from yours.
5. Encourage the patient's family to participate in and make decisions about all aspects of care.

During admission, the nurse acts not only as a practitioner but also as an advocate concerned about the welfare of the patient and the family.

Each patient's need for nursing care related to admission should be assessed by a registered nurse; this assessment includes consideration of biophysical, psychosocial, environmental, self-care, educational, and discharge planning factors.

## **Admission Process**

---

### **Admission involves:**

1. Authorization from a physician that the person requires specialized care and treatment.
2. Collection of billing information by the admitting department of the health care agency.
3. Completion of the agency's admission data base by nursing personnel.
4. Documentation of the client's medical history and findings from physical examination.
5. Development of an initial nursing care plan.
6. Initial medical orders for treatment.
7. Medical authorization.
8. The admitting department.
  - a. Preliminary data collected.
  - b. Addressograph plate.
9. Initial nursing plan for care.
10. Medical admission responsibilities.

## **Nursing Admission Activities**

---

1. Preparing the client's room.
2. Welcoming the client.
3. Orienting the client.
4. Safeguarding valuables and clothing.
5. Helping the client undress.
6. Compiling the nursing data base.

## **Psychosocial Responses on Admission**

---

1. Anxiety and fear.
2. Decisional conflict.
3. Situational low self-esteem.

4. Powerlessness.
5. Social isolation.
6. Risk for ineffective therapeutic regimen management.

## Types of Admissions

TYPE	EXPLANATION	EXAMPLE
<b>Inpatient</b>	Length of stay generally more than 24 hours	Acute pneumonia
Planned (nonurgent)	Scheduled in advance	Elective or required major surgery
Emergency admission	Unplanned; stabilized in emergency department and transferred to nursing care unit	Unrelieved chest pain, major trauma
Direct admission	Unplanned; emergency department bypassed	Acute condition such as prolonged vomiting or diarrhea
<b>Outpatient</b>	Length of stay less than 24 hours; possible return on a regular basis for continued care or treatment	Minor surgery, cancer therapy, physical therapy
Observational	Monitoring required; need for inpatient admission determined within 23 hours	Head injury, unstable vital signs, premature or early labor

Copyright © 2009 Wolters Kluwer Health | Lippincott Williams & Wilkins

## The Transfer Process

Transfer: discharging a client from one unit or agency; admitting him or her to another without going home in the interim.

### Transfers are used when there is a need to:

1. Facilitate more specialized care in a life-threatening situation.
2. Reduce health care costs.
3. Provide less intensive nursing care.

## Steps Involved in Transfer

1. Informing client and family about the transfer.
2. Completing a transfer summary.
3. Speaking with a nurse on the transfer unit to coordinate the transfer.
4. Transporting the client and his or her belongings, medications, nursing supplies, and chart to the other unit.

## The Discharge Process

---

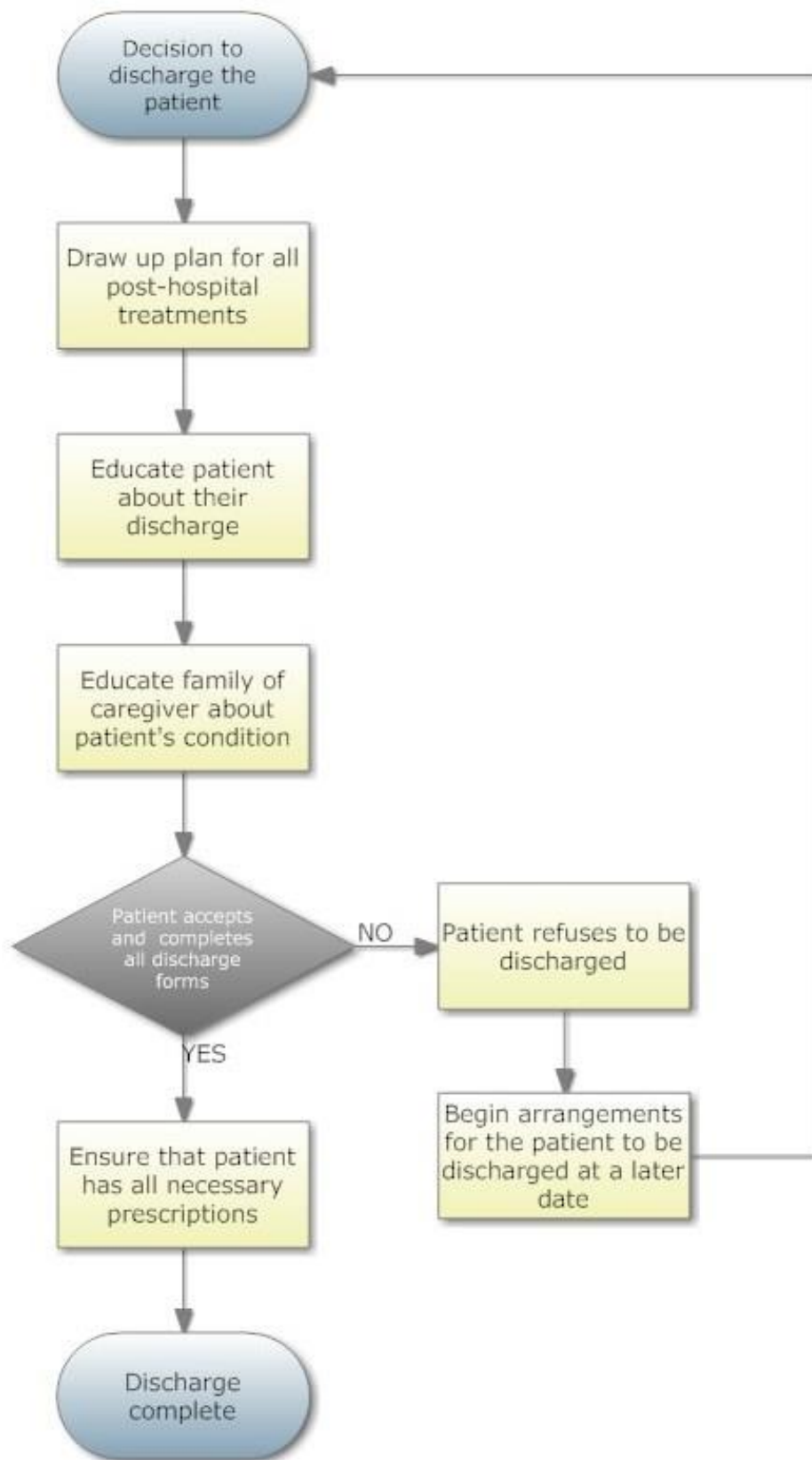
Discharge is the termination of care from a health care agency. Planning for discharge actually begins on admission, when information about the patient is collected and documented. The key to successful discharge planning is an exchange of information among the patient, the caregivers, and those responsible for care while the patient is in the acute care setting and after the patient returns home. This coordination of care is usually the nurse's responsibility.

### Steps in the Discharge

---

1. Discharge planning
  - a. Assessing and identifying health care needs.
  - b. Setting goals with the patient.
  - c. Important teaching topics about self-care at home must be covered before discharge.
  - d. Meeting eligibility requirements for home health care.
2. Obtaining a written medical order.
3. Completing discharge instructions.
4. Notifying the business office.
5. Helping the client leave the agency.
6. Writing a summary of the client's condition at discharge.
7. Requesting that the room be cleaned.

## Discharge Process



## The Referral Process

A referral is the process of sending someone to another person or agency for special services.

Referrals generally are made to private practitioners or community agencies.

### Community Services Where Referrals are made

ORGANIZATION	SERVICE
Commission on Aging	Assists older adults with transportation to medical appointments, outpatient therapy, and community meal sites
Hospice	Supports the family and terminally ill clients who choose to stay at home
Visiting Nurses' Association	Offers intermittent nursing care to homebound clients
Meals on Wheels	Provides one or two hot meals per day delivered either at home or at a community meal site
Homemaker Services	Sends adults to the home to assist in shopping, meal preparation, and light housekeeping
Home health aides	Assist with bathing, hygiene, and medications
Adult protective services	Make social, legal, and accounting services available to incompetent adults who may be victimized by others
Respite care	Provides short-term, temporary relief to full-time caregivers of homebound clients
Older Americans' Ombudsman	Investigates and resolves complaints made by, or on behalf of, nursing home residents; at least one full-time ombudsman is mandated for each state

## Home Health Care

Health care provided in the home by an employee of a home health agency

### Home care nursing services:

1. Help shorten time spent recovering in hospital.
2. Prevent admissions to extended care facilities.
3. Reduce readmissions to acute care facilities.

### Factors contributing to the increased demand for home health care:

1. Outcome of limitations imposed by Medicare and insurance companies on number of hospital and nursing home days for which they reimburse care.
2. Growing number of chronically ill older adults in need of assistance.



## Responsibilities assumed by Home Health Nurses

---

- ▮ Assess the readiness of the client and home environment
- ▮ Treat each client with respect regardless of the person's standard of living
- ▮ Identify health or social problems that require nursing, allied health, or supportive care services
- ▮ Plan, coordinate, and monitor home care
- ▮ Give skilled care to clients requiring part-time nursing services
- ▮ Teach and supervise the client in self-care activities and family members who participate in the client's home care
- ▮ Assess the safety of health practices that are being used
- ▮ Observe, evaluate, and modify environmental and social factors that affect the client's progress
- ▮ Evaluate the urgency and complexity of each client's changing health needs
- ▮ Keep accurate written records and submit documentation to the agency for the purpose of reimbursement
- ▮ Arrange for referrals to other health care agencies
- ▮ Discharge clients who have reached a level of self-reliance

## General Gerontologic Considerations

---

1. Older adults may minimize their symptoms
2. Consider methods to facilitate/minimize alterations: planning a transfer to an institutional setting
3. Allow additional time when admitting, discharging, or transferring older adults
4. Pets are an integral social support system
5. Early discharge planning and appropriate community resources may return older adults to their own homes
6. Barriers to use of community-based services:
  - a. Lack of finances or reluctance to spend for service payment
  - b. Unwillingness to admit need; mistrust of service providers
  - c. Lack of time, energy, or ability to find appropriate services

## References:

---

- Taylor, C., et al.: **Fundamentals of Nursing: The Art and Science of Nursing care**, 7<sup>th</sup> ed., 2011, Philadelphia: Lippincott Williams and Wilkins, P.P.158-167.
- Timby , B.: **Fundamental Nursing Skills and Concepts**, 9th ed., 2009, Philadelphia: Lippincott Williams and Wilkins, P.P.158-167. P.P.163-170.