

ADMISSIONS: CLERICAL PROCEDURES - SCH PROCEDURE®

DOCUMENT SUMMARY/KEY POINTS

- This document outlines the standard operating procedures for patient admission via the Admissions Office, via the Surgical Short Stay Unit (SSSU), medical day procedures via C3North and Non-Oncology.
- This document must be followed to ensure that patients are correctly classified by;
 - Urgency of admission
 - Financial classification
 - Day only/overnight admission
- This document outlines the procedure for administrative management of the waiting list.

CHANGE SUMMARY

- Document due for mandatory review.
- Replaces SCH document: R.3.C.1 ***Clerical Admissions Procedures***
- No change in practice.

READ ACKNOWLEDGEMENT

- All Booking Clerks, Clinical Support Administrators, Administrative Staff, Waiting List Coordinator/Managers are to read and acknowledge they understand the contents of this document.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st July 2018	Review Period: 3 years
Team Leader:	Patient Administration Manager	Area/Dept: Patient Administration

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1 Principles

1. The admissions/discharge process is patient focused and must ensure equity of access for hospital care based on clinical needs. The Sydney Children's Hospital (SCH) recognises the patient in the context of the family unit, and the hospital actively seeks to establish a partnership with them in decisions about their health care and discharge planning.
2. The Admission office is the central controlling area for all bookings, admissions and discharge of patients. The office must be notified of all admissions, transfers and separations.
3. Prior notification of potential admissions is desirable wherever possible.
 - i. Staff with admitting rights must negotiate the admissions of routine elective patients (patients not requiring admissions within the next seven days) with the admissions office.
 - ii. General practitioners wishing to refer patients to SCH are to be directed to the Emergency Dept (phone 93821000).
 - iii. Higher priority is to be given to elective admissions who have fewer alternatives for care.
 - a. Tertiary elective admissions have higher priority than secondary level care admissions.
 - b. Rural elective admissions have higher priority than metropolitan Sydney admissions.
 - iv. Other factors may influence priorities for admissions including length of time on waiting lists and previous delays or cancellations.
4. Parents and patients must be fully informed at all stages about the admission and discharge process.
 - i. Routine elective patients are to receive detailed information outlining their admission process and discharge plan prior to their arrival.
 - ii. Non elective patients are to receive detailed information outlining the process of admission on arrival.
 - iii. Staff are to regularly communicate with the parents/patients about the progression of their admission e.g. notify parents of any delay in the allocation of beds or what will happen next and when.
5. SCH recognise that people from non-English speaking backgrounds and people who are deaf or disabled have the right to equal and appropriate access to health care services. Interpreters and multilingual material must be used for patients/parents when required to assist people through the admissions process.
6. The data collected as part of the admissions process is complete and consistent with the definitions set out by the Inpatient statistics collections standards.
 - i. SCH staff will endeavour to collect most patient details prior to the day of admission. Patients will be asked wherever possible to confirm data supplied by

the Attending/Admitting Medical Officer (AMO) on the booking form prior to admission and to return all information prior to the admissions date.

2 Admission Procedures

2.1 Admissions Office

2.1.1 Admissions during routine hours for non-Emergency Department Patients

The main foyer **Admissions Office** normal working hours are:

- Monday to Friday 7.00am - 5.00pm
- Saturday & Sunday 8.00am - 4.30pm

The Surgical Short Stay Unit (SSSU), C1SW normal working hours are:

- Monday to Friday 7.00 - 5.00pm.

The **C2 North Day Procedure Unit** admission office normal working hours are:

- Monday to Friday 08:00 –6.00pm.

The C1 North **Medical Day Unit** admission office normal working hours are:

- Monday to Friday 7.30am to 8.00pm and Saturdays and Sundays 7.30am to 1.30pm.

During these hours all non-Emergency Department admissions are made through these offices.

2.1.2 Admissions After Hours and all Emergency Department Admissions

Clerical staff of the Emergency Department will be responsible for registering all Emergency Department admissions and all admissions outside the hours of the operation of the admissions office or Ambulatory Care Unit.

2.2 Classification of Admissions

2.2.1 Admissions are classified clinically into either:

1. Routine/Elective Admissions

Patients who do not require admission within the next seven days. **Or**

2. Semi Urgent Elective Admissions

Patients who do not require immediate admission within 24 hours but require admission within the next seven days. **Or**

3. Emergency (non elective) Admissions *

Patients who require admission within the next 24 hours. **Or**

* *This does not solely relate to patients who admitted via the Emergency Department*

4. Boarders

A boarder is a person who is receiving food and/or accommodation but for whom the hospital does not accept responsibility for treatment and/or care. **Or**

5. **Newborns**

Not relevant to SCH as all newborns are born outside of SCH.

2.2.2 **Admissions are classified administratively into:**

- o Same Day only, **Or**
- o Overnight Stay, **Or**
- o Day of Procedure admission with overnight stay

2.2.3 **Admissions are classified financially into:**

1. **PUBLIC eligible patient** (who will not be charged for the cost of services), **Or** as a:
2. **PRIVATE eligible patient** (who will be charged for the cost of services)

An eligible patient is entitled to choose to be a public or private patient regardless of whether you hold private health insurance. If you do not have private insurance, you can still elect to be admitted as a private patient.

3. **Public/Non Chargeable (Eligible)**: An eligible person is entitled for the cost of their care to be met by Medicare, this includes all persons who reside in Australia whose stay in Australia is not subject to any time limitations imposed by law; **or who**

Are visiting Australia and are ordinarily resident in the:

- o United Kingdom,
- o New Zealand,
- o Sweden,
- o the Netherlands,
- o Finland,
- o Malta,
- o Ireland, and
- o Italy.

Australia has reciprocal health care agreements with these countries. The free entitlement relates to immediately necessary medical and hospital treatment only.

However residents of Malta or Italy are covered for six months only. Foreign diplomats or their families are not eligible except where eligibility is expressly granted to them by the terms of a reciprocal health care agreement, **or**

4. **Private/Chargeable (Eligible)**: A private eligible patient chooses to be treated and charged by the doctor of their choice provided that the doctor has the right to practise at the hospital. Private patients are responsible for meeting the hospital and medical charges. **Or**

5. **Private Health Insurance**

Patients privately insured are responsible for finding out what their insurance will cover them for. Some policies may not cover all your hospital expenses, **or**

6. **Compensible/Motor Vehicle Accident (Eligible)**: A patient who is entitled to compensation, damages, or other benefits irrespective of the injury, illness, or disease being treated this admission, and whose fees and charges may be met by the compensation. **Or**

7. **Ineligible**: (overseas patient other than Reciprocal Health Care Agreement). An ineligible person is not eligible for the cost of their care to be met by Medicare, **Or**

- 8. Deferred election/unclassified:** A patient who is unable to be classified at the time of admission.

2.3 Routine Overnight Elective Admissions

2.3.1 Bookings

- Request for routine elective overnight admissions are to be forwarded to the Admissions Office (medical cases) or Ambulatory Care (surgical and general anaesthesia cases) on the Recommendation For Admission (RFA) form. The attending medical officer should indicate on the booking form whether parents are suitable to be placed on a reserve list should earlier opportunities for their admissions occur at short notice. The most suitable patients for such reserve lists are short stay cases who live within 20km of the hospital who are contactable by phone, who have their own transport and who have no significant complicating medical conditions. However any patient is potentially able to be placed on the "reserve list".

2.3.2 Confirmation of Bookings

- Either of the admissions offices will confirm the admission date of routine elective patients with both the attending medical officer and the patient's parents. If time permits the parents will be sent information concerning the hospital and the admission process. If this is not sent or has not already been supplied by the attending medical office from his rooms or outpatients it must be supplied on arrival.
- Parents who fail to confirm their acceptance of this allocated date of admission within seven days of the planned admission will be contacted by the Admission Office. If the Admission Office is unable to confirm their acceptance, the clerk will contact the attending medical officer for advice on whether to cancel, recontact, re-book, or proceed as planned. In such cases where cancellation or re-booking is preferred the AMO may choose to replace such patients with those from the reserve elective admissions list or a more clinically urgent patient. The AMO is to decide the order of priority of such cases. The admissions office will contact the patients in that order until replacements are identified.
- One week prior to the admission date the registrar for each AMO is to check that the confirmed list of patients is complete, accurate, and where applicable, able to be attended to in the operative time available. The AMO is to be notified of any discrepancies. The registrar should also confirm patients scheduled for preadmission or admission on the day of procedures have all preoperative assessment complete.
- Patients other than Day Only or Day of Procedure admissions will be asked to confirm with the admission office prior to leaving home that a bed is available. For country patients this should be the day before admission and for Sydney metropolitan patient the morning of admission. The admission staff will indicate the most appropriate time of arrival on the advice of the Bed Management Team.
- If cancellation or postponement is likely to occur as much notice to the parents as possible is to be supplied. The Admitting Officer should advise the admission office of any likely cancellations at least 24 hours prior to the admission day. The admission office will then notify the attending medical officer and parents. It is preferable for parents to be forewarned of the possibility of a cancellation rather than unexpectedly

receive news of the cancellation on the day of admission. Confirmation of the cancellation should include an explanation as to why this cancellation was necessary and a commitment to reorganising a new date within a reasonable time frame. It should be offered in a sympathetic and apologetic manner.

- When an interpreter is requested on the booking form it is the responsibility of the Admission Office Unit staff to book the appropriate interpreter for a suitable time on the day of admission. Patients who require an interpreter must not be cancelled for failing to confirm a booking unless it can be established they will not be attending.

2.3.3 Clerical Admission

- Routine elective admissions will be admitted through the admission office of either ground floor or C1 East. Patients must be given the opportunity and all appropriate information to choose to be a public or private patient. If this differs to that choice predicted by the AMO on the booking form, the AMO's office should be notified.

2.3.4 Bed Allocations/Transit Arrangements

- The Admitting Officer will be responsible for the allocation of beds.
- Once the clerical admission is complete, the ward is to be notified of the arrival. If the bed is not immediately available on the designated ward, the Resident Medical Officer (RMO) of that team should be notified so that the medical admission can be undertaken in the Outpatients Department (OPD) if required. If a bed is still not available, the parents should be offered alternative options whilst they wait:
 - to go to the ward but expect a delay in allocation of the bed.
 - to stay in the admission area foyer or the OPD waiting area.
 - to leave the hospital and return at a later time.
- Admission staff may indicate the hospital's preferred option given:
 - the need to complete the medical admission earlier on some patients.
 - the age and mobility of the patient.
 - the expected delay in the availability of a bed.
 - Generally speaking routine overnight elective patients should be asked to wait in the foyer or re-attend at a specified time.

2.4 Semi Urgent Overnight Elective Admissions

2.4.1 Booking

- Requests for semi urgent overnight admissions are to be made to the Admitting Officer. The Admitting Officer will liaise with the requesting medical officer re the ability to accept. If possible, the requesting medical officer should fax a completed booking form to the Admissions office (Fax 93821451) indicating that the Admitting Officer has approved the agreed date of admission which should be clearly marked on the form.

2.4.2 Confirmation of Booking

- The Attending Medical Officer is responsible for confirming the admission date with the parent. Wherever possible they should also supply the parent with information concerning the hospital and the admission and discharge process (Appendix B). If this

is not supplied prior to admission it must be issued on arrival by the admission's office staff.

- All patients will be asked to confirm with the admissions office prior to leaving home that the bed is still available. For country patients this should be the day before admission and for Sydney metropolitan patients, the morning of admission. Admission staff will indicate the most appropriate time of arrival.
- If cancellation or postponement is likely to occur it should be discussed between the admitting officer and the attending medical officer prior to the patient being notified. Usually a member of the clinical team should notify the parents. This should only be considered when both medical staff agree this is necessary and unlikely to cause clinical compromise in the patient's care. The Coordinator of Clinical Services should be notified of the circumstances relating to the likely postponement or cancellation of semi urgent patients. A new date should be set as soon as possible and preferably be available at the time the patients are notified of the delay.

2.4.3 Clerical Admission

- Semi-urgent elective admissions will be admitted either through the Admissions Office (routine hours) or the Emergency Department (after hours). The parents must be given the opportunity and all appropriate information to choose to be a public or private admission. If this differs to that choice predicted by the attending medical officer on the booking form, the attending medical officer should be notified.

2.5 Emergency (Non-Elective) Admissions

2.5.1 Booking

- Senior medical staff whose patients require urgent admissions should ring the ED registrar directly on 93821000 to discuss the patient's management and admission. The ED registrar should contact the Admitting Officer if an emergency admission can bypass the emergency department and receive care in an inpatient bed.

2.5.2 Clerical Admissions

- During routine hours emergency admissions will be admitted either through the Admissions Office or the Emergency Department. After hours all emergency admissions will be admitted through the Emergency Department.
- Patients must be given the opportunity and appropriate information to be public or private admissions. If this appears to conflict with what the medical officer may have indicated in their referral letter they should be notified.

2.5.3 Bed Allocation/Transit

- The Admitting Officer will be responsible for the allocation of beds.
- Once the clerical admission is complete, the ward is to be notified of the arrival. For admissions in routine hours, if a bed is not immediately available on the designated ward, emergency admissions should preferentially wait on the ward or in the Emergency Department.

2.6 Elective Day Only Admissions

Definition: *Day Only Admission*- refers to a planned admission whereby the patient has the investigation or procedure under an anaesthetic followed by a period of recovery in a designated area and is discharged home (or to alternative accommodation) on the same day.

2.6.1 Suitability of Patients

- Surgical patients admitted on a day only basis should fulfil the Selection Criteria for Day Only Whilst other patients may be admitted on a day only basis for medical or surgical admissions, appropriate consultation with all staff prior to the admission date must occur.

2.6.2 Booking and Preparation for Admission of Day Only Patients

Surgical Patients:

- A completed recommendation for admission form is to be returned to the Ambulatory Care Unit.

Medical Patients:

- A completed recommendation for admission form is to be forwarded to C2N. Patients requiring sedation should also be asked to complete an anaesthetic questionnaire which will be available for the RMO at admission.
- Patients will be notified in writing of an expected date of admission by the Ambulatory Care Unit staff. Patients will be asked to confirm by phone no later than one week prior to the admission date.
- Patients who are within 1 hour commuting of the hospital and who are contactable by phone may also be placed on a reserve list should cancellations occur. This should be clearly marked on the patients booking form.
- Patients who fail to confirm the booking at least seven days prior to the admissions date will be contacted by staff of the Ambulatory Care Unit. If patients are unable to be contacted, the attending Medical Officer is to be notified and advice sought as to whether to cancel, postpone and/or replace this patient on that date. If a replacement is requested, the Attending Medical Officer will also advise if a patient on the reserve list or a patient with a more urgent clinical need will be contacted. It is the responsibility of the Ambulatory Care Unit clerical staff to ensure the substitution is organised. This may include liaison with the AMO's private rooms for them to organise a replacement.
- The Attending Medical Officer/Registrar who completes the booking form for patients requiring an anaesthetic must also supply a Patient Anaesthetic Questionnaire (see attached) to the parent/guardian at the time of making that request. This should be returned with the booking. Patients of culturally and linguistically diverse backgrounds (CALD) will be notified in writing in multiple languages to seek assistance in completing this form. This may require an attendance at the preadmission clinic with an interpreter and RMO of that team.
- When an interpreter is requested on the booking form it is the responsibility of the Day Unit staff to book the appropriate interpreter. Culturally and linguistically diverse (CALD)

parents must not be cancelled for failing to confirm a booking unless it can be established they will not be attending.

2.6.3 Patient Generated Postponements

- Patients are to be advised when notified of their booking date to call the Ambulatory Care Unit at any time prior to the planned admission date should any intermittent illness/issue develop that may compromise that admission. If time permits they should be replaced on advice of the AMO or postponed without replacement. When offering a new date for a postponed patient, the AMO is also to advise on the duration required to ensure a full recovery from any intercurrent illness.

2.6.4 The Admission

- **Day Only** patients requiring operations should be scheduled as early as possible on all operating lists.
- Parents of **surgical patients** requiring an anaesthetic or sedation are asked to ring the Ambulatory Care Unit between 3.30 -4.30pm on the working day before the day of admission. **Medical patients** are to ring the medical day unit. A final check that no intercurrent acute illness is present is to be made by the Ambulatory Care Unit nursing staff. They will also notify the parents of fasting times and times of attendance as specified on the theatre list or as calculated using local sedation or fasting guidelines (or the Network [Procedural Sedation](#) guideline). Whilst they may answer any general questions on the admission and discharge process, nursing staff will not respond to matters relating to the type of procedure and consent. Such enquiries should be referred to the Attending Medical Officer or his/her registrar.
- **Surgical Day Only** patients are to go directly to the SSSU for admission. Clerical and nursing staff, are to perform a clerical and nursing admission respectively on arrival in the SSSU.
- **Medical Day Only** patients are to go directly to the C2N **Medical Day Unit** admissions office.
- The AMO or their delegate must complete the front sheet and discharge planning/letters for each patient.

2.6.5 Completion of Day Only Certification (Private Patients Only)

- A Day Only Officer (clerical staff) is responsible for the completion of the Day Only certification form that is required for all private Day Only patients with the assistance of a medical staff member. The Day Only officer is responsible for ensuring the form to be signed and completed for Revenue Billing purposes is completed.

2.7 Elective Day of Procedure Admissions

Definition: **Day of Surgery Admission**- refers to a planned admission whereby the patient is admitted, has the investigation or procedure under an anaesthetic and requires a post operative overnight bed.

2.7.1 Suitability of patients.

See: [Waiting Time and Elective Patient Management](#) (MoH PD2012_011)

2.7.2 Booking and Preparation for Admission of Day of Surgery Patients.

- A completed recommendation for admission form is to be returned to the Ambulatory Care Unit.
- A member of the Ambulatory Care clinical staff will screen the anaesthetic questionnaire according to the prescribed guidelines. The anaesthetic form of any child whose form has a yes next to any question relating to anaesthesia should be left for the anaesthetic registrar. That anaesthetist will decide whether the patient:
 - is able to be admitted on the day of the surgery or
 - require further assessment in the preadmission clinic or
 - require admission on the preoperative day or
 - require additional workup prior to further consideration.
- Patients requiring attendance at the preadmission clinic will be notified of a suitable date by the clinic staff of Ambulatory Care. All appropriate information including the old notes will be available to the anaesthetist and RMO at the preadmission clinic as arranged by the outpatient clerical staff.
- Once a patient has been accepted for day of procedure admission, the parents will be notified by mail wherever possible of the planned admission dates. Additional information about the admission process will also be forwarded to the parents at that time.
- When an interpreter is requested on the booking form, it is the responsibility of the Ambulatory Care staff to book the appropriate interpreter for a suitable time on the day of admission. Patients who require an interpreter must not be cancelled for failing to confirm the booking unless it can be established that they will not be attending.

2.7.3 Patient Generated Postponements

- Patients are to be advised when notified of their booking date to call the Ambulatory Care Unit at any time prior to the planned admission date should any intermittent illness / issue develop that may compromise that admission. If time permits, that patient should be replaced on advice of the AMO. When offering a new day for a postponed patient, the attending medical officer is also to advise on the duration required to ensure full recovery from any intercurrent illness.

2.7.4 The Admission

- Parents will be asked to ring Ambulatory Care on the working day (Monday - Friday) prior to admission between 3.30pm and 4.30pm (02 9382 1448 or 9382 1447). A final check that no intercurrent illness is present is to be made by the Ambulatory Care Unit Nursing Staff. They will also notify the parents of fasting times and times of attendance as specified in the [Network Procedural Sedation Guideline](#) and any local sedation or fasting guidelines or according to the fasting times allocated on the theatre list. Whilst they may answer any general questions on the admission and discharge process, nursing staff will not respond to matters relating to the type of procedure and consent. Such enquiry should be referred to the attending medical officer or their registrar.

- Nursing, medical and clerical admissions will be done on arrival of the patient on the day of procedure in Ambulatory Care. Patients should go directly to the Ambulatory Care office where they will complete their clerical admission.
- The AMO or their delegate should be available to respond to any enquiries of the nursing staff, anaesthetist and parents/patient. Consents not completed prior to admission are to be completed by either: the specific registrar; AMO; or anaesthetist.
- On the morning of the admission, the bed management team is to advise Ambulatory Care of the ward for post-operative care for each Day of Procedure admission. No procedure is to commence until a post-operative bed has been allocated. Ambulatory Care staff are to advise the AMO of any delays or difficulties in bed allocation as soon as this is identified.

3 Management of Waiting Lists by Clerical Staff.

3.1 Additions to the waiting list.

3.1.1 Recommendation for Admission

All information about the admission of patients is obtained from the Recommendation for Admission form. Recommendation for admission forms are received via the post, fax, or hand delivered.

3.1.2 Audit of Recommendation for Admission

As Recommendation for admission forms are received, Booking officers should audit them for completeness. Forms are to be returned when they do not comply with the minimum standard outlined in the aforementioned policy.

3.1.3 Receipting of Recommendation for Admission

Upon receipt of the recommendation for admission form it is to be dated and stamped.

3.1.4 Patient entry onto waiting list.

Patients are to be placed on the list as soon as possible following receipt of the recommendation for admission form. The patient's waiting time will commence from the date indicated by the receipt stamp.

3.1.5 Assignment of Clinical Urgency

The patient's clinical urgency is assigned by the admitting doctor. It will be one of the following urgency categories.

- **Clinical Category A** patients waiting greater than 30 days.
- **Clinical Category B** patients waiting greater than 90 days.
- **Clinical Category C** patients waiting greater than 365 days.
- **Clinical Category D** patients not ready for care/staged/deferred procedure.

3.1.6 Planned admission date

Registrars and Visiting Medical Officers (VMOs) allocate a planned admission date for their patients.

3.1.7 Reconciliation of bookings and waiting list

The Booking Officer should liaise with the Registrars (from day to day) to ensure an accurate number of bookings and waiting list information and to identify long waits patients on the waiting list.

3.1.8 Admission lists

The Admission lists for the following day will be generated at 4.00pm on a daily basis by the booking clerk and are submitted daily to the Hospital Coordinator and Admitting Officer.

3.1.9 Waiting list location

A waiting list is kept in the admissions office, which contains the names and details of people registered as requiring elective/booked admission. These patients may or may not have a planned admission date, and may be proposing to be public or private patients.

3.1.10 Removing patients on the waiting list

Patients on the waiting list who were admitted for the same procedure through ED are to be removed from the list. The Booking Officer audits emergency admission lists regularly and a list from the computer room is supplied twice a week to identify them.

3.2 Allocation of dates

3.2.1 Selecting cases from the waiting list for admission:

The following criteria should be considered when choosing cases from the waiting list for admission:

- clinical category.
- waiting time to date.
- previous delays.
- social and geographic circumstances.

3.3 Recommendation for Admission (RFA)

All information from the Recommendation for Admission form is entered on the iSOFT Patient Management (iPM) patient administration system and the Admission Log Book. The patient's name must be entered into the system with or without a planned admission date. Any changes made to a patient's booking must be recorded on the computer and manual records should be kept of all changes on the recommendation for admission form. The iPM is updated with all the changes to bookings. These include patients that are delayed, deferred, staged and removed.

3.4 Delays

3.4.1 Patients should not be delayed more than twice.

Those who are delayed are urgently prioritised and to be rescheduled for the next available theatre date appropriate for that clinical urgency (in consultation with the patient and the AMO)

3.4.2 Reporting patients delayed twice.

The Booking Officer will report to the Wait List Nurse Manager any patients that were delayed twice.

3.5 Communication with patients and their carers

3.5.1 Patients already booked

Patients already booked on computer with or without PAD are notified by letter.

- Letters are to be generated and sent to parents:
 - i. Acknowledging receipt of their recommendation for admission.
 - ii. Advising parents of their child's PAD and proper instructions on admission.
 - iii. Instructing them to confirm the booking if PAD is affirmed.
 - iv. Providing them with information outlining their responsibilities once their child has been placed on the waiting list if child is (NRFC) Not Ready For Care and no date allocated.

The Booking Officer will once again contact the parent by post to inform them that a booked date of admission has been arranged for their child's admission to hospital.

3.5.2 Patient Registration Form and Patient Questionnaire

The enclosed Patient Registration Form and Patient Questionnaire must also be completed by the parent and sent back to the Admission Office. Urgency 1 patients are to be notified by telephone.

3.5.3 Parents to confirm their child's admission

Parents must confirm their child's admission at least 1 week prior to their admission date. If parents do not confirm notification of the proposed admission date, the Booking Officer should continue attempts to contact the patient. In the event that the patient is unable to be contacted, the patient should be deferred pending contact or removed from the list, subject to confirmation by the AMO.

3.5.4 Waiting List Reports

The Waiting Lists Support Officer will create an iPM waiting list batch report weekly to identify patients who have been on the waiting list for six months without a PAD. Audit letters will be printed and sent to parents to request confirmation of whether an admission still required. If unable to be contacted and no response to an audit or phone call, the patient is to be removed from the list subject to consultation with the AMO.

3.5.5 Parents to be informed of any changes to child's admission

The Booking Officer is to inform parents of any changes to their child's admission date as soon as possible and inform relevant doctors of any changes in their bookings as soon as possible. Any changes advised by patients and AMO are to be documented on the patient's iPM records and on the Recommendation for Admission form.

3.5.6 Cancellation within 24 hours of admission

In the event of a cancellation within 24 hours of admission either the Admitting Officer or the doctor for the patient are to contact the parents.

Definitions

Clinical Urgency

- **Clinical Category A** patients waiting greater than 30 days.
- **Clinical Category B** patients waiting greater than 90 days.
- **Clinical Category C** patients waiting greater than 365 days.
- **Clinical Category D** patients not ready for care/staged/deferred procedure.

Day Only Admission:

- refers to a planned admission whereby the patient has the investigation or procedure under an anaesthetic followed by a period of recovery in a designated area and is discharged home (or to alternative accommodation) in the same date.

Patient Eligibility

- **PUBLIC eligible patient** (who will not be charged for the cost of services), **Or** as a:
- **PRIVATE eligible patient** (who will be charged for the cost of services).

An eligible patient is entitled to choose to be a public or private patient regardless of whether you hold private health insurance. If you do not have private insurance, you can still elect to be admitted as a private patient.

- **Public/Non Chargeable (Eligible)**: An eligible person is eligible for the cost of their care to be met by Medicare, this includes all persons who reside in Australia whose stay in Australia is not subject to any time limitations imposed by law.
- **Private/Chargeable (Eligible)**: A private eligible patient chooses to be treated and charged by the doctor of their choice provided that the doctor has the right to practise at the hospital. Private patients are responsible for meeting the hospital and medical charges. **Or**
- **Private Health Insurance** Patients privately insured are responsible to find out what their insurance will cover them for. Some policies may not cover all your hospital expenses, **or**
- **Compensable/Motor Vehicle Accident (Eligible)**: A patient who is entitled to compensation, damages, or other benefits irrespective of the injury, illness, or disease being treated this admission, and whose fees and charges may be met by the compensation. **Or**
- **Ineligible**: (overseas patient other than Reciprocal Health Care Agreement). An ineligible person is not eligible for the cost of their care to be met by Medicare, **Or**
- **Deferred election/unclassified**: A patient who is unable to be classified at the time of admission.

Related Documents

1. [Age for Admission / Treatment: Principles regarding Inpatient, Outpatient and Outreach Clinic Care](#)
2. [Procedural Sedation \(Paediatric Ward, Clinic and Imaging Areas\)](#)
3. [Discharging Day Only Surgical Patients - C1South Ward SCH](#)
4. [Sleep Unit: Admission & Operational Policy - CBPU – SCH](#)
5. [Waiting Time and Elective Patient Management](#) (SCHN Coversheet to MoH PD2012_011)

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