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**POLICY**

**This policy applies to The Johns Hopkins Health System Corporation (JHHS) and the following affiliated entities: The Johns Hopkins Hospital (JHH) and Johns Hopkins Bayview Medical Center, Inc. (JHBMC) and Howard County General Hospital (HCGH).**

Purpose

The purpose of this policy is to ensure that patient census statistics are accurately recorded on a daily basis to support both internal and external reporting requirements and generate accurate billing information.

Scope

This policy applies to The Johns Hopkins Health System Corporation (JHHS) and the following affiliated entities: The Johns Hopkins Hospital (JHH), Johns Hopkins Bayview Medical Center, Inc. (JHBMC) and Howard County General Hospital (HCGH).

Definitions

Inpatient Admission: All JHHS affiliates will use both definitions of admission and discharge as the standard of practice with respect to defining admissions. Refer to Medicare definitions.


Reporting and Reconciliation

This policy applies to inpatients from the point of "intent to admit" through and including post-discharge transaction correction. This policy also applies to both automated and manual census reporting.

The Admitting Departments are responsible for reconciling the automated and manual reporting of census statistics. The nursing units are responsible for completing the midnight census. In addition, nursing units are responsible for promptly notifying the Admitting Department of all internal transfers and discharges and reasons for private rooms when required.

All JHHS affiliates will use the Medicare definitions of admission and discharge as the standard of practice with respect to recording inpatients in the hospital. However, when admit dates are disputed by payers such as Medicaid and some HMOs whose definition of admission varies from the Medicare definition, the disputed admit dates shall be treated as follows:

1. Reverse the associated daily patient revenues.
2. Count the patient day for statistical reporting purposes.

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**REFERENCES**

**JHHS Finance Policies and Procedures Manual**

Policy No. FIN044 - Inpatient Admission and Financial Responsibility

Policy No. FIN055 - Discharge Clearance

**JHH Admitting Department Policies and Procedure Manual**

Census Reconciliation

Dbar Reporting


Medicare Provider's Manual, Section 3101

Health Services Cost Review Commission (HSCRC) Regulations

**RESPONSIBILITIES: JHH**


Bed Control (JHH), Bed Control Coordinator (JHBMC)	Generate census sheet and distribute to each nursing unit; ensure return of completed sheets and forward completed sheets to Admitting Officer.
Bed Control (JHH)	The Admitting Officer admits patients to the assigned nursing unit census in the ADT system.
Nursing Unit Clerk	Complete midnight census indicating discharges, transfers and expired patients; forward completed census sheets to Bed Control Coordinator.
Nursing Unit Clerk (JHH)	At the beginning and end of an eight (8) hour shift, the census is reconciled for accuracy in EBB (electronic bed board). Upon verification of census, the nursing unit clerk, reports discrepancies to Bed Control. Once discrepancies are reconciled, the unit clerk accepts the census in EBB.
Admitting Officer and JHMCIS (JHH), Admitting Supervisor (JHBMC)	Reconcile census; resolve any census problems with nursing units. Check and update ADT system and complete census reports.
Nurse Managers	Verification/Accuracy of Unit Census in ADT.
Clerical Associates or Manager Designee	Report errors in Unit Census related to Admissions, Discharges, and/or room/service transfers to JHH bed control. Enter discharges, transfers and deaths in ADT system.
JHMCIS Systems Manager	Reporting, printing and distribution of Alpha Census and Admission/Discharge/Transfer reports.
Manager of Cash Control/Input	System error correction requests by JHMCIS.



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e. Reconcile ADT Report and Worksheets, which must be in agreement.

4. The Admission Service Coordinator maintains Responsibility of all inpatient Admissions in ADT system
  - a. Clerical Associates (or Manager designee) notifies the admitting Department of all admissions not entered in the EBB system.
  
5. Nurse Managers are accountable for verifying that the inpatient census on their unit is accurate at least once during their shift.
  - a. Clerical Associates (or Manager designee) must enter all patient transfers, discharges and deaths into automated systems on a daily basis, as they occur prior to midnight.
  - b. In the event EBB is not accessible, Clerical Associates (or Manager designee) should notify the Admitting Department of all transfers, discharges or deaths that they are not able to enter no later than the next calendar day.
  
6. The JHMCIS Manager assures that the Census and the Admission/Discharge/Transfer Reports are generated each night After midnight, reflecting the daily census from the previous day.
  - a. The Admission Service Coordinator will enter transfers, discharges and deaths upon request from the Nursing Unit Staff no later than the next calendar day.
  
7. The JHMCIS Manager is responsible for assuring that necessary reports are delivered to Main Admitting by 9 AM each morning.
  - a. The Admission Service Coordinator confirms that ADT system reports are received by Main Admitting by 9 AM each morning.
  - b. Admission Service Coordinator distributes reports.
  - c. If reports are not received, Admission Service Coordinator infiltrates phone free to resolve report problem.
  
8. The Admitting Manager (or designee) is responsible for assuring that the Admission/ Discharge/ Transfer report is Reconciled with the ADT system Census Report.
  - a. The Admitting Supervisor ensures that all errors are corrected.
  - b. The Admitting Supervisor communicates with the Patient Financial Services Manager and/or the Information Services Manager when errors cannot be corrected in ADT.
    1. Information Services Manager will correct ADT errors that cannot be corrected by the Admitting Supervisor in coordination with the Revenue Control Manager.
  
9. The Admitting Manager revises and circulates the Dbar and Occupancy Report updates on daily basis.
  - a. The Admitting Supervisor communicates with all other hospital computer system managers when error or corrections involve assigning a different PatCom or history number to any admission.

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1. The Revenue Control Manager or designee corrects the Information in Keane as necessary and/or merges PatCom numbers, as required.
2. Medical Records will merge history numbers upon request.

### **PROCEDURES - JHBMC**

1. Bed Control Coordinator
  - a. On a nightly basis, generate nursing census sheets at 9:00 p.m. and distribute sheets to each nursing unit.
  - b. Ensure that each nursing unit returns completed census sheets. Sort completed census sheets and event notices and forward to Admitting Officer for reconciliation.
2. Nursing Unit Clerks
  - a. Complete the midnight census indicating patients who are discharged, transferred or have expired.
3. Admitting Supervisor
  - a. Reconcile the census in accordance with the departments census reconciliation procedures, accounting for every patient.
  - b. Contact nursing units to resolve any census questions as necessary.
  - c. Check and update ADT system when necessary. Enter all unreported admissions.
  - d. Update census report.

### **PROCEDURES – HCGH**

1. Bed Control Coordinator 2<sup>nd</sup> Shift
  - a. On a nightly basis, between the hours of 9:30 p.m. and 10:00 p.m., generate a bed roster using ADM in Meditech for each unit.
  - b. Call each nursing unit to verify that the bed roster is accurate. Validate rooms listed as empty are not occupied. Validate each patient on the roster is in the room listed. Validate that each patient has the accurate status listed in Meditech (admission/observation). Validate the accommodation code is accurate.
  - c. Document name of person (RN or PCA) on the nursing unit that the bed roster was verified with.
  - d. If any discrepancies are found, once verified will be corrected in Meditech.
  - e. File bed roster in cabinet located in bed Control.

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1. Bed Control Coordinator – 1<sup>st</sup> Shift
  - a. On a daily basis, between the hours of 7:00 a.m. and 9:00 a.m., generate a bed roster using ADM in Meditech for each unit.
  - b. Review (OE) Order Entry to verify that the bed roster is accurate. Validate that each patient has the accurate status listed in Meditech (admission/observation). Validate the accommodation code is accurate.
  - c. If any discrepancies are found, once verified will be corrected in Meditech.
  - d. File bed roster in cabinet located in bed Control.