

Hospital Admitting Clerk

OBJECTIVE/RATIONALE

Admitting office personnel in hospitals and offices play an integral role in the health care setting. The student will create a hospital chart.

TEKS 121.4 3A,3B,3D,3E,3F,3G

TAKS ELA 1, 4

KEY POINTS

- I. Hospital Admission clerk
 - A. Personal Characteristics
 1. Patience and calmness
 2. Accuracy
 3. Neatness in appearance and in work
 4. Organization skills
 5. Critical thinking skills
 6. Empathy
 7. Flexibility
 8. Willingness to learn
 9. Self-motivation
 10. Professionalism
 11. Good judgment
 - B. Preparation
 1. High school diploma
 2. High school health science classes
 3. Technical school
 4. On-job training
 - C. Credentialing:
 1. May not be required
 2. American Association of Medical Assistants (Certified Medical Assistant)(CMA)
 3. American Medical Technologists (Registered Medical Assistant) (RMA)
 - D. Skills and duties
 1. Meet and greet patients
 2. Communication: telephone and face to face. Second language valuable
 3. Record keeping
 4. Safety
 - E. Workplace setting

1. Hospitals
 2. Offices
 3. Clinics
- F. Finding a job
1. Advertisements
 2. Employment services
 3. School placement services
 4. Preparation
- II. Admitting office personnel
- A. Admission clerks obtain most of the patient information and are responsible for the beginning chart. Part of the chart will be sent to the nursing unit with the patient.
 - B. Admission nurse may be responsible to assign beds based on diagnosis, condition, and patient and physician desires. Admission nurse may take orders from the physician and begin the admission testing such as lab and radiological studies.
 - C. Business office/insurance clerk is responsible for verifying insurance and maintaining financial accounts.
- III. Admission procedures
- A. Admitting forms - Most institutions have forms unique to their situation but all are similar. Admission form may be sent to patient prior to admission or filled out at the point of service at the hospital or clinic.
 1. Face sheet: the first page, containing major demographic and reimbursement information and the admission diagnosis. Remains as cover sheet of chart on permanent medical record, after treatments and surgeries have been documented and discharge diagnosis and prognosis have been added and chart has been coded for statistical and business office
 2. Labels, often bar-coded, are generated by many hospital information systems to be used to mark the pages of the chart and the specimen that may be obtained from the patient.
 3. Identification bracelet: placed on the arm of the patient for identification purposes throughout the course of treatment.
 4. Authorization for Treatment
 5. Consent to Disclose Information (for treatment, payment, etc.)
 6. Notice of Health Information Practices (HIPAA)
- IV. Computer and software.
- A. Unique to each hospital: vary depending on software. Most programs will store demographic information from one visit to the next so that patients do not have to recite all the history every visit. Insurance cards and driver's license should be copied each admission.

- B. Requires fundamental typing skills
 - C. Requires ability to follow prompts in the software to obtain information for the chart.
- V. Admission terminology
- A. Patient confidentiality: right of every patient to have privacy during care and protection of medical records (chart) from being read by anyone who is not rightfully reading it. Keeping all information about patients and their care private.
 - B. Inpatient: admitted for overnight care
 - C. Outpatient: one who comes one time or returns on recurring basis without being admitted for overnight care. May be for a single test or a series of treatments such as physical therapy or x-ray treatments for cancer
 - D. Emergency: one admitted from the emergency department
 - E. Direct admission: inpatient who proceeds directly to the patient care area
 - F. Admission order: required instructions from the physician to admit patient for care
 - G. Obstetrical patient: one admitted for childbirth or management of complications of pregnancy. Usually has completed admission packet of information and completed financial arrangements prior to due date
 - H. Face sheet: demographic information including admitting diagnosis created in the admitting office and remaining with the chart after the patient is discharged
 - I. Insurance: contract for payment of hospital bills. Compensation and deductibility vary with policy and group
 - J. Deductible: patient share of bill above what the insurance company will pay
 - K. Medicare: federal funding for health care of eligible senior citizens
 - L. Supplemental insurance: additional insurance policy used to pay whatever Medicare will not pay
 - M. Medicaid: funding for healthcare administered by the State
 - N. Health Maintenance Organization (HMO): arrangements for care and reimbursements through a system of preventive and interventional care that may limit who can provide that care.
 - O. Preferred Provider Organization (PPO): arrangements for care and reimbursement that provides for preventive and interventional care and has fewer restrictions in the choice of care givers. Generally more expensive than HMO care.
 - P. Patient Bill of Rights: governmental rules defining the rights of patients during their hospitalization
 - Q. Living Will: document prepared by the patient designating his or her preference for care in end-of-life situations
 - R. Hospital services: divisions of care established based on specialty of physician and diagnosis and plan for care of the patient

1. Medical: patient admitted with a condition that does not require surgery. Includes patients who have suffered heart attacks, strokes, need management of diabetes, etc.
 2. Surgical services: patient admitted as a candidate for a surgical procedure
 3. Obstetrical services: patient admitted for childbirth or complications of pregnancy
 4. Pediatric services: children admitted for care
 5. Orthopedic service: patient admitted for bone or joint surgery or care
- VI. HIPAA: Health Insurance Portability and Accountability Act.
- A. Federal privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers.
 - B. Took effect on April 14, 2003.
 - C. Developed by the Department of Health and Human Services (HHS), provides patients with access to their medical records and more control over how their personal health information is used and disclosed.
 - D. Uniform, federal floor of privacy protections for consumers across the country.
 - E. State laws providing additional protections to consumers are not affected by this new rule

ACTIVITIES

- I. Develop a hospital chart in teams of two. General Hospital Admitting Form

Teacher Note

After the students fill out the Admitting Form, they change with partner. Each student then begins a hospital chart using the other's information. Charts should be neatly typed, all information in place. The student will also create an armband for the patient.

MATERIALS / RESOURCES

Sample admitting forms

Computer
Admission software if possible
Key - Admitting Office Clerk Test

ASSESSMENT

Admitting Office Clerk Test

ACCOMMODATIONS

For reinforcement, the student will outline the admission procedure.

For enrichment, the student will shadow a hospital admitting clerk.

REFLECTIONS

Hospital Admissions Clerk Test

1. Why is the admitting office such an important center of public relations?
2. What are the three levels of employees discussed in this area?
3. List and define the various names of admitting status under which a patient may be admitted to the hospital. (These will include inpatient, outpatient, emergency, day surgery, etc.)
4. What is the “face sheet” of the chart and why is it so important?
5. What responsibility does the admitting office staff have regarding patient confidentiality?

6. Determine on which service the following patients might be placed:

- a. _____ Ms. Jones is at term with her pregnancy and her bag of waters has ruptured.
- b. _____ Tommy Brown broke his leg riding his bicycle.
- c. _____ Bill Barnes has appendicitis.
- d. _____ Judy Garcia is 28 weeks pregnant and has a bladder infection.
- e. _____ Lupe Salinas was found by her children, unable to speak or move her left arm.
- f. _____ Bethany Green, age 2, has had a seizure.
- g. _____ Fred Flintheart was admitted to the emergency department with chest pain.

Key for Hospital Admissions Clerk Test

1. first person patients and family may encounter when admitted to hospital
2. Admitting clerk, admissions nurse, business office/insurance clerk
3.
 - a. Medical: patient admitted with a condition that does not require surgery. Includes patients who have suffered heart attacks, strokes, need management of diabetes, etc.
 - b. Surgical services: patient admitted as a candidate for a surgical procedure
 - c. Obstetrical services: patient admitted for childbirth or complications of pregnancy
 - d. Pediatric services: children admitted for care
 - e. Orthopedic service: patient admitted for bone or joint surgery or care
 - f. Inpatient: one admitted for at least overnight in a hospital bed
 - g. Outpatient: one who comes one time or returns on recurring basis without being admitted to a bed overnight
 - h. Emergency: one admitted from the emergency department or under emergent health conditions
4. Face sheet: the first page, containing major demographic and reimbursement information and the admission diagnosis. Remains as cover sheet of chart on permanent medical record, after treatments and surgeries have been documented and discharge diagnosis and prognosis have been added and chart has been coded for statistical and business office
5. Patient confidentiality: right of every patient to have privacy during care and protection of medical records (chart) from being read by anyone who is not rightfully reading it. Keeping all information about patients and their care private.
6.
 - a. obstetrical
 - b. orthopedic
 - c. surgical
 - d. obstetrical or medical
 - e. medical
 - f. pediatric
 - g. medical

General Hospital Admitting Form

Acct. #:	SS #:	MRN #:
Patient Information:		
Name (Last):	(First):	(Initial):
DOB:	Admit Date:	Time:
Address:	City:	
State:	Zip Code:	
Phone: ()	DVL:	SSN#:
Marital Status: M (Married) S (Single) D (Divorced) W (Widow) U (Unknown) X (Separated)		
English Speaking:	Pregnant: Yes No	Admitted by:
Patient Employer Information:		
Company:		
Address:	Phone: ()	
Zip Code:	Occupation:	
City:	State:	
Employment Status: 1- Full Time 2- Part Time 3-Unemployed 5-Retired 7-Student 9-Unknown Other_____		
No. of Years:	Retired Date:	
Guarantor Information:		
Relationship: 01-Self 02- Spouse 18-Parent Other: _____		
(IF GUARANTOR IS SELF SKIP THIS INFORMATION)		
DOB:	Sex: M (Male) F (Female)	Prof. Title: MD, RN, Ph.D, Other_____
Address:	Zip Code:	
City:	State:	
Phone: ()	SSN#	
Guarantor Employer Data:		
Company Name:		
Address:	Phone: ()	
Zip Code:	City:	State:
Employment Status: 1- Full Time 2- Part Time 3-Unemployed 5-Retired 7-Student 9-Unknown Other_____		
No. of Years:	Retired Date:	
Episodic Information:		
A-Accident I-Illness	Accident Date:	Time: Location:
Admitting Diagnosis:	Hospital Service:	PCP:
Admitting Doctor:	Attending Doctor:	
Insurance Information:		
Insurance Carrier:		
Policy #:	Group Name:	Group #:
Emergency Contact:		
Relationship: 2-Spouse 3-Child 8-Employer 18- Parent 23-Friend Other:_____		
Name (Last):	(First)	(Initial)
Address:	Zip Code:	
City:	State:	Phone: ()

