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UNIVERSITY of VIRGINIA HEALTH SYSTEM

Vice President and Chief Executive Officer of the Medical Center

MEDICAL CENTER POLICY NO. 0097

A. SUBJECT: Medical Center Bed Assignment

B. EFFECTIVE DATE: October 1, 2013 (R)

C. POLICY:

The University of Virginia Medical Center is committed to accepting any patient at any time when our medical services are available and our care could potentially benefit the patient. All admissions are coordinated through the Medical Center Bed Coordination Center (BCC). For admissions occurring through the Emergency Department, see also Medical Center Policy No. 0292 "Admissions from the Emergency Department". For policy regarding admission orders, see Medical Center Policy No. 0301 "Orders for Patient Status".

Any patient accepted as an inpatient transfer from another facility's inpatient service or Emergency Department shall be expedited by the Bed Coordination Center as a direct admission to the appropriate inpatient unit. If the patient becomes unstable during transport, or if further evaluation is needed, the patient shall be directed to the Medical Center Emergency Department.

Acceptance of patients from another Emergency Department to the Medical Center Emergency Department requires the approval of either (a) an Emergency Department attending physician *or* (b) the admitting service attending physician in consultation with the Medical Center Emergency Department attending physician. Once the patient has been accepted for admission from another emergency department, an admission order shall be obtained and entered in the EMR (see Medical Center Policy 0292 "Admissions from the Emergency Department" and Medical Center Policy No. 0301 "Orders for Patient Status").

If the patient who is transferred from another facility to the Medical Center for specialized treatment is expected to require long-term hospital care following completion of specialized treatment, the attending physician on the admitting service shall request a verbal or written agreement from the referring physician indicating that the referring physician is willing to take the patient back after the required specialized services have been delivered.

The admitting service shall provide appropriate care and oversight for patients temporarily placed in the Post Anesthesia Care Unit or the Emergency Department awaiting bed assignments.

In the event that bed resources are not available to permit admission of a patient to the most appropriate acute or intermediate care unit, the Bed Coordination Center shall identify an appropriate alternate assignment and work with the admitting service to effect the move/admission as soon as possible, and the admitting service shall be responsible for providing appropriate care and oversight of that patient.

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In order to facilitate the initial placement of patients requiring critical care to intensive care units (ICUs) that are most appropriate to their needs, the Bed Coordination Center and the admitting service shall be jointly responsible for overseeing the placement of such patients at the time of their admission.

When patient beds are not available in the most appropriate intensive care unit (ICU), the Designated Triage Officer ("Designated Triage Officer") for the ICU, and/or the ICU's Medical Director, shall be responsible for placing a patient on an alternative unit with equivalent level of care ("triage"). Triage decision-making shall be based upon unit-specific criteria, admission and discharge criteria, and input from unit shift manager and other team members sharing responsibility for a patient's care.

D. PROCEDURE

1. The Bed Coordination Center shall continually monitor occupancy and bed demand, and may temporarily place a "hold" on bringing in external patient transfers requested by outside hospitals when the Medical Center inpatient occupancy for specific types of beds is at or greater than 95%. Any "holds" on transfers shall be re-evaluated on a frequent basis and shall be inactivated as soon as occupancy allows.

2. If the Medical Center bed occupancy reaches 95% and the Emergency Room becomes saturated, the Emergency Room Divert Request Protocol shall be initiated. When diversion of patients from the Medical Center must be considered, the Chief Nursing Officer and Chief Medical Officer shall be notified. Only the Chief Executive Officer or his/her official designee may authorize a diversion.

3. Boarding of ICU patients**:**

   a. When ICU resources are not available to (i) permit admission of a patient to the most appropriate critical care unit ("Home Unit"), or (ii) permit the placement in an ICU of a patient currently in an acute or intermediate bed, such patient may be placed in another unit capable of providing an equivalent level of care ("Boarding Unit"), as determined by the Unit's Designated Triage Officer and/or the Medical Director, in consultation with the patient's care providers. Alternatively, the Designated Triage Officer may determine that, in order to accommodate a patient requiring care in the Home Unit, another patient in the Home Unit should be Boarded in another unit capable of providing an equivalent or lower level of care. Efforts shall be focused on minimizing the number of times that a patient is relocated from a Home to a Boarding unit. In deciding where to Board a patient, the Designated Triage Officer shall consider providing the Boarding Unit with the most stable patient not requiring isolation.

   b. In either of the circumstances described in D.3.a. above, the medical team with patient management responsibility, as designated in the patient's medical record, shall maintain all coverage responsibilities while the patient is being Boarded unless a transfer as accepted by another service is documented in the patient's medical record. (See Medical Center Policy No. 0063 "Internal Inpatient Transfers")

   c. The Designated Triage Officer or designee (who may be the charge nurse) is responsible for timely communication of triage decisions to the patient and/or caregiver, particularly when the relocation of the patient to a Boarding Unit occurs during the evening/night hours.

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d. The Designated Triage Officer shall notify the BCC of a decision to Board a patient in order to assist the BCC in making appropriate bed assignments of other patients.

e. Boarded Patients who are near the point of transfer to an acute or intermediate level of care should not be triaged back to the Home Unit when a bed becomes available unless the patient's condition has not stabilized (i.e., the patient requires an ICU length of stay greater than two days). The shift manager shall assist the Designated Triage Officer in determining the patient care requirements or the level of care that the patient needs. The BCC shall facilitate any transfer decision.

4. The Chief Nursing Officer and the Chief Medical Officer shall regularly review performance data to ensure the integrity of the admission/bed assignment process.

SIGNATURE:

Robert S Gibson
Robert S. Gibson, M.D., President, Clinical Staff

R. Edward Howell II
R. Edward Howell, CEO, UVA Medical Center

DATE: 9/24/13

Medical Center Policy No. 0097 (R)
Approved November 1985
Revised August 1990, September 1993, May 1996, November 2002, October 2003, March 2006, December 2009, June 2011, March 2013,September 2013
Reviewed December 1999
Approved by Chief Nursing Officer
Approved by Medical Center Administration
Approved by Patient Care Committee
Approved by Clinical Staff Executive Committee