



Administrative Policy Manual
Code: AP Finance

AP1200 - PREFERRED ACCOMMODATION

1.0 PURPOSE

To provide patients with the option of choosing a private or semi-private room during their hospital stay.

2.0 DEFINITIONS

TERM	DEFINITION
Acute Care:	Emergency services and general medical and surgical treatment provided to patients having an acute event (i.e. serious illness or traumatic injury) who require investigation, diagnosis, and treatment.
Alternate Level of Care – Placement (ALCP):	A patient who is assessed and approved for access to long-term care services including a patient awaiting access to long-term care services while remaining in an acute care bed.
Preferred Accommodation (PA) Request:	A request by a patient for accommodation in a private or semi-private room.
Private Room:	A room that has only one bed.
Semi-Private Room:	A room that has two beds and can be co-ed or single gender.
Ward Room:	A room that accommodates three or more patients and can also be co-ed or single gender. A two bed room would be considered ward accommodation if there are only one and two bed rooms on the unit.
Guarantor:	A third party that agrees to be held accountable for the patient's bill.

3.0 POLICY

Interior Health has a Preferred Accommodation Program to address preferred accommodation room requests. Preferred accommodation (PA) requests will be accommodated, whenever possible, within operational constraints. Additional fees will be charged to patients who have requested and are occupying private and semi-private rooms ([see attached Program](#)).

Participation in the PA Program is optional and the type of room provided to the patient does not imply any difference or increase in the level of care received by the patient.

Revenues generated from PA Program will be used to support the Health Authority's operations.

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4.0 PROCEDURES

1. Patient Registration is responsible for documenting a request for PA on the Accommodation Request Form [#807616](#). Patient Registration will advise the patient/guarantor of the cost for the room and their responsibility to pay. Patient Registration will record the patient's extended health insurer, input the room request into Meditech and **obtain the patient/guarantor's signature on the Accommodation Request Form.**
 - For elective admissions, this may be performed in the Pre-Admission Clinic or other location (depending on site procedures) at the time of admission
 - For emergency admissions, when appropriate, this will be done at the time of in-patient admission either with the patient or their guarantor
 - For direct admission to wards, Patient Registration or the Unit Clerk will complete this.
 - For admission to Maternity, the site will determine the best method for completion of PA requests. Pre-registration is managed by Patient Registration and maybe performed on-site or via mail.
 - If the patient/guarantor has not been asked their PA request, Patient Registration or the Unit Clerk will follow-up to request they come to Patient Registration to complete the Accommodation Request Form. These patients will be coded as "AU" (Accommodation Unknown) in Meditech database for type of room request to identify they need to be followed-up for determining their room preference.
2. Patient Registration, Unit Clerks/Nursing and/or bed management staff are responsible for monitoring PA request bed compared to utilization on the units and working with unit staff to accommodate patient PA requests within operational constraints. Where available at a site, the Porter(s) will move patients to accommodate their PA request.
3. If a patient/guarantor decides to change their original room request, they are to advise Patient Registration or the Unit Clerk/Nursing staff to make this change. Patient Registration or the Unit Clerk will assist the patient/guarantor in completing the Accommodation Request Form and will revise their room request in the Meditech system.
4. When an acute care patient/guarantor has requested and is in PA and subsequently becomes deemed an Alternate Level of Care Placement (ALCP) patient, charges for PA at the hospital/acute care rate will continue for 30 days. The ALCP patient will be charged the PA rate 30 days after they are classified as ALCP. IH reserves the right to move the ALCP patient to a ward room 30 days after they are classified as an ALCP status.
5. The Director, Clinical Operations will contact Accounts Receivable in cases where PA charges are to be reduced or waived due to extenuating circumstances (e.g. palliation, security concerns, or situations where it is unpleasant for other patients to share the room). The Executive Director, Clinical Operations or VP has the accountability for charging or waiving PA charges.

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6. Accounts Receivable Staff are responsible for billing and for collection of accounts for patient PA.

5.0 REFERENCES

1. Ministry of Health Services Policy 2006-03: *Health Authority Revenue Generation for Non-Clinical Services in Hospitals*, April 20, 2006.
2. Ministry of Health Services, Hospital *Policy Manual* Subsections 3.1.1, 3.4.1 and 3.4.2 effective February 1, 2011.

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APPENDIX A

PREFERRED ACCOMMODATION PROGRAM

Interior Health has three types of rooms:

Private	one patient per room
Semi-Private	two patients per room
Ward	three or more patients per room, or a two bed room where there are only one and two bed rooms on the unit.

Patients requesting and placed in preferred accommodation (PA) will be charged for private and semi-private rooms at the rate of the room requested or if that room type is not available, at the rate of the assigned room.

PA rate will not be charged if there are only single bed rooms on the patient care unit unless the acute site can facilitate the transfer of patients to and from other wards to respond to PA requests.

In cases where there are only private and semi-private rooms on a unit, patients in semi-private rooms will not be charged for PA as these beds would be considered as 'ward' beds. However, patients in private rooms would be charged the private room rate.

Charges for private and semi-private rooms will apply to all acute care patients regardless of any affiliation with Interior Health including staff members, physicians and volunteers.

Charges for private and semi-private rooms will be waived if a patient requests and is assigned to a private or semi-private room in the following situations:

- Patients with infection control or reverse isolation requirements;
- Patients expected to pass away imminently who are moved from a ward room to meet the palliative needs of the patient/family member; or
- Patients with security concerns, potential disruption to other patients or conditions that make it unpleasant or undesirable for other patients to share their room.

Charges for private and semi-private rooms will be waived or reduced if a patient's requested accommodation is not available:

- The charge will be waived if a patient requests ward accommodation but is assigned a private or semi-private room if ward accommodation is not available;
- The semi-private room rate is charged if a patient requests a semi-private room and is assigned a private room;
- If a patient requests a private room and is placed in a semi-private room, they will be charged the semi-private room rate; or
- ALCP classified patients who request and are placed in private and semi-private rooms will be charged the long-term care rate 30 days after the patient is classified as ALCP. Prior to these 30 days, the patient will be charged the acute care rate for their requested PA room.

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If the attending practitioner determines PA to be medically necessary, such determination shall supersede the patient request for PA and all charges. If a patient has already enrolled in the PA program and attending practitioner makes a subsequent determination that PA is medically necessary, the medically necessary determination will supersede the original patient request and **from the time of determination**, no further charges shall be levied¹.

Private or semi-private room charges will be waived for ICU, CCU and Special Care Nursery.

Semi-private room charges will not be waived for co-ed rooms.

Physicians, Nurse Managers/Patient Care Coordinators, Infection Control Practitioners and Accounts Receivable will work together to ensure private or semi-private rooms are utilized and charged appropriately.

Private or semi-private room procedures are designed to streamline the collection of billing information at the earliest point and/or from the best information source minimizing inconvenience to patients and staff. Therefore, all staff may be required to collect patient billing or other information to support private or semi-private room activities.

The patient/guarantor is responsible for paying all costs whether or not they are covered by their extended health insurer. Accounts Receivable may bill most extended health insurer companies directly provided the patient has filled out and signed the Accommodation Request Form. If the extended health insurer does not pay the total bill, the patient/guarantor will be invoiced for the balance. Interior Health does not assume any responsibility for verifying insurance coverage.

¹Ministry of Health *Hospital Policy Manual: Eligibility, Benefits, and Reporting* sub-section 3.42, and the *Canada Health Act*.

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PREFERRED ACCOMMODATION BILLING ALGORITHM

