

DEPARTMENT: Inpatient Nursing Services

POLICY: INS-1800

SUBJECT: Admission to Observation, Inpatient or Swing Bed

PURPOSE: Assist in identifying medical necessity/criteria to determine appropriateness for an individual's entry into Observation status, Inpatient status, or Swing Bed status (skilled or intermediate/custodial).

RESPONSIBILITY: Utilization Review Coordinator

Definition of Medical Necessity: Services or supplies that are needed for the diagnosis or treatment of a medical condition and meet accepted standards of medical practice. (Medicare.gov)

POLICY:

1. The individual's acceptance for admission into a designated level of care is based on the outcome of assessment procedures, the individual's medical history and current condition, the length of time it is expected it will take to resolve the issues, and FMDH's capacity to provide the needed care.
2. Medicare patients will be placed in observation or admitted to inpatient status, depending upon how long the physician feels it will take to resolve the patient's issues. The Two-Midnight Rule will be followed. If the physician feels the issues will be resolved in less than two midnights, the patient will be placed in observation. If he/she feels it will take two midnights or longer, the patient will be admitted to inpatient. Physician Certification of inpatient services must also be completed, to include the estimated time the beneficiary requires in the hospital and that the beneficiary may reasonably be expected to be discharged or transferred to SNF or another hospital within 96 hours after admission to the CAH.
3. All patients who are admitted to FMDH will meet medical necessity. MCG® guidelines (formerly known as Milliman Care guidelines) may be used to help determine the severity of illness and intensity of services.
4. The Utilization Review Coordinator, or designee, is responsible for reviewing admissions and discussing concerns with the admitting provider.
5. Medicare patients who are admitted to a Swing Skilled level of care (SNF) must have a three consecutive day stay in acute care in the past thirty days, or the last skilled day used must have been within the past thirty days in order for this to be reimbursed by Medicare.
6. For those patients not meeting criteria for SNF placement, but feel unable to return home safely, the option of Swing Intermediate care will be considered until a nursing home bed is available.
7. Any patient coming from another facility must be accepted by a provider at FMDH. For those patients being referred to SNF, the procedure below shall be followed.
8. To locate MCG® guidelines:
 1. Traverse to www.mcg.com.
 2. Log on by clicking "Client Login" at the upper right of the web page.

3. Enter your user name and password.
4. Navigate to the appropriate sections.
5. Log out when finished.

PROCEDURE:

1. Accepting a referral from another hospital for a SNF bed at FMDH:
 - a. The social worker/case manager from the requesting facility will contact the Social Service Designee (SSD) at FMDH and will fax the acute chart for review.
 - b. The SSD will consult with the hospitalist, charge nurse, and other disciplines as indicated to assist in determining if FMDH can meet the patient’s skilled needs.
 - c. If it has been determined that FMDH can meet the patient’s needs and a bed is available, the SSD will contact the requesting social worker/case manager to request a provider to provider consultation.
 - d. The hospitalist will let the SSD know if this referral has been accepted. The requesting social worker/case manager will be notified and a date for transfer will be set.
 - e. The SSD will then let appropriate disciplines at FMDH know this date of transfer, including physician and nursing staff.

REVIEW AND REVISION STATEMENT:

This policy/procedure will be reviewed every three years by the Utilization Review Coordinator or as applicable per policy.

SIGNATURE BLOCK: All signature blocks are to be at the bottom of all Policies, Plans, and Procedures.

Approval Signatures	Date Reviewed/Revised
Utilization Review Coordinator:	Original Date: 01/2015 Review Date: Review Date:
HIM Director:	
Director of Nursing Services:	
Medical Staff:	
CEO:	