LTRAX LTACH OUTCOMES SYSTEM

Pre-Admission Screening: Setting the stage for an LTACH admission

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Objectives

- Review CMS rules and regulations for pre-admission screening
- Describe the “roles” of pre-admission screening
- Provide strategies to strengthen documentation to support admission
- Demonstrate use and examples through the LTRAX pre-admission screening tool

LTACH criteria

- ALOS of 25+ days
- Patient review process
  - Screening prior to admission for LTACH appropriateness
  - Validation within 48 hours that patient meets criteria
  - Regular evaluation throughout the patient stay to justify continued stay
  - Assessment of available discharge options when patient no longer requires LTACH services
- Physician involvement
  - Organized medical staff
  - Physician-directed treatment
  - On-site availability daily
  - Consulting physicians on call
- Interdisciplinary team
  - Individualized treatment plan

Future LTACH Criteria

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Patient criteria for LTACH PPS rates

- 3+ days in ICU at acute care hospital
- Discharged from LTACH with diagnosis of 96+ hours of mechanical ventilation
  - MS-LTC-DRG 207

Patient classification for site neutral payment rates

- Patients not meeting above criteria
- Patients with a primary diagnosis of psych or rehab

Pre-Admission Screening

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Process

- Integrates LTACH liaisons into post-acute placement decisions
- Provides consistent approach to patient assessment and placement
- Improves ability to market services and assess potential patients

Documentation

- Used to determine appropriateness or inappropriateness
- Supports admission or denial of LTACH services
- First line of communication from referring hospital
- Provides paper trail for defense if payment denied

Pre-Admission Screening: Medical Necessity

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Key components

- Medically complex conditions
  - Acute
  - Chronic
- Services need to be in an LTACH setting
- Services are reasonable and necessary
- Supported by interdisciplinary team
  - Team-determined based on medical needs
  - Interdisciplinary services support the treatment plan

Pre-Admission Documentation

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Justification for LTACH admission

- Medical
  - Current active diagnosis and anticipated interventions
  - Co-morbid conditions and medical management required
  - Patient's risks for complications
- Interdisciplinary team
  - Nursing
  - Wound care team
  - Respiratory therapy
  - PT, OT, or SLP
- Expected length of stay
- Anticipated outcomes; post-discharge needs

Reason for denial

- Same medical content as an admission
- Documented reason for denial/non-admission

Components of Pre-Admission Screening

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Descriptive Data

- Demographics
- Referral/Payer

Clinical Data

- Status
- Acute hospital-acquired conditions
- Review of systems
- Respiratory
- Labs

Justification

- Summary of information
- Supports admission or denial

Descriptive Data

LTCH CARE Data Set

- Section A

Referral Outcomes Reports

- Conversion rates
- Reasons for denials
- Referring physician
- Referring hospitals

Business development performance

- Liaison productivity
  - Referrals
  - Admission volume
- Turnaround times

LTRAX pre-admission screening clinical sections

- Status
- Acute hospital-acquired conditions (AHAC)
- Review of systems
- Respiratory
- Labs

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Status

- Acute hospital diagnosis
- Comorbidities
- History
  - History of present illness
  - Past medical and surgical history
- Vitals
- Infection
- Pain
- Diet
- Bowel and bladder
- Dialysis
- Safety

Acute hospital-acquired conditions

- Never events
- Other health care-acquired conditions

Review of systems

- Allergies
- Systems
  - Most recent physician progress note from referring hospital
  - In-depth wound section under skin
- Special considerations
  - Precautions
  - Bariatric needs
  - Special equipment
  - Weight bearing status

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Respiratory

- Status
- Ventilation
  - Non-invasive
  - Invasive
- Weaning trials

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Labs

- Blood work
- Urinalysis
- Studies

Justification

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Pre-admission screening

- Date and evaluator
- Method of screening

Disposition

- Admit
- Re-screen
- Deny

Admission justification

- LTACH diagnosis
- Patient requires care of a physician
- Patient needs 24-hour care of a registered nurse

Strengthening the PAS Documentation

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Status

- Primary acute hospital diagnosis
- Comorbid conditions
  - Expand on active management
  - Impact on medical progress
- Acute hospital procedures
- History of present illness**
  - Lays the foundation
- IV antibiotics
  - Dates with expected treatment noted
- Infection
  - Type and site
  - Isolation type: space for text to document progression of clearance
- Diet
  - Restrictions: space below for goals, progress, etc.
- Bowel/Bladder
  - Notes section to document need for bladder retraining/bowel programs
- Safety issues
  - Safety/fall risk

Examples: Documenting Patient Status

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Status

- Primary acute hospital diagnosis
  - Subdural hematoma
- Co-morbid conditions
  - Acute kidney injury
  - Respiratory failure
  - Diabetes
  - UTI
- Acute Hospital Procedures
  - Craniotomy
- History of Present Illness
  - 55-year-old male with skiing accident, LOC and resulting closed head injury.
    Taken to ER, s/p craniotomy.
    Patient intubated and on a vent.
- IV antibiotics
  - IV vanco
- Infection
  - MRSA
- Diet
  - Tube feeding
- Bowel/Bladder
  - Incontinent
- Safety Issues
  - Safety risk
  - Restraints

Examples: Improved Patient Status

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Status

- Primary acute hospital diagnosis
  - Subdural hematoma
- Comorbid conditions
  - Acute kidney injury: hemodialysis; nephrology following
  - Respiratory failure: VDRF? Trach?
  - Diabetes: uncontrolled, SSI Q6hrs
  - UTI: Catheter?, antibiotics required?
- Acute hospital procedures
  - Craniotomy: surgical incisions
- History of Present Illness
  - 55-year-old male w/ skiing accident, LOC and resulting closed head injury. Taken to ER, s/p craniotomy. Patient intubated and on a vent. (See LTRAX example.)
- IV antibiotics
  - IV vanco: duration
- Infection
  - MRSA: site?
- Diet
  - PEG: Jevity 1.2 75 ml/hr
- Bowel/Bladder
  - Incontinent bladder and bowel; foley catheter
- Safety Issues
  - Safety risk: potential need for 1:1 supervision secondary to cognitive deficits
  - Restraints: soft wrist due to continued pulling of lines

Review of systems

- Allergies
- Systems overview
  - Checkboxes
  - Notes section
    - Expand on interventions/active management
  - Skin
    - Use notes for dressing change frequency, interventions, potential debridements, etc.
  - Special considerations
    - Differentiate levels of care
      - Negative pressure rooms, telemetry
    - Prepares admissions/nursing

Examples: Documenting ROS

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Review of systems

- Allergies
  - NKDA
- Systems
  - Neuro
    - Combative
    - Confused
  - Vision
    - Negative
  - Cardiovascular
    - Telemetry
  - Gastrointestinal: blank
  - Musculoskeletal: blank
  - Skin
    - Negative
  - Endocrine
    - Diabetes
  - Renal: blank
  - Genitourinary: blank
  - Psych-Social: blank
  - Precautions
    - Contact Isolation

Examples: Improved ROS

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Review of systems

- Allergies
  - NKDA
- Systems
  - Neuro
    - Combative: 1:1 monitoring? environmental modifications
    - Confused: redirection required
  - Vision
    - Negative: note potential complications and monitoring
  - Cardiovascular
    - Telemetry: will patient continue at LTACH
  - Gastrointestinal: blank
  - Musculoskeletal: blank- spasticity, weakness, deconditioned
  - Skin
    - Negative: incisions from craniotomy, dressing changes, staples
  - Endocrine
    - Diabetes: accuchecks and SSI w/ endocrinology following
  - Renal: blank: acute kidney failure, HD and nephrology following
  - Genitourinary: blank: foley
  - Psych-Social: blank
  - Precautions (these are for liaison to identify needs):
    - Contact Isolation
    - Aspiration
    - Seizures

Justification

- Screening information
  - Date, evaluator, method
- Admission disposition
  - Accepted, Re-screen, Denied
  - Notes
    - Support reason for denial
- Admission justification
  - Diagnosis, Physician, RN
  - Additional notes
    - Details of diagnosis and plan of care
    - Close medical supervision
      - Including use of consulting physicians
    - RN oversight 24x7
    - Interdisciplinary team

Example: Justification for Admission

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Justification

- Screening information
  - Date, evaluator, method
- Admission disposition
  - Accepted
- Admission justification
  - Diagnosis, Physician, RN
  - Additional notes: blank
    - Admitted to Dr. Jones ETA 12:30pm

Example: Justification for Admission

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Justification

- Screening information
  - Date, evaluator, method
- Admission disposition
  - Accepted with anticipated admission date
  - Notes: Family expectations; tour; service, attending physician
- Admission justification
  - Diagnosis, Physician, RN
  - Additional notes
    - **Primary Dx: subdural hematoma s/p respiratory failure on vent**
      - Pulmonary consult and RT for vent weaning
      - Neurology consult for TBI management
    - **Secondary conditions**
      - Diabetes: RN for SSI; endocrinology following
      - UTI: antibiotics x 3 more days
      - MRSA: contact isolation; IV Vanco x 7 days
      - Bladder bowel incontinence
      - Incision: dressing changes
      - Neuromuscular deficits: PT/OT
      - PEG: Dietician and SLP to follow
    - **Potential risks and complications**
      - Skin breakdown: RN to assess and follow
      - DVT/PE risk
      - Seizures
      - Contractures- PT/OT involved with potential splinting

Example: Re-Screen

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Disposition: Re-screen

- Early referral; initial screen completed on day of admission to STACH
- Continued diagnostics or surgical procedures required
- Borderline between another level of care
  - IRF
  - SNF

Pre-Admission Documentation

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Policies and procedures

- Required fields
  - Admissions
  - Denials
- Timeliness
- Supporting documentation

Internal auditing

- Utilization review committee
- Performance evaluations
  - Liaison job description
    - Volume without compromising compliance

Pre-Admission Documentation: Conclusions

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If the pre-admission screening documentation is good, it should stand alone and…

- Clearly support justification for LTACH admission *or* denial of admission to LTACH
- Prepare the receiving team for a seamless handoff

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Questions?
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Next Call: January 9, 2014
LTACH Payment Reform and Patient Criteria

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