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

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

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
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

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

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
Clinical Data

Status

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

Acute hospital-acquired conditions

- Never events
- Other health care-acquired conditions
Clinical Data

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
Clinical Data

Respiratory

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

Labs

- Blood work
- Urinalysis
- Studies
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**

**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
### 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
**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
Strengthening the PAS Documentation

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

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

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: accucheks 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
Strengthening the PAS Documentation

**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

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

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
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

Policies and procedures

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

Internal auditing

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

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