



FIRST POINT OF CONTACT: ED UTILIZATION REVIEW NURSES ROLE OF UTILIZATION REVIEW FOR 2 MN

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FIRST POINT OF CONTACT: IMPACT ON ED UTILIZATION REVIEW

OVERALL, ED UR NURSES...

- REDUCE unnecessary admissions
- Act as Front Line Utilization Review – before the patient is admitted
- Hit the ground running with 2nd MN or OBS status documentation review



IMPACT OF ED UTILIZATION REVIEW NURSES

REDUCE unnecessary admissions, HOW?

- Work closely with...Physician Advisors, hospitalists, ED physicians, Attendings
- Follow short-stay ED Patients like a HAWK...2nd MN inpt or 1st MN OBS/outpt?
- Documentation? UR RN Notes location?
 - ✓ Get that 2MN order in place if warranted
 - ✓ Review for 1st MN, look for 2nd....



IMPACT OF ED UTILIZATION REVIEW NURSES

ED Utilization Review RN is your FRONT LINE

- Interqual and Milliman is no longer the KEY for inpatient stays
- Review physician documentation proactively (new HOT-KEY for inpt stays)
 - ✓ Severity of illness/plan for continued acute care... DC planning...
 - ✓ Intensity of services versus outpatient testing
 - ✓ Transfers from other facilities – review of record for prior 1st MN!



IMPACT OF ED UTILIZATION REVIEW NURSES

ED: 1stMN & 2 MN for inpt admissions

Short-stay ED Patients

- Watch patient time arrival/start of care – before midnight?
- Look over orders: are tests back & reviewed by physician? Proactively contact ancillary depts for results
- Severity of illness? If so, is it documented with a plan of care?



IMPACT OF ED UTILIZATION REVIEW NURSES

Longer-stay ED Patients

- All of the above for short-stay patients
CONSIDER – INPT CLOCK starts when the INPT order is written (Keep in mind SNF 3 Day)

Readmissions:

- Obtain & Review previous chart, notes
- 1st MN as Outpt or OBS?



IMPACT OF ED UTILIZATION REVIEW NURSES

ED UR RN shift:

Absolute Rule: ED UR RNs “see” every Medicare patient during shift coverage for possible 2MN admit

- Analyze ED patient arrival times to determine coverage needs
- Overlapping shift coverage to address at least 80% or more of patient arrivals to the ED
- 16-18 hour shift coverage for EDs with < 35-40k visits/year
- Increase coverage/FTEs for busier EDs



IMPACT OF ED UTILIZATION REVIEW NURSES

ED UR RN:

- 7:00 am through 1:00 am shift coverage
- Capture patients approaching their first MN for 2MN admission

Beginning of shift/am:

- Decant the ED to help with patient flow – Inpt or OBS
- Review Medicare patients after their 1st MN in ED – Inpt or ED outpt? Was status changed in error?
- Review Medicare patients left in OBS status



IMPACT OF ED UTILIZATION REVIEW NURSES

ED UR RN – what a shift would look like:

- Assess pts for 2 MN inpt or if they are less than 2MN/OBS
- Patients approaching their 1st MN – review charts for OBS/Inpatient orders (dated, timed, signed), status, plans
- During shift, round with Physician Advisor, ED Director, ED Nurse Manager to facilitate movement of patient
- At shift end, round with remaining ED UR RN and hand off patients who will need review/follow up
- Final rounding of the night, create tickler follow up list for next morning's ED UR RN



IMPACT OF ED UTILIZATION REVIEW NURSES

Front Line ED UR RN traits:

- Understands the BIG picture - new regs, old regs, patient satisfaction, ED throughput
- Communicates EFFECTIVELY with all stakeholders – patient, physicians, family, SW, ancillary services, nursing, SNFs, Home Care
- Can explain the need for a less acute level of care from POV regulations through clinical aspect
- Has AMAZING problem-solving skills



IMPACT OF ED UTILIZATION REVIEW NURSES

ED UR RNs contribute to Bottom Line Results:

- Improved ED throughput – patients are discharged quicker, with services if needed
- Admitted as Inpatient with solid supportive documentation - REVENUE
- Avoidance of unnecessary admissions (that could result in claw backs...)
- Best of all – improved patient satisfaction