

CASE STUDY - Pahuja

88 year old female presenting from the nursing home to the emergency department at 9 pm Day 1 with one day history of slurring of speech, facial droop and left sided lower extremity weakness. Her past medical history is significant for diabetes and hypertension. Her initial CT scan of the brain is negative for acute bleed. Neurological examination shows expressive aphasia but no motor or sensory deficits. She is hospitalized under Observation for acute onset of confusion with concern for probable acute cerebrovascular accident and is admitted to the neurological floor with orders for IV fluids, aspirin, echocardiogram, carotid ultrasound, MRI of the brain and neurology consultation.

Scenario #1. On day 2, her blood pressure falls to 70/40 and she is tachypneic with respiratory rate of 24. MRI of the brain is put on hold due to hemodynamic instability and she is transferred to the intensive care unit. What is the correct placement decision for this case -- inpatient, outpatient, outpatient with observation services, or discharge?

Inpatient: The attending physician can change this to an inpatient admission based on the presumption that she will be in the hospital for greater than 2 midnights due to hemodynamic instability and the need for further monitoring and treatment in an intensive care unit

Scenario #2. In an alternate scenario, on day 2, patient feels better and is recommended discharge back to the nursing home with continuation of aspirin. What is the correct placement decision for this case?

Observation is correct since she has crossed only one midnight in the hospital.

Scenario #3. In an alternate scenario, on day 2, patient feels better and is recommended discharge back to the nursing home with continuation of aspirin. Her family however wants to take her back to home but needs to readjust the home furniture and requests that the patient stay another day so they can make changes to the house. What is the correct placement decision for this case?

Observation is correct since in this case the need for further hospitalization is for the convenience of the family and does not justify medical necessity.

Scenario #4. Now consider, instead of stable clinical hospitalization, on day 1 at 11 pm, the patient develops worsening right sided weakness and a stat CT scan of the brain shows extensive left sided bleed. She is intubated due to respiratory compromise and she is changed to inpatient admission status. On day 2, her family decides that they want to take her home with hospice and she is discharged at 5 PM the same day. What is the correct placement decision for this case?

Inpatient is correct since in this case, medical necessity and the presumption that she would stay for greater than 2 midnights was correct. CMS has notified that in cases where family and patient have requested for hospice, it may come under medical review for short inpatient hospital stay but once the contractor reviews the case, Part A payment will be approved.