

CASE STUDY 1 -- Santiago

Beneficiary presents at 0335 on Day 1 to the emergency department and is seen at 0340 with complaints of chest pain x2 days, and a recent history of illness (sinus/cough). Electrocardiogram (ECG) shows normal sinus rhythm with occasional premature ventricular contractions and old inferior wall myocardial infarction. Chest x-ray demonstrated pleural thickening with possible small effusion on the left, atelectasis on the right. Complete blood count, chemistry 13 and troponin all within normal limits. Order for outpatient status with observation services.

Scenario #1. History & physical (Dictated at 0947 Day 1) - HISTORY OF PRESENT ILLNESS states patient is an 82 year old male with complaints of chest pain and recent illness. History is significant for coronary artery disease status post coronary artery bypass graft (CABG) in 2008. Beneficiary was given nitroglycerin, aspirin, and a beta blocker in the ER with easing of chest pain but discomfort is still present. He is now admitted for further care. IMPRESSION AND PLAN states consult with cardiologist, maintain on outpatient regime, further plans pending clinical course.

What is the correct placement decision for this case -- inpatient, outpatient, outpatient with observation services, or discharge?

Outpatient with observation services. The course is unknown at this time however the patient does require monitoring, nursing services, and the use of a bed and has not had a procedure that includes those services. The attending physician needs input from another provider before determining what additional services this beneficiary will require.

Scenario #2. Cardiology consults at 1030 on Day 1. States pain is reproducible, likely musculoskeletal given exacerbation with movement and cough. ECG does not suggest pericarditis but within differential and an echocardiogram is ordered. Patient is not a candidate for aggressive non-steroidal anti-inflammatory drugs given their warfarin use but cardiologist does want to try one does of Toradol as a diagnostic maneuver stating if it resolves the pain it would clearly be non-cardiac.

What is the correct placement decision for this case -- inpatient, outpatient, outpatient with observation services, or discharge?

Outpatient with observation services remains correct. There is no indication planned interventions will cross two midnights. Patient has not crossed any midnights in the hospital.

Scenario #3. Dose of Toradol is given at 1200 with resolution of chest discomfort. Echocardiogram is performed at 1330 on Day 1. No pericardial effusion is noted. Patient is cleared for discharge home, however the family wants to take the patient home with them. The family requests the patient be kept in the hospital until they can arrive the next morning and take the patient home.

What is the correct placement decision for this case -- inpatient, outpatient, outpatient with observation services, or discharge?

Outpatient is correct. Observation services should be discontinued at this point since in this case the need for further hospitalization is for the convenience of the family and the medical necessity of observation services is no longer met.