

## **CASE STUDY #2 - Wuebker**

78yo male presents to ER 11:42pm and seen by ER physician at 12:12am w/ complaints of colicky right upper quadrant abdominal pain, nausea, and diaphoresis. This has occurred on and off for last 3 weeks. Past medical history significant for Type II DM, coronary stent placement, osteoarthritis, exploratory laparotomy for pancreatic mass (benign) 12 years ago, and remote history of peptic ulcer. He takes aspirin, ibuprofen, and metformin. Vital signs -- temp 101.8 degrees F, pulse 100, respiratory rate 20, BP 132/88. Exam reveals RUQ tenderness. Abdominal plain x-rays normal and abdominal ultrasound suspicious for cholecystitis and presence of calculi. Lab normal w/ exception of WBC count of 16,500 and elevated ALT and AST.

**Scenario 3:** On-call surgeon asked to admit patient at 1:40am. Impression in the H&P reads: "Acute cholecystitis. This has been recurrent and do not believe patient will resolve with conservative treatment as he has a large calculus burden. Requires open cholecystectomy due to surgical history. Admit inpatient and expect 3 days in hospital after surgery."

Surgery scheduled for later in the afternoon. At 11:00am, patient's pain has completely resolved, the pre-operative repeat WBC count is now 12,000, patient is afebrile, normal pulse and feels markedly better. Blood glucose is 405. Decision is made to postpone surgery for 1 to 2 weeks and have patient's internist advise on blood glucose control prior to that time. Patient discharged from the hospital that evening.

**What is the correct status?**

**Inpatient? Unexpected recovery and canceled surgery – both hinge on the reasonableness of the physician's expectation of a 2MN stay looking forward in time. This may have been an appropriate IP admission and may not need to CC44 or rebill if the time expectation and medical necessity are present)**

**Scenario 4:** Surgeon admits patient at 2am. The Impression on the H&P states "Acute cholecystitis. Plan for cholecystectomy with common bile duct exploration due to ultrasound findings. Expect patient will go home tomorrow so admit to observation".

**What is the correct status?**

**Inpatient. Cholecystectomy with CBD exploration is on Medicare's IP-only list, so despite the <2MN expected LOS the patient should have been IP as long as the procedure is medically necessary. Also language of "admit to observation" is discouraged – "Admit to IP" vs "place in OBS".**