

VERY BRIEF OVERVIEW:

ANNUAL PRODUCTION CYCLE

AND

USAGE AROUND
OBSERVATION CARE



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Clinical Guideline Development

- Proprietary search strings
- Peer reviewed published medical literature
- Specialty guidelines
- Proprietary and public database analysis

Search and Sources

Classification and Incorporation

- Evidence grading hierarchy
- Changes to content as indicated

- Validate against large clinical databases
- Expert external review

Clinical Validation

What's inside and why

- Approximately 18,000 unique citations, 33% changed year on year
- Clinical criteria for admission, discharge
- Recovery Milestones model with progression criteria (time overlay)
- Goal Length of Stay

Evidence-based clinical decision support tool:

- **Assist** in the determination of medical appropriateness
- **Assist** in the delivery of quality **and** efficient healthcare
 - Most evidence finds these properties positively correlated
 - Application **requires** clinical judgment
 - As does Harrison's or any guideline (e.g. ACC)

Observation Care Guidelines

- Designed for patients who are “in between”
- Observation admission criteria help identify those beyond treat and release
- Discharge criteria help determine when appropriate for outpatient care
- ORG admission criteria help identify who may need inpatient level of care
- Usually within 24 hours patient will meet either
 - Observation discharge criteria
 - ORG admission criteria

Take home points

- Rule does not imply that a 2 midnight stay is by definition Part A
 - You cannot ‘create’ an inpatient by simply keeping them 2 midnights
- What counts is documentation justifying/defending why clinician believes necessary care will cross 2 midnights
- Failure to attain observation discharge criteria forms part of the inpatient admission criteria
- End of admission note sentence may change:
 - From : “....therefore patient needs to be admitted.”
 - To: “....therefore it is my expectation that patient will require 1(2) more midnights of care”

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