Concurrent and Daily Review – Daily Work Flow for U.R. Staff

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Daily U.R. Priorities

- Important for U.R. staff to have clear direction on review priorities; however, need some flexibility in their day to manage their workload.
- Every organization has different issues which will drive priorities and flows.
- Important to remember that many workflows occur simultaneously and are interdependent.
- General principles/guidelines for U.R. prioritization.

Daily U.R. Priorities – General Principles

Observation Patients – Review Early & Throughout the Day (Medicare & Commercial)

- **Note for Medicare: if one day stay anticipated – should always be placed in obs or outpatient in bed (need 2 mn stay anticipated for IP).**
- Discharge or Admit…can any tests/follow up be done as outpatient? If so – arrange & discharge.
- If no planned discharge, confer with attending/review documentation and clinical progress – determine if case be upgraded – does patient need continued hospital level of care (if yes – upgrade to inpatient; if no – can discharge be planned? What is preventing discharge?)?
- Assist in removing any barriers to discharge.
- Ensure appropriate documentation to support IP level of care.
- If upgrade, facilitate IP order as soon as "hospital" care established and anticipate second midnight (for Medicare).

Daily U.R. Priorities – General Principles

One Day Stay Reviews - Medicare:

- Review all new admissions for appropriate status –note that Medicare does not use established commercial guidelines.
- Medicare patients: does patient need hospital care? Is care expected to cross 2 midnights? If inpatient appropriate – ensure IP order is there.
- If inpatient and discharge pending – was recovery unexpected?
- If unexpected recovery – ensure severity of illness documented as well as anticipated course/treatment (be **very careful** with this).
- If patient is not receiving care that can only be delivered in an acute hospital – facilitate secondary review per organizational policy.
- If not able to establish anticipated recovery, facilitate downgrade – Condition Code 44 (in conjunction w/ physician member of U.R. committee).

Daily U.R. Priorities – General Principles

Commercial Reviews:

- Review new admissions – ensure patient meeting hospital level of care and stay is authorized.
- Determine if payer needs additional clinical information and provide per institutional process.
- Help facilitate overturn of any denial in care, e.g. peer to peer review, etc.
- These typically need daily review unless payer indicates otherwise and patient's condition warrants, e.g. awaiting heart transplant – may only need weekly review.

Concurrent Reviews

- Should be established by Utilization Review leadership.
- Every organization is different but should establish parameters for frequency – should be in UR Plan.
- Identify workflows for concurrent reviews, escalation of patient's not meeting hospital level of care, avoidable days, etc.
- Identify process for Outlier Reviews.

Best Practice for Screening Direct Admits & Transfers

- Ensure that direct admit portal is linked with Case Management/Utilization Review.
- Train staff taking those calls on hospital level of care.
- If patient does not meet hospital level of care – involve CM/UR & physician advisor when needed.
- Have Social Work screen for "social admit" and offer alternatives.
- Regularly review these cases and process with all groups involved.

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