Quality Perspectives

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The Basics of Hospital Care

Follow these simple guidelines to provide excellent care that meets insurer guidelines

You should only admit patients to the hospital who need care that can only be provided as an Inpatient. Patients cannot be admitted for convenience, patient request, or to expedite a workup.

Charts are reviewed to ensure patients meet Criteria established by Medicare. Document clearly the reason for admission and need for inpatient care. Notes must be legible and informative. Medicare says if they cannot read it, they will not pay you.

Talk to the Nurse and Case Manager daily about your patients- update on your plans for the day, discharge planning, social issues, insurance issues.

Document all diagnoses to the highest specificity and without abbreviations, such as Acute decompensated systolic heart failure, hyponatremia due to diuretics, acute blood loss anemia, appendicitis with dehydration. For example do not chart hypokalemia as ↓K.

Observation status is for patients who may stabilize in less than 24 hours and can then be sent home, such as asthma exacerbation, mild CHF exacerbation, dehydration from diarrhea, chest pain with normal EKG and initial enzymes, breakthrough seizure, TIA. If patient does not improve, you can then "admit" them with an order to "Admit." Failure to thrive elderly do not qualify for Inpatient status- use Observation and talk to your Case Manager ASAP.

Three overnights does not qualify for SNF. They must be medically necessary days. Make no promises to family members.

Direct admissions must meet the same rigorous criteria as ED admissions. Do not use direct admit as a way to bypass the ED for minor issues.

Patients with back pain rarely require inpatient admission. Rule out cord compression, abscess or tumor and discharge on oral analgesia. If they can eat, they can take oral narcotics.

If you suspect a patient's pain is drug-seeking, look up their narcotic history on the Illinois Controlled Substance Database at https://www.ilpmp.org. Order IV narcotics as slow IV or subQ. Abusers will insist on IV push at a proximal port and refuse subQ dosing.

Patients requiring narcotics for abdominal pain with a normal workup may have "narcotic bowel syndrome" which gets worse with narcotics.

Patients kept overnight for routine recovery after a surgery or procedure should not be placed on observation status- use extended recovery.

Do not work up incidental or long-standing issues while patient is hospitalized such as chronic anemia, long standing headaches, arthritis. Limit treatment to the admitting problem. Additional testing adds expense without additional reimbursement to cover that cost.

Use protocols when available- CHF, pneumonia, VTE prevention. We report adherence to protocol measures to Medicare and that information may soon be available to the public.

Do not keep a patient an extra day for a minor abnormality such as hypokalemia or an elevated BP. Give an extra dose and recheck the lab in a few hours, not the next day. Think to yourself "Would I admit this patient if they had this abnormality in my office?"