



What's up Doc? case management news

Present on Admission (POA)

The Deficit Reduction Act of 2005 outlined requirements that hospitals report and clarify whether certain preventable infections or conditions were "present on admission" (POA). The POA mandate was approved due to the increased concern with healthcare quality and inpatient Medicare payment increases generated by hospital acquired conditions and complications (The present on admission requirements does not apply to outpatient encounters.)

Beginning April 1, 2008 hospitals are required to report POA for each diagnosis, but reimbursement will not be penalized / affected until October 2008. Additional POA indicators

are being considered for 2009.

What impact does this have on CMC?

Certain diagnosis or conditions which are not determined and reported to be present at the time of admission will not be paid for by Medicare!

- **Conditions selected to fall under the POA mandate:**
- **Object left in surgery**
- **Air embolism**
- **Blood incompatibility**
- **Catheter associated urinary tract infections**
- **Pressure ulcers (decubitus ulcers)**

- **Vascular Access Device infections**

- **Hospital acquired injuries.**

When is a condition considered present on admission?

- Any condition which is present at the time of the physician order for inpatient admission.
- Any condition that develops during an outpatient encounter, such as the ER, outpatient surgery, or while under observation status.
- Applies to the principle diagnosis and secondary diagnoses.

Importance of Documentation

Complete and consistent documentation will be the key in successfully providing the necessary POA information. Documentation from any provider involved in the patient's care may be used to support the determination of whether a condition was present on admission. In-

consistent, missing or conflicting documentation must be resolved by the physician via the query process.

Documentation must come from the "provider"

According to coding guidelines, the "provider" is a

physician or any qualified healthcare practitioner who is legally accountable for establishing the patient's diagnosis. This may be a Family Nurse Practitioner (FNP) or Physician Assistant (PA). **Nursing notes cannot be used to code the diagnosis.**



Special points of interest:

- *In summary, POA will affect:*
- *Reimbursement under Medicare and possibly other payers*
- *Research on preventable illness or conditions "never events" and quality of care*
- *Future impact on healthcare reporting*
- *Questions? Contact Debbie Picou, RN 873-1833*