



What's up Doc? case management news

CHF... “Observation” or “Admit”?

Congestive Heart Failure (CHF) is a major and growing public health problem in the United States. Heart Failure is primarily a condition of the elderly and the continuing growth of Medicare cases is fueling the increase incidence of cases in this age group. CHF is the most common Medicare DRG for hospital discharges, and more Medicare dollars are spent for the diagnosis and treatment of CHF than any other diagnosis. The mortality rate is high and should be considered a severe medical condition.

A large number of 1-day admissions for CHF are

avoidable. Even under the best of circumstances some CHF patients will present to the emergency room with acute symptoms. In keeping with the diagnosis and treatment of CHF two questions should be ask to determine whether patients should be admitted for short hospital stay:

- Are one day stays properly utilized?
- Is CHF diagnosed and correctly treated in such a short time?

The issue of making a patient “**observation**” versus “**inpatient**” on the initial evaluation into the hospital is of some concern and confusion to physicians. Most physi-

cians adhere to placing a patient into the hospital as an “**ADMISSION**” and that should be all that matters. **OUTPATIENT OBSERVATION** admissions may be appropriate to follow CMS guidelines and to prevent unnecessary Inpatient admissions.

Observation stays should be used when the physician is unsure of the diagnosis or response time anticipated for appropriate diagnosis and treatment. The severity of illness is often difficult to access on initial examination, often in the emergency department. Observation gives you time that might be needed to determine if an inpatient admission is medically necessary.

MS-DRG Reimbursement Review...

The Centers for Medicare Services (CMS) will pay us based on diagnosis and severity of illness.

The DRG for CHF is calculated on a LOS (length of stay) from 3.1 days with *no* CC/MCC (complications or co-morbidities) to 5.0 days

with MCC (major co-morbidities)

When we discharge our patients in **one day** there are questions raised:

- Was the level of care appropriate?
- Should this have been an **OBSERVATION level of care?**
- Was medical necessity met?
- Did we provide the level and intensity of care necessary?



PHYSICIAN REMINDERS:

CHF is a quality measure monitored by CMS & JOINT COMMISSION.

***Case management is now placing reminder stickers on the front of all charts of patients with CHF. Please make sure documentation supports all applied measures listed.**

*** The medications listed on the D/C summary MUST MATCH the Blue Home Medication List!!!!**

• Questions? Contact Debbie Picou, RN 873-1833