

Inpatient VS. Observation Bed Status

Inpatient (INPT):

- Most commercial insurance plans, Medicare Advantage plans and Care Management organizations use commercial screening tools (MCG or Milliman criteria, etc.) to determine if the patient meets indications for an inpatient stay.
- The physician's documentation must support criteria selected.
- Traditional Medicare requires the physician to document his/her intent to keep the patient over 2 midnights based on his/her clinical judgement. Standardized criteria (such as MCG) can help to make these determinations more objective.
- Essentially, inpatient means an illness must be severe enough, and the required services intense enough to support a higher payment.

Observation (OBS):

- Spans the gap between outpatient (clinic/home care) and inpatient care.
- May be appropriate for patients requiring short-term evaluation for a condition (ex, rule out MI)
- For treatment of a known condition (ex. Asthma) or monitoring for recovery (ex, drug ingestion)
- Address care for patients who require diagnostic testing or treatment that exceeds usual emergency department care.
- The absence of an Observation Care Guideline for a topic does not mean observation care is not appropriate.

Example: INPT and OBS guidelines for a patient with Chest Pain

INPATIENT	OBSERVATION
<ul style="list-style-type: none"> <input type="checkbox"/> Admission is indicated for chest pain and 1 or more of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Hemodynamic instability <input type="checkbox"/> Respiratory distress <input type="checkbox"/> Chest pain indicative of serious diagnosis other than coronary artery disease (eg. Aortic dissection) <input type="checkbox"/> Severe pain requiring acute inpatient management <input type="checkbox"/> Angina or myocardial infarction. See Myocardial Infarction ISC or Angina ISC guideline. 	<ul style="list-style-type: none"> <input type="checkbox"/> Observation is appropriate and patient with chest pain and 1 or more of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Suspected cardiac ischemia with nondiagnostic initial evaluation (eg. ECG, cardiac biomarkers) requiring further evaluation (eg. serial troponin test) <input type="checkbox"/> Pain persists despite emergency department care <input type="checkbox"/> Other suspected diagnosis requiring observation and monitoring during diagnostic evaluation (eg. Pulmonary embolus, aortic dissection, pneumothorax, pericarditis, GI bleeding)

What's in it for you?

- Streamlined admission process and handoffs of between physician colleagues
- Less interruptions from UR teams during day for bed status changes or gaps in documentation.
- Reduced physician advisor queries and peer-to-peers with the payers.