STANDARDS OF CARE
for
MEDICAL MANAGEMENT

FOM 6: Quality of Care
FOM 7: Quality Improvement
FOM 8: Consultation & Resources
FOM 10: Community & the Healthcare Organization
FOM 13: Interdisciplinary Relationships

Diagnosis Related Groups
Are classification systems that categorize patients who share similar clinical and cost characteristics. Each DRG has outlined treatment components that are reported to several agencies for monitoring. They are used as guidelines for providing the most up to date evidence based treatment to specific patient populations.

We currently track DRGs for:
Acute MI/Chest Pain
CHF and/or History of CHF
Community Acquired Pneumonia
Surgical Care Improvement Project
Stroke

Quality of Care - The reason that we use DRGs is to provide consistent, evidence based, quality care to all patients.

Quality Improvement - We utilize the information obtained to formulate action plans (PDCA format) to make the changes necessary to have the best patient outcomes.

Consultation & Resources - DRGs require that patients receive all appropriate consultations and that appropriate resources are provided. It ensures that patients are given all of the tools needed for optimal recovery.

Community & the Healthcare Organization - AtlantiCare is fulfilling their vision of building healthy communities through “community outreach coordinators and educators”. In addition to work within the hospitals, we provide multiple educational events within the community. We visit schools, malls, places of employment, senior centers, etc. We also host numerous awareness events like the Day of Dance, and Red Dress Luncheon where we combine fun activities with educational and motivational speakers.

Interdisciplinary Relationships - Our medical management model and DRGs rely on strong interdisciplinary relationships. The nurses, physicians, administrators, community leaders, patient care associates, as well as, billing, clinical informatics, etc. all have to work together to fulfill our mission of “an integrated system of services that assists people to achieve optimal health. This system, driven by customer needs and expectations, provides accessible comprehensive services of superior quality and value.

What is Medical Management?
A time-sensitive and interdisciplinary effort in managing and organizing patient treatment which ensures that a cutting edge standard of care is delivered to all applicable patients at the right time with quality outcomes.

**What is the Diagnosis Related Group (DRG) System?**

The DRG System is an inpatient classification scheme that categorizes patients who share similar clinical and cost characteristics. The Inpatient Prospective Payment System (IPPS) was implemented by the federal government October 1, 1983. Under the IPPS, Medicare pays a fixed amount for a case, which is determined by the specific DRG into which the case falls. Cases are assigned to a DRG according to the ICD–9–CM codes that are reported by hospitals for billing purposes. Medicare payment is made to a hospital for each Medicare inpatient admission, based on the DRG assignment, as long as the inpatient admission is medically necessary and appropriate.

Because the hospital’s DRG reimbursement is determined by the numerical codes submitted on the claim for billing purposes, the billed codes must be supported by the chart documentation. Both the clinical and physician component of the medical record documentation must substantiate the billed codes. For example, if a physician states that the patient is admitted for treatment for pneumonia, the clinical signs, treatment, and resources used must confirm the physician diagnosis.

**The Coordinators for Medical Management:**

- Provide oversight of concurrent monitoring processes,
- Retrospective follow-up and closing of cases,
- Act as lead for DRG Champions;
- Present data to DRG teams for
  - Acute MI (AMI)/Chest Pain
  - CHF/Hx of CHF
  - Community Acquired Pneumonia
  - Stroke
  - Surgical Care Improvement Project (SCIP)

**The DRG Champions**

- Identified nursing staff members acting in the role of unit content expert,
- Performing concurrent monitoring and reporting to DRG Coordinator and manager;
- Posting unit results and staff feedback on the results.
What is the role of unit nursing staff?
The implementation of and compliance to the DRG Standards of Care; completion of fax/indicator tracking sheet (“Pink Sheet”).

Where can I find more information?
Navigate your way through the Medical Management web site, beginning on AtlantiCare’s Intranet.

First: On AtlantiCare’s homepage, click on “My Department” then select “Nursing.”

Second: On the Nursing homepage click on the 5th Force of Magnetism: “Professional Models of Care.”

Third: From the drop-down choices, select “Medical Management.”

OR you can save and go directly to this link: http://thestarfish/nursing/pathways/index.aspx

Either path will take you to the Medical Management web site where you will find diagnosis information, nursing and patient education, pathways, and treatment protocols.

MEDICAL MANAGEMENT

“This Web page provides information and contact names related to managing patient care for select populations at ARMC. Medical management is an interdisciplinary effort to organize care so that a cutting edge standard of care is delivered to all applicable patients at the right time, with quality outcomes.” Click on the desired diagnosis to obtain more detailed information including admission orders, care path, patient/family pathway, treatment protocols and education.

DRG’S
<table>
<thead>
<tr>
<th>ACUTE MI (AMI)</th>
<th>CHEST PAIN</th>
<th>CHF</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNITY ACQUIRED PNEUMONIA</td>
<td>CVA</td>
<td>DIABETES</td>
</tr>
<tr>
<td>Observation Unit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: Healthcare Quality Strategies, 2006; ARMC MedMgmt/DRG Guidelines, 1.06. Djg, 3.06; Rev.07/06; Rev.10/06 WebAccessInfoRev02/07
## Time Sensitive National Based Clinical Standard

**Smoking cessation education completed?**
- Given _____ Refused ________

**For patients above 50 years old**

- Influenza vaccine given (Oct.1 – Apr.1)
  - Date __________ Refused __________
  - Contraindications: Allergy _____ Bone marrow transplant within 12 mos. _____ Prior Hx of Guillain Barre Syndrome _____
  - Others __________

- Pneumonia vaccine given?
  - Date __________ Refused __________
  - Contraindications: Allergy _____ Bone marrow transplant within last 12 mos. _____ Received Chemotherapy/Radiation therapy during this hospitalization Others __________

**Pneumonia, Respiratory Failure, Septicemia**

- Blood cultures drawn and documented prior to Initial Antibiotic?  Yes ____ No ______ Date ______ Time Drawn ______

- Initial Antibiotic received within six (6) hours of admission?  Date ______ Time ______

- Blood cultures drawn within 24 hours prior to or 24 hours after hospital arrival for patients who were transferred or admitted to the ICU within 24 hrs of hospital arrival.  Date ______ Time ______

**Acute MI /Chest Pain (primary or secondary diagnosis)**

- ASA received prior to arrival?  Date ______ Time _____

  - ASA received within 1st 24 hours of arrival  Date ______ Time _____

  - Contraindications if not given: Allergy _____ Receiving warfarin _____ Active bleeding within 24 hrs. _____ Others ______

- LVSF assessment : Previous EF, (close to admission) Date ______ EF ____%, EF during hosp. stay, (close to discharge) Date ______ EF ____%

  - Floating EF (EF with no time frame from assessment prior to arrival EF ____%, Plan after Discharge ______

- If LVSF <40%, was ACEI or ARB prescribed during this hospitalization?  Yes ______ No ______

  - ACEI (name of medication) __________ ARB (name of medication) __________

  - Contraindications for not prescribing ACEI upon discharge : ACEI/ARB Allergy _____ Moderate or Severe Aortic Stenosis _____

- Worsening Renal Function, _____ Renal Artery Stenosis _____ Hyperkalemia _____ Angioedema _____ Others ______

  - Contraindications for not prescribing ARB upon discharge: ARB/ACEI Allergy _____ Moderate or Severe Aortic Stenosis _____

  - Worsening Renal Function _____ Renal Artery Stenosis _____ Hyperkalemia _____ Angioedema _____ Others ______

- ASA prescribed upon discharge?  Yes ______ No ______

  - Contraindications if not prescribed upon discharge: Allergy _____ Active bleeding anytime during hospital stay ______ Warfarin prescribed at discharge ______ Others ______

- Beta blocker prescribed upon discharge?  Yes ______ No ______

  - Contraindications if not prescribed: Allergy _____ Bradycardia (HR <60bpm) _____ 2nd or 3rd degree Heart Block during hospital stay AND does not have a pacemaker ______ Others ______

**Heart Failure/History of Heart Failure (primary or secondary diagnosis)**

- LVSF Assessment: Previous EF, (close to admission) Date ______ EF ____%, EF during hosp. stay, (close to discharge) Date ______

  - EF ____%, Floating EF (EF with no time frame from assessment prior to arrival) EF ____%, Plan after discharge ______

- If LVEF <40%, was ACEI or ARB prescribed during this hospitalization?  Yes ______ No ______

  - ACEI (name of medication) __________ ARB (name of medication) __________

  - Contraindications for not prescribing ACEI upon discharge: ACEI/ARB Allergy _____ Moderate/Severe Aortic Stenosis _____

- Worsening Renal Function, _____ Renal Artery Stenosis _____ Hyperkalemia _____ Angioedema _____ Others ______

  - Contraindications for not prescribing ARB upon discharge: ARB/ACEI Allergy _____ Moderate/Severe Aortic Stenosis _____

- Worsening Renal Function _____ Renal Artery Stenosis _____ Hyperkalemia _____ Angioedema _____ Others ______

**Patient/Caregiver received CHF packet which provides patient information on activity level, diet, weight monitoring, follow up, medication instructions and what to do if Heart Failure symptoms recur or worsen.**

- Call doctor if weight gains are more than 2 lbs/day or 3 lbs in a week

- Call 911 if you experience unusual difficulty breathing

- Call MD promptly for symptoms i.e. ankle swelling, abdominal bloating or swelling, fatigue or lack of energy, nighttime urination and nighttime shortness of breath.

Given ______ Refused ________

**Physician Signature:** ____________________________                   _____________________

**Date/time**

**RN signature: ________________________________ Read back and verified _____________________

**Date/time**

03 / 09 Permanent part of record