

HOSPITAL CASE MANAGEMENT™

the monthly update on hospital-based care planning and critical paths

2009 Index

Access Management

AMA patients on the increase, NOV:175
Be careful not to violate EMTALA, JUN:94
Cross-training helps with surges in registration, NOV:174
Diversion policy draws fire, JUN:92
ED issues affect patient satisfaction, FEB:30
ED triage improves patient flow, MAY:73
Inappropriate admissions impede patient flow, JAN:1
Separate ED unit for seniors, JUN:90
Staff volunteer for senior ED, JUN:97
Strategies to increase preauthorization, MAY:77

Admission Status

Avoiding financial repercussions, APR:50
CMS changes wording for observation, SEP:139
Determining status before bed assignment, APR:53
Patient intake center screens all patients, JUN:89
Secondary reviews of one-day stays, SEP:137
Six Sigma project improves documentation, APR:55
Tips for getting observation right, APR:52

Ambulatory Care

ED boarding may prompt lawsuits, MAR:46

Low-cost strategies help improve flow, DEC:188
Pediatric telemedicine has limits, MAR:45
Some handoff issues raise risk for malpractice suits, DEC:191
Telemedicine may cut pediatric ED visits, MAR:44
What are the biggest risks involving ED handoffs? DEC:189

Caring for the Uninsured

Looking for discharge options, NOV:163
Pharmacy program for indigent patients, DEC:184
Post-acute care for the undocumented, NOV:161
Returning immigrants to their homeland, NOV:165
Returning patients is complicated process, NOV:166

Collaborative Efforts

CMs at flooded hospitals work in community, MAR:38
How to organize a peer network, JUL:111
Interdisciplinary initiative to reduce LOS, NOV:167
Multidisciplinary meetings lower excess days, NOV:169

Business Issues

Challenges, opportunities for CMs, AUG:113
Claims data analysis helps boost revenue, AUG:118
Identify uncollectible accounts early, AUG:124

Pay close attention to inappropriate tests, AUG:117
Show your impact on the bottom line, JUN:81
Use data to identify need for changes, JUN:84

Denials Management

CM protocol cuts denials by 50%, JAN:7
One-day stays vs. observation, NOV:173

Discharge Planning

Classes, screenings before elective surgery, JUN:91
Discharge support prevents readmissions, JUL:106
Planning begins at entry points, DEC:186
Preadmission screening helps cut readmissions, JUN:85
Preadmission tool improves process, JAN:13
Pre-op classes for elective joint replacement patients, JUN:90
Proactive approach for surgical patients, JAN:14
Restructuring increases satisfaction, cuts LOS, JUL:105
Special areas free up beds on the unit, AUG:120
Take steps to avoid premature discharges, JUL:103

Documentation Assurance

Education, auditing assure accuracy, MAR:35
Don't focus on reimbursement alone, MAR:33

DRG reimbursement increases by 75%, MAR:41
Make sure clinical information is clear, MAR:36
Networking helps nurses hone skills, JUL:109

Emergency Department Case Management

CM facilitates level of care, AUG:123
Data make the case for ED CMs, OCT:148
Gatekeeper role is mandatory, OCT:145
Robust program is essential, AUG:116
Take a proactive approach to admissions, JAN:1

End-of-Life Issues

CMs can be advocates for patients, families, FEB:17
Get in touch with your own feelings, FEB:20
Palliative care team gets patients to right care level, APR:60

Medicare Issues

CMS postpones reduction in payments, OCT:150
Don't let IMs fall through cracks, MAY:76
Few changes in 2010 IPPS, JUL:107
New ABN of Non-Coverage form, FEB:28
Outpatient payment tied to quality reporting, JAN:11

Patient-Centered Care

Initiative decreases length of stay, AUG:121
Keep patients educated in an pandemic, JUL:102
Rounds at the bedside improve LOS, satisfaction, FEB:23

Patient Safety

Break down barriers to medication safety, APR:58
Family interpreters may cause harm, JAN:15

Patients at risk in crowded EDs, SEP:141

Patient Throughput

Communication reduces discharge time, AUG:119
Determining the anticipated discharge date, OCT:155
ED hospitalist improves throughput, JUL:111
ED slashes wait time, APR:56
Increased communication is the key, OCT:153
Multidisciplinary rounds reduce LOS, SEP:137
Pediatric hospital cuts ED turnaround time, APR:57
Proactive approach to discharge decreases ED LOS, FEB:21
Stop inappropriate admissions to improve patient flow, JAN:1
Use data to increase staff, JAN:4

Process Improvement

CMs assign DRGs, follow patients throughout stay, JAN:5
Coordinated care through the continuum, OCT:151
Culture change turns hospital around, JUN:87
Education was key to success of CM protocol, JAN:9
Initiative cuts door-to-doc time, SEP:143
Multifaceted approach improves ED patient flow, JAN:10
Program targets pneumonia Core Measures, FEB:24

Recovery Audit Contractors

Focus on level of care, physician order, JUL:101
Lessons learned from the demo, DEC:181
Organizing the appeals process, DEC:187
Preparation puts you ahead of the curve, JUL:97
Proactive denials management, DEC:180

Surviving the RAC process, DEC:177
Take steps to increase success, JUL:100

Reducing Readmissions

Analyze readmission rates to determine cause, SEP:132
Bridging the gap in the continuum, MAY:69
CMS considering cutting reimbursement, MAY:65
Community case management saves millions, MAY:68
Educating pediatric asthma patients, SEP:142
Heart failure advocates help with compliance, MAY:70
Helping patients understand discharge instructions, MAY:71
Make sure patients are appropriate for home care, FEB:27
Take steps to keep patients from coming back, SEP:129
Task force develops initiatives, SEP:133
Transition of care initiatives, MAR:39
Proactive approach to discharge, MAR:40

Staffing Issues

CMs cover the house 24-7, DEC:183
Mentoring enhances CM training, OCT:157
Preceptors help orient new CMS, NOV:166
RNs, LCSWs cross-trained as CMs, APR:59
Staff, management collaborate on hiring, NOV:172

Technology

Electronic CM system promotes patient flow, quality, SEP:135
Benefits of CPOE software, NOV:170
Machine-readable insurance cards in the works, FEB:31