

Working with the Psychiatrist on Pre-Admission

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Introduction

CMS Final Rule for Fiscal Year 2010 states that Rehab preadmission be done as close as possible to the admission date and reviewed by the psychiatrist.

CMS also indicated that the psychiatrist needs to do a post-admission evaluation within 24 hours of admission and an individualized overall plan of care done within 72 hours of admission, with input from the interdisciplinary team.

Challenges

- Coordinating physician time to discuss the changes on the preadmission form
- Several drafts made to ensure documentation captures all the information needed to meet CMS rule

Audit

The audit of an outside vendor in 2010 revealed that 24 out of 25 charts reviewed were not in compliance with the preadmission screen, the 24-hour post-admission evaluation, the individualized plan of care, completeness of the chart on admission and discharge and ICD-9 coding.

Information System Challenges

- Ability to translate the preadmission, 24-hour post-admission evaluation and interdisciplinary plan of care paper form into the computerized documentation system
- Time constraints between nursing, IT and physician

Chart Audit

- Audits were done on all the patients for 6 months in order to capture any discrepancies in the documentation
- Feedback from the audits was given to physician
- Changes were made to streamline documentation

Conclusion

- By the end of 2010, the computerized documentation for preadmission, 24-hour post-admission and interdisciplinary plan of care was fully implemented.
- In 2012, the hospital made a decision to change the documentation system from Meditech to Cerner. Nursing, therapy and the psychiatrist started working on the new Cerner forms that will be used when the hospital goes live with Cerner

References

Snecinski, J. (October 2010). The new coverage guidelines – a physician/team cooperative. *AMPRA Journal*, 13(10), 17-19.