

| ONE-DAY INPATIENT STAY AUDIT TOOL | | | | | | |
|---|--|----------------------|--|----------------|-----------|------------|
| Patient: | | Admitting Diagnosis: | | DOB: | | |
| Attending Physician: | | Reviewer: | | MR #: | | |
| Dates of Service: | | Coder: | | Date Reviewed: | | |
| Was the patient initially admitted to observation status? If NO, skip to questions 5. | | | | YES | NO | N/A |
| 1 | Does the medical record contain an order for observation status? | | | | | |
| 2 | Was the patient's condition/treatment appropriate for observation status (as opposed to outpatient or inpatient) at the time the patient was placed into observation? | | | | | |
| 3 | Does the medical record contain a physician's order to change the patient status to inpatient? | | | | | |
| 4 | If yes, does the order contain a time and date? | | | | | |
| 5 | Does the medical record contain an inpatient admission order for the date of admission? | | | | | |
| 6 | Was admission-screening criteria applied? | | | | | |
| | Was admission-screening criteria applied in a timely manner? | | | | | |
| 7 | Did the patient's condition/symptoms require treatment in an inpatient setting at the time of inpatient admit? If yes, describe the condition: | | | | | |
| 8 | Did the patient require treatment that could only be performed in the inpatient setting? If yes, list the treatment: | | | | | |
| 9 | Does the medical record contain physician documentation to support medical necessity of admission? | | | | | |
| 10 | If admitted for an inpatient procedure, list procedure: | | | | | |
| | Was the procedure medically necessary? | | | | | |
| | If no, did the patient have other conditions and treatment requiring admission? | | | | | |
| 11 | Per non-physician review, did this appear to be an appropriate one-day inpatient stay? (If YES, stop here) (If NO, review case with physician and complete Question #13) | | | | | |
| 12 | Was the discharge billed with the appropriate status (observation vs one-day inpatient admission)? | | | | | |
| Physician Utilization Review | | | | YES | NO | N/A |
| 13 | Per physician review, was this an appropriate one-day inpatient stay? | | | | | |
| | If NO, was outpatient observation status appropriate for this patient? | | | | | |
| | Rationale for decision: | | | | | |