



Areas of Risk Associated with Unnecessary Admissions

It is important for each hospital to evaluate their individual level of risk for unnecessary admissions. The following are areas to consider when performing that evaluation.

- Analyze internal data and external data (PEPPER) to identify DRGs that have a high proportion of short stays
- Investigate DRGs that have been cited at high risk for unnecessary admissions such as those in the CMS Target Areas
 - ▶ DRG 143 – Chest Pain, one-day stay admissions
 - ▶ DRG 127 – Heart Failure and Shock, one-day stay admissions
 - ▶ DRG 182 and 183 – Gastroenteritis, misc. digestive disorders, one-day stays
 - ▶ DRG 296 and 297 – Nutritional and misc. metabolic disorders (dehydration), one-day stays
- Identify issues that may impact short stays and potential unnecessary admissions
 - ▶ 3 day admissions discharged to a skilled nursing facility
 - ▶ Readmissions to the hospital – within the same day, 1 day, 7 days, 14 days, etc.
 - ▶ Social or placement issues, including placement and other social needs for the cognitively impaired.
 - ▶ Availability of alternative settings of care or of caregivers
- Documentation
 - ▶ Does the medical record clearly document the level of care, “Admit to inpatient” versus “Admit to observation”
 - ▶ Does the medical record clearly document that the services the patient requires can only be provided in an acute inpatient setting?
 - ▶ Are inpatient admissions denied due to insufficient documentation?