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5101:3-2-41 Guidelines for preadmission certification.

The decision that an inpatient stay is required for the provision of medical, PSYCHIATRIC, or surgical care will be based upon nationally recognized standards of medical practice, derived from indicators of intensity of service and severity of illness. When indicated, determinations will also include a consideration of relevant and appropriate psycho-social factors.

This rule details the guidelines that ODHS (or its contractual designee) shall use to determine if a hospital stay is needed when the recipient receives either medical, PSYCHIATRIC, or surgical elective care. For a surgical admission, paragraphs (A) to (D) of this rule are to be used. For a medical admission, paragraphs (B) to (D) OF this rule are to be used. FOR A PSYCHIATRIC ADMISSION PARAGRAPHS (B), (C), AND (E) OF THIS RULE ARE TO BE USED.

- (A) To determine whether inpatient days are needed for an elective surgical procedure, the following guidelines will be used. For the purpose of this rule, "elective surgery" is surgery that need not be performed on an emergency basis as described in paragraph (A)(1) of rule 5101:3-2-40 of the Administrative Code because reasonable delays will not adversely affect the outcome of surgery. It should be understood that such surgery may be major.
- (1) If a procedure requires the patient to have skilled or intensive services beyond the postoperative period, then the admission may be certified as a result of the intensity of service guidelines described in paragraph (C) of this rule.
- (2) The potential for postoperative complication may allow the admission to be certified. ODHS or its contractual designee shall review the following to determine the potential for postoperative complications.
- (a) Probability of occurrence.
  - (b) Seriousness of a potential complication.
  - (c) Need for early detection of a particular complication.

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- (3) Use of major anesthesia in conjunction with certain preexisting conditions will be considered as a potential justification for admission.
- (4) Length of time anesthesia is required will be considered as a potential justification of admission.
- (5) If functions of activities of daily living are severely limited beyond the immediate postoperative phase, this will be considered as a potential justification for admission.

(B) Individual's situation.

The individual circumstances of each patient is taken into account when making a decision about the appropriateness of a hospital admission. If fully documented in the medical record, psycho-social factors, and factors related to the home environment including proximity to the hospital, and the accessibility of alternative sites of care can influence the decision about whether or not an admission is necessary.

(C) Intensity of services.

Consideration will be given to whether or not the following services must be provided in conjunction with the procedure. In some instances the necessity of these services justifies an admission.

- (1) Reverse isolation.
- ~~(2) Initial or stabilization of antiseagulant therapy.~~
- ~~(3)~~ (2) Administration of volume expanders.
- ~~(4)~~ (3) Invasive OR CARDIAC monitoring device needed (i.e., Swan-Gantz).
- ~~(5) Cardiac monitoring device needed.~~
- ~~(6)~~ (4) INTENSIVE MONITORING OF ~~Need to monitor~~ vital signs and/or neurological status.
- ~~(7)~~ (5) ~~Continuous respiratory~~ RESPIRATORY assistance needed CONTINUOUSLY OR ~~including intensive respiratory therapy required~~ at frequent intervals.

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- ~~(8)~~ (6) INTENSIVE URINARY ~~Urinary~~ output monitoring ~~at least every hour.~~
  - ~~(9)~~ (7) Control of hemorrhage.
  - ~~(10)~~ (8) Initial tracheostomy care/ENDOTRACHEAL SUCTIONING AND/OR LAVAGE.
  - ~~(11)~~ (9) Implantation of radioactive materials greater than a minimal number of millicuries.
  - ~~(12)~~ (10) Gastric or intestinal intubation for drainage or initial feeding.
  - ~~(13)~~ (11) Continuous skeletal/skin/pelvic/sternal traction or Crutchfield tongs.
  - ~~(14)~~ ~~Endotracheal suctioning and/or lavage.~~
  - ~~(15)~~ (12) Chest tube in place to underwater drainage.
  - ~~(16)~~ (13) Unstable arterial blood gases.
  - ~~(17)~~ (14) IV electrolyte replacement OR IV THERAPY WHICH REQUIRES PHYSICIAN MONITORING.
  - ~~(18)~~ ~~Intravenous therapy which requires physician monitoring.~~
  - ~~(19)~~ (15) ~~Oral drug therapy~~ MEDICATIONS requiring close observation for regulation of dosage/~~potentially dangerous side effects~~ OR LIFE-THREATENING TOXIC REACTION.
  - ~~(20)~~ (16) A controlled environment required for testing.
  - ~~(21)~~ (17) Control of intraocular pressure.
  - ~~(22)~~ ~~Chemotherapeutic agents that require continuous observation for life threatening toxic reaction.~~
  - (18) REQUIRES CONTINUAL OBSERVATION.
- (D) Severity of illness.

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- (1) If the individual has chronic health problems that are unstable and increase the risk of complications when care is provided in the outpatient SETTING ~~mede~~ then the admission may be certified. Chronic health problems which will be taken into consideration in making the decision about an admission include:
  - (a) Insulin dependent diabetes.
  - (b) Cardiac disease.
  - (c) Renal disease.
  - (d) Chronic obstructive pulmonary disease.
- (2) The severity of the illness also must be considered and indicators of how ill the person is shall be reviewed in conjunction with all other guidelines. Consideration will be given to the following signs and/or symptoms in making a decision about an admission.
  - (a) Recent and/or sudden onset of unconsciousness or disorientation.
  - (b) Pulse rate.
  - (c) Systolic/diastolic blood pressure measurement.
  - (d) Acute loss of sight or hearing.
  - (e) Acute loss of ability to move a body part.
  - (f) Temperature.
  - (g) Uncontrolled bleeding.
  - (h) Severe electrolyte imbalance.
  - (i) Acute or progressive sensory, motor, circulatory, gastrointestinal or respiratory embarrassment sufficient to interfere with activities of daily living.
  - (j) Wound dehiscence or evisceration.

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- (k) Sudden decrease in urinary output, and/or elevation of blood urea nitrogen and creatinine levels.
- (l) Failure to thrive (pediatric only).
- (m) Acute dyspnea, cyanosis or chest pain.
- (n) Severe abnormalities in hemoglobin, hematocrit, white blood count, platelet count, or prothrombin time.
- (o) TREATMENT IN AN OUTPATIENT SETTING, IF AVAILABLE, HAS BEEN PURSUED AND FAILED.

(E) SEVERITY OF ILLNESS FOR PSYCHIATRIC ADMISSIONS.

INDICATORS OF HOW ILL THE PERSON IS SHALL BE REVIEWED FOR CONSIDERATION OF A PSYCHIATRIC ADMISSION. THE FOLLOWING SIGNS AND SYMPTOMS WILL SERVE AS GUIDELINES WHEN MAKING A PSYCHIATRIC ADMISSION DETERMINATION.

- (1) SUICIDAL RISK; RECENT ATTEMPT OR PAST HISTORY OF ATTEMPTS.
- (2) DANGER TO OTHERS; RECENT BEHAVIOR OR PAST HISTORY OF DANGEROUS BEHAVIOR.
- (3) DEPRESSION; INCLUDING INABILITY TO MAINTAIN ACTIVITIES OF DAILY LIVING.
- (4) PSYCHOTIC; INCLUDING PSYCHOTIC THOUGHT PROCESS AND DISORDERED BEHAVIOR.
- (5) TOXICITY; INCLUDING SUBSTANCE ABUSE REACTION.
- (6) EATING DISORDERS; INCLUDING DOCUMENTED SIGNIFICANT DECREASE IN IDEAL BODY WEIGHT, MEDICAL COMPLICATING CONDITION, AND DOCUMENTED TREATMENT IN AN OUTPATIENT SETTING HAS FAILED.

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