

UTILIZATION REVIEW PLAN OF THE UNIVERSITY HOSPITAL

Introduction

The Utilization Review Committee of the University Hospital was established on January 6, 1966, at a meeting of the Medical Board at 4:00 p.m. in Room 1708 of the Education Building at the Medical Center. At that meeting, extended discussion took place with regard to the organization, functions, methods, and objectives of the Utilization Review Committee. The Medical Board is the representative group for the Medical Staff which acts for the staff in matters of policy. Therefore, all actions approved by the Medical Board are automatically sanctioned by the entire staff. The Board of Trustees of the University Hospital is the Board of the University of Arkansas and ordinarily does not approve matters of professional operations such as utilization review.

As a result of the discussion, the following standards were established:

I. Organization and Composition

The Utilization Review Committee of the University Hospital is a committee of the Medical Board, a group of the Medical Staff advisory to the administration and consisting of the clinical department heads in medicine, obstetrics, pediatrics, pathology, psychiatry, radiology, and surgery of the School of Medicine of the University of Arkansas. Because of the importance of utilization review, it was agreed that this obligation should have direct supervision by the directors of each clinic service who compose the Medical Board. The membership of this Medical Board Committee for Utilization Review is composed of representatives of:

Medicine Department  
Obstetrics Department  
Pediatrics Department  
Pathology Department  
Psychiatry Department  
Radiology Department  
Surgery Department

Other representatives on the committee are:

Hospital Administrator  
Medical Record Librarian  
Director of Nursing Service  
Director of Admissions  
Director of Social Service

As salaried physicians of the faculty of the School of Medicine, none of the physicians has a direct financial interest in the hospital.

II. Frequency of Meetings

Meetings of the Utilization Review Committee are scheduled for the first Thursday of each month at 4:00 p.m.

### III. Type of Records Kept

Minutes of the proceedings of the Utilization Review Committee meetings are maintained by the Hospital Administrator, who is the secretary of the Medical Board. Reports are regularly made by the Committee to the Executive Committee of the medical staff and relevant information and recommendations are reported through usual channels to the entire medical staff and the governing body of the hospital.

The Hospital Administration studies and acts upon administrative recommendations made by the Committee.

A summary of the number and types of cases reviewed, and the findings, are part of the records. A Utilization Review Committee check list is the document which is completed by the various departments on selected patient records and scrutinized by the Utilization Review Committee. These check lists are maintained on file by the Committee.

Committee action in extended stay cases is recorded, with cases identified only by hospital case number.

### IV. Method of Case Selection

Reviews are made on a basis of duration of stay by diagnosis with respect to the medical necessity of the service for the purpose of promoting the most efficient use of available health facilities and services. Such reviews emphasize identification and analysis of patterns of patient care in order to maintain consistent high quality.

Sampling of all types of diagnoses is carried out through the Medical Record Department so that the records of a cross-section of patients with similar medical problems may be reviewed by the Committee. All patients who stay longer than the pre-established length of stay by diagnosis are reviewed. Review of cases includes diagnoses of special relevance to the aged group. Some review functions are carried out on a continuing basis. Reviews also include a sample of recertification of medical necessity.

A copy of the listing of pre-established lengths of stay by diagnosis is attached.

V. Definition of Period of Extended Duration

Statistical reports kept by the Medical Record Department indicate the average length of stay for patients on each service. These standards are utilized along with the judgment of the physicians who conduct departmental record conferences to determine which patients stay in the hospital overly long and which patients are discharged too early. Any continuous hospitalization of Medicare patients in excess of 30 days is considered extended duration.

VI. Relationship of Utilization Review Plan to Claims Administration by a Third Party

On rare occasions, third parties such as the State Welfare Department question the length of stay of patients hospitalized at the University Hospital. It is expected that the operation of the Utilization Review Committee will tend to eliminate these questions. However, any such problems called to the attention of the administration by third parties are submitted to the Utilization Review Committee members for their opinion. The Administration will notify the Fiscal Intermediary of any adverse finds of the Committee.

VII. Arrangements for Committee Reports and Their Dissemination

Reports of the work of the Utilization Review Committee are available immediately to the members of the Board of Professional Operations. This information, therefore, is disseminated in the usual University channels through the heads of departments.

VIII. Responsibility to the Hospital's Administrative Staff

The Utilization Review Committee has the support and assistance of the hospital's administrative staff in assembling information, facilitating chart reviews, conducting studies, exploring ways to improve procedures, maintaining committee records, and promoting the most efficient use of available health services and facilities.

With respect to each of these activities, a physician representing each clinical department is designated as being responsible for the particular service. The Social Service Department, Admissions, Personnel and the Hospital Administrator, as well as the Medical Record Department, cooperate in meeting the objectives of improved patient care of the Utilization Review Committee.

In order to encourage the most efficient use of available health services and facilities, assistance to the physician in timely planning for post-hospital care is initiated as promptly as possible. Current information on resources available for continued out-of-hospital care of patients is made available to the attending physician and arrangement for prompt transfer of appropriate medical and nursing information is carried out in order to assure continuity of care upon discharge of a patient. This is a daily responsibility of the Social Service Department.

IX. Utilization Review Committee Check List

The Utilization Review Committee Check List is an adaptation of the form pioneered by the Hospital Utilization Project for the Pennsylvania Medical Society and the Hospital Council of Western Pennsylvania and shown under Appendix B in the publication "Guide to the Establishment and Functioning of a Medical Staff Utilization Committee."

X. Review of Cases of Continuous Extended Duration

The Admission Office prepares daily lists of Medicare patients who in 48 hours will exceed 30 days of continuous hospitalization and again at 60 days of continuous hospitalization. These lists are then forwarded by the Admission Office to the services on which these patients have been admitted. The attending physician completes a request for extended stay or discharges the patient within 48 hours.

The request for extended stay is reviewed within two days and no later than the seventh day following the last day of the period of extended duration specified in this plan. This review is made by a Utilization Review Committee member other than the member representing the service on which the patient in question is being treated.

If, in the opinion of the reviewing physician, continued in-patient stay is not warranted, the reviewing physician notifies the attending physician and the Admission Office within 48 hours. If the attending physician differs with the reviewing physician regarding the medical necessity of further hospitalization, the matter is referred to the full committee for Utilization Review.

If physician members of the committee decide, after opportunity for consultation is given the attending physician by the committee, and considering the availability and appropriateness of out-of-hospital facilities and services, that further in-patient stay is not medically necessary, there is notification in writing within 48 hours to the institution, the attending physician and the patient or the patient's representative.

Because there are significant divergences in opinion among individual physicians in respect to evaluation of medical necessity for in-patient hospital services, the judgment of the attending physician in an extended stay case is given great weight, and is not rejected except under unusual circumstances.

All cases which require extension of hospital stay are made a part of the records of the Utilization Review Committee so that they may be scanned periodically by the members. The reasons for prolonged stay are tabulated in order to develop information about patterns of delay and to improve the efficiency of care wherever possible.

XI. Special Characteristics of the University Hospital

It should be understood that the University Hospital operates in a fashion different from that of the community hospital. The University of Arkansas School of Medicine faculty is essentially a full-time group headquartered at the Medical Center and available at all times to patients and students. The process of teaching the medical student, the intern and the resident necessitates intensive continuous review of the care of all patients. This review is done primarily through the departmental structure of each clinical service and is conducted on a number of levels from that of the medical student on up to the level of the chief of the department. Intensive departmental review does not mean that there is not room for the improvement of the efficiency of services to patients. However, teaching considerations in the University Hospital are obviously important and may not be completely ignored for the sake of rapid turnover of patients. In addition, the average length of stay in the University Hospital tends to be longer because of two factors, namely, the teaching process and the increased complexity of medical problems seen in the University setting.

The University Hospital recognizes, however, that efficient and effective care of the patient is the principal objective of the institution and expects that the process of utilization review will assist in meeting this objective. The philosophy of the University of Arkansas Hospital is similar to that of F. Markoe Rivinus, Chairman of the Board of Managers of the Hospital of the University of Pennsylvania, who said in a recent annual report of that institution, "I don't think there ought to be any compromise or any suggestion that patient care doesn't come first in a teaching hospital; it may have other considerations connected with it such as teaching and research, but if you are not doing those things for the improvement of patient care either on that patient or the next one, you'd better not do them at all."

William G. Reese, M. D., Chairman  
Hospital Medical Board

D.P. Raney, Chairman  
Board of Trustees

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