Chapter 1

Introduction to Hospital Inpatient Services

An inpatient is defined as "a person who has been admitted at least overnight to a hospital or other health facility for the purpose of receiving diagnostic treatment or other health services" (Southeast Tennessee Legal Services n.d.).

However, there are times when patients are formally admitted to the hospital but, for whatever reason, are either discharged or transferred without actually staying overnight. An inpatient admission begins with the formal acceptance by a hospital of a patient who is to receive healthcare while receiving room and board, continuous nursing, and other related services (CMS 2010). It is the responsibility of the admitting physician to determine the appropriateness of admission to the hospital, but the admission process is monitored by hospital staff to ensure that documentation and clinical information support the need for hospital admission.

The physician typically uses a 24-hour period as a benchmark; that is, he or she orders inpatient admission for patients who are expected to need hospital care for 24 hours or more and treat other patients on an outpatient basis. However, the decision to admit a patient is a complex medical judgment that can be made only after the physician has considered a number of factors, including the patient's medical history and current medical needs, the types of facilities available to inpatients and to outpatients, the hospital's bylaws and admissions policies, and the relative appropriateness of treatment in each setting. Factors to be considered when making the decision to admit include such things as:

- The severity of the signs and symptoms exhibited by the patient
- The medical predictability of something adverse happening to the patient, such as a complication or adverse reaction to medication or other treatment
- The need for diagnostic studies that appropriately are outpatient services (that is, their performance does not ordinarily require the patient to remain at the hospital for 24 hours or more) to assist in assessing whether the patient should be admitted
- The availability of diagnostic procedures at the time when and at the location where the patient presents

This chapter discusses the different services provided in the inpatient setting. The most familiar type of inpatient service is acute care, short-term hospitalization. Most patients in this setting are either medical or surgical patients.

Medical Services

Medical services are those services provided to patients who do not require surgery to correct or enhance body functions. These services may be subdivided according to hospital needs into specific services, such as internal medicine and pediatrics. Common service divisions are as follows:

- *Internal medicine:* Nonsurgical treatment for adults
- *Pediatrics:* Nonsurgical treatment for children
- *Obstetrics/gynecology:* Diagnosis and treatment for female reproductive system conditions including pregnancy-related conditions
- *Cardiology:* Diagnosis and treatment of diseases of the heart and circulatory system

Some services are divided based on body system or organs treated both surgically and medically, such as:

- *Orthopedics:* Treatment of bones and joints
- *Urology:* Treatment of the urinary system
- *Gastroenterology:* Diagnosis and treatment of disorders of the digestive tract
- *Pulmonary medicine:* Diagnosis and treatment of disorders of the respiratory system
- *Neurology:* Treatment of conditions of the nerves

Surgical Services

Surgery is defined as "a procedure to remove or repair a part of the body or to find out whether disease is present" (Webref.org n.d.). General surgery consists of surgeries to correct conditions in various body systems. Traditionally, general surgeons perform surgeries such as cholecystectomies, mastectomies, hernia repairs, and gastric bypass procedures.

Surgical services may be subdivided based on the body system that is treated, such as:

- *Cardiothoracic surgery:* This service refers to the surgical treatment of the heart and other conditions of the vascular system.
- *Bariatric surgery:* This specialty focuses on weight reduction surgery for morbidly obese patients through the use of techniques such as gastric bypass and gastric banding procedures.
- *Plastic surgery:* According to the American Society of Plastic Surgeons, plastic surgery consists of both cosmetic and reconstructive surgery.

  Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem. Cosmetic surgery is usually not covered by health insurance because it is elective.

  Reconstructive surgery is performed on abnormal body structures, caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. It is generally performed to improve function, but may also be done to approximate a normal appearance. Reconstructive surgery is generally covered by most health insurance

policies, although coverage for specific procedures and levels of coverage may vary greatly (ASPS 2010).

- *Neurosurgery:* This is the surgical treatment of diseases of the nervous system.
- *Oral and maxillofacial surgery:* This comprises surgical treatment of diseases of the mouth and facial region of the body. This type of surgery sometimes includes reconstructive surgery of the face and jaw area.
- *Transplant surgery:* This deals with the transplant of organs such as kidney, liver, heart, and lungs. Transplant surgeons and their staff are involved in preoperative and postoperative treatment of transplant patients, including monitoring for organ rejection.

The Uniform Hospital Data Discharge Set (UHDDS) differentiates between a significant and nonsignificant procedure. A significant procedure is one that:

- Is surgical in nature
- Carries a procedural risk
- Carries an esthetic risk
- Requires specialized training

Rehabilitation Services

Rehabilitation services are provided to patients who have had a previous illness or injury that limits their physical or mental capabilities. These services may be provided as part of the patient's acute care hospitalization or given in an extended care facility. Rehabilitation hospitals or hospital units focus on restoring the patient's functions to the greatest extent possible. Inpatient rehabilitation facilities are known as IRFs.

According to Medicare regulations, inpatient rehabilitation is covered only when the service is considered to be reasonable and medically necessary based on the individual patient's needs.

Preadmission screening is required to help make this determination prior to admission to an IRF. Much of the information that is used in this determination is taken from the documentation in the acute care patient medical record. Examples of the appropriate use of rehabilitation services provided include:

- *After an inpatient hospital stay for rehabilitation care that resulted in little improvement in the patient's condition:* For example, an individual who undergoes surgery for severe contractures as a result of arthritis may require a reassessment of his or her rehabilitation potential in light of the surgery.
- *After an inpatient stay for cerebrovascular accident (CVA) with residual impairments:* The fact that an individual has some degree of mental impairment is not per se a basis for concluding that a multidisciplinary team evaluation is not warranted. Many individuals who have had CVAs have both mental and physical impairments. The mental impairment often results in a limited attention span and reduced comprehension with a resultant problem in communication. With an intensive rehabilitation program, it is sometimes possible to correct or significantly alleviate both the mental and physical problems.

- *After an inpatient admission for an acute traumatic or infectious process, such as a hip fracture, with residual need for rehabilitation:* Absent other complicating medical problems, the type of rehabilitation program normally required by a patient with a fractured hip during or after the period of not bearing weight or a patient with a healed ankle fracture does not require an inpatient hospital stay for rehabilitation care. Accordingly, an inpatient assessment is not warranted in such cases. On the other hand, an individual who has had a CVA that has left him or her unable to perform activities of daily living without assistance (even after physical therapy in a different setting) might be a good candidate for a more extensive inpatient assessment if the patient has the potential for rehabilitation and his or her needs are not primarily of a custodial nature (CMS 2010).

Common criteria used to establish the need for inpatient rehabilitation services include the need for 24-hour medical supervision and nursing care and approximately 3 hours of rehabilitation care per day at least 5 days per week. It must be established that the patient can make significant improvements in recovery through rehabilitation services.

Psychiatric Services

Jonas (1998, 53) defines psychiatric services as "diagnosis and therapy for people of all ages with psychological and emotional problems, using counseling, pharmaceutical, and other interventions." Inpatient psychiatric facilities (IPFs) may be independent or freestanding facilities or may consist of a unit within an acute care facility.

Medicare reimburses facilities for inpatient psychiatric hospital services only for "active treatment" that can reasonably be expected to improve the patient's condition. To ensure that the services provided meet this definition, the physician has to certify that the patient can benefit from inpatient psychiatric treatment. Medicare has established three criteria that must be addressed in the patient's medical documentation:

1. *Individualized treatment or diagnostic plan:* The services must be provided in accordance with an individualized program of treatment or diagnosis developed by a physician in conjunction with staff members of appropriate other disciplines on the basis of a thorough evaluation of the patient's restorative needs and potentialities. Thus, an isolated service such as a single session with a psychiatrist or a routine laboratory test not provided under a planned program of therapy or diagnosis would not constitute active treatment, even though the service was therapeutic or diagnostic in nature.

   The plan of treatment must be recorded in the patient's medical record in accordance with section 405.l037(a)(8) of the regulations on Conditions of Participation for Hospitals.

2. *Services expected to improve the condition or for purpose of diagnosis:* The service must reasonably be expected to improve the patient's condition or must be for the purpose of diagnostic study. It is not necessary that a course of therapy have as its goal the restoration of the patient to a level that would permit discharge from the institution, although the treatment must, at a minimum, be designed to both reduce or control the patient's psychotic or neurotic symptoms that necessitated hospitalization *and* improve the patient's level of function.

   The types of services that meet the above requirements would include not only psychotherapy, drug therapy, and shock therapy, but also such adjunctive therapies as occupational therapy, recreational therapy, and milieu therapy, provided the adjunctive therapeutic

services are expected to result in improvement (as defined above) in the patient's condition. If, however, the only activities prescribed for the patient are primarily diversional in nature (that is, to provide some social or recreational outlet for the patient), such services would not be regarded as treatment to improve the patient's condition. In many large hospitals, these adjunctive services are present and part of the life experience of every patient. In a case where milieu therapy (or one of the other adjunctive therapies) is involved, it is particularly important that this therapy be a planned program for the particular patient and not one in which life in the hospital is designated as milieu therapy.

3. *Services supervised and evaluated by a physician:* Physician participation in the services is an essential aspect of active treatment. The services of qualified individuals other than physicians, such as social workers, occupational therapists, group therapists, attendants, and so forth, must be prescribed and directed by a physician to meet the specific psychiatric needs of the individual. In short, the physician must serve as a source of information and guidance for all members of the therapeutic team who work directly with the patient in various roles. It is the responsibility of the physician to periodically evaluate the therapeutic program and determine the extent to which treatment goals are being realized and whether changes in direction or emphasis are needed. Such evaluation should be made on the basis of periodic consultations and conferences with therapists, reviews of the patient's medical record, and regularly scheduled patient interviews, at least once a week (CMS 2010).

Ancillary Services

Ancillary services typically included in an inpatient admission include nursing services, radiology, laboratory, physical and occupational therapy, respiratory therapy, speech therapy, medical social services, and case management services, in addition to other diagnostic and therapeutic services.

Nursing Services

Nursing services are integral to the hospital admission. Nurses are the inpatient's primary caregivers, providing services as diverse as capturing vital signs, giving medications, and ensuring that the patient's needs are met. Nursing documentation assists physicians and other providers in assessing the patient's response to therapy and establishes a plan of action for future care.

Radiology Services

Radiology services in the hospital setting include both diagnostic and therapeutic services. Services such as computed tomography (CT), magnetic resonance imaging (MRI), and ultrasound are commonly used to facilitate diagnosis of medical conditions. Nuclear medicine and interventional cardiology procedures may be used as either diagnostic or therapeutic treatment for diseases such as cancer and heart conditions.

Laboratory Services

According to Medicare, clinical laboratory services "involve the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the diagnosis,

prevention, or treatment of a disease or assessment of a medical condition" (CMS 2009b). A hospital medical laboratory is under the direction of a pathologist but is typically managed by medical technologists. Computer technology advances aid medical technologists in performing a variety of laboratory tests designed to help with the diagnosis and evaluation of treatment methodology. Documentation of laboratory test results serves as further clinical proof of the existence of disease or can be used to determine that a patient does not have certain medical conditions.

Physical Therapy Services

Physical therapy is defined as:

> . . . the examination, evaluation, intervention, and prevention of physical disability, movement dysfunction, and pain resulting from injury, disease, disability, or other health-related conditions. Physical therapy includes:
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> 1. The performance and interpretation of tests and measurements to assess pathophysiologic, pathomechanical, electrophysiologic, ergonomic, and developmental deficits of body systems to determine diagnosis, intervention, prognosis, and prevention
> 2. The planning, administration, and modification of therapeutic interventions that focus on posture, locomotion, strength, endurance, cardiopulmonary function, balance, coordination, joint mobility, flexibility, pain, healing and repair, and functional abilities in daily living skills, including work
> 3. The provision of consultative, educational, research, and other advisory services (University of Tennessee 2010)

Medicare has set up very specific payment rules to determine whether the prescribed physical therapy services are medically necessary. This means that the services must be considered by standards of care to be effective treatment for the condition and that the treatment will cause the patient's condition to improve. Documentation by the physical therapy providers should be sufficient to prove medical necessity and to justify all treatment modalities as well as to show the amount of time and level of supervision required for the services rendered.

Occupational Therapy Services

Occupational therapy is used to help improve functions of the body that have been adversely affected by injury or illness. The goal of occupational therapy is to improve the patient's ability to perform activities of daily living, such as dressing, cooking, or adapting to working conditions. According to Medicare, these services may include:

- The evaluation (and reevaluation as required) of a patient's level of function by administering diagnostic and prognostic tests
- The selection and teaching of task-oriented therapeutic activities designed to restore physical function—for example, use of woodworking activities on an inclined table to restore shoulder, elbow, and wrist range of motion lost as a result of burns
- The planning, implementing, and supervising of individualized therapeutic activity programs as part of an overall "active treatment" program for a patient with a diagnosed psychiatric illness—for example, sewing activities that require following a pattern to reduce confusion and restore reality orientation in a schizophrenic patient

- The planning and implementing of therapeutic tasks and activities to restore sensory-integrative function—for example, providing motor and tactile activities to increase sensory input and improve response for a stroke patient with functional loss resulting in a distorted body image
- The teaching of compensatory technique to improve the level of independence in activities of daily living
- The designing, fabricating, and fitting of orthotic and self-help devices—for example, making a hand splint for a patient with rheumatoid arthritis to maintain the hand in a functional position or constructing a device that would enable an individual to hold a utensil and feed himself or herself independently

Respiratory Therapy Services

Respiratory therapy, or respiratory care, provides both diagnostic and therapeutic services designed to evaluate and treat conditions associated with the patient's respiratory system. Respiratory therapy professionals also participate in the care of the critically ill patient by monitoring life-sustaining equipment such as mechanical ventilators.

According to Medicare's definitions, respiratory therapy services include:

- The application of techniques for support of oxygenation and ventilation in the acutely ill patient. These techniques include, but are not limited to:
  - —Establishment and maintenance of artificial airways
  - —Ventilator therapy and other means of airway pressure manipulation
  - —Precise delivery of oxygen concentration
  - —Techniques to aid removal of secretions from the pulmonary tree
- The therapeutic use and monitoring of medical gases (especially oxygen), bland and pharmacologically active mists and aerosols, and equipment such as resuscitators and ventilators
- Bronchial hygiene therapy, including deep breathing and coughing exercises, intermittent positive pressure breathing (IPPB), postural drainage, chest percussion and vibration, and nasotracheal suctioning
- Diagnostic tests for evaluation by a physician, such as pulmonary function tests, spirometry, and blood gas analyses
- Pulmonary rehabilitation techniques, which include:
  - —Exercise conditioning
  - —Breathing retraining
  - —Patient education regarding the management of the patient's respiratory problems
- Periodic assessment and monitoring of acute and chronically ill patients for indications for, and the effectiveness of, respiratory therapy services (CMS 2009a)

Speech Therapy Services

Speech pathology services are necessary for the diagnosis and treatment of conditions regarding language, speech, and the voice. Most insurance companies reimburse only for services directly related to the treatment of disorders that hinder the patient's ability to communicate or for those conditions that impair the swallowing function.

Medical Social Services

Social services are designed to allow for assessment of an individual's emotional and social conditions to determine an appropriate plan of care. This may include evaluation of the individual's capability for self-care as well as the amount and type of care needed to assist the patient with recovery. In the hospital setting, social services are usually involved in discharge planning. This can entail nursing home placement or other types of home services that patients may require after discharge from the hospital.

Case Management Services

Case management in hospital and other healthcare systems is a collaborative practice model that includes patients, nurses, social workers, physicians, other practitioners, caregivers, and the community. The case management process encompasses communication and facilitates care along a continuum through effective resource coordination.

The goals of case management include the achievement of optimal health, access to care, and appropriate utilization of resources, balanced with the patient's right to self-determination. Among their many services to patients, case managers engage in the following activities:

- Working directly with patients and their families to provide information and emotional support
- Helping develop care plans
- Serving as the patient's advocate
- Coordinating medical care among different disciplines and specialties
- Helping patients establish their long- and short-term health goals
- Helping patients and families sort through and prioritize information needed to make decisions
- Helping with aftercare planning to foresee possible needs and coordinate referrals for services and equipment
- Working with insurance providers to ensure maximum coverage of services

Inpatient Accommodations

Most inpatient facilities offer various types of accommodations, including private and semi-private rooms, as well as specialty units such as intensive care and newborn nurseries. As new hospitals are being constructed and existing hospitals renovated, private rooms have become more commonplace.

Medicare, for example, allows a hospital to charge the patient an additional amount for a private room if the hospital has both private and semiprivate rooms available, as long as the private room is not medically necessary and if the patient has requested a private room and was notified of the additional charge.

Some common medically necessary reasons for private rooms include (CMS 2010):

- *Need for isolation:* A private room is medically necessary when isolation of a beneficiary is required to avoid jeopardizing his or her health or recovery or that of other patients who are likely to be alarmed or disturbed by the beneficiary's symptoms or treatment or subjected to infection by the beneficiary's communicable disease. The private room must be ordered by the physician.
- *Admission required and only private rooms available:* A private room is considered to be medically necessary even though the beneficiary's condition does not require isolation if he or she needs immediate hospitalization (that is, his or her medical condition is such that hospitalization cannot be deferred) and the hospital has no semiprivate or ward accommodations available at the time of admission.
- *All-private room providers:* If the patient is admitted to a provider that has only private accommodations and no semiprivate or ward accommodations, medical necessity will be deemed to exist for the accommodations furnished. Beneficiaries may not be subjected to an extra charge for a private room in an all-private room provider.

Special Units

Special units for inpatients are equipped and staffed to provide specialized care that is focused on the specific needs of different patient populations. Among these special units are those for intensive care, coronary care, neonatal intensive care, nursery, and recuperative care.

Intensive Care

The intensive care unit (ICU) or critical care unit (CCU) is designed for the care-intensive patient who has sustained life-threatening illnesses or injury. It may consist of a wardlike atmosphere with multiple patients in a large room, or the patient areas may be divided into individual rooms. Patients in this unit receive intensive monitoring of vital signs and organ functioning by specially trained nursing professionals. Some facilities have special subdivisions of their ICUs, such as coronary care, trauma care, or neonatal intensive care units, to care for specific types of patients.

Coronary Care

The coronary care unit may be included in the hospital's intensive care area or may be a distinct unit. Patients treated in the coronary care unit have heart-related conditions and require intensive cardiac monitoring. Patients recovering from open-heart surgery, such as a coronary artery bypass grafting (CABG), may be placed in either the coronary care or a special post-surgical ICU.

Neonatal Intensive Care Unit

The neonatal intensive care unit (NICU) is a specially designed nursery. Premature and critically ill newborns frequently require time-consuming and resource-intensive medical evaluation and treatment. Because these babies may require a great deal of medical care during and after their recovery, staff in a typical NICU include specially trained nurses and neonatologists, social services representatives, and discharge planning personnel. Hospitals may have several levels of neonatal units, including one that specializes in the treatment of babies recovering from surgery.

Nursery

The nursery is a unit designed to care for newborn babies who do not require the additional services provided in the NICU. Many facilities have a birthing center that allows for care of the mother and baby together, but separate newborn nurseries are still available to care for the healthy newborn for the first few days of life.

Recuperative Care/Swing Bed

Patients in small, rural hospitals may require short-term skilled nursing care following their acute care hospitalization. These facilities are allowed to use beds for acute care and also to provide skilled care. Because the hospital beds can be used as both acute care and skilled care beds, as needed, the term *swing bed* has been utilized. Under these regulations, a patient who meets criteria for skilled care may be discharged from acute care and admitted into swing bed care without physically changing beds. Because this is a discharge from one type of service to another, the physician and staff complete two separate sets of documentation, including a discharge summary from acute care and one from swing bed care.

In larger facilities, a patient needing skilled care would be discharged to a recuperative care unit in the hospital.

Types of Hospitals

Acute care hospitals designated as for-profit or not-for-profit healthcare systems are differentiated on the basis of ownership status. Other types of hospitals, such as Veterans Affairs (VA) healthcare facilities, short-term acute care hospitals, long-term acute care hospitals, children's hospitals, and critical access hospitals (CAHs), provide care for a specific population, duration, or locality and may operate under a unique reimbursement system.

For-Profit Hospitals

For-profit hospitals are usually owned by corporations whose shareholders own a portion of the business. There are several large for-profit hospital corporations in the United States.

Not-for-Profit Hospitals

Not-for-profit hospitals are typically governed by a board of trustees or directors and do not have shareholders. The term *not for profit* is somewhat misleading in that not-for-profit hospitals are allowed to make a profit but do not have shareholders with expectations of specific profits.

Most not-for-profit hospitals are considered to be public hospitals and are owned by a church, community organization, or government agency such as a county. In a county-owned facility, the board of trustees/directors is usually chaired by the county judge or mayor and the board is composed of elected or appointed members of the community.

Veterans Hospitals

The federal government established VA hospitals in 1930 to care for wounded soldiers returning from war. According to the Department of Veterans Affairs, more than five million people received care in VA healthcare facilities in 2008. There are approximately 153 medical centers across the country with more than 1,400 sites of care, including outpatient clinics, nursing homes, home healthcare, and rehabilitation treatment programs. Veterans with service-connected injuries or disabilities are treated at no cost to them. Other veterans may receive treatment at VA hospitals, but their insurance company can be billed for billed for treatment of conditions not related to military service. VA hospitals are commonly located in medical centers where they serve as teaching sites for medical students, residents, and other healthcare professionals (VA 2009).

Short-Term Acute Care Hospitals

Short-term acute care hospitals generally provide services to patients recovering from surgery or being treated for acute illnesses and injuries. Short-term care is usually considered to be less than 30 days.

Long-Term Acute Care Hospitals

Medicare defines long-term acute care hospitals (LTCHs) as hospitals that "have an average inpatient length of stay greater than 25 days. These hospitals typically provide extended medical and rehabilitative care for patients who are clinically complex and may suffer from multiple acute or chronic conditions. Services may include comprehensive rehabilitation, respiratory therapy, cancer treatment, head trauma treatment and pain management" (CMS 2004).

Critical Access Hospitals

Medicare has determined that some hospitals are exempt from prospective payment systems (PPSs). As part of the Balanced Budget Act of 1997, the government established the Medicare Rural Hospital Flexibility Program, which enabled some hospitals to be designated as CAHs. A CAH is a small Medicare acute care hospital or a health clinic or other facility that was a hospital prior to being converted into a clinic. CAH facilities have to be located in a state that has a Medicare Rural Hospital Flexibility Program in place and has been designated by the state as a CAH (CMS 2009a). These facilities must be more than 35 miles from another hospital (15 miles in an area with only secondary roads or in mountainous terrain) unless they were designated as "necessary providers" by the state prior to January 1, 2006. The facilities must provide 24-hour emergency services, have an average length of stay of no more than 96 hours, and be licensed for no more than 25 beds. A unit of the hospital with up to 10 beds for treatment of psychiatric and/or rehabilitation conditions may also be operated. CAHs are paid based on a percentage of reasonable costs for both inpatient acute care and swing bed services. More information about CAHs is available from CMS (2009c).

Summary

When patients are admitted to healthcare facilities as inpatients, the many services they require are provided by a variety of professionals on the healthcare team. Hospitals in the United States vary according to size, type of ownership, types of services offered, governance structure, and even methodology of reimbursement. It is important to recognize these variances in order to understand the complexity of inpatient treatment.

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