1. Does your program address patient care and discharge planning seven days a week?

2. Who contacts insurance companies and other third party payers for certification? Is this available seven days a week or as appropriate?

3. Is there someone responsible for case management (e.g.: discharge planning or utilization review)? 3a) When that individual is unavailable, who is responsible for this activity?

4. Are the results of diagnostic tests readily available to physicians? What is the expected time frame for results reporting at your hospital? Is that reasonable?

5. Are patients able to be transferred to area nursing homes seven days a week?

6. Are transportation services available for transfers seven days a week?

7. Do physicians make daily rounds? Are the rounds conducted in a timely manner?

8. Are physicians supportive of case management? Do physicians think in terms of “discharge of the patient” and identify a specific plan of care on admission?

9. Are there case maps, care plans or pathways developed for the most common DRGs?

10. Does your hospital have a plan if the inpatient census hits 15 or above? What will be the first step? Are the physicians involved in the decision making process or development of the procedure?

11. How streamlined is your documentation….order entry, results posting, unit faxes, electronic records, flow sheets?
12. Does your nursing staff in ER or the inpatient units have easy access to medical records "after hours"?

13. If a diagnostic test is delayed or not available at your facility, how is this addressed?

14. Are patient care team conferences held? If so, who is involved?

15. Are ancillary departments involved with case management or discharge planning? (Dietary, physical therapy, pharmacy, respiratory care)

16. Do you have educational resources available to patient care staff?

17. Does your patient care staff understand case management? Is patient care coordinated in the most timely, cost effective manner?

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