



THE UNIVERSITY OF TOLEDO
MEDICAL CENTER

Clinical Resource Utilization Plan FY2018

I. INTRODUCTION

The Clinical Resource Utilization Plan is a description of the multidisciplinary, systematic, coordinated approach developed by the University of Toledo Medical Center (“UTMC”) to measure, promote, and maintain the flow of clinical services provided while assuring effective and efficient resource utilization. The plan identifies processes for system-wide management of appropriate resources through analysis of clinical and utilization practice patterns, identification of improvement opportunities, implementation of improvement initiatives, and communication of results. The plan also facilitates appropriate and accurate reporting of clinical resource utilization activities to the Medical Staff and Hospital Administration. Resource utilization activities are accomplished in accordance with the standards of the Joint Commission and other regulatory bodies.

The Clinical Resource Utilization Plan supports the Hospital Plan for Provision of Collaborative Patient Care Services and is organized, developed and implemented in order to positively impact the quality and add value to the care and services provided at UTMC. Ultimately this plan supports the mission, vision and strategy of UTMC.

MISSION

The mission of UTMC is to improve the human condition by providing patient-centered university quality care.

II. UTILIZATION REVIEW ACTIVITIES

(as required by Medicare Conditions of Participation)

UTMC strives for and supports a multidisciplinary approach to resource utilization management. As such, the resource utilization program is the joint responsibility of the Medical Staff, Hospital Administration and Finance.

The activities of UTMC’s clinical resource utilization program may include review of:

- ◆ Administrative denials
- ◆ Medical necessity of admissions
- ◆ Appropriateness of care setting, e.g. observation, correct level of care
- ◆ Medical necessity of extended stays, and/or those determined to be outlier cases
- ◆ LOS and cost per case by service
- ◆ Readmissions
- ◆ Discharge barriers

III. CLINICAL RESOURCE UTILIZATION STRUCTURE

The Resource Utilization Committee (RUC), a subcommittee of the Performance Improvement Council, is the coordinating body for clinical resource utilization review. Its goals are to promote the efficient use of clinical resources and to educate physicians and staff on resource utilization issues. The membership structure of the committee is multidisciplinary, including physicians, hospital administration, management and staff. Minutes from the meeting are compiled and maintained.

The Clinical Service Chiefs of the Medical Staff and the Hospital Administrative Staff review the annual Clinical Resource Utilization Plan and make recommendations for performance improvement opportunities and for implementing initiatives already identified. The hospital administrative staff reviews and analyzes the information, data and recommendations of the Resource Utilization Committee, prioritizes and aligns it to organizational strategic goals and communicates it to the Clinical Affairs Committee of the Board of Trustees. Additionally, the hospital administrative staff provides feedback and recommendations to the Resource Utilization Committee.

RESOURCES

The function of resource utilization is coordinated with efforts of the outcomes management program, financial services, and the appeals coordination program. Clinical resource utilization activities review the impact of the care delivered at UTMC.

The Outcome Management Department merges the functions of care coordination, case management, utilization management and social work services under one organizational structure. The balancing of these functions allows for the proactive identification of patients in need, mobilizes internal resources in a timely manner, improves communication among the related services and reduces duplication of effort. This integration allows each service to focus on problem definition and solution identification in a way that draws from the skill sets and experiences of the interrelated disciplines within the department. During a patient's hospitalization, the staff facilitates the plan of care through monitoring of resource utilization, discharge planning and interdisciplinary collaboration.

- **Patients with Extended Length of Stays:** The Outcomes Management staff provides feedback to the medical director, medical staff, nursing leadership and hospital administration regarding those patients whose hospitalizations exceed the expected length of stay. Reports are reviewed for potential areas of improvement regarding resource utilization.
- **Discharge Planning:** All patients receive a Nursing Admission Assessment by the unit RN within 24 hours of admission. The Outcome Management staff screens all Nursing Admission Assessment forms for potential discharge needs. The Outcome Management staff identifies specific needs or high risk indicators that trigger an automatic assessment for discharge planning. Discharge planning is coordinated by the Outcome management team who works closely with the patient and/or family and the medical staff to ensure appropriate care after discharge.
- **Resource Utilization Coordinators** are responsible for the collection of clinical information. This information is used to determine medical necessity for admission and continued hospitalization based on InterQual criteria. Practitioners involved in the patient's plan of care are consulted if the admission or continued stay is questioned as to medical necessity. The patient's medical records are reviewed concurrently until the patient is discharged. Information is provided to private/governmental review agencies as needed for obtaining admissions and continued stay certification.

Patient Financial Services provides screening for insurance verification, pre-authorization, insurance review and appeals, review of government payor clients for InterQual criteria matching and MD education.

The appeals coordination program is responsible for appealing all appropriate inpatient and outpatient utilization denials. The appeals coordinator collaborates with appropriate departments, physicians and staff necessary to complete the appeal process. The program is responsible for the coordination of the appeals database and analyses of appeals data to identify trends and improvement opportunities. Findings are reported to

RUC. The program is also responsible for hospital defense audits and communicates report results to the appropriate departments for evaluation.

The Physician Advisor/Executive Health Resources is responsible for secondary reviews and assists with cases that may require a physician expert opinion.

COMMUNICATION OF CLINICAL RESOURCE UTILIZATION ACTIVITIES

Multiple mechanisms for communication of clinical resource utilization activities exist. All reports generated for committee/council review identify patients and practitioners by unique identifiers in order to maintain confidentiality. All patient information collected for purposes of care coordination, documentation accuracy, or private reviews are retained in a secure location for a minimum of two years after the patient's discharge.

- ◆ The Clinical Resource Utilization Plan is revised on an annual basis and functions as the framework for clinical resource utilization activities at UTMC.
- ◆ Clinical resource utilization reports, including physician profiles, are compiled with the Medical Director and Finance and shared with Clinical Service Chiefs.
- ◆ Clinical resource utilization reports, DRG reports and other related data reports are discussed at RUC regularly and communicated further as needed.
- ◆ Core Measure outcomes are presented to Performance Improvement Council and Clinical Service Groups on an annual basis.
- ◆ Appeals data is presented to the Resource Utilization Committee on a quarterly basis.
- ◆ Length of stay outlier reports (patient hospitalized greater than thirty (30) days), and over \$200,000 are reported to RUC and the Medical Director on a monthly basis.

CLINICAL RESOURCE UTILIZATION INDICATORS

- ◆ Unplanned readmissions
- ◆ Insurance Denials
- ◆ High volume DRG length of stay and costs
- ◆ Clinical Practice Protocol Utilization
- ◆ High cost drugs, biologicals, etc.
- ◆ Opportunity days
- ◆ Interqual Criteria
- ◆ Discharge dispositions/barriers

IV. IMMUNITY / CONFIDENTIALITY CLAUSES

The Clinical Resource Utilization Committee is UTMC's utilization committee as referenced in the Ohio Revised Code. Those sections of the Ohio Revised Code pertaining to immunity and confidentiality apply to the Clinical Resource Utilization Committee.

A. Ohio Revised Code §2305.24

“Any information, data, reports, or records made available to a quality assurance committee or utilization committee of a hospital...are confidential and shall be used by the committee and the committee members only in the exercise of the proper functions of the committee.”

B. Ohio Revised Code §2305.25.1

No hospital...and no individual who is a member or employee of (a committee protected by statute) “shall be liable in damages to any person for any act, omissions, decisions, or other conduct within scope of the

functions of such committee...”No person who provides information under this section without malice and in the reasonable belief that the information is warranted by the facts known to the person shall be subject to suit for civil damages as a result of providing the information.”

V. ANNUAL REVIEW PROCESS

The organizational clinical resource utilization plan is updated annually during the budget preparation process in order to complement and support the Hospital Plan for the Provision of Collaborative Patient Care Services.

SUMMARY:

The goal of UTMC’s clinical resource utilization activities is to ensure that the organization analyzes resource consumption patterns, prioritizes resources appropriately, supports patient safety and identifies opportunities for performance improvement. Further, once opportunities are identified those staff and physicians involved in clinical resource utilization review work to develop recommendations and action plans, facilitate implementation and assure that initiatives are continuously improved. The organizational clinical resource utilization plan provides the framework for these goals.

— Original Date: 10/22/84

Revised: 12/86
9/87
3/89
5/90
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6/2017



Daniel Barbee, RN, BSN, MBA
Chief Executive Officer - UTMC

Date



Samer Khouri, MD
Chief of Staff

8-22-17

Date



Michael Ellis, MD
Chief Medical Officer

16 AUG 17

Date