

One-Day Inpatient Stay Audit Tool

Patient:	FSC:	Coder:		
MR#:	MD:	Auditor:		
DOB:	DOS:	Date audited:		
		YES	NO	N/A
1	What is the Admission Diagnosis for this patient? _____			
2	What is the M&R Goal Length of Stay for this diagnosis? _____			
3	Does the medical record contain an inpatient admission order for the date of admission? a. If no, was there an order for Observation only ? (If 3a is Yes, go to Question 10)			
4	Was the length of stay one day or less? a. If Yes, how many hours was the patient in the hospital? _____			
5	How long was the patient in the hospital before they were admitted? _____			
6	Did the severity of the patient's signs & symptoms (S/S) support an inpatient admission? a. If yes, list the S/S: _____			
7	Did the patient have a condition that could only be treated in the inpatient setting? a. If yes, describe the condition: _____			
8	Did the patient require treatment that could only be performed in the inpatient setting? a. If yes, list the treatment: _____			
9	Were procedures necessitating admission medically necessary? a. If yes, list the procedure: _____			
10	Was the patient initially treated in an outpatient observation? a. If yes, 1) Could the patient's care have been safely continued in outpatient observation? 2) Should the patient have been admitted as an inpatient instead of as an outpatient observation? b. If no, could care have been provided using alternatives to admission such as outpatient observation, home health, or skilled nursing facility care?			
11	What was the discharge disposition? _____			
12	Per nurse review, did this appear to be an appropriate One-Day Inpatient Stay? (If Yes, stop here. If No, review case with physician and complete Question 13)			

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		YES	NO	N/A
13	Physician Utilization Review:			
	a. Was this an appropriate One-Day Inpatient Stay?			
	b. Was an Outpatient Observation status more appropriate for this stay?			
	c. Was this an Outpatient Surgery requiring a standard post-procedure recovery period?			
Patient Encounter Location:		Past Medical History:		
Date/Time:				
Chief Complaint:				
VS:				
Treatment/Procedures:				
Patient Response:				
Labs:				
Inpatient Admission Date & Time:				
Admission VS:				
Treatments:				
Patient Response:				
Discharge Date/Time:				

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