



INPATIENT AND SURGICAL CARE

Evidence-based criteria, goals,
care pathways and other decision
support tools for use in proactive
care management.



PROACTIVE CARE MANAGEMENT

Inpatient and Surgical Care enables reviewers and providers to manage quality patient care by applying evidence-based, best-practice clinical guidelines. Anticipating appropriate clinical resources and identifying the next steps in individual patient care facilitates effective outcomes, and the independently developed *Milliman Care Guidelines*® help drive this process.

Specifically, *Inpatient and Surgical Care* provides evidence-based criteria, goals, care pathways and other decision-support tools, making it a valuable resource for proactive care management, case review and assessment of patients facing hospitalization or surgery. Comprehensive and easy to use, this product helps ensure optimal health outcomes, continuous quality improvement, and enhanced resource utilization. As with all *Care Guidelines* products, our full-time clinical faculty update *Inpatient and Surgical Care* annually with the most current medical research and best-practice benchmarks.

Clinical Indications for Procedure

Selections Made, Indications Met

- Procedure may be indicated for 1 or more of the following (1) (2) (3) (4) :
- Aortic valve replacement [A] needed for 1 or more of the following (8) :
 - Severe aortic stenosis [B] (not appropriate for percutaneous valvotomy) and 1 or more of the following:
 - Need for coronary artery
 - Heart failure
 - Syncope
 - Angina
 - Ejection fraction less than
 - Abnormal response to e

Progression - Reference

Generally, measurements are made by echocardiography. Cardiac catheterization may be necessary if there is a discrepancy in estimation of disease severity based on Doppler calculations.(1)

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Optimal Recovery Course (ORC)

Level of Care	Clinical Status	Activity	Routes	Interventions	Medications
<input type="checkbox"/> Out to ICU	<input type="checkbox"/> Clinical indications met (M)	<input type="checkbox"/> Rest	<input type="checkbox"/> IV fluids, medications	<input type="checkbox"/> Chest tube	<input type="checkbox"/> Prescriptive antibiotics QM
<input type="checkbox"/> Discharge planning	<input type="checkbox"/> Intubated			<input type="checkbox"/> Central lines	<input type="checkbox"/> Possible beta-blocker
				<input type="checkbox"/> Pleural drains	<input type="checkbox"/> Possible epidural analgesia
				<input type="checkbox"/> Oxygen	<input type="checkbox"/> Possible epidural analgesia
				<input type="checkbox"/> Possible extubation postoperatively	<input type="checkbox"/> Glucose control QM

Recovery Milestones are indicated in bold.

Progression - Reference

Routine use of beta-blocker preoperatively or early postoperatively reduces the risk of atrial fibrillation (25)(G) For patients with intolerance to beta-blocker, amiodarone or sotalol may be used (26) (27)(H)

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► **Optimal Recovery Course (ORC):** Describes key care steps and milestones that move a patient toward optimal treatment and recovery. Presented in a “care pathway” table, the ORC provides a daily assessment of level-of-care, clinical status, activity, routes, interventions and medications. This table details daily changes in each element, clearly documenting progress and variances.

Neonatal Levels of Care: Admission and discharge guidelines cover facility level designations I, II and III.

► **Clinical Indications for Admission or Procedure:** Presents discrete and actionable criteria valuable to efficient review and authorization.

Discharge information Guidelines: Written in lay-person language, this content is suitable for handing to patients at discharge. It includes recommendations for nutrition, activity level, self-care, problems to report to the provider, and information sources.

Heart Failure - Annotated Bibliography

Optimal Recovery Guidelines

- Heart Failure

National guidelines for heart failure in adults emphasize providing therapy on an outpatient basis, focusing on dietary and lifestyle issues (eg, sodium restriction), and complying with recommended medication regimens (1)(2)(3)(4) Practice guidelines for heart failure in children address differences in etiology and treatment.(5) Data analyses and systematic reviews have shown that organized disease management programs decrease hospital admissions, but it is unknown exactly which components of these programs are responsible (6)(7) (8) (9) Hospital admission is recommended for decompensated heart failure, resting dyspnea, associated arrhythmias or acute coronary syndrome (10)(11) (12) The most common indication is decompensated heart failure, where worsening of chronic symptoms over several days leads to hospitalization (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

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Annotated Bibliography, References and Footnotes: Milliman does not simply produce stand-alone clinical evidence summaries, but integrates the current best evidence directly into the *Care Guidelines*. The Annotated Bibliography provides an interpretive summary of best-practice evidence, and grades the evidence for references cited.

Goal Length of Stay (GLOS): Establishes an evidence-based, length-of-stay target, based on the best available medical research. With this, reviewers can confidently benchmark transition to alternate and more efficient levels of care.

Quality Measures: Flags and details all care elements in the Optimal Recovery Course that address measures from national organization initiatives such as the Hospital Quality Alliance, and the Joint Commission. Specific measures are described in footnotes that provide links to a dedicated Quality Measures section within each relevant guideline.

Extended Stay/Common Complications and Conditions: Addresses situations where the hospital stay is longer than GLOS. Includes brief descriptions of expected work-up or therapeutic regimen for these conditions, as well as estimates of extended-stay duration.

More Criteria and Information:

- Alternatives to Admission or Procedure
- Intensive, Intermediate, and Telemetry Care Guidelines
- Observation Care Guidelines
- Planning for Alternative, Hospital and Preoperative Care, and for Discharge
- Patient Education Guidelines
- Assistant Surgeon Guidelines
- DRG Cross-Reference Tables
- Inpatient Care Utilization Models
- Statistical Companion

Key Care Management Tools:

- General Discharge Planning
- General Inpatient Monitoring and Assessment
- Psychosocial Assessment
- Determining Recovery Facility Level of Care



Software and Strategic Alliances

The current best evidence is optimal only when easily used by healthcare professionals to make decisions about the care of individual patients. From web-based applications, to interactive software producing real-time management reports, to handheld versions, *Care Guidelines* software and strategic alliances make the current best evidence readily available for use where it matters: at the point of care.

CareWebQI[®] – Web-based interactive software that captures and reports on real-time clinical data through consistent point-and-click application and easy-to-use variance selection. This enables users to identify inappropriate care, providing reports about variances from evidence-based best practice; physician, facility and resource delays; national quality measures; and more. Installable version also available.

Web – Provides access from any Internet-ready computer.

PC – Makes the *Care Guidelines* available through an application for Windows[®].

Handheld – Use the *Care Guidelines* through a PDA.

Intranet – An HTML version that can be customized for intranet use.

Interrater Reliability Tool – Measures consistent and appropriate use of the *Care Guidelines*. Web-based software tests ability to find the right guideline, including relevant sections, and to apply it appropriately.

Strategic Alliances – The *Care Guidelines* are integrated with 30 care management programs from 25 Strategic Alliance Partners, providing clients with improved workflow. For more information regarding alliances, visit www.careguidelines.com/sap.

For more information on the *Care Guidelines*, licensing or training, please call us at 888 464.4746 or visit our website at www.careguidelines.com.

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Additional Products:

Ambulatory Care

The tool of choice for authorizing established and emerging technologies, outpatient procedures, diagnostic tests, imaging, rehabilitation services, DME, injectables and more.

General Recovery Guidelines

Ideal when there isn't a guideline for the diagnosis, or when the clinical situation is so complex that a guideline is not easily applied.

Recovery Facility Care

A detailed and comprehensive means to develop effective plans for recovery facility admission, care and discharge.

Home Care

A comprehensive planning resource to smoothly move patients to home healthcare.

Chronic Care Guidelines

A tool to facilitate outpatient care for chronic or complex diagnoses.

Behavioral Health Guidelines

Reliable, evidence-based tools and criteria that address appropriateness of specific psychological, behavioral and pharmacologic therapies.