

#2	IV medications	Extended Care 2008
No	Yes	<b>Exclusions</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inability prior to present illness to walk 50 feet, transfer with minimal assist, or be safe in an unsupervised environment
Met	Not Met	<b>Validating Elements</b>
<b>Clinical Intervention and Patient Status</b>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Service</b> Patient requires IV medications to: <ul style="list-style-type: none"> <li><input type="radio"/> Complete a treatment plan</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Establish treatment that can be given at a lower level of care</li> </ul>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Condition</b> Stable primary and comorbid medical conditions
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Condition</b> A physical, emotional, or cognitive impairment that causes an inability to perform activities of daily living or to comply with the treatment plan
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Participation</b> Physical, emotional, and cognitive ability to participate in core therapy program
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Potential</b> Potential to walk 50 feet, transfer with minimal assist, and be safe in an unskilled environment
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Treatment Options</b> Alternative delivery routes are inadequate or not possible
<b>Settings-Resources</b>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Level of Care</b> Programmed inpatient setting required for more than 24 hours with the ability to respond as needed to alterations in expected clinical course
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Intensity</b> Skilled nursing services at least 3 times per day to: <ul style="list-style-type: none"> <li>• Administer IV medication</li> <li>• Monitor response to treatment</li> <li>• Respond to adverse effects of treatment</li> </ul>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Intensity</b> Two core therapy services required at least 1 hour per day
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Alternatives</b> A less intensive setting for IV medication is not considered safe or effective
<b>Clinical Actions</b>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>RN Assessment</b> Comprehensive admission nursing assessment to include: <ul style="list-style-type: none"> <li>• Review of clinical status and prior care delivered</li> <li>• A focused physical examination</li> <li>• Reconciliation of medication</li> <li>• Addressing aspects of patient's condition that may compromise safety</li> <li>• Identification of problems with continence, skin management, or pain</li> <li>• Identification of issues requiring physician notification or intervention</li> </ul>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>MD Assessment</b> Admission physician assessment to include: <ul style="list-style-type: none"> <li>• A brief history and physical examination</li> <li>• Identification of comorbid conditions</li> <li>• Review of medication and prior treatment history</li> <li>• Initiation, modification or continuation of therapeutic plan</li> </ul>
<b>Considerations</b>		
Core therapy services provided in those patients who need to overcome ADL impairments that prevent therapy at a lower level of care		
Criterion no longer met once therapy is completed, patient can walk 50 feet, transfer with minimal assist, and be safe; or ability to make progress in ADLs has plateaued		
Wheelchair-bound patients meet this criterion only if they have lost ability to transfer with minimal assist and be safe or medical resources are not available in the community		

## Steps to Complete a Review

1. Choose criterion (example: Intravenous medications).

MCAP's exclusive service-focused methodology allows reviewers to choose a criterion based on the treatments ordered in the physician's plan of care.

2. Review criterion sections and check off all exclusions and validating elements.

For a criterion to be qualified according to clinical necessity and best practice standards, each validating element must be met.

3. Collect Quality, Delay or Reason Codes for adequate explanation of outcomes. This data can be collected, reported and analyzed to accurately identify areas for improving patient flow and reducing LOS.

Reviewers can add Quality and Delay Codes for qualified reviews or Reason Codes for non-qualified reviews. These codes are fully customizable to meet the needs of your facility or health system.