

#3	Ventilatory assistance	Intensive Care 2008
No	Yes	Exclusions
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Routine treatments for chronic ventilatory care
Met	Not Met	Validating Elements
Clinical Intervention and Patient Status		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Service Continuous or intermittent mechanical ventilatory assistance required
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Condition Injury, illness or disease that is life-threatening or may lead to irreversible damage
Settings-Resources		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level of Care Intensely-monitored inpatient setting, required for more than 24 hours, with ongoing response to patient medical needs
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Intensity Continuous skilled nursing services required to: <ul style="list-style-type: none"> • Assess adequacy of mechanical ventilatory assistance • Adjust the ventilatory assistance regimen as needed • Identify potential side effects • Respond to changes in patient's condition
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alternatives Treatment in a less intensive level of care: <ul style="list-style-type: none"> <input type="radio"/> Was unsuccessful in stabilizing the patient's condition <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <input type="radio"/> Is insufficient due to potential for rapid deterioration
Clinical Actions		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	RN Assessment Nursing assessment on admission to evaluate immediate life-threatening issues and to assist the physician in controlling the patient's condition
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MD Assessment Physician assessment on admission, with initiation of diagnostic and therapeutic treatment plan to control the life-threatening aspects of the respiratory condition
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MD Assessment Complete physician assessment within 6 hours of admission, to include: <ul style="list-style-type: none"> • Comprehensive history and physical examination • Evaluation of medical risk • Understanding comorbidities and complexities of treatment • Review of medication history and revise in accord with current medical condition • Refinement of initial diagnostic and therapeutic plan
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MD Assessment At least 2 direct physician assessments daily
Considerations		
Assessments of the effectiveness of respiratory assistance programs should involve the use of pulmonary function tests to obtain quantitative data of changes in pulmonary function		
If patient is admitted within 6 hours of the next hospital day, 1 physician assessment is acceptable		
Discharge Planning		
Evaluate the need for post-intensive care or rehabilitation services		
Evaluate potential need for continued therapy post-discharge and initiate patient assessment to determine level of care required		

Steps to Complete a Review

- Choose criterion (example: Ventilatory assistance).
MCAP's exclusive service-focused methodology allows reviewers to choose a criterion based on the treatments ordered in the physician's plan of care.
- 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.
- 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.