Manual/Library Name: Case Management	**No:** CMT.105
	Page: 1 of 3
	Effective Date: 04/02/24
Policy Title: Case Management Documentation System Downtime	**Previous Versions:** 08/25/21; 05/18/17, 05/12/16
	Approved By: Executive Leadership Team
	Approval Date: 03/04/24

I.   Scope:

This policy applies to Tenet Healthcare Corporation, its subsidiaries and affiliates (each, an "Affiliate"), any other entity or organization in which Tenet or an Affiliate owns a direct or indirect equity interest of greater than 50%, and any entity in which an Affiliate either manages or controls the day-to-day operations of the entity (each, a "Tenet Entity") (collectively, "Tenet").

II.   Purpose:

To define the Case Management process for utilization review and discharge planning documentation during identified prolonged down-times of electronic medical record and/or Case Management Documentation Systems.

III.   Definitions:

Case Management: A collaborative process of assessment, planning, facilitation, care coordination and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality, cost-effective outcomes.

Case Management Documentation System: The system that Tenet hospitals use to document all utilization management and transition planning assessments and processes including, but not limited to, InterQual® or other Tenet approved clinical screening criteria, clinical reviews, secondary physician reviews, transition planning evaluations and plans, referrals for post-acute services and Case Management tasks and interventions.

InterQual® (or other Tenet approved clinical screening criteria): Clinical decision support guidelines licensed for use by hospitals and managed care companies to evaluate the appropriateness of medical interventions and level of care based on clinical criteria and standards.

Transition Management: The process of assessing and reassessing patients for post-hospital needs and developing and implementing a plan to coordinate those services identified as necessary for the patient when they leave the hospital. The process includes a mechanism for a Case Management registered nurse or social worker to identify at an early stage of hospitalization those patients who are likely to suffer adverse health consequences upon discharge or transfer if there is inadequate planning.

IV.   Policy:

Case Management staff will implement procedures related to hospital admission, continued stay, and transition of care planning as established by Tenet. Documentation standards during downtime (longer than 4 hours) will apply.

Manual/Library Name: Case Management	**No:** CMT.105
	Page: 2 of 3
	Effective Date: 04/02/24
Policy Title: Case Management Documentation System Downtime	**Previous Versions:** 08/25/21; 05/18/17, 05/12/16
	Approved By: Executive Leadership Team
	Approval Date: 03/04/24

V.   Procedure:

Case Management Documentation System alerts are sent to the hospital Director of Case Management (DCM), Utilization Review, Operations, and Secondary Medical Reviewers to advise them of information systems downtime, planned or unplanned, to coordinate all downtime workflow processes.

A. Utilization Review Activities

1. Responsibility for completing reviews during system downtime:

   a. For cases approaching 24 hours and/or have a time sensitive review pending submission for insurance authorization, the hospital, or Central Utilization Review Case Manager (URCM) will complete the review.

   b. Continued Stay reviews will be documented completed at a minimum of every 3 days.

2. When the Case Management Documentation System is down, the URCM will complete the clinical review using the medical record documentation.

   a. The URCM will complete a clinical review on the clinical review downtime form and attach pertinent supporting clinical documentation. For payers with an authorization process, this clinical review will be communicated directly to the payer via fax or phone.

   b. For reviews requiring InterQual® criteria application, the URCM will conduct the review using InterQual® book view. In the event criteria is not available electronically, the URCM will document the medical necessity on the clinical review downtime form.

   c. If both the Electronic Medical Record (EMR) and Case Management Documentation Systems are down, staff shall follow the same process to document clinical reviews using any hard copy documentation that is on the medical record.

   d. When the Case Management Documentation System is available, staff will upload the completed clinical review downtime form and enter the review into the system.

B. Transition of Care and Discharge Planning

Staff will document all transition of care documentation and discharge planning on hard copy versions of the appropriate assessment.

   a. Staff must ensure all handwritten notes are dated, timed, and have a patient label or patient identifiers. Notes must be legible and in accordance with hospital handwritten standards. Case Management staff will sign his/her full name, title, date, and time, and place an original copy in the medical record under the Case Management tab.

Manual/Library Name: Case Management	**No:** CMT.105
	Page: 3 of 3
	Effective Date: 04/02/24
Policy Title: Case Management Documentation System Downtime	**Previous Versions:** 08/25/21; 05/18/17, 05/12/16
	Approved By: Executive Leadership Team
	Approval Date: 03/04/24

    b.   Staff will document the Final Discharge Disposition on a hard copy form, when required.

    c.   Staff will note interventions such as MOON, Important Message, Patient Choice etc., in either the Reassessment or Discharge Planning Note.

    d.   When the Case Management Documentation System is available, staff will upload the completed assessments and document necessary interventions.

    e.   When the EMR is down, staff will continue to use the Case Management Documentation System for documentation. Staff will print notes to hard copy and place them on the hard copy medical record under the Case Management tab.

VI.   Enforcement:

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

VII.   References:

COMP-RCC 4.01 Hospital Discharge Policy for Medicare Patients

CMT.102 Managing Post-hospitalization Services and Promoting Patient Choice

CMT.103 Hospital Case Management Transition Planning

CMT.104 Hospital Case Management Utilization Review Process