(b) Quarterly Education Program

Under the direction of the Medical Officer in Charge, these studies and the recommended changes in procedures will be presented in staff meetings, and in printed form, as a part of the hospital's continuing education and in-service training programs, at least quarterly.

(c) Review of Extended Hospital Stay Cases

Reviews shall be made of each beneficiary case of extended duration. The plan may specify a different number of days for different disease categories, or may set a single time limit for all cases; for example, 30 days, following which case review must be made.

Two or more physicians or a sub-committee will review all cases of extended duration no later than one week following the period of extended duration. Chiefs of Medicine, Surgery, Pediatrics, and other services, if large enough, will be designated the responsibility of performing this function on their services. They will appoint two staff members to assist them in the reviews. No physician will review his own cases.

The group will note whether the attending physician has certified a need for care beyond the predetermined time limit, and whether they agree with his decision. Three decisions are possible:

(1) Further stay is no longer medically indicated.
(2) Further stay is medically necessary.
(3) Further stay is necessary for other reasons (specify).

A report of justifiable extended stay cases will be submitted to the Utilization Committee Chairman at each monthly meeting.

If, after opportunity for consultation is given the attending physician, and consideration is given to availability and appropriateness of out-of-hospital facilities and services, the appointed physicians decide that hospitalization is unwarranted, there shall be notification in writing to the Committee Chairman and to the attending physician within 48 hours.

Psychiatric and tuberculosis patients may be excluded from this review procedure.

4. Documentation of Utilization Review Plan

The hospital will have a currently applicable written description of its utilization review plan. Such description shall include:

(1) Organization and composition of the Committee, and sub-committees, if desired, which are responsible for the utilization review function, including term of duty and rotation of membership;
(2) Frequency of meetings (at least monthly);
(3) Types of records to be kept (worksheet summaries, Utilization Committee minutes, study reports);
(4) Method to be used in selecting cases on a sample basis. (Computer-processed sample provided by Headquarters.)
(5) Definition of what constitutes the period of extended duration requiring the case review (thirty days, or by specific disease category, if desired.)
(6) Arrangements for Committee reports and their dissemination.

A sample Utilization Review Plan, prepared at one of the PHS Hospitals, is attached for your information. A sample Utilization Review Worksheet is attached, and a table of Length of Stay for Patients 65 or Older.

5. Minutes and Recommendations Held Confidential

Minutes of the monthly Utilization Committee meetings, summary information, recommendations, and reports to the Medical Officer in Charge on extended hospital stay cases, will be held confidential. Authority for implementation of recommendations resides in the office of the Medical Officer in Charge.

6. Publications

The following publications are enclosed for your information:

(1) "Utilization Review—A Handbook for the Medical Staff," American Medical Association, 1965. (Enclosure: omitted.)
(2) "Health Insurance for the Aged—Conditions of Participation for Hospitals," DHEW, Social Security Administration, 1966. (Enclosure: omitted.)

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