Bed status determinations are difficult, so it's more important than ever to arm physicians with the information necessary to make the appropriate level of care decisions.
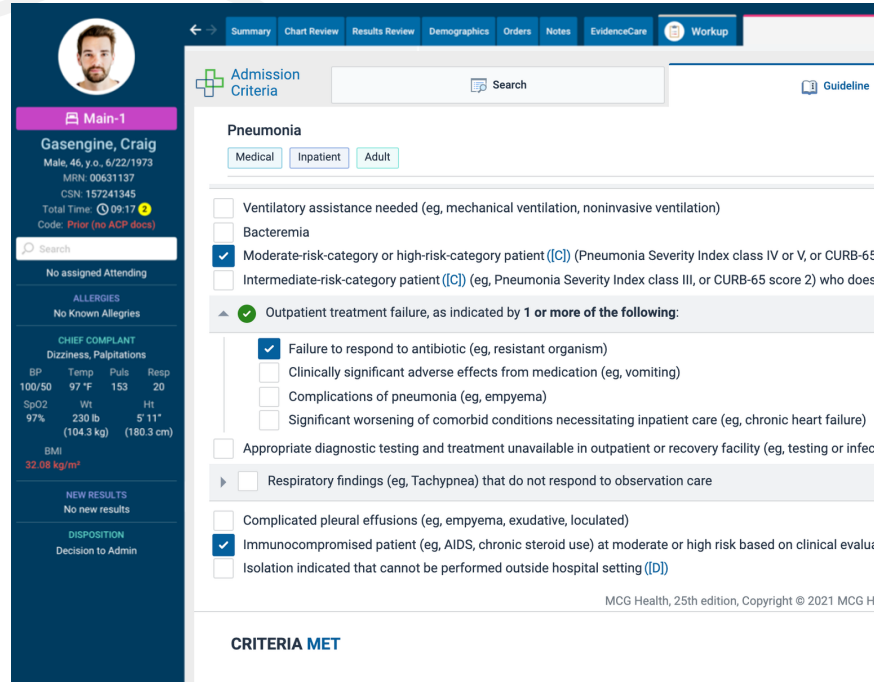
Better Care. Fewer Clicks.

We understand that you want to spend your time delivering exceptional patient care, not fighting denials. With EvidenceCare's EHR-integrated solution, **AdmissionCare**, physicians can access guidelines at the point of care so that the proper bed status determinations can be made, patients and doctors are happy, and your hospital gets paid for the services provided.

Financial Impact:

After tracking financial impact for 60 days, **AdmissionCare** had a directly attributable **increase in Admissions Revenue**, which was derived from the following areas:

- Increased appropriate Inpatient admission from the Emergency Department
- Increased timely compliant conversions of Observation to Inpatient
- Reduced Inpatient to Observation downgrades (Code 44)
- Overall reduced denials

BON SECOURS MERCY HEALTH*

"At the end of the day I just want to practice medicine, right? And I can't memorize a 500-page book ... so this tool is helpful for me."
-HOSPITALIST DIRECTOR

"We just want to take care of patients and this is one of the few tools that is fast and efficient and allows us to get back to why we went into medicine."
-ED DIRECTOR

Pneumonia
Medical | Inpatient | Adult

- [ ] Ventilatory assistance needed (eg, mechanical ventilation, noninvasive ventilation)
- [ ] Bacteremia
- [x] Moderate-risk-category or high-risk-category patient ([C]) (Pneumonia Severity Index class IV or V, or CURB-65
- [ ] Intermediate-risk-category patient ([C]) (eg, Pneumonia Severity Index class III, or CURB-65 score 2) who does
- ✓ Outpatient treatment failure, as indicated by **1 or more of the following**:
  - [x] Failure to respond to antibiotic (eg, resistant organism)
  - [ ] Clinically significant adverse effects from medication (eg, vomiting)
  - [ ] Complications of pneumonia (eg, empyema)
  - [ ] Significant worsening of comorbid conditions necessitating inpatient care (eg, chronic heart failure)
- [ ] Appropriate diagnostic testing and treatment unavailable in outpatient or recovery facility (eg, testing or infec
  - [ ] Respiratory findings (eg, Tachypnea) that do not respond to observation care
- [ ] Complicated pleural effusions (eg, empyema, exudative, loculated)
- [x] Immunocompromised patient (eg, AIDS, chronic steroid use) at moderate or high risk based on clinical evalua
- [ ] Isolation indicated that cannot be performed outside hospital setting ([D])

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Physicians Love AdmissionCare Too!
Physicians whose systems have partnered with EvidenceCare love **AdmissionCare** for many reasons, like the streamlined admission process, accelerated handoffs between physicians and hospitalists, reduced documentation queries, and decreased "shoulder taps" from utilization review and case management.

How It Works:

AdmissionCare integrates seamlessly into your physicians' admission workflow in the EHR. We pull data already known about the patient to populate the proper guidelines, providing admitting physicians with the criteria necessary to make appropriate bed status determinations.

The criteria utilized are then automatically synchronized back to the medical record to accelerate your physicians' documentation and help your hospital get paid for the care delivered to each patient.

EvidenceCare

www.evidence.care

BSMH has an equity ownership stake in EvidenceCare.