

Date: 06/07/11

Initial Report

Account:

Contact:

Reference #:

Patient:

Subscriber #:

History: This premature infant was born on 5/23/11 at 28.2 weeks gestation at Gateway Medical Center. He was urgently transferred to Vanderbilt University Hospital via ground ambulance, the Vanderbilt Angel 1. A neonatologist was present during the transport.

The infant's mother was traveling on business. She reported she began feeling some cramping while in her hotel room. She drove to Gateway Medical Center which was 4 blocks from the hotel and she delivered the baby a short time later. This woman has a history of a previous neonatal death at 7 months gestation with agenesis of the kidneys; she herself has polycystic kidney disease. This pregnancy was induced with clomid..

The infant was born and immediately intubated and stabilized. His birth weight was 1250 grams (2#12oz), his apgar scores were 5,7, and 7 at 1,5,and 10 minutes respectively. Upon birth his heart rate was normal without murmur. He had poor, floppy tone. IV antibiotics were initiated.

The infant was transferred to Vanderbilt University Hospital on 5/23/11 via ground ambulance in critical condition on a ventilator. He had been extubated on 5/24/11 but was receiving oxygen at 4.5 liters per nasal cannula. On 5/29/11 he had a normal sonogram of the head. On 5/30/11 he had 3 bradycardia/apnea alarms. He was receiving TPN IV and minimal tube feedings of 4ml every 3 hours of breast milk. On 5/31/11 his weight was 1280 grams (2#13oz). Phototherapy has been applied intermittently until 6/4/11 when it was discontinued. As of 6/7/11 his weight is 1370 grams (3#0.5oz) at the adjusted gestational age of 30 weeks. Oxygen is running at 3 liters. He had an episode of apnea/desaturation overnight that required a moderate amount of stimuli to resolve. His only medication is caffeine. His tube feedings consists of 22ml of breast milk every 3 hours.

Case Management Intervention:

- This file was opened on 5/24/11 when a call was received to notify this writer that the baby had been born prematurely. The Fund was notified and the file was opened to case management.
- Gateway Medical Center and Vanderbilt University Hospital were contacted to provide clinical information.
- The mother was contacted on 6/1/11 (after confirmation that the baby had survived) to introduce case management services. The majority of the non-clinical information noted above was provided by the mother.
- The Fund was updated verbally of the baby's progress.
- Both Gateway Medical Center and Vanderbilt University Hospital are in-network.

Case Management Recommendations

- Admission of the mother and newborn to Gateway Medical Center on 5/23/11 was medically appropriate.
- Transport of the newborn via ground ambulance from Gateway Medical Center to Vanderbilt University Hospital was medically appropriate on 5/23/11. Vanderbilt was the closest hospital with a Level III NICU to care for this infant.
- Admission to Vanderbilt University Hospital on 5/23/11 was medically appropriate, care is ongoing.
- This file will remain open to case management to assist as needed.

Thank you for this referral. Please contact the undersigned with any questions.

Nurse Case Manager RN-BC, CCM

(Cost savings on next page.)

Date: 08/03/2011

Cost Savings Report

Account:
Reference #:
Patient:
Subscriber #:
Event: Disorder relating to short gestation and unspecified low birthweight (CM)
Date Range: 08/02/11 - 08/03/11

Category	Amount	Type	Details
Direct	\$ 17,322.00	Conserved NICU days	3 NICU days, estimated charge is \$5774/day
Direct	\$ 930.00	Conserved physician's visit	3 NICU MD visits, estimated \$310/visit
Total Direct Amount:			\$ 18,252.00
Direct Expenses(-):			\$ 0.00
Admin Auth(-):			\$ 0.00
Total direct savings for this period:			\$ 18,252.00
Total direct savings for this event to date:			\$ 18,252.00
Indirect Savings:			\$ 0.00
Total indirect savings for this event to date:			\$ 0.00