

(1) Emphasize identification and analysis of patterns of patient care; and

(2) Suggest appropriate changes needed to maintain consistently high quality patient care and effective and efficient use of services.

**§ 456.142 UR plan requirements for medical care evaluation studies.**

(a) The UR plan must describe the methods that the committee uses to select and conduct medical care evaluation studies under paragraph (b)(1) of this section.

(b) The UR plan must provide that the UR committee—

(1) Determines the methods to be used in selecting and conducting medical care evaluation studies in the hospital;

(2) Documents for each study—  
(i) Its results; and

(ii) How the results have been used to make changes to improve the quality of care and promote more effective and efficient use of facilities and services;

(3) Analyzes its findings for each study; and

(4) Takes action as needed to—

(i) Correct or investigate further any deficiencies or problems in the review process for admissions or continued stay cases;

(ii) Recommend more effective and efficient hospital care procedures; or

(iii) Designate certain providers or categories of admissions for review prior to admission.

**§ 456.143 Content of medical care evaluation studies.**

Each medical care evaluation study must—

(a) Identify and analyze medical or administrative factors related to the hospital's patient care;

(b) Include analysis of at least the following:

(1) Admissions;

(2) Durations of stay;

(3) Ancillary services furnished, including drugs and biologicals;

(4) Professional services performed in the hospital; and

(c) If indicated, contain recommendations for changes beneficial to patients, staff, the hospital, and the community.

**§ 456.144 Data sources for studies.**

Data that the committee uses to perform studies must be obtained from one or more of the following sources:

(a) Medical records or other appropriate hospital data;

(b) External organizations that compile statistics, design profiles, and produce other comparative data;

(c) Cooperative endeavors with—

(1) QIOs;

(2) Fiscal agents;

(3) Other service providers; or

(4) Other appropriate agencies.

[43 FR 45266, Sept. 29, 1978, as amended at 51 FR 43198, Dec. 1, 1986]

**§ 456.145 Number of studies required to be performed.**

The hospital must, at least, have one study in progress at any time and complete one study each calendar year.

**Subpart D—Utilization Control:  
Mental Hospitals**

**§ 456.150 Scope.**

This subpart prescribes requirements for control of utilization of inpatient services in mental hospitals, including requirements concerning—

(a) Certification of need for care;

(b) Medical evaluation and admission review;

(c) Plan of care; and

(d) Utilization review plans.

**§ 456.151 Definitions.**

As used in this subpart:

*Medical care appraisal norms* or *norms* means numerical or statistical measures of usually observed performance.

*Medical care criteria* or *criteria* means predetermined elements against which aspects of the quality of a medical service may be compared. These criteria are developed by health professionals relying on their expertise and the professional health care literature.

**CERTIFICATION OF NEED FOR CARE**

**§ 456.160 Certification and recertification of need for inpatient care.**

(a) *Certification.* (1) A physician must certify for each applicant or recipient that inpatient services in a mental hospital are or were needed.