The Day Case Center Systems Checklist

What to Evaluate Before You Commit

A control-focused evaluation framework for Clinic Management Systems supporting high-volume day case operations

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End-to-End Case Control

- Can the system track a day case from scheduling through discharge and settlement without manual handoffs?
- Is there a single case ID linking clinical actions, OT activity, billing, and claims?
- Are case statuses system-enforced, not dependent on manual updates?
- Can leadership view real-time case flow across OT, recovery, and billing?

OT Scheduling and Throughput Discipline

- Does the system support procedure-based OT scheduling, not just time slots?
- Are procedure duration, recovery time, and staffing constraints built into scheduling logic?
- Can OT overruns, idle time, and turnaround delays be measured automatically?
- Are scheduling overrides controlled, justified, and auditable?

Pre-Procedure Readiness and Lock-In Controls

- Are consent, pre-op checks, and readiness enforced as mandatory system gates?
- Can a case proceed to OT if readiness is incomplete?
- Are consumables, implants, and equipment locked at case level?
- Are cancellations and reschedules tracked with structured reasons?

Package Billing and Financial Rule Enforcement

- Are packages configured as rule-based financial structures, not flat price lists?
- Does the system clearly manage inclusions, exclusions, and thresholds?
- Can package-to-actual variances be flagged in real time?
- Are overrides, adjustments, and write-offs approval-driven and logged?

Real-Time Charge Capture

- Are procedures, OT time, consumables, and add-ons captured at the point of care?
- Is charge capture automatically linked to clinical documentation?
- Can missed or unbilled services be identified at case level?
- Is reliance on post-procedure reconciliation minimized?

Clinical Closure, Coding, and Billing Readiness

- Can billing proceed without clinical closure and coding finalization?
- Are coding standards embedded, validated, and enforced in the system?
- Are open or incomplete cases visible to clinical, operations, and finance leadership?
- Is billing triggered systemically, not through manual follow-ups?

Claims, Settlement, and A/R Control (If Insured)

- Does the system support end-to-end claim tracking at case level?
- Are denials, partial settlements, and adjustments classified and reported?
- Can A/R be analyzed by payer, procedure, and variance?
- Is remittance posting automated and auditable?

Governance, Auditability, and Risk Management

- Are all clinical and financial actions time-stamped and role-controlled?
- Is there a complete audit trail from procedure to settlement?
- Can internal, payer, or regulatory audits be supported without manual reconstruction?
- Are override rights restricted, monitored, and reviewed?

Management Visibility and Decision Support

- Does leadership have access to real-time operational and financial dashboards?
- Are KPIs such as OT utilization, recovery turnaround, package variance, charge capture accuracy, and A/R days system-generated?
- Can trends be analyzed by specialty, surgeon, payer, and location?

Scalability and Structural Fit

- Can the system support higher case volumes without manual workarounds?
- Does it scale across multiple OTs, specialties, and locations?
- Is the system designed specifically for procedure-driven, short-stay care models?

Next Step

If you are currently evaluating systems for day case operations, the most effective way to use this checklist is to validate it against a live workflow.
Medinous offers structured, end-to-end demonstrations of its Clinic Management System configured specifically for high-volume day case centers—covering OT scheduling, package billing, charge capture, claims, and governance controls in one integrated flow.
Walk through these scenarios in a real system environment and assess fit against your operational and financial requirements.

Request a Demo

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