Implementation of Observation Unit

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Why an Observation Unit?

- Decrease Hospital Admission Rate
- Improve Bed Capacity
- Improve Case Mix:

Multipliers

Resource Utilization

Prompt Standardized Care

(Asudani & Tolia, 2013)

What Metrics Should We Track to Prove Success?

- *Published benchmarks should be used to determine success of the unit.*

Up to 10% of ED volume can expected to go to Observation Unit.

Average Length of stay: 16-18 hours

Conversion rate:

From observation to inpatient- 10-20%

(Silverman, 2016)

Inclusion & Exclusion Criteria

- Patient should be expected to leave within 24 hours
- Clinically stable with little chance of deterioration
- Patient should not require an extensive work-up

(Silverman, 2016)

High Performing Organization

- Patient Protocols

1. Chest pain
2. Syncope
3. TIA
4. COPD/Asthma
5. Renal Colic
6. Vertigo
7. Unspecified abdominal pain/intractable nausea/vomiting/dehydration
8. Atrial Fibrillation
9. Headache/Concussion
10. Hyperglycemia
11. Congestive Heart Failure
12. Geriatric Fragility/weakness/altered mental status
13. Hypertensive Urgency
14. Pulmonary Embolism
15. Pyelonephritis
16. Intractable Back Pain
17. Cellulitis
18. Seizure
19. Hyponatremia/Hypokalemia/Hypomagnesemia
20. Stable gastrointestinal bleeding
21. Anemia without bleeding
22. Allergic Reaction
23. Substance Intoxication
24. Non-operative Trauma

High Performing Organization

- Exclusion, inclusion criteria
  - Open only to patients evaluated in the ED
  - Fit Observation Milliman Care Guidelines
  - Lower acuity patients
  - Hemodynamically stable
  - Age >16
  - No airborne isolation
  - No Psychiatrically disruptive patients

Inclusion & Exclusion Criteria

- **Utilization of the following diagnosis & order-sets:**

Congestive Heart Failure

Atrial Fibrillation

Diabetes- Diabetic Ketoacidosis with no drip

Chest Pain

Transient Ischemic Attack

Abdominal Pain

Chronic Obstructive Pulmonary Disease

Syncope / Near Syncope

Unit Success

- Success of the unit is dependent upon:
- Right Patient Selection
- Right Staff Caring for Patients
- Hospital Prioritization- the goal should be to ensure the required interventions are accomplished in a timely manner to ensure metric outcomes

(Silverman, 2016)

Billing and Coding

- Documentation will be key!

  Initial History and Physical with 4 components
  10 Review of Systems elements
  3 Past Family Social History (PFSH) elements
  8 Physical Exam elements
  Daily progress note in standard SOAP format
  (Silverman, 2016)

Reference

- Asudani,D., Tlia, V. 2013. Pros and cons of clinical observation unit. *The Hospitalist.* Retrieved from Http://www.thehospitalist.org

Silverman, M. 2016. How to develop a successful observation unit. *Emergency Physicians Monthly*. Retrieved from http://epmmonthly.com