Managing Observation: The Value of an Observation Unit

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Background
The Two Midnight Rule poses a challenge to hospitals and healthcare consumers:
• Hospitals are reimbursed at a lower rate for observation (OBV) status patients.
• Patients with Medicare Part B are responsible for 20% of their entire observation visit.
Prior to the initiation of a designated Observation Unit, these patients were scattered throughout the hospital. As a result, testing and treatments were often delayed leading to an increased length of stay (LOS), constrained bed capacity and financial loss.

Goal
Design a process to improve the overall management of observation patients, provide a cost savings, decrease bed capacity and improve LOS.

In January, 2014, a 32-bed closed observation unit opened to care for emergency medicine and hospital medicine observation patients.

References:

Process
4 Key Strategies to improve overall management of observation patients:
1. Education provided to nurses - Care of OBV patient
2. Designated Unit - Bed management instructed to assign all OBV patients to 5C
3. Provider Coverage - Staffing Model Redesign 8am-4pm: two hospitalist Advanced Practice Clinicians (APCs) 5pm-11pm: unit cross-coverage 7am-1am: one emergency department (ED) APC
4. Daily Rounds 10am collaborative rounds to discuss each patient's plan of care and discharge needs Participants include:
   • Unit APCs
   • Case Manager
   • Registered Nurse (RN)
   • Unit Leadership

Outcomes
4 Key Strategies to improve overall management of observation patients:
Inpatient vs. Observation Discharges (Implementation Date: January 2014)
- ED Physician vs. Hospitalist - Impact on 5C LOS (Implementation Date: January 2014)

Next Steps
• Continue to improve LOS, educate and develop staff; collaborate with other specialties, and develop inclusion/exclusion protocols