

Developing an Observation Unit to Improve Patient Throughput and Maximize Capacity

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Introduction

- The purpose of this process improvement project was to develop and open an observation unit to maximize capacity and improve efficiency.
- In winter of 2022, patients were waiting in the Emergency Department (ED) which caused ED capacity to decrease. Leaders discussed innovative solutions to increase both inpatient and ED patient bed capacity.
- A 12-bed observation unit was opened in November 2022 in a section of available beds in the ED.

Methods

- ED and Acute Care Services (ACS) nursing leadership collaborated with the following departments: Emergency Preparedness, Information Services, Planning, Design, and Construction, Pharmacy, Supply Chain, Environmental Services, and the Pediatric Hospital Medicine (PHM) physicians.
- Observation criteria was developed by PHM physicians in partnership with nursing leadership and Utilization Management
- Clinical Resource Team (CRT) nurses and Patient Care Techs staffed the observation unit.
- In April 2023, the observation criteria was expanded to include Orthopedic patients.

Results

- In October and November 2022, the hospital had over **400** admit holds each month.
- From November 2022 to May 2023, admit holds decreased by **37%**.
- Our hospital system denials decreased by **57%** from November 2022 to December 2022 and decreased by another **80%** from December 2022 to January 2023.

Observation Unit Criteria

The following criteria are developed for patients cared for under observation-status.

PHM:

- No child on oxygen meets observation unit criteria.
- Non-hypoxic asthmatics \geq q2
- Simple dehydration with "normal-ish" electrolytes- *i.e. Nothing that will require multiple repeat labs/supplementation.*
 - Gastroenteritis -vomiting and/or diarrhea.
 - Tonsillitis
 - Pneumonia
- Neonatal hyperbilirubinemia requiring phototherapy.
- Urinary tract infection in pts $>$ 2 months
- Non-hypoxic Croup
- Accidental ingestion (not intentional overdoses) not requiring CAM.
- Stable patient requiring fluoroscopy for GJ tube.
 - Ensure that the co-morbid conditions are stable (ex. Seizure control)
- DUB requiring blood transfusion.
- Cellulitis (exclusion of labial/orbital cellulitis)
 - Skin infection
 - Suppurative lymphadenitis (transfer to wards if staying $>$ 48 hours)
- Neonatal fever for observation with no IV antibiotics
- Bronchiolitis with tachypnea and no hypoxia
 - Dehydration
 - NO NC/HFNC
- Syncope for overnight observation
- Simple febrile seizures

Discussion

- The development of an observation unit assisted in decreasing admit holds, denials, and improving patient throughput from the ED.
- By developing a dedicated unit within the ED to cohort observation patients, the hospital was able to provide safe and efficient care.
- Future plans are to expand the observation criteria to include short stay surgical patients.

References

