Intro to Observation Medicine

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WAYNE STATE

School of Medicine

Intro to Observation Medicine

- Unique Perspective
  - Will always be an 'ER Doc', but…
  - New insight into the world 'upstairs'

- ED Observation Units (EDOU) increasing rapidly
  - >35% w/ dedicated EDOU, 66% of academic programs
  - >50% administered by E.D. & growing
  - 10% required rotation/25% electives
    - Quasi floor experience-leads to better knowledge and decisions

- Type 1 Units
  - 23% - 38% decreased LOS
  - 17% - 44% decreased admit rate
  - Lower rates of missed MI's (4.5% vs 0.4%)
  - 5.5 – 8.5 billion savings/year (27-42%)
  - Better outcomes/satisfaction/resource utilization
  - Cost generally not greater to patient (denied admit expensive!)
    - Watch unnecessary meds
    - 30 day re-admits/ACO's

Intro to Observation Medicine

Table 1
Settings for Observation Services*

Type 1	Dedicated OU; protocol-driven care
Type 2	Dedicated OU; discretionary care
Type 3	Bed in any location; protocol-driven care
Type 4	Bed in any location; discretionary care

OU= observation unit.
*Source: Ross et al.[13]

Intro to Observation Medicine

- Goal: LOS >8 hrs but <24 (15?) (>8hrs in 1 calendar day)
- Open versus Closed (3T vs CDU)
- Provider Staffing
  - Physician/MLP
- Protocols
  - Order Sets

- Typical Workload
  - H&P (FH)
  - Progress Note
  - Discharge Summary

- Accurate Times

Intro to Observation Medicine

- Nursing 'buy in' to rapid turn around
  - Nurses very happy to have physicians readily available
  - Nursing now integrated between 3T,CDU and the E.D.

- Resource Commitment from Hospital (gaming the system)
  - Transport
  - Radiology
  - Ancillary Tests
  - Expedited test results and consults

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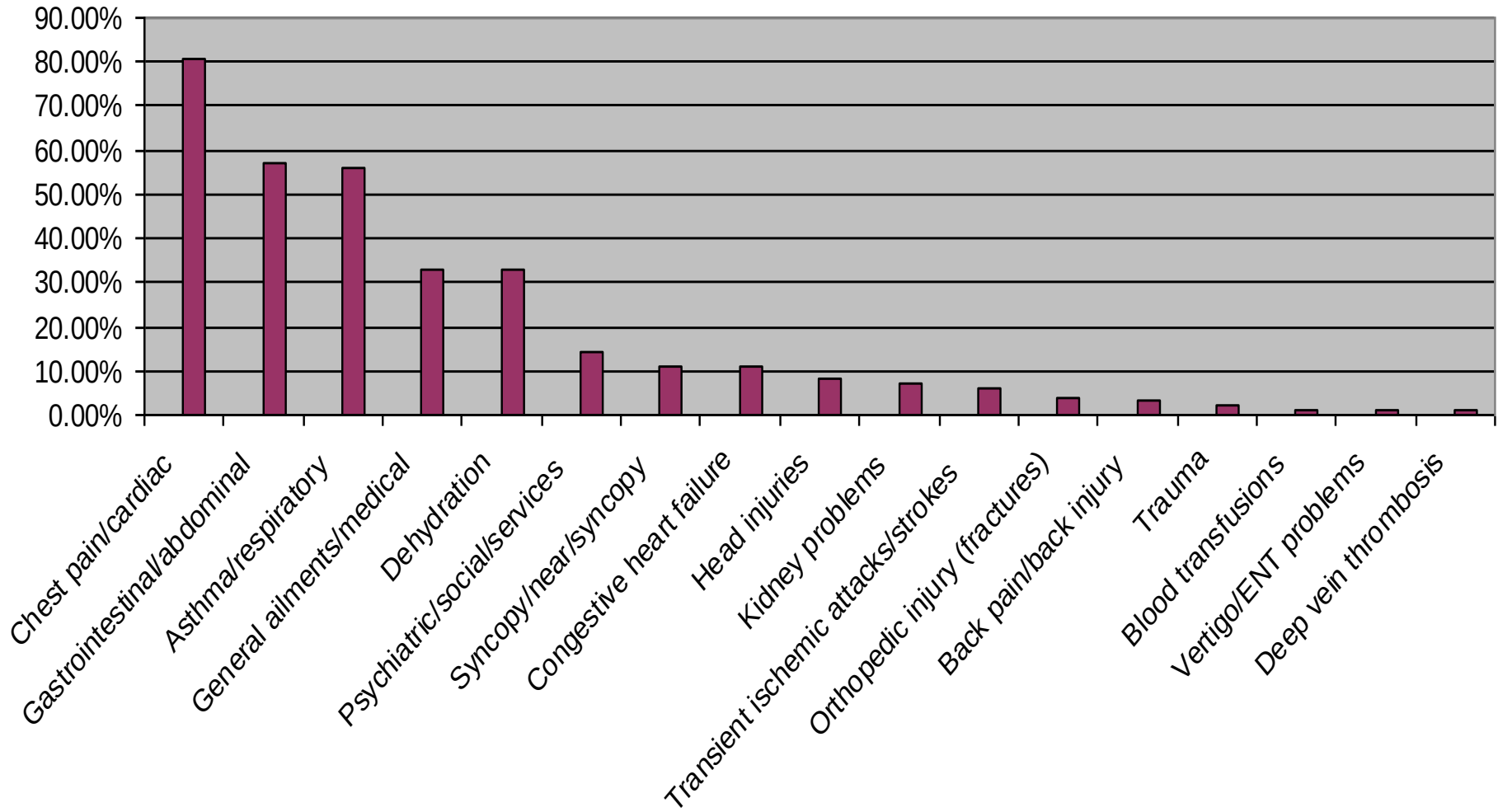

Intro to Observation Medicine

ED Model: Original Harper CDU

- Abd. Pain, AICD , Allergic Rx, Anemia, Asthma, A fibrillation, Cellulitis, Chest Pain, CHF, COPD, DVT, Dehydration, Dilantin toxicity., Electrolyte Abnormalities, GI Bleed, Headache, Hyperemesis, Hyperglycemia, Hypertensive Urgency, Hypoglycemia, Missed Dialysis, PEG tube replacement, PID, Pharyngitis/Peri-tonsillar Abscess, Pneumonia, Pyelonephritis, Renal Colic, Seizures, SVT, Syncope, TIA, Vertigo

Intro to Observation Medicine

Everything Model: DRH 3T (and now CDU)

- Previous 32 diagnoses, plus ***everything else*** that doesn't meet Interqual/Admit criteria & many potential 30 day readmits; plus social issues (DRH)
- (Thank God for internists in 3T)
- E.D. physicians bring trauma experience and "ER Mentality" to the table
- 2nd & 3rd year elective opportunity

Intro to Observation Medicine

- CDU-2016
  - 3,211 Patients
  - 16 Beds/Staffing
  - Discharges: 18 hrs 28’
  - Upgrades: 16 hrs 47’
  - Upgrade Rate: 25.9%
  - LOS>24hrs 20%
  - LOS>48hrs 1%
  - % of all Observation Patients: 95%

Intro to Observation Medicine

- 3T-2016
  - 4,997 Patients
  - 24++beds/Staffing
  - Discharges: 23 hrs 47’ *
  - Upgrades: 24hrs *
  - Upgrade Rate: 23.4%
  - LOS>24hrs 38.3%
  - LOS>48hrs 5.5%
  - * Despite huge ‘social admit’ issues

Intro to Observation Medicine

- Consult the Wiki

Intro to Observation Medicine

- **ASTHMA**
- ***Condition-Specific Guidelines***
-
- **<u>Transfer Criteria</u>**
- **· Intermediate response to therapy in ED**
- **· Acceptable VS**
- **· PEFR (peak flow) 40–70% predicted (or personal best) after nebulized treatments**
- **· Nebulized treatments plus steroids given in ED**
- **· Unremarkable chest x-ray**
- **· ED management for ≥ 2 hours**
-

Intro to Observation Medicine

- Exclusion Criteria
- · Unstable VS (RR > 40)
- · Poor response to initial ED therapy
- o Impending respiratory fatigue – persistent accessory muscle use, poor air exchange
- o Depressed mental status
- o O2 Sat < 92% on RA (unless chronic hypoxia)
- o PEFR < 40% predicted or personal best
- o Elevated pCO2 > 50, decreased pH < 7.30 (if ABG done)
- · Suspicion of ACS or ECG changes (if done)
- · Abnormal chest x-ray – pneumonia, new onset CHF
- · Toxic theophylline level
- · Bronchospasm due to epiglottitis, aspiration, or foreign body

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More and more like the floor **Things I've learned**

- Timely ED Dictations
- Sign Out
- Critical Orders on Boarded Patients
  - Diabetic PEER Cases
- Everyone's Busy!
  - (But not necessarily on time…)
- Medication Reconciliation/Medication Lists!!

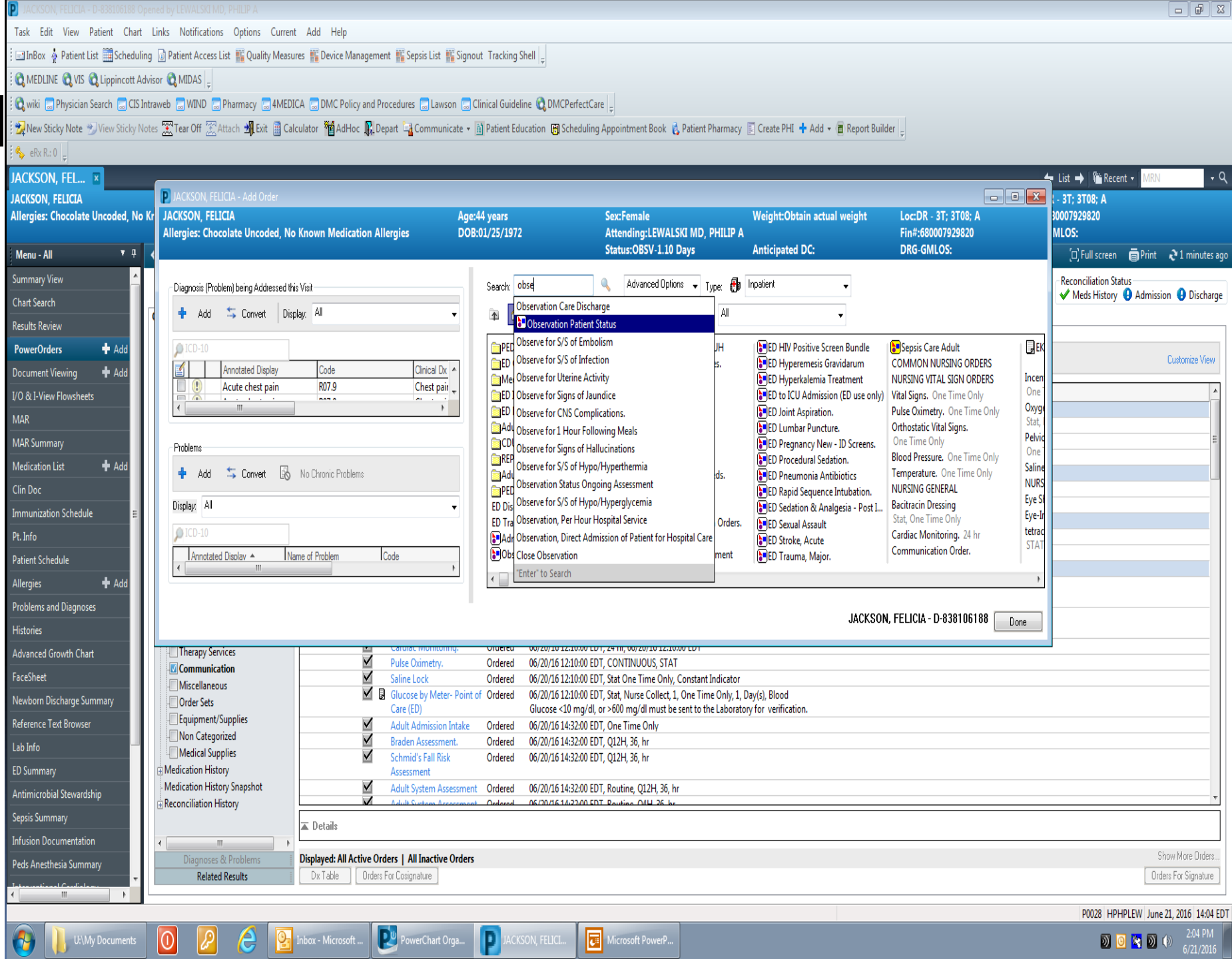
Intro to Observation Medicine

Things I've learned

- Careful what you tell patients
  - Leads to unrealistic expectations
- Social Work/Case Managers more blunt than us!
  - And many times do not have what the patient wants/demands
- Don't be a Triage Doctor (my pet peeve)
  - Can't always have diagnosis, but try not to be too robotic

Intro to Observation Medicine

- And now…the bad news:
  - Tenet/DMC new direction
  - Mid November??
  - Observation Admission Orders and Cancellations
    - Still important for the time being
  - Or-check the wiki or call the observation physician


JACKSON, FELICIA - Add Order
JACKSON, FELICIA
Allergies: Chocolate Uncoded, No Known Medication Allergies
Age:44 years
DOB:01/25/1972
Sex:Female
Attending:LEWALSKI MD, PHILIP A
Status:OBSV-1.10 Days
Weight:Obtain actual weight
Anticipated DC:
Loc:DR - 3T; 3T08; A
Fin#:680007929820
DRG-GMLOS:
Diagnosis (Problem) being Addressed this Visit
Add
Convert
Display: All
ICD-10
Annotated Display
Code
Clinical Dx
Acute chest pain
R07.9
Chest pain
Problems
Add
Convert
No Chronic Problems
Display: All
ICD-10
Annotated Display
Name of Problem
Code
Search: obse
Advanced Options
Type: Inpatient
All
Observation Care Discharge
Observation Patient Status
Observe for S/S of Embolism
Observe for S/S of Infection
Observe for Uterine Activity
Observe for Signs of Jaundice
Observe for CNS Complications.
Observe for 1 Hour Following Meals
Observe for Signs of Hallucinations
Observe for S/S of Hypo/Hyperthermia
Observation Status Ongoing Assessment
Observe for S/S of Hypo/Hyperglycemia
Observation, Per Hour Hospital Service
Observation, Direct Admission of Patient for Hospital Care
Close Observation
"Enter" to Search
ED HIV Positive Screen Bundle
ED Hyperemesis Gravidarum
ED Hyperkalemia Treatment
ED to ICU Admission (ED use only)
ED Joint Aspiration.
ED Lumbar Puncture.
ED Pregnancy New - ID Screens.
ED Procedural Sedation.
ED Pneumonia Antibiotics
ED Rapid Sequence Intubation.
ED Sedation & Analgesia - Post 1...
ED Sexual Assault
ED Stroke, Acute
ED Trauma, Major.
Sepsis Care Adult
COMMON NURSING ORDERS
NURSING VITAL SIGN ORDERS
Vital Signs. One Time Only
Pulse Oximetry. One Time Only
Orthostatic Vital Signs. One Time Only
Blood Pressure. One Time Only
Temperature. One Time Only
NURSING GENERAL
Bacitracin Dressing Stat, One Time Only
Cardiac Monitoring. 24 hr
Communication Order.
JACKSON, FELICIA - D-838106188
Done
Menu - All
Summary View
Chart Search
Results Review
PowerOrders
Document Viewing
I/O & I-View Flowsheets
MAR
MAR Summary
Medication List
Clin Doc
Immunization Schedule
Pt. Info
Patient Schedule
Allergies
Problems and Diagnoses
Histories
Advanced Growth Chart
FaceSheet
Newborn Discharge Summary
Reference Text Browser
Lab Info
ED Summary
Antimicrobial Stewardship
Sepsis Summary
Infusion Documentation
Peds Anesthesia Summary
Therapy Services
Communication
Miscellaneous
Order Sets
Equipment/Supplies
Non Categorized
Medical Supplies
Medication History
Medication History Snapshot
Reconciliation History
Diagnoses & Problems
Related Results
Pulse Oximetry. Ordered 06/20/16 12:10:00 EDT, CONTINUOUS, STAT
Saline Lock Ordered 06/20/16 12:10:00 EDT, Stat One Time Only, Constant Indicator
Glucose by Meter- Point of Care (ED) Ordered 06/20/16 12:10:00 EDT, Stat, Nurse Collect, 1, One Time Only, 1, Day(s), Blood
Glucose <10 mg/dl, or >600 mg/dl must be sent to the Laboratory for verification.
Adult Admission Intake Ordered 06/20/16 14:32:00 EDT, One Time Only
Braden Assessment. Ordered 06/20/16 14:32:00 EDT, Q12H, 36, hr
Schmid's Fall Risk Assessment Ordered 06/20/16 14:32:00 EDT, Q12H, 36, hr
Adult System Assessment Ordered 06/20/16 14:32:00 EDT, Routine, Q12H, 36, hr
Details
Displayed: All Active Orders | All Inactive Orders
Dx Table
Orders For Cosignature
Show More Orders...
Orders For Signature
Reconciliation Status
Meds History
Admission
Discharge
Customize View
Full screen
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P0028 HPHPLEW June 21, 2016 14:04 EDT
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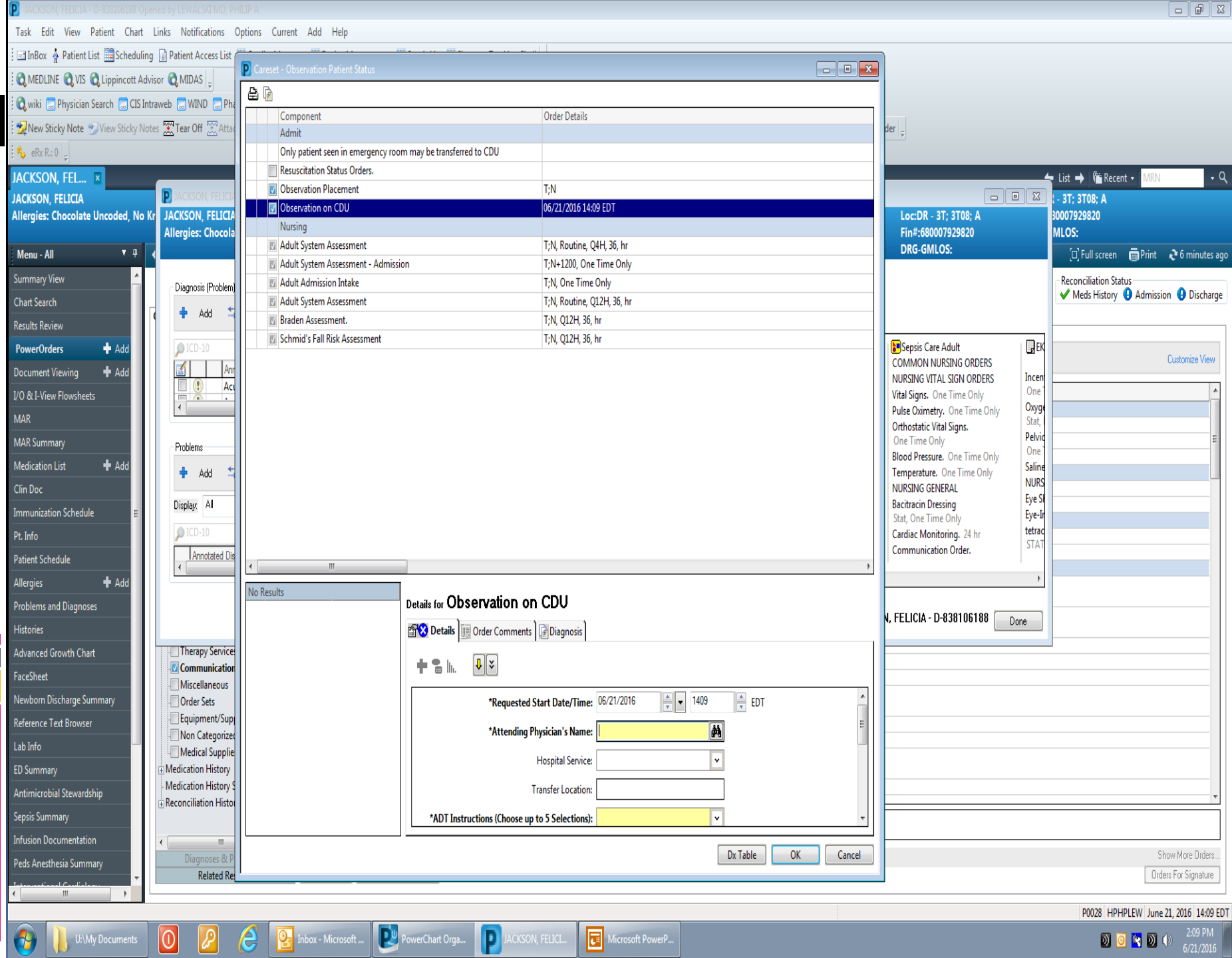
6/21/2016


Careset - Observation Patient Status
Component
Order Details
Admit
Only patient seen in emergency room may be transferred to CDU
Resuscitation Status Orders.
Observation Placement
T;N
Observation on CDU
06/21/2016 14:09 EDT
Nursing
Adult System Assessment
T;N, Routine, Q4H, 36, hr
Adult System Assessment - Admission
T;N+1200, One Time Only
Adult Admission Intake
T;N, One Time Only
Adult System Assessment
T;N, Routine, Q12H, 36, hr
Braden Assessment.
T;N, Q12H, 36, hr
Schmid's Fall Risk Assessment
T;N, Q12H, 36, hr
No Results
Details for Observation on CDU
Details
Order Comments
Diagnosis
*Requested Start Date/Time:
06/21/2016
1409
EDT
*Attending Physician's Name:
Hospital Service:
Transfer Location:
*ADT Instructions (Choose up to 5 Selections):
Dx Table
OK
Cancel
JACKSON, FELICIA
Allergies: Chocolate Uncoded, No Kn
Menu - All
Summary View
Chart Search
Results Review
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I/O & I-View Flowsheets
MAR
MAR Summary
Medication List
Clin Doc
Immunization Schedule
Pt. Info
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Newborn Discharge Summary
Reference Text Browser
Lab Info
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Antimicrobial Stewardship
Sepsis Summary
Infusion Documentation
Peds Anesthesia Summary
Loc:DR - 3T; 3T08; A
Fin#:680007929820
DRG-GMLOS:
Sepsis Care Adult
COMMON NURSING ORDERS
NURSING VITAL SIGN ORDERS
Vital Signs. One Time Only
Pulse Oximetry. One Time Only
Orthostatic Vital Signs.
One Time Only
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Temperature. One Time Only
NURSING GENERAL
Bacitracin Dressing
Stat, One Time Only
Cardiac Monitoring. 24 hr
Communication Order.
Done
Reconciliation Status
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Discharge
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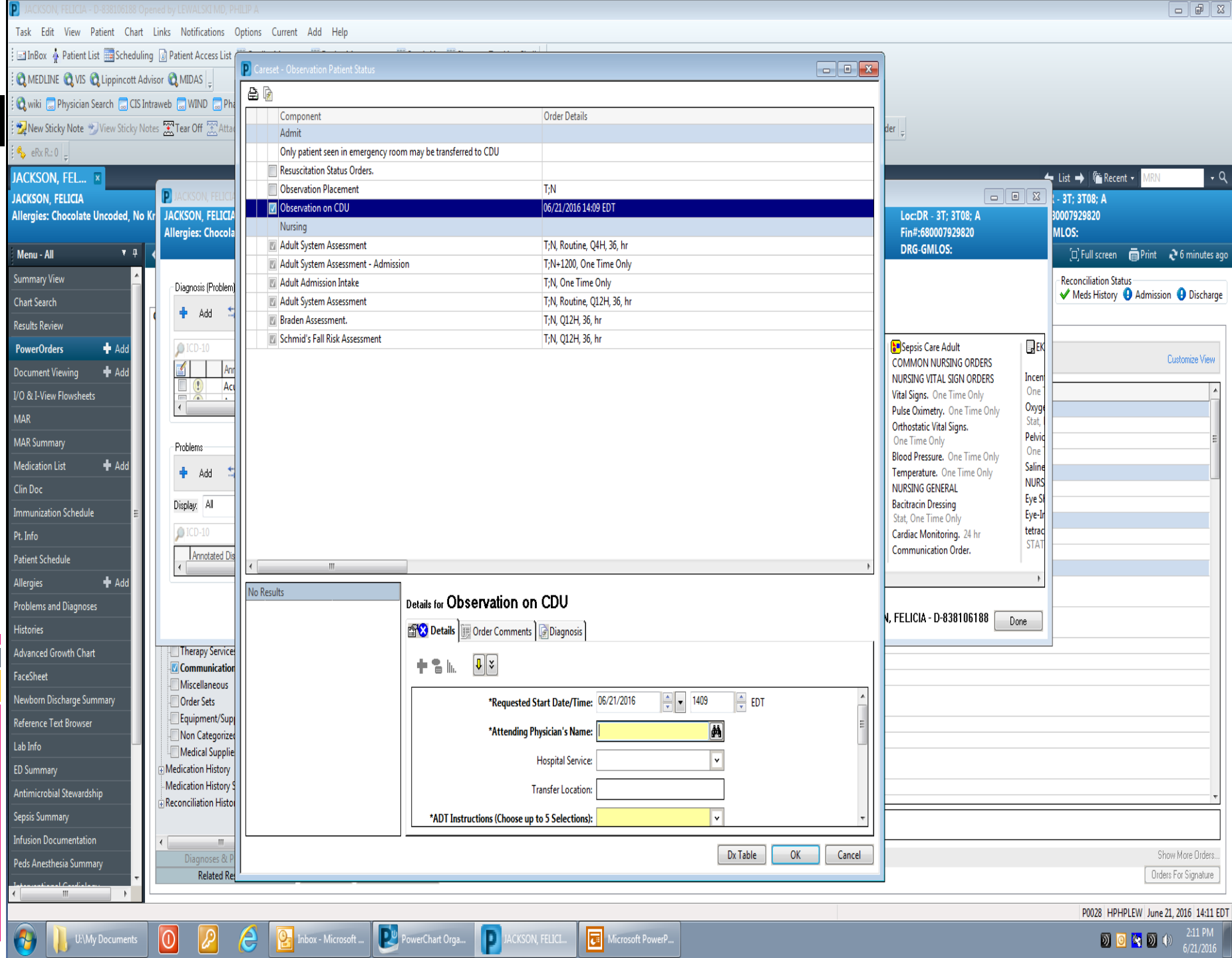
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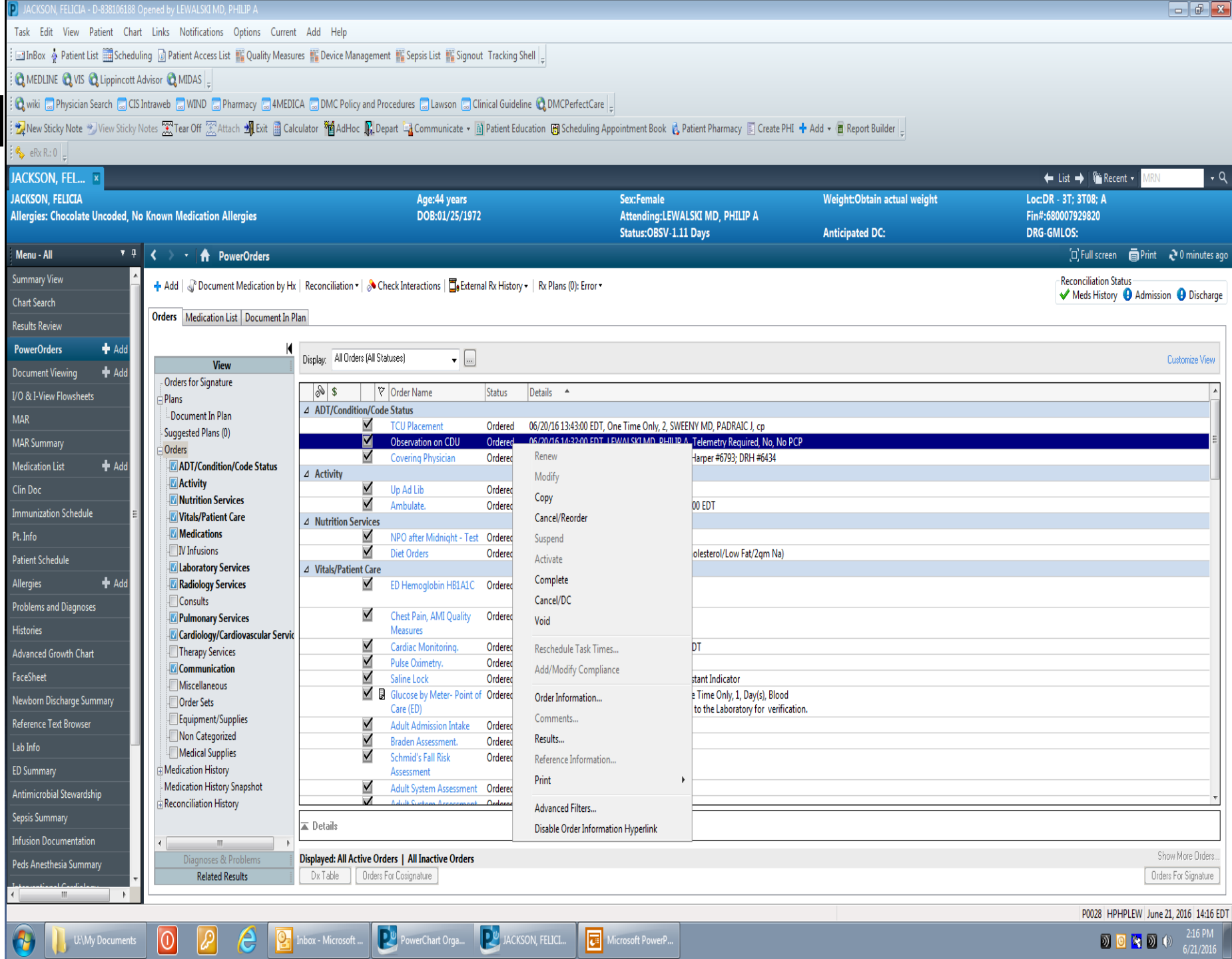
JACKSON, FELICIA - D-838106188 Opened by LEWALSKI MD, PHILIP A
Task Edit View Patient Chart Links Notifications Options Current Add Help
InBox Patient List Scheduling Patient Access List Quality Measures Device Management Sepsis List Signout Tracking Shell
MEDLINE VIS Lippincott Advisor MIDAS
wiki Physician Search CIS Intraweb WIND Pharmacy 4MEDICA DMC Policy and Procedures Lawson Clinical Guideline DMCPerfectCare
New Sticky Note View Sticky Notes Tear Off Attach Exit Calculator AdHoc Depart Communicate Patient Education Scheduling Appointment Book Patient Pharmacy Create PHI Add Report Builder
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JACKSON, FEL...
List Recent MRN
JACKSON, FELICIA
Allergies: Chocolate Uncoded, No Known Medication Allergies
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DOB:01/25/1972
Sex:Female
Attending:LEWALSKI MD, PHILIP A
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Antimicrobial Stewardship
Sepsis Summary
Infusion Documentation
Peds Anesthesia Summary
PowerOrders
Full screen Print 0 minutes ago
Add Document Medication by Hx Reconciliation Check Interactions External Rx History Rx Plans (0): Error
Reconciliation Status
Meds History Admission Discharge
Orders Medication List Document In Plan
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Orders for Signature
Plans
Document In Plan
Suggested Plans (0)
Orders
ADT/Condition/Code Status
Activity
Nutrition Services
Vitals/Patient Care
Medications
IV Infusions
Laboratory Services
Radiology Services
Consults
Pulmonary Services
Cardiology/Cardiovascular Servic
Therapy Services
Communication
Miscellaneous
Order Sets
Equipment/Supplies
Non Categorized
Medical Supplies
Medication History
Medication History Snapshot
Reconciliation History
Diagnoses & Problems
Related Results
Display: All Orders (All Statuses)
Customize View
$
Order Name
Status
Details
ADT/Condition/Code Status
TCU Placement Ordered 06/20/16 13:43:00 EDT, One Time Only, 2, SWEENY MD, PADRAIC J, cp
Observation on CDU Ordered Telemetry Required, No, No PCP
Covering Physician Ordered Harper #6793; DRH #6434
Activity
Up Ad Lib Ordered
Ambulate. Ordered 00 EDT
Nutrition Services
NPO after Midnight - Test Ordered
Diet Orders Ordered olesterol/Low Fat/2qm Na)
Vitals/Patient Care
ED Hemoglobin HB1A1C Ordered
Chest Pain, AMI Quality Measures Ordered
Cardiac Monitoring. Ordered DT
Pulse Oximetry. Ordered
Saline Lock Ordered tant Indicator
Glucose by Meter- Point of Care (ED) Ordered e Time Only, 1, Day(s), Blood to the Laboratory for verification.
Adult Admission Intake Ordered
Braden Assessment. Ordered
Schmid's Fall Risk Assessment Ordered
Adult System Assessment Ordered
Renew
Modify
Copy
Cancel/Reorder
Suspend
Activate
Complete
Cancel/DC
Void
Reschedule Task Times...
Add/Modify Compliance
Order Information...
Comments...
Results...
Reference Information...
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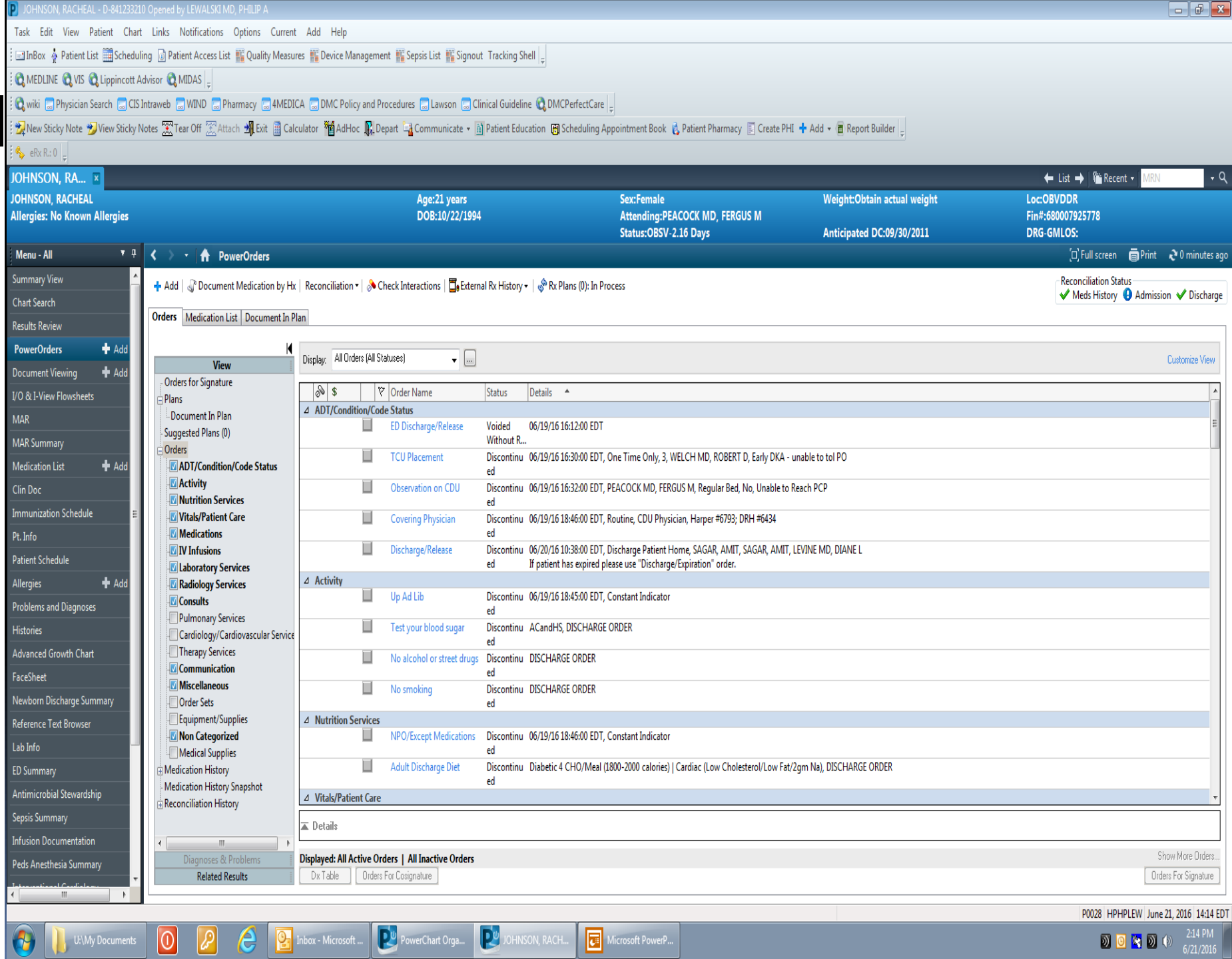
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New Sticky Note View Sticky Notes Tear Off Attach Exit Calculator AdHoc Depart Communicate Patient Education Scheduling Appointment Book Patient Pharmacy Create PHI Add Report Builder
eRx R.: 0
JOHNSON, RA...
List Recent MRN
JOHNSON, RACHEAL
Allergies: No Known Allergies
Age:21 years
DOB:10/22/1994
Sex:Female
Attending:PEACOCK MD, FERGUS M
Status:OBSV-2.16 Days
Weight:Obtain actual weight
Anticipated DC:09/30/2011
Loc:OBVDDR
Fin#:680007925778
DRG-GMLOS:
Menu - All
Summary View
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PowerOrders Add
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Sepsis Summary
Infusion Documentation
Peds Anesthesia Summary
PowerOrders
Full screen Print 0 minutes ago
Add Document Medication by Hx Reconciliation Check Interactions External Rx History Rx Plans (0): In Process
Reconciliation Status
Meds History Admission Discharge
Orders Medication List Document In Plan
View
Orders for Signature
Plans
Document In Plan
Suggested Plans (0)
Orders
ADT/Condition/Code Status
Activity
Nutrition Services
Vitals/Patient Care
Medications
IV Infusions
Laboratory Services
Radiology Services
Consults
Pulmonary Services
Cardiology/Cardiovascular Service
Therapy Services
Communication
Miscellaneous
Order Sets
Equipment/Supplies
Non Categorized
Medical Supplies
Medication History
Medication History Snapshot
Reconciliation History
Diagnoses & Problems
Related Results
Display: All Orders (All Statuses)
Customize View
$ Order Name Status Details
ADT/Condition/Code Status
ED Discharge/Release Voided Without R... 06/19/16 16:12:00 EDT
TCU Placement Discontinued 06/19/16 16:30:00 EDT, One Time Only, 3, WELCH MD, ROBERT D, Early DKA - unable to tol PO
Observation on CDU Discontinued 06/19/16 16:32:00 EDT, PEACOCK MD, FERGUS M, Regular Bed, No, Unable to Reach PCP
Covering Physician Discontinued 06/19/16 18:46:00 EDT, Routine, CDU Physician, Harper #6793; DRH #6434
Discharge/Release Discontinued 06/20/16 10:38:00 EDT, Discharge Patient Home, SAGAR, AMIT, SAGAR, AMIT, LEVINE MD, DIANE L
If patient has expired please use "Discharge/Expiration" order.
Activity
Up Ad Lib Discontinued 06/19/16 18:45:00 EDT, Constant Indicator
Test your blood sugar Discontinued ACandHS, DISCHARGE ORDER
No alcohol or street drugs Discontinued DISCHARGE ORDER
No smoking Discontinued DISCHARGE ORDER
Nutrition Services
NPO/Except Medications Discontinued 06/19/16 18:46:00 EDT, Constant Indicator
Adult Discharge Diet Discontinued Diabetic 4 CHO/Meal (1800-2000 calories) | Cardiac (Low Cholesterol/Low Fat/2gm Na), DISCHARGE ORDER
Vitals/Patient Care
Details
Displayed: All Active Orders | All Inactive Orders
Show More Orders...
Dx Table
Orders For Cosignature
Orders For Signature
P0028 HPHPLEW June 21, 2016 14:14 EDT
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Inbox - Microsoft ...
PowerChart Orga...
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Microsoft PowerP...
2:14 PM
6/21/2016

Intro to Observation Medicine

The Future

Observation Units are a high growth area

Elective—still??

Follow Up emails/lectures from 3T—yes

ED "safety net" of Health Care

EDOU "safety net" of ED

- Dissection..x 2