Observation Unit Accreditation Update

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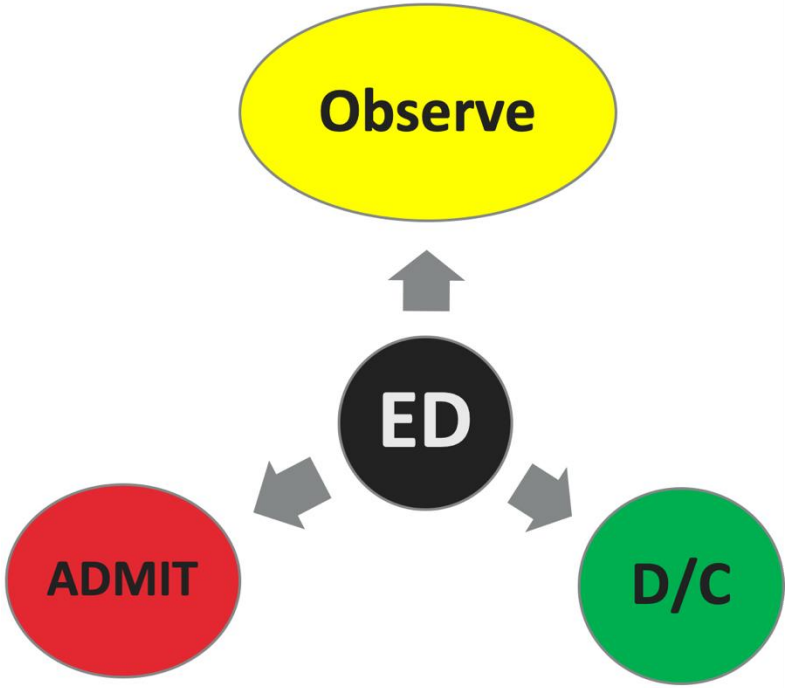
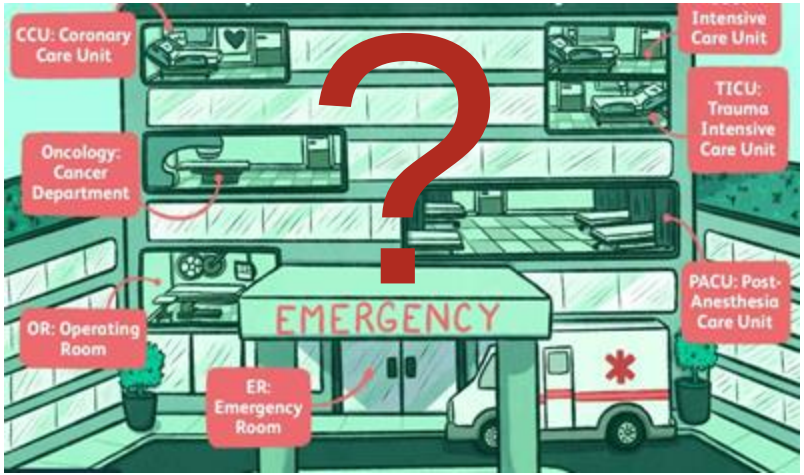
Objectives

- **Observation Care Settings**
- **The Standard for Observation Care**
- **Observation Unit Accreditation**
  - Why
  - Criteria
  - Updates

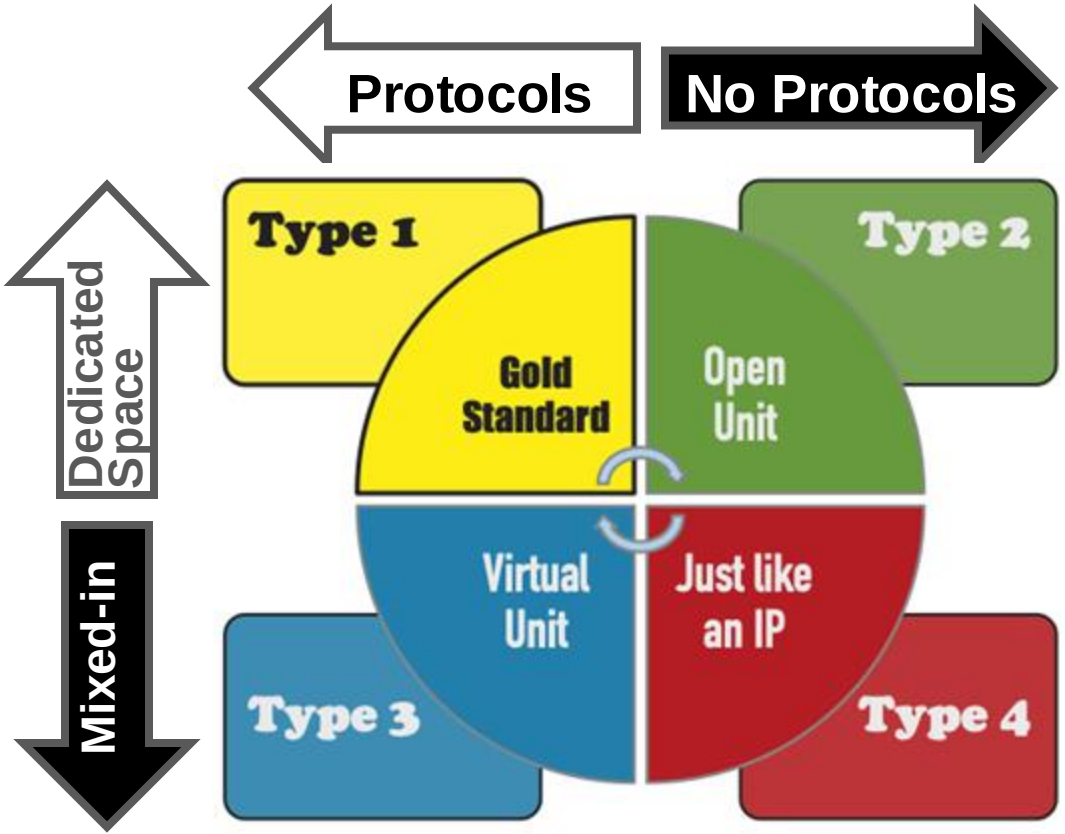
Observation
The 3rd Disposition Option



“We are going to Observe you”



Observation Care Settings



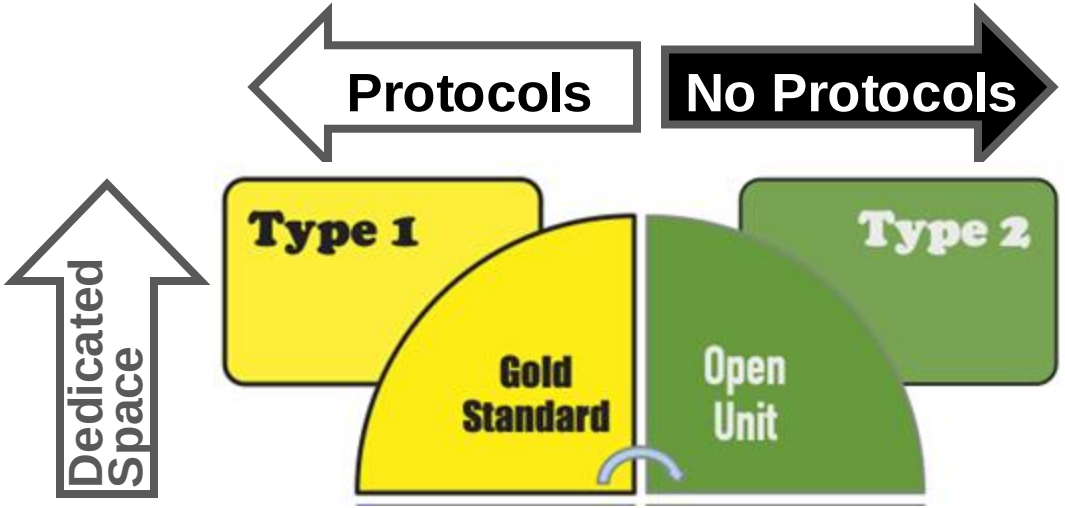
Ross M. Health Affairs, 2013

Most observation patients cared for in this setting

Just like an IP

Type 4

Is Dedicated Space Enough?



Ross M. Health Affairs, 2013

Type 1 vs. Type 2 OU Protocols vs. No Protocols

Contents lists available at SciVerse ScienceDirect
American Journal of Emergency Medicine
journal homepage: www.elsevier.com/locate/ajem

Original Contribution

Effect on efficiency and cost-effectiveness when an observation unit is managed as a closed unit vs an open unit ☆

Margarita E. Pena MD [a,*], James M. Fox MD [a], Anthony C. Southall MD [a], Robert B. Dunne MD [a], Susan Szpunar PhD [b], Stephen Kler [c], Robert B. Takla MD [a]

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[c] St. John Hospital and Medical Center, Dept. of Emergency Medicine, Detroit MI

Table 1
Patient level encounter data and boarder hours data for all 3 periods

Characteristic	Period 1	Period 2	Period 3	*P* or 95% CI of difference in means
Mean ED volume/month	8088.6±348.1	8729±681.7	9561.4±522.7	1 vs 2: −1251.4 to −29.6 1 vs 3: −2083.7, −861.9 2 vs 3: −1443.2, - 221.4
Mean OU volume/month	576.2±32.9	620.1±66.7	758.0±34.2	1 vs 2: −97.9,10.1 1 vs 3: −235.8 to −127.9 2 vs 3: −191.9 to −84.0
Mean % of ED volume	7.1%	7.1%	7.9%	1 vs 3, 2 vs 3, *P* < .0001
Mean LOS (hours) discharged patients	27.3±1.7 *27.239 (26.172–27.961)	17.3±1.3 17.065 (16.492–17.644)	16.9±0.4 17.000 (16.475–17.325)	1 vs 2: −11.4 to −8.6 1 vs 3: −11.8 to −9.0 2 vs 3: −1.8,1.04
Mean LOS (hours) admitted patients	20.7±2.2 19.928 (19.470–21.413)	16.5±3.0 15.804 (14.261–19.576)	15.0±0.44 14.950 (14.775–15.150)	1 vs 2: −6.6 to −1.7 1 vs 3: −8.1 to −3.1 2 vs 3: −3.9,1.01
Admission rate from the OU	32.5%	21.6%	19.6%	All comparisons, *P* < .001
30-day all cause admission rate post-OU discharge	11.6%	7.7%	7.9%	1 vs 2, 1 vs 3, *P* < .0001
Boarder hours	246.5±54.6 235.0 (IQR 212–268)	199.3±41.0 205.5 (189.50–223.25)	99.2±25.0 102.5 (74.50–123.75)	1 vs 2: -95.11,0.71 1 vs 3: −195.2 to −99.4 2 vs 3: −148.0 to −52.2

Table 2
Cost data for all 3 periods

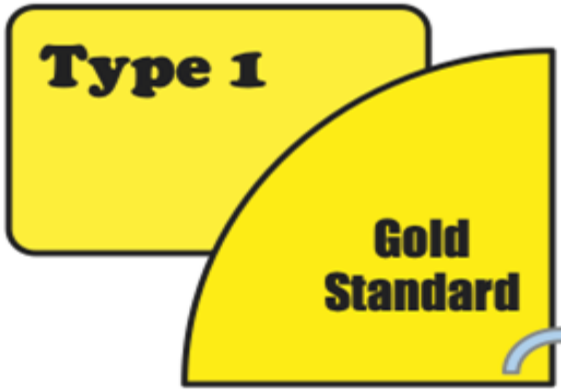
Characteristic	Period 1	Period 2	Period 3	95% CI of difference in means
Direct Cost per patient	1367.9±1055.0 *1170 (814.00–1616.00)	1018.7±759.6 850 (648.25–1141.00)	938.0±743.0 757 (590.00–1007.00)	1 vs 2: −392.5 to −305.9 1 vs 3: −471.4 to −388.4 2 vs 3: −118.8 to −42.6
Indirect Cost per patient	817.4±552.5 717.00 (493.50–985.00)	592.8±432.9 513.00 (368.00–712.75)	654.2±469.7 540.00 (406.00–759.00)	1 vs 2: −249.5 to −199.8 1 vs 3: −187 to −139.4 2 vs 3: 39.61 to 83.3
Total cost per patient	2185.4±1579.6 1887 (1322.00–2583.25)	1611.5±1156.3 1354 (1019.00–1850.00)	1592.3±1199.8 1297 (1000.00–1763.00)	1 vs 2: −640.7 to −507 1 vs 3: −657.2 to −529 2 vs 3: −78.03 to 39.51

* Median with calculated interquartile range in parenthesis.

- ↓ LOS
- ↓IP conversion
- ↓ Boarder hours
- ↓30d readmission

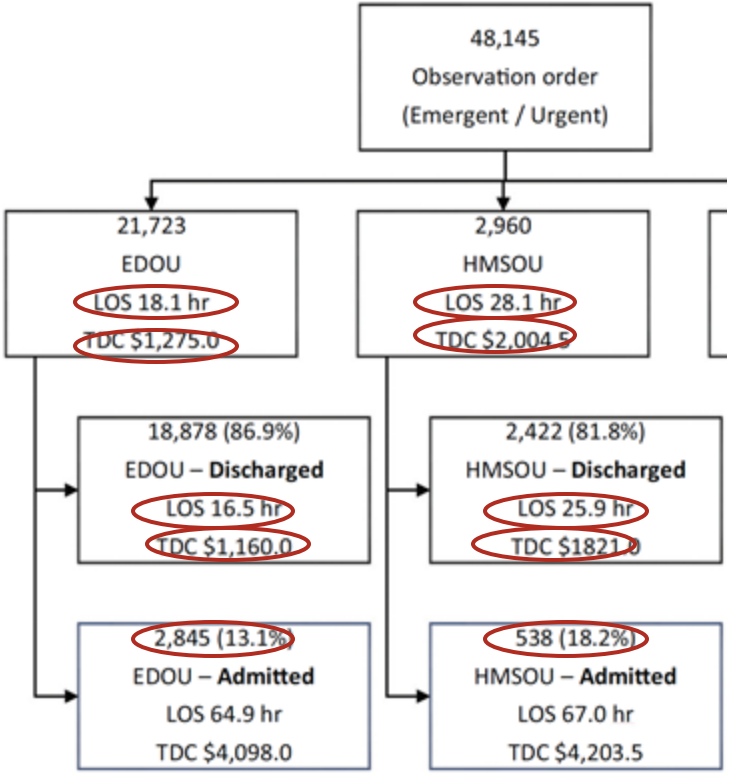
- ↑Cost-effective


SOLUTION


Type 1
Gold
Standard


Does Provider Type Matter?

Type 1 OU: EM vs. IM

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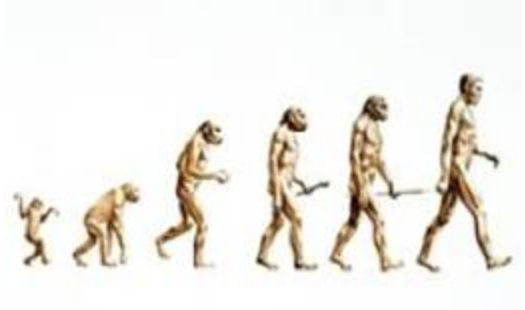
The impact of emergency department observation units on a health system

Michael Perry, M.D. [a], Nicole Franks, M.D. [a], Stephen R. Pitts, M.D. [a], Tim P. Moran, PhD [a], Anwar Osborne, M.D. [b], Dane Peterson [c], Michael A. Ross, MD [d,*]

Emergency Medicine

- Decreased LOS
- Decreased IP Conversion
- More Cost-Effective



Emergency Medicine Observation Care Research

Boose LA. The use of observation beds in emergency service units. Hospital Forum. 1965:30;38-9.

Taubenhaus LJ et al. The holding area: new arm of the ED. JACEP. 1972:1;15-19.

1960s: Research begins to demonstrate value of observation services
1960/70s: EDs designed with observation beds
1980s/90s: Observation Medicine research shifts to specific conditions that benefit from observation care in an EDOU

Specific Conditions

Administration

Education

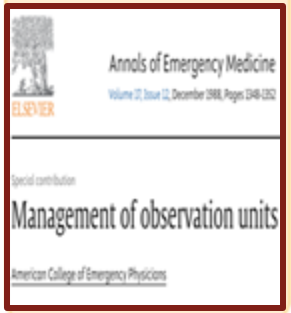
Economics

Risk Stratification

EM Has Set the Standard for Observation Care

1987

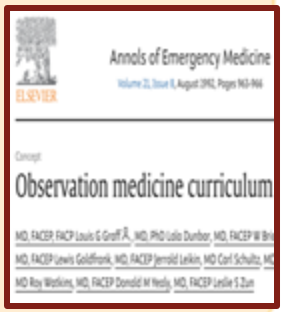
1988



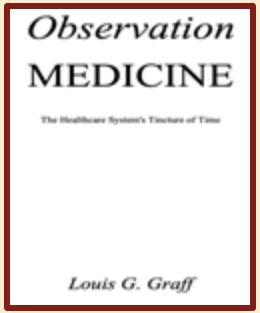
1991

5th ACEP Section

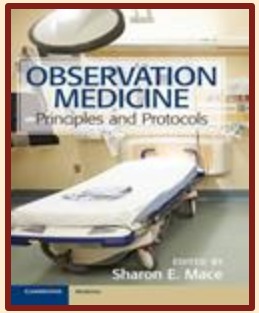
1992



1993



2017



The Standard = Type 1 EDOU

*<u>Protocol-Driven</u>

Inclusion Criteria

Exclusion Criteria

Interventions

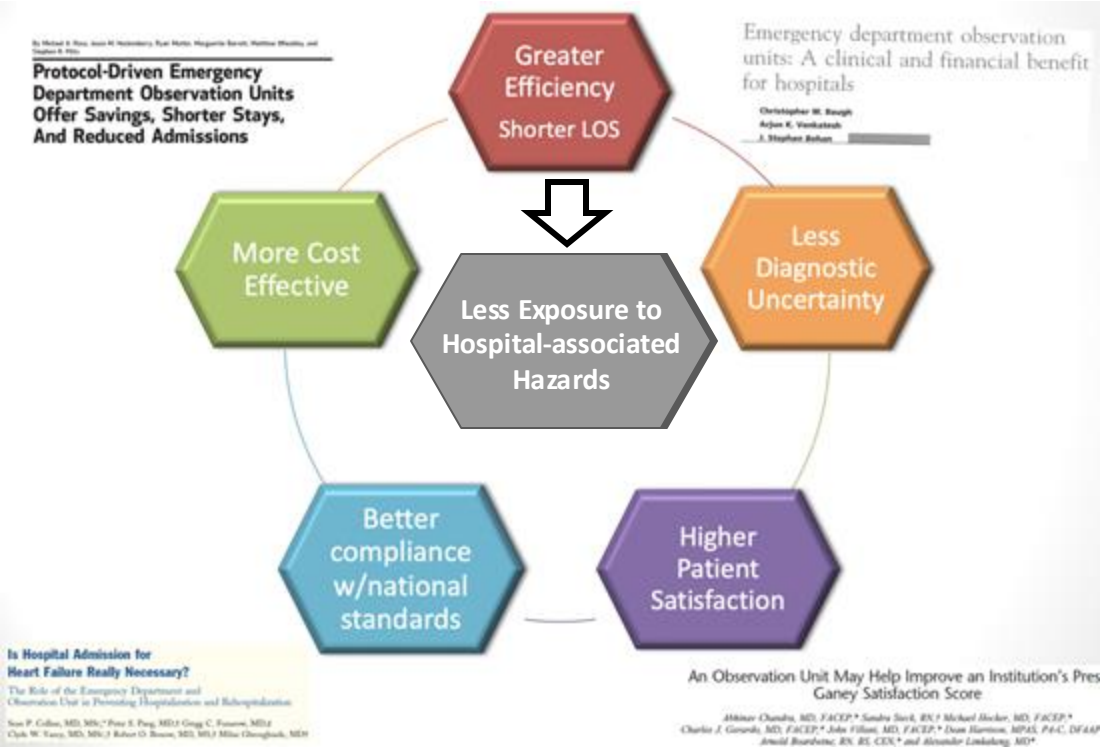
Disposition

*ACTIVE Management

*SINGLE Provider Type

*Highest Level of EVIDENCE For Favorable Outcome

Benefit Patients



Benefit Hospitals, Health Systems & Beyond

Benchmark Level Type 1 OU Success

- ↓ LOS
- ↓Cost per patient
- ↓Inpatient Conversion rate
- ↑ ED and Hospital Bed Capacity
  - ↓ Boarding
  - ↓ LWBS
  - ↑ Transfer acceptance

Obs Status Patients Removed from IP

- ↑ Case-mix index
- ↑ IP Revenue
- ↓ RAC audits

By Christopher W. Baugh, Arjun K. Venkatesh, Joshua A. Hilton, Peter A. Samuel, Jeremiah D. Schuur, and J. Stephen Bohan

Making Greater Use Of Dedicated Hospital Observation Units For Many Short-Stay Patients Could Save $3.1 Billion A Year

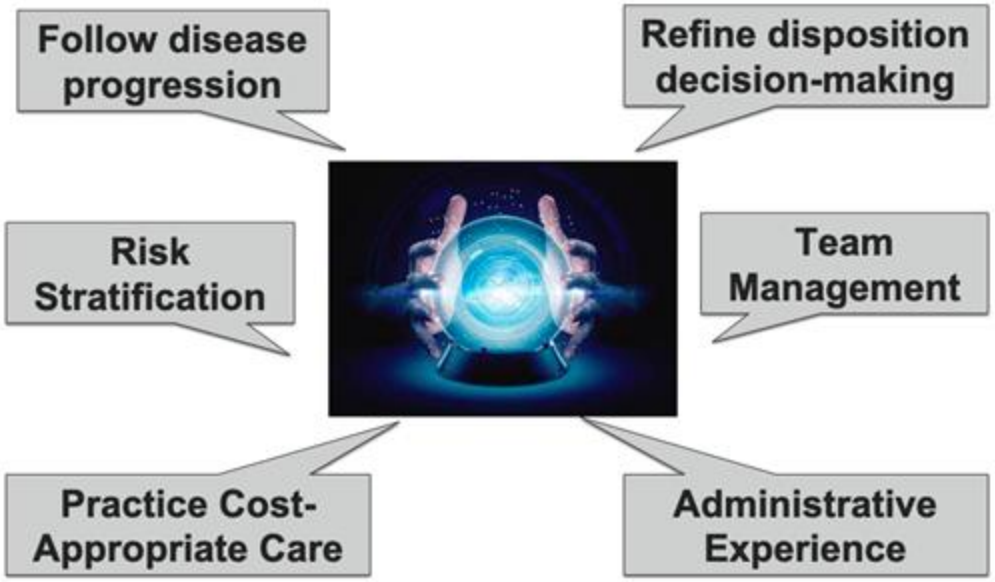
HEALTH AFFAIRS 31, NO. 10 (2012): 2314–2323

By Michael A. Ross, Jason M. Hockenberry, Ryan Mutter, Marguerite Barrett, Matthew Wheatley, and Stephen R. Pitts

Protocol-Driven Emergency Department Observation Units Offer Savings, Shorter Stays, And Reduced Admissions

HEALTH AFFAIRS 32,NO. 12 (2013): 2149–2156

Benefit Emergency Physicians Augment our Clinical Skills



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The Observation Unit
Type 1 EDOU
STANDARDS

OBSERVATION MEDICINE SECTION

American College of Emergency Physicians
ADVANCING EMERGENCY CARE

EM Has Set the Bar


Why?

All OU➡ Type I EDOU

Benefit Patients

Benefit Hospitals

Benefit Physicians

Transparency

OU Accreditation Goals

Quality — Ensure high-quality, consistent care to observation patients

Framework — Provide a framework for OU development

Standards — All OUs labeled as such should meet baseline standards consistent with a Type 1 EDOU

UPDATES

June, 2024: ACEP Board Approval

Scientific Foundation

American College of Emergency Physicians®

ADVANCING EMERGENCY CARE

State of the Art: Observation Units in the Emergency Department

Policy Resource and Education Paper (PREP)

This policy resource and education paper (PREP) support the policy statement "Emergency Department Observation Services."

Program Criteria

- Staffing
- Protocols
- Physician and APP Provider Documentation
- Physical Environment and Equipment
- Education
- Outcome Measures

Tier 1	**Application only**
Tier 2	**Application + Consultation**

UPDATES

June, 2024: ACEP Board Approval

Jan, 2025: OUAP Governance Charter Approval

Organizational Structure

ACEP BOD

OUAP BOG

10 Voluntary Members

Chair + 7 at-large Members

ACEP BOD Liaison + Obs Section Chair

BOA

Reps from stakeholder organizations

BOG Annual Meeting

- At ACEP Scientific Assembly
- Open to All College Members

Application Reviewers

- Members of ACEP and Observation Medicine Section
- Observation Medicine Section members may nominate reviewers
- Nominees may self-nominate
- Nominations are subject to approval by the OUAP BOG

UPDATES

June, 2024: ACEP Board Approval
Jan, 2025: OUAP Governance Charter Approval
2026: Pilot programs

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