



Position Statement

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Protocol-Driven Emergency Department Observation Units

Description

Nearly 120 million visits to emergency departments (EDs) occur in the United States (U.S.) each year, accounting for 50% of all hospital admissions, up from 33% in the mid-1990s.¹ Growth in the number of visits rose between 1997 and 2007 to twice the rate of population growth while the number of EDs declined, an increasing number of new tests and treatments were being introduced, and boarding of patients emerged.² As the population increases and ages, the growth in ED visits³⁻⁵ and demand for inpatient beds is expected to surge.^{1,3} Hospitals and health systems may choose to approach these issues with the use of ED observation units (EDOUs), considered an outpatient service by payors.⁶

Beyond initial and stabilizing care, ED patients may require additional services to determine if inpatient admission is warranted.⁷ Active management of patients, following initial care to determine appropriate disposition, is the defining feature of observation services.⁷ Length of stay in an observation unit is typically from 6–24 hours, falling outside the “ED visit with discharge” and “ED visit with full inpatient admission” categorizations.^{2,8} The primary goal of observation service units is to create an incentive for an efficient and effective healthcare alternative, thereby lowering healthcare costs.⁹

The Centers for Medicare and Medicaid Services (CMS) defines observation care as “a well-defined set of specific, clinically appropriate services, which include ongoing short-term treatment, assessment, and reassessment before a decision can be made regarding whether patients will require further treatment as hospital inpatients or if they are able to be discharged from the hospital.”¹⁰ Observation services offer appropriate monitoring, diagnostic testing, therapy, and assessment of patient symptoms and response to therapy while determining disposition.⁹

Observation service units are assigned a variety of titles based on specific populations served and local preferences.⁷ Regardless of the title, it is important to distinguish between patients designated as observation status, patients with a disposition already determined, and patients being held or boarded in the ED pending movement, admission, or transfer.⁷

Overall, observation services are designed to provide diagnostic and treatment capabilities managed by appropriate physician and registered nurse staffing in an efficient, safe, and comfortable environment.^{9,11} Selected ED patients of all ages, presenting with a variety of medical issues, may be deemed “not well enough for immediate discharge, but not sick enough to warrant inpatient admission status”² leading to their treatment as outpatients, using observation services. Patients verified by physician order as eligible for admission to observation status have specified treatment goals to be met within identified time limits.⁹

Across the US, observation services are currently provided in one of four distinct hospital settings defined by the presence or absence of two features: dedicated units⁸ and condition-specific protocols, as described by Ross, et al. (2013).² Type 1 protocol-driven, ED-directed observation units have been the most studied and offer less diagnostic uncertainty, improved clinical outcomes, and higher patient satisfaction.² Care provided in a dedicated observation unit generally driven by protocols and located in the emergency medicine environment, provides patients with continuous rounding and the ability to expedite discharge at any time of the day or night.¹¹



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When observation units are used, patients and hospitals benefit from shorter lengths of stay, lowered costs, and improved use of hospital resources.^{2,8} Relative to inpatient care, Type 1 observation units offer cost savings of 27–42%.² Key elements required to manage a Type 1 model include a dedicated unit setting with operational guidelines, condition-specific protocols, administrative oversight, and appropriate staffing with qualified professionals.² Operational guidelines set the standards for appropriate patient selection, the creation of order sets and protocols to ensure consistent condition management, and criteria for home discharge.² Collaborative approaches to care using evidence-based protocols have the potential to achieve similar clinical outcomes at a lower cost than inpatient admission. EDOUs provide “the right care for the right patient at the right time” and are expected to continue to advance health care delivery in the future.¹²

ENA Position

It is the position of the Emergency Nurses Association that:

1. Protocol-driven EDOUs enhance the quality and safety of patient care.
2. EDOU services offer a cost-effective alternative for further treatment and evaluation, preventing unnecessary hospital inpatient admissions and negative outcomes due to premature discharge from the ED.
3. Initiation to observation is based on the individual’s medical needs and is not appropriate as an alternative holding area for patients awaiting disposition to inpatient care or transfer to another facility.
4. Emergency nurses, Advanced Practice Registered Nurses (APRNs), and providers participate in the development of written policies, diagnostic protocols, and standardized pathways that define criteria for patient selection, care, transfer, and discharge, and the oversight of observation units.
5. Dedicated EDOUs are appropriately managed by emergency physicians and APRNs, and are staffed with emergency-trained professionals.
6. Emergency nurses deliver quality nursing care to observation patients, employing standardized pathways and evidence-based protocols, and practice according to regulatory and jurisdictional guidelines.
7. Emergency nurses support the rights of patients to be informed regarding services provided, financial implications, cost-sharing, and insurance limitations of observation care.
8. Emergency nurses provide purposeful rounding and comfort measures to patients awaiting evaluation and disposition, providing progress updates and educating patients and their families.
9. Observation units provide dedicated space, equipment, and supplies, and offer hospital resources and diagnostic services to meet patient needs.
10. Emergency nurses, APRNs, physicians, and providers participate in collaborative research to refine and improve clinical and operational outcomes provided in EDOUs.

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