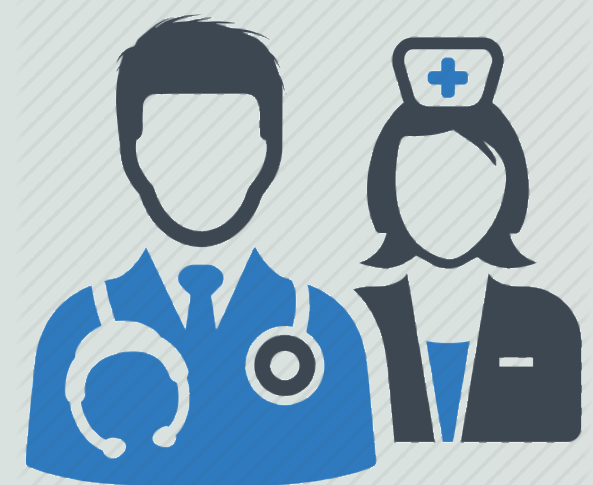


Peter Ly M.D.,<sup>1</sup> Taisia Litvinow D.O.,<sup>1</sup> Elizabeth Towner PhD,<sup>1</sup> Salieha Zaheer M.D FAFP<sup>2</sup>

<sup>1</sup>Wayne State University School of Medicine, Department of Family Medicine & Public Health Sciences  
Ascension Providence Rochester Hospital

## Background

- **Observation status** is a unique service or status allowing physicians to place a patient in an acute care setting, within the hospital for a limited time ( $\leq 48$  hours) to determine the need for inpatient admission. Patients receive periodic monitoring by the multidisciplinary team (MDR) while in observation.
- Teaching rounds in academic centers are a common contributor to delays in timely discharge of observation status patients.
- Delayed discharge of observation status patients is costly:



Bounding hospital personal and facilities



Higher Copays for tests and labs



Incurring hourly fees up to 48hrs

## Quality Improvement Objectives

- Decrease the frequency of unnecessary stay beyond 48 hours for observation status patients.
- Increase resident knowledge of observation status discharge process and protocols.

## Plan

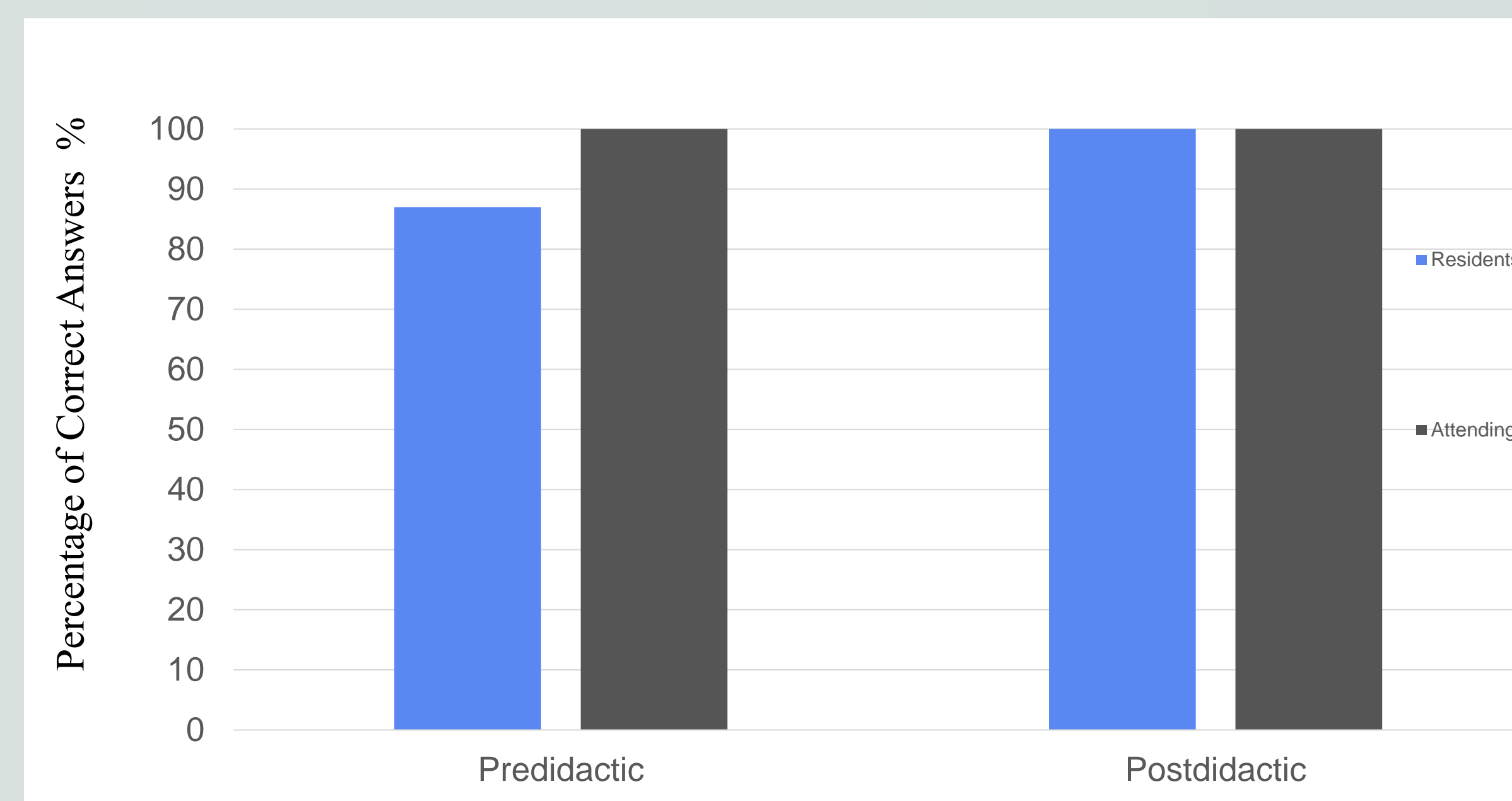
- 2-week mini elective rotation as inpatient observation team led by 2 residents.
- Review observation patients' length of stay.
- Discuss observation stay protocols with multidisciplinary (MDR) team.
- Assessment of resident and attending knowledge of observation status protocols pre/post didactic.

## Do

- Team: residents, MDR rounding team, and hospital liaison physicians.
- 2-part didactic (20-30 minutes each) for residents and attendings led by 2 residents.

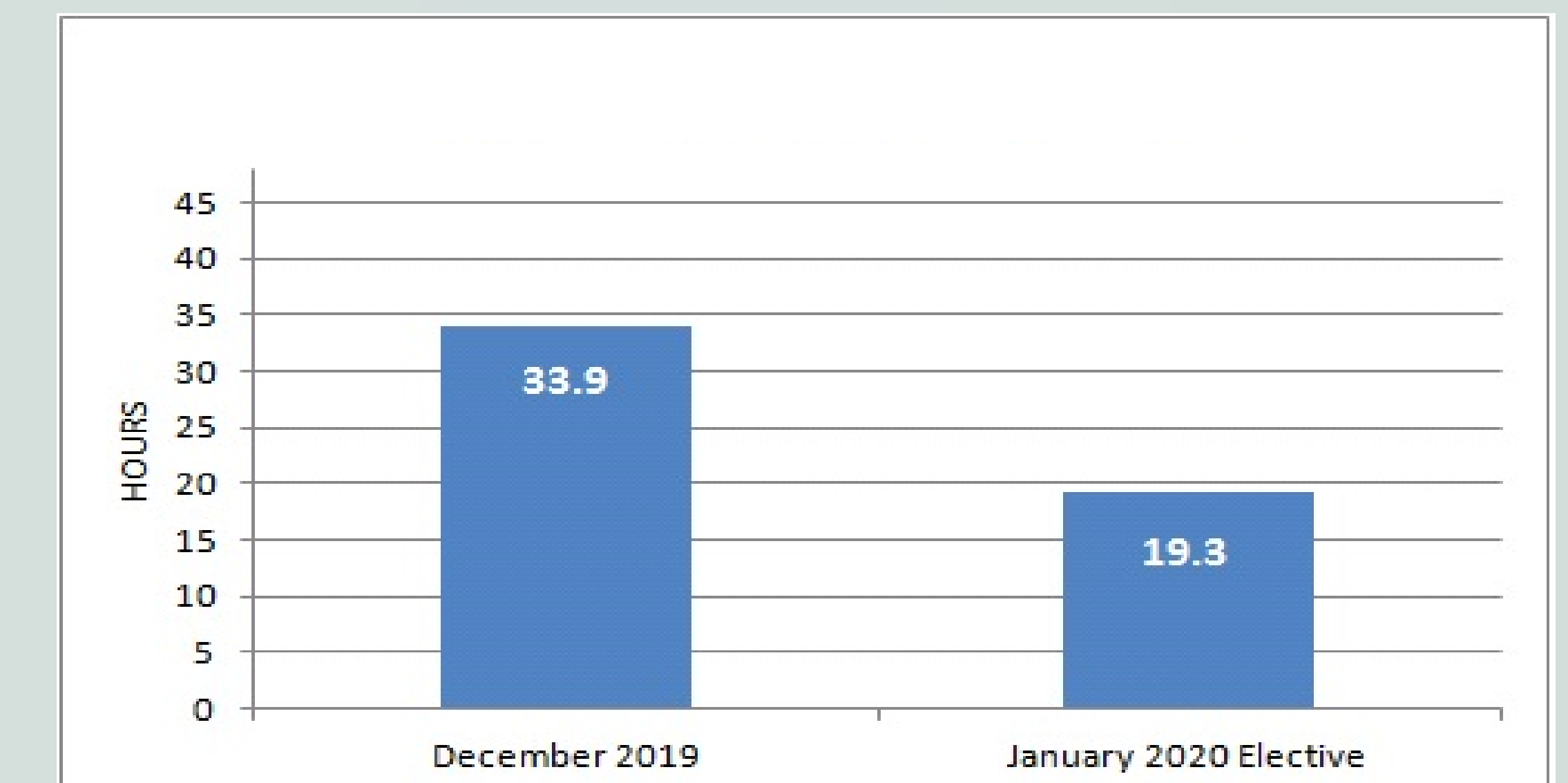
## Study

Figure 1: Pre and post didactic knowledge assessment for correct responses



## Study

Figure 2: Comparison of Mean Length of Observation Stay Pre-/Post Intervention



- Anecdotally, the largest impacts on discharge time came from:
  - Establishing patients expectations from the start.
  - Early rounding.
  - Keeping in close contact with specialists.
  - Didactic education also improved resident knowledge of observation status patients' discharge process.

## Act

- **Adopt:** Mini observation team with the goal of optimized patient care has shown shorter lengths of stay compared to current management.
- **Adapt:** Annual didactic sessions regarding hospital observation status policies for new residents.

## PUBLIC HEALTH IMPLICATIONS

Establishing an inpatient medicine observation team has the potential for a large return on investment in terms of decreasing care burden and costs to hospitals by improving timely triage and discharge.