



Observation status patient Discharge Optimization in the setting of an Academic Residency Program.



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Introduction

- Upon admission to the hospital, physicians must categorize patients as observation or inpatient status based upon length of stay.
- Observation status is used for patients who expected to stay less than 48 hours. Discharge within this window is critical as hospitals are not reimbursed for costs if patients stay longer.

Previous PDSA Cycles

PDSA 1 Outcomes

- Review efficiency of residents to discharge observation patients in a timely manner
- Identify barriers that may impact observation patients being discharged in a timely manner
- Intervene to address barriers and improve observation patient discharge time

PDSA 2 Outcomes

- Ascertain resident understanding of observation status and qualifiers
- Assess resident's ability to place patients appropriately in observation status

PDSA CYCLE 3

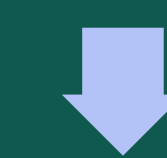
Plan

- Intervention: Dedicated resident to monitor inpatient observation patients.
- Measure average Length of stay (LOS) for observation patients and compare to baseline.



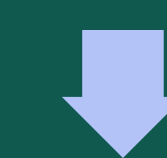
Do

- 2 weeks inpatient medicine observation elective rotation was conducted during which the resident worked directly with patients and the hospital multidisciplinary rounding (MDR) team to appropriately triage observation patients.



Study

- Average LOS decreased from 33.9 hrs prior to intervention (n=36) to 19.3 hrs after the intervention (n=6)



Act

- Develop protocols for training the inpatient FM team that work taught during didactics. Continued to work with the MDR teams to identify and triage OBS patients.

PDSA CYCLE 4

Plan

- Intervention: Train an inpatient team of family medicine residents with protocols developed at the end of PDSA cycle 3
- Measure average LOS for observation patients and compare to baseline.



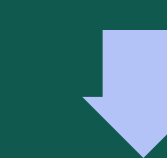
Do

- An inpatient family medicine team was trained with the protocols developed in cycle 1 and asked to employ these methods over a month-long intervention



Study

- Average LOS before intervention (n=38) increased from 30.8 hours to 33.4 hours with the intervention group (n=7).
- In comparison, number of consults and active problems were higher during intervention vs. pre-intervention period.



Act

- Protocols were developed at the conclusion of this cycle for training the inpatient FM team to work with the MDR teams to identify and triage OBS patients.

CONCLUSIONS

- Dedicated residents and team training reduced average LOS for OBS pts from 33.9 to 19.3 and increased in second cycle.
- Further PDSA cycles may explore correlations between the complexity and type of admitting diagnosis with total OBVS time.