OBSERVATION MEDICINE: THE STRATEGIC AND OPERATIONAL IMPERATIVE

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WHAT IF?
Every patient received **exactly** what they need

**Exactly** when they need it

Cared for by a team **focused** on them

In a physical setting designed **specifically** for their needs

Clinical Quality & Patient Safety

Costs & Patient Flow

Constructive Culture

ENVIRONMENTAL IMPACTS & CHALLENGES

- Competitive Markets
- Shortages of skilled labor
- National and statewide increase in uninsured patients
- Impact of self-pay from high out of pocket costs
- Price transparency and consumerism
- Pressures on patient and payer affordability
- Aging Population – shift from commercial to Medicare
- Growing population (in the lucky geographies!)
**STRATEGIC IMPLICATIONS**

- Patient and Family Experience
  - Focus care around the patient and family to “win”
  - Drive Loyalty
- Efficiency Is Key
  - Resources
  - Space
  - Time
  - Internal Costs and External Prices
- The Team, The Team, The Team!

**SPEAK THE ENTIRE TEAM’S LANGUAGE**

It must be more than the “the right thing to do”

- Clinical
- Operations
- Quality
- Finance

Attention and Resources are in constant competition for prioritization

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**THE NEED TO MAKE IT THE TEAM’S IDEA**

\[
IQ \times (EQ \times BI) = O
\]

IQ = Idea Quality  
EQ = Execution Quality  
BI = Buy In  
O = Outcome  
All 0.0 to 1.0

\[
1.0 \times (1.0 \times 0.5) = 0.5
\]

VS.

\[
0.70 \times (0.9 \times 1.0) = 0.63
\]
EMORY HEALTHCARE’S GOAL

Scope
- Observation = "management to determine the need for admission"
  - 20 – 30% of patients staying in our hospitals are “observation” status
  - % of U.S. hospitals do not have an observation unit (CDC data)
- In most U.S. hospitals observation patients are managed in a "Non-Observation Unit" ("NoU") setting – an inpatient floor

Set Goal
- Our "85/24" Goal:
  - Capture >85% of discharged observation patient in an abs unit
  - 85% of discharged observation patients will go home in < 24 hours

SHORT STAY SERVICES – LTM SAVINGS

EHC "85/24" SAVINGS REMAINING POTENTIAL:

Potential bed days – EFFICIENCY (shorter LOS in CDU)
3,184 bed days/yr
8.7 beds/day

Potential IP bed days – Avoided IP Days
(5,375 patients never use an IP bed)
6,919 bed days/yr

30.8 bed days/week
10.0 beds/day

NOU OPPORTUNITIES

% Discharged > 48 hrs
**DRAFT PROPOSAL: HYBRID UNIT**

- OBS patients
  - Solid black bars
- OPIB patients
  - Open white bars

**April 2019:**
- NOU = 492 (55% discharge)
  - 272 OBS => discharge
  - 220 OPIB => discharge
  - Total = 27.2 pt/day
  - 18.9 discharges/day

Ross et al, ANNALES OF EMERGENCY MEDICINE 37:3 March 2001

**ESTIMATED BED NEEDS – APRIL 2019**

- EPSI NOU Observation patients Nov – April 2019 data:
  - Six months = 2,578 (35% admit)
  - Monthly = 429
  - Daily = 14.3
- SP patients Nov – April 2019 data:
  - Six months = 1,693 (D/C = 1,420; Admit = 273) (16%)
  - Avg. month = 282 (April = 337)
  - Daily = 9.4 (April = 11.2)

- Total:
  - NOU = 14.3 pt/day
  - SP = 9.4 pt/day
  - Total = 23.7 pt/day
  - Beds = 26.3 (using 0.9 pt/bed/day)

**Proposal – HYBRID OBSERVATION UNIT**

**OUR CHARGE @ EMMORY HEALTHCARE**

- Decide to Take Action
- Find a Champion
- Understand the Organization’s Strategic Plan
- Use Data with the teams
- Use More Data with the teams
- Team Driven tests of Change
- Repeat

**QUESTIONS & DIALOGUE**

LET THE FUN BEGIN!