Starting an Obs Unit: Tricks of the Trade
You Can’t Read in Books

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Disclosures

• I have no conflicts of interest or disclosures.

Welcome to another year at MCEP!

Integrating Multiple Units Across a Health System

Units
• Tisch – 38 bed unit
• Brooklyn – 12 bed unit
• Winthrop – 28 bed unit

You've asked this doctor which specialty should staff your obs unit...

Is this an EM or an IM physician?
Education in Observation Medicine

- Majority (85%) of EM program directors felt observation medicine important part of training
- Few EM programs (<10%) have dedicated curriculum or required training
- Only recently (2016) a model observation medicine curriculum was presented

In the interim:
- Focused didactics
  - Interdisciplinary (physician, APRN)
  - Utilize ‘heroes’ experts
  - Inter or intra-departmental joint conferences (e.g., EM-PM, EM-cardiology, etc)
- Local observation medicine experts
- Targeted protocol-based reading
- CME conferences

What is Hospital Leadership’s Role In OU Implementation?

- This is a strategic initiative for the hospital (not the department)
- Messaging to medical community should emphasize this
- Communication to primary care providers, ‘private attendings’
- Impacts everyone’s patient care

Goal alignment is important:
- What are they hoping for?
  - Improved efficiency?
  - Standardizing care for short stays?
  - Loss avoidance (e.g., denials, 2MN stays)?

- Equip your team to succeed
  - If they say “if only we had”, then think “how can I get that”

Hospital Support

- Streamlined workflows
  - Consultants
  - Procedures

- Prioritized diagnostics, labs
  - Performance and interpretations
- Linens, food, garbage emptying, bed cleaning, etc...

Prioritization

- Simple vs Complex observation
- How beds will be used when vacant
- What happens to inpatient volume?
Predictable Daily Ebb and Flow

1200am - 1158pm

- OU rapidly fills in the evening and overnight
- Majority of dispositions occur in the late morning and afternoon

Average Hourly Arrivals/Dispositions

- Arrivals decrease — 'Down time' — Rounding and Dispos — Arrivals increase.

Are There Any National Benchmarks?

- Inpatient 'Conversion rate': % of patients admitted to inpatient status at the end of OU care (not a benchmark per se)
  - Marker of OU efficacy and resource matching
  - Goal 15-20%
    - Too high: patient selection, workflow issue
    - Too low: patient selection, missed opportunities
  - Exception:
    - Complex observation: trend towards higher rate

- What is the relationship between conversion rate and inpatient volume?

This is Getting Complex...

Integrating an Evidence-based Clinical Protocol into the EHR

- Leverage EHR to simplify complex obs
- Prompt providers to select protocol
- Automate protocolized care
  - Time, clinical parameters, etc
- Incorporate safeguards to prevent readmissions

Leverage EHR to Simplify Complex Obs

Or you could write out a lengthy protocol...
## Unit-level Dashboard

- Real-time monitoring of patients on unit
- Rapid identification of patient on HF pathway

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<th>RoomNum</th>
<th>Patient Name</th>
<th>Admission</th>
<th>Start</th>
<th>End</th>
<th>Observation</th>
<th>HF Pathway</th>
<th>Start</th>
<th>End</th>
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Thank you!

I hope to hear from you!

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