Making a Dedicated Ambulatory Unit Work – Outpatient in a Bed

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Why Does a Dedicated Unit Make Sense?

- Inpatient/outpatient in a bed or observation patients often get exactly the same care process but should they?
- Outpatient in a bed – really more for monitoring/post-op care.
- Goal should be to assess for discharge as soon as patient is meeting discharge screens, but when co-mingled with inpatients, does this occur timely?
- Observation patients – assess for discharge or admit.

Problem with Scattered Bed Approach

- When outpatients are co-mingled with general inpatient population, they are often the last to be addressed as higher acuity patients are prioritized (and rightfully so!).
- However, this leads to increased costs and length of stay for this population.
- With a dedicated unit, processes can be tailored for this population.
- Nursing processes can be designed specifically for this population – doesn't require the same inpatient documentation.
- Better outcomes for patients & increased patient satisfaction.

Our Experience…

- In August 2014, MCHS Eau Claire opened a dedicated observation unit (also outpatients in a bed are treated there).
- Prior to this – scattered bed approach. Average LOS was running > 40 hours.
- No protocol driven observation care – no processes designed around observation patients to prevent readmissions.
- Largest source of patient complaints as patients were not consistently being told that they were in an outpatient status.

Our Experience…

- Unit has been open for 11 months.
- Brought all stakeholders together to design processes – hospitalists assume care of patients on unit.
- Decreased observation LOS by 10 hours (average). Stat protocol for imaging/therapies initiated.
- Discharge (from time order written) occurs 2.5 hours earlier (average) than on other units.
- Early follow up (PCP appts) arranged on 90% of patients – within 3 days.
- Any follow up testing arranged prior to discharge – including next day endoscopies (certain pts cleared to do prep at home).

Our Experience…

- Readmission rates tracked/trended – steady decline for this population (> 10% readmit).
- Huge improvement in patient satisfaction – observation unit now higher than inpatient units.
- Patient Experience department has had 2 complaints for observation status since unit opened - due to tailored education that is provided at time of transfer to unit – patients have a clear understanding of the unit and what its purpose is.

Opportunities

- Dedicated providers (assigned provider rather than multiple) to unit.
- Protocol driven care. Best practices can be found at: http://www.acep.org/Physician-Resources/Practice-Resources/Administration/Observation-Medicine/
- Better management of "social" placements – need to be managed out of the E.D. rather than to floor.

Lessons Learned

- Important to cohort patients to ensure efficient progression of care and monitoring of condition and response to treatments.
- Engage all stakeholders & get early buy-in; use data to drive.
- Discharge as soon as care can be safely managed in the ambulatory setting or admit if patient's condition warrants further hospital treatment.
- Engage CDI to help ensure that documentation to support upgrade and need for inpatient level of care. Can also help support outpatient documentation by ensuring specificity and acuity – translates to patient problem list & risk adjusted op codes.

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