

UCONN HEALTH

UCONN JOHN DEMPSEY
HOSPITAL

SECTION: QUALITY MANAGEMENT NUMBER: 11-037

SUBJECT: OBSERVATION STATUS PAGE: 1 of 4

PURPOSE: To accommodate patients requiring diagnosis and/or treatment under observation that may not require hospital admission.

DESIRED OUTCOME: Patient will be appropriately assigned to outpatient Observation Status.

POLICY:

1. Observation Services are those hospital-based services that provide a means to accommodate patients who require further diagnosis and/or treatment of short term, non-critical problems. These services include use of a bed, periodic monitoring and care in order to evaluate a patient's condition on an outpatient basis and/or determine the need for possible inpatient admission. These services do not have to be provided in a specific area of the hospital.

Outpatient Observation is for:

- Evaluating a patient for possible inpatient admission.
- Treating patients expected to be stabilized and released in 24 hours
- Extended recovery following a complication of an outpatient procedure (e.g., abnormal postoperative bleeding, poor pain control, intractable vomiting, delayed recovery from anesthesia).

Patients who may be considered candidates for Observation Service include:

- Non-critical, ambulatory patients with indefinite diagnosis(es).
- Extended post-operative observation of outpatients when complications not usually associated with the surgery or procedure are present and are not anticipated to require a prolonged hospital stay
- Patients with diagnoses quickly amenable to treatment.
- Patients requiring lengthy or risky diagnostic tests.
- Patients who need assessment of the severity of their symptoms.

2. Inappropriate cases for observation status include:

- Patient holding because of social factors.
- Physician convenience for testing or examination.
- Routine presentation and recovery for diagnostic testing.
- Routine recovery and aftercare for Ambulatory Surgery Center cases.
- Substitute for appropriate inpatient admission.
- Routine outpatient blood transfusions.

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3. The admitting provider determines the level of care for the patient based on patient presenting symptoms and past medical history. Case Managers will use Milliman or InterQual Criteria set to review the case. If the patient level of care is different from the physician orders, case management will review with the provider. The patient is notified by either Case Management or provider that they will be on observation status and will be an outpatient until a decision is made by the physician to admit to the hospital or discharge.
4. When a physician orders a patient admitted to an inpatient bed, but upon reviewing the case later, the hospital's case management / utilization review team determines that the patient does not meet the hospital's admission criteria, the patient's status can be changed to observation, provided the following conditions are met:
 - The change in patient status from inpatient to observation is made prior to discharge, while patient is still in the hospital.
 - The attending physician concurs with case management's conclusion.
 - The attending physician's concurrence is documented in the medical record.
5. Physician coverage will be provided by the resident under the direction of the attending physician.
 - a. All patients must be under the medical supervision of their attending physician. The decision to assign to, or discharge from observation status is the responsibility of the attending physician.
 - b. The patient must be seen by the attending physician during the observation stay in order to be reimbursed for the stay.
 - c. The treating physician will reassess the patient to determine whether the patient should be discharged prior to 23 hours or earlier if a change in the condition warrants.
 - d. The treating physician is responsible for calling consulting physicians. When called to see an observation patient as a consultant, every effort should be made to see the patient as soon as possible (within 4 hours), since the decision to admit the patient may be made following the consult.
 - e. Medical documentation will be consistent with JDH Medical Staff Bylaws.
 - f. Case Management will review all observation status patients.
 - g. The Case Management department is responsible to review patient status for the appropriateness and medical necessity of the level of care assigned, outpatient observation vs inpatient admission

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PROCEDURE:

1. Observation Service must be reasonable and necessary for the diagnosis or treatment of a patient in order to evaluate the patient's condition on an outpatient basis or determine the need for possible inpatient admission.
2. A physician order is required for a patient to be treated under Observation Service. The order should state "ADMIT TO OUTPATIENT OBSV"
3. The designated nursing unit will be contacted by Patient Flow for bed assignment of all observation status patients.
4. Patients will be designated as hospital OUTPATIENTS.
5. The billing time for observation status begins with the dated and timed order of the physician along with when the nurse documents date and time of arrival on the nursing unit in the medical record. This time should coincide with the time the patient is placed in a bed for the purpose of initiating observation care in accordance with a physician's order.
6. Nursing documentation consists of the following:
 - a. The admission history, assessment and Problem List/Care Plan is completed.
 - b. Nursing progress notes will specifically and completely address the identified problems and any change in the patient's condition.
 - c. Patient's time of arrival is documented on the midnight census report.
 - d. Physician's orders will be entered in EPIC in Invision CPOE according to established guidelines. ("observation status").
 - e. A discharge summary/ electronic discharge instruction is completed by nursing/medical personnel according to established policy. Electronic Discharge Instructions will be completed for patients returning to a nursing home or scheduled to receive home care services.
7. The treating physician is responsible for calling consulting physicians. The consultant sees and evaluates the patient within 4 hours of the consult.

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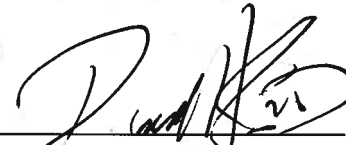
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8. Patients assigned to observation status are frequently assessed by the attending physician to determine if patient has responded to treatment and is stable for discharge or if patient is appropriate for upgrade to inpatient status.
9. Case Management and Social Work consult should be initiated should there be barriers to discharge.



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