



Team Name: Critical Care	Reference Number: CLI.4510.PL.007
Team Lead: Regional Director of Acute Care	Program Area: Across Hospital Units
Approved by: Executive Director - Mid	Policy Section: General
Issue Date: January 25 2019	Subject: Observation Services Designation
Review Date:	
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POLICY SUBJECT:

Observation Services Designation

PURPOSE:

To provide a consistent process to identify patients appropriate for observation services designation, whereby patients have access to short-term monitoring, investigation, and/or treatment to support disposition decisions.

BOARD POLICY REFERENCE:

Executive Limitation (EL-02) – Treatment of Clients

Executive Limitation (EL-01) – Global Executive Restraint and Risk Management

POLICY:

Identifying patients appropriate for observation services designation within all Southern Health-Santé Sud acute care facilities promotes access to short-term monitoring, investigation, and/or treatment to support disposition decisions that maximize safe discharges, appropriate hospital admissions or transfers to higher levels of care.

Specifically, designated Observation Units (OU) exist at Bethesda Regional Health Centre, Boundary Trails Health Centre, Hôpital Ste. Anne Hospital, and Portage District General Hospital. However, any bed within any acute care facility can be used for patients requiring an extended observation period to support disposition decisions.

Emergency patient visits are extended to observation services designation based on defined inclusion and exclusion criteria.

Time to disposition of patients requiring extended observation is less than 24 hours. However, the observation status can be maintained to a **maximum of 48 hours**, at which time the patient is discharged back to community, admitted as an inpatient, or transferred to another facility. If no disposition decision is reached within 48 hours, the patient is automatically admitted.

DEFINITION:

Time to Disposition: time from patient registration (for emergency department services or accessing other hospital care) to the time the main service provider makes a decision about patient's care needs and disposition (that is, a decision to discharge, admit, or transfer the patient).

Inclusion Criteria:

- Time to disposition is expected to be less than 24 hours.
- Patients with a chief complaint that requires further monitoring and/or further diagnostic evaluation (e.g., chest pain, abdominal pain).
- Patients experiencing an exacerbation of a chronic condition in whom diagnostic results are known but whose severity of illness does not allow for immediate safe discharge, with the expectation that the condition will improve within 24 hours (e.g.: asthma, congestive heart failure, cellulitis).
- Patients in for a same-day-surgery (SDS) procedures who require a longer observation and/or treatment period. These patients can remain in hospital for up to 48 hours under SDS services and are not considered observation services patients.
- Patients in for Diagnostic Imaging procedures who require post-procedure monitoring and/or treatment.
- Patients who require interdisciplinary team input for safe discharge back to community.

Exclusion Criteria:

- Patients with unstable vital signs (greater likelihood that these patients require admission to inpatient services or transfer to a facility that provides a higher level of care). For example, patients:
 - Who are comatose with a poor Glasgow Coma Scale (GCS) score or need hourly neurological assessments for eight (8) hours or longer;
 - With hypotension or arrhythmias indicative of hemodynamic instability;
 - Have oxygen saturation levels requiring O₂ therapy at greater than six (6) liters per minute; and/or
 - Require continuous cardiac monitoring for eight (8) hours or longer.
- Altered mental status, such as patients experiencing delirium or exhibiting disruptive behavior.
- Patients diagnosed with “failure to thrive” or “failure to cope”. These patients usually require extensive investigations and complex discharge planning.
- Children under 12 year of age when an adult attendant is unable to remain on the unit.
- Patients with pregnancy-related problems who are over 24 weeks gestation.

PROCEDURE:

1. The physician (or approved alternate): on the Prescriber Order Sheet (CLI.4110.FORM.001), write the order “Hold for Observation”, accompanied by orders for patient care while under observation service.

- 1.1. For telephone orders:
 - The nurse: write orders received on a *Prescriber Order Sheet*.
 - Physician/alternate: co-sign the verbal orders prior to discharging patient from observation service (i.e.: prior to discharge back to community, for admission as an inpatient, or transfer to another facility).
- 1.2. Identify which physician or alternate is responsible for providing medical care.
 - For patients in a designated OU area, physician/alternate providing emergency services provides medical care of patients under observation services.
 - For facilities without designated OU area and patients occupying an inpatient bed, care is transferred as required by providing a verbal report to the accepting physician/alternate, including disposition criteria.
- 1.3. Monitor patient regularly and determine patient disposition within 24 hours.
- 1.4. Communicate plan of care with team members.
- 1.5. Make decision about disposition within 24 hours (observation services may extend to 48 hours maximum).
2. Nurse/designate at time “hold for observation” order is written:
 - 2.1. Ensure that patient has an identiband.
 - 2.2. Inform Health Information Services (HIS) registration clerk of change in patient service.
 - 2.3. Collaborate with HIS to identify observation bed location.
 - 2.4. Provide hand-over of care report when patient is being moved to the observation unit/bed, including expected changes in condition, disposition plans and criteria.
3. Nurse/designate accepting care of the patient for observation:
 - 3.1. Receive report.
 - 3.2. Initiate patient care as per orders on the *Prescriber Order Sheet*.
 - 3.3. Report changes to patient condition to attending physician/designate.
 - 3.4. Communicate with HIS patient’s final disposition decision.
4. Documentation:
 - 4.1. For OU located adjacent to emergency departments using Emergency Department Information System (EDIS), continue to document as per established EDIS practices.
 - 4.2. For SDS patients who are transferred to an OU, document on applicable chart forms.
 - 4.3. For patients moved to a bed on an inpatient unit, document on applicable chart forms.
 - 4.4. Document final disposition decision and plan of care.

REFERENCES:

[CLI.4110.FORM.001](#) Prescriber Order Form

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