Observation Standard Work

# Introduction

Operational structure of the observation unit will have specific standards surrounding the daily functions of the unit. Those components that will be standardized through-out the observation model will be as follows:

## Hand-offs (sign-outs)

Hard hand-offs between providers occur at change of shift and include:

* 1. Patient name and room numbers
  2. Abnormal labs and/or diagnostic tests which need to be addressed
  3. Pending labs or diagnostic tests
  4. Pending consults
  5. Any potential issues that may need to be addressed

## Team Huddles

Occur each AM for 5 minutes and include providers, nurses, techs, secretary, environmental services to identify unit issues which need to be addressed or kudos to team members. The following metrics should be discussed at each huddle by charge nurse:

1. Hospital census
2. Admits in the ED
3. Observation volume and available beds
4. Patients admitted in the observation unit awaiting an inpatient bed

## Rounding

Patients should be rounded on in the following priority:

1. Sickest first or patients who are deemed to be having anything acute
2. New patients that are considered unseen and have no orders
3. Patients considered ready for discharge
4. Patients on the unit awaiting evaluation of current problem or pending diagnostic testing

## Noon Team Huddles

To be conducted by the following:

1. Provider
2. Nurses
3. Case manager

To run the board and determine likely disposition of patients and any potential patient needs - approximately 5 minutes.

## Escalations

Used when there is need for patient intervention or administrative intervention on the unit.

1. Crashing patient - contact rapid response team
2. Question regarding clinical concerns, work-up or disposition of patients - call Observation administrator on-call.
3. Issues surrounding administrative protocols or policies - call Observation Administrator On-call.