

Hospital Observation Huddle: A practical Approach to Increase Efficiency and Reduce Cost

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Agenda

- Observation Services
- Introduction to Hospital Observation Huddle
- History, Key Components, and Value
- Case Example and Role Play
- Outcome
- Challenges
- Future state



Cleveland Clinic Health System



- Cleveland Clinic Health System a globally recognized nonprofit academic medical center
- System includes 23 hospitals and 276 outpatient facilities
- Operations: Ohio, Florida, Nevada, Toronto(Canada),Abu Dhabi (UAE), and London(UK)
- Capacity Approximately 6690 beds
- More than 80,000 employees

What is Observation Services

- Observation services are defined as the use of a bed and periodic monitoring by a hospital's nursing or other ancillary staff, which are reasonable and necessary to evaluate an outpatient's condition to determine the need for possible inpatient admission.
- Outpatient observation services are not to be used for the convenience of the hospital, its physicians, patients, or patient's families, or while awaiting placement to another health care facility.

<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=34552>



Observation Management Barriers

- Delay in discharge (ancillary, consults)
- Lack of prioritization
- Overutilization of resources
- Limited outpatient access
- Long post acute precert turnaround time



Observation Management Optimization

- Observation units
- Virtual observation
- Observation multidisciplinary round
- Designated staffing
- Observation huddle



Observation Huddle

- Observation huddle is a short meeting where healthcare professionals discuss patient care and share information.
- The primary purpose of an observation huddle is to improve collaboration among healthcare team members to increase efficiency, expedite care and reduce cost.
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- Observation huddle helps identify immediate concerns, allowing healthcare teams to act on them in a timely fashion.



History

- The idea of observation huddle was triggered by analyzing metrics such as length of stay, cost per case, barriers to discharge, ancillary turn around time and consultants' utilization and round time.
- Observation huddle was created to tackle communication issues within healthcare teams, ensuring better information flow.
- The huddle increases awareness and focus on observation patients who are mixed with complex cases.



The Value of Observation Huddle

- Increase awareness of observation patients beyond observation units
- Increase efficiency
- Expedite discharge
- Improve admission status selection
- Discuss best practice and how to tackle difficult cases



Key #1 to Succeed



Creating a safe environment to exchange ideas between different teams.

Key Components

- Who should participate
- Ideal time
- Duration
- Frequency
- Type of cases discussed
- In person vs. virtual
- Five vs. seven days
- Who presents, who moderates



Multidisciplinary Approach

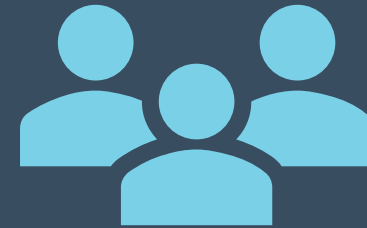
- Who attends?
 - Care management
 - Utilization management
 - Therapy
 - Imaging, biometrics
 - Pharmacy
 - Physician Advisors
 - Leadership



Structure and Consistency



A structured format ensures the huddle is productive and that all participants are on the same page.



A consistent format keeps discussions focused and helps teams prioritize critical issues, ensuring nothing important is overlooked.

Case Example

- Patient is a 62 Y/M who presented on Sunday morning with syncopal episode and a fall at home. Cardiology, Neurology, and therapy consulted, and an ECHO ordered.
- After 28 hours, patient cleared by Cardiology and Neurology with recommendation for outpatient follow up. Therapy has not seen patient, but patient walking independently at bedside without assistance. Echo is pending.



Pre Huddle Outreach



PROVIDERS



NURSING



During the Huddle

- Any delay? What do we do about it?
- Can ECHO be expedited or completed outpatient?
- Is therapy still needed?
- Any post-acute needs?
- Anything to escalate?
- Is the patient in the right status?



Post Huddle Escalation

Contacting
attending
physician (can
echo be deferred)

Therapy will be
cancelled

Family notified for
discharge

ROLE

PLAY



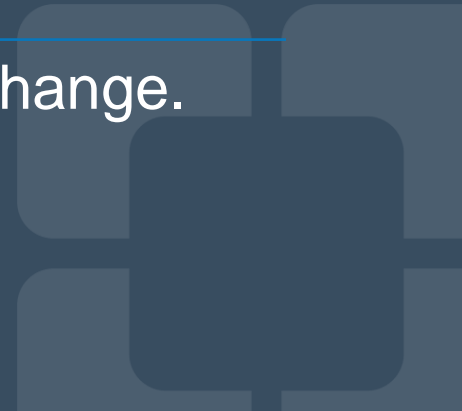
Common Actions

Utilization Management: Status changes.

Physician Advisor: Engage with reluctant medical staffs.

Therapy and Ancillaries: Expedite services.

Care Management: Patient /family discussion regarding any d/c plan change.



Outcome of Observation Huddle Implementation



REDUCTION IN
LENGTH OF STAY



THERAPY
UTILIZATION



IMAGING
PRIORITIZATION



EARLY STATUS
CONVERSION



POST-ACUTE
OPTIMIZATION AND
EARLIER D/C
PLANNING



EDUCATIONAL
OPPORTUNITIES



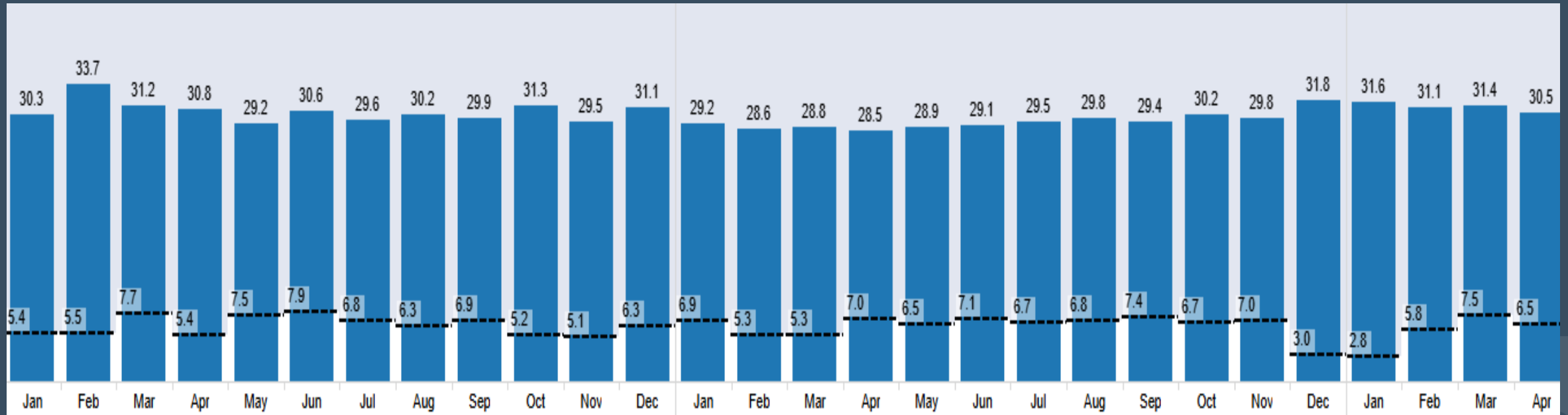
SHARING BEST
PRACTICES



DEFER TESTING TO
OUTPATIENT

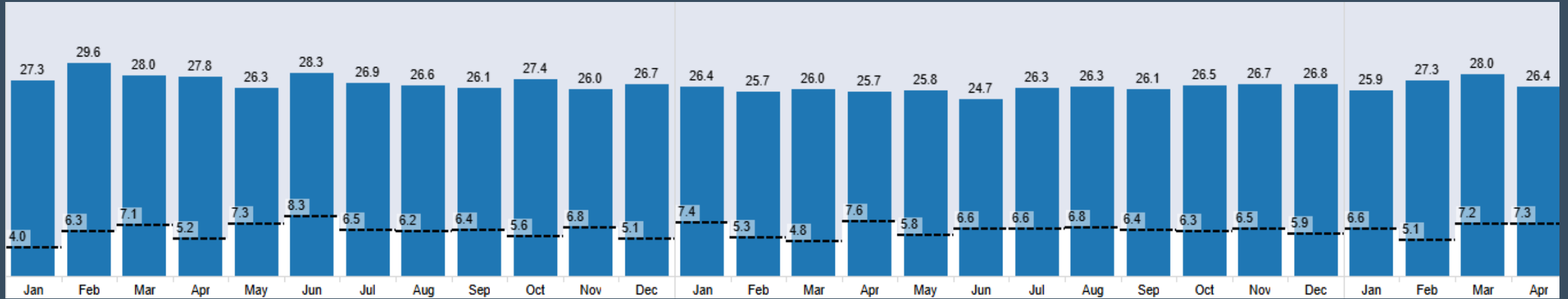


Length of Stay

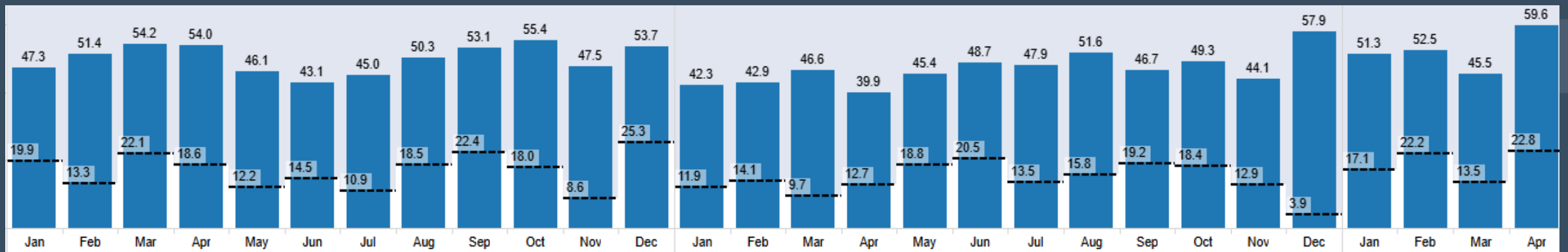


Length of Stay

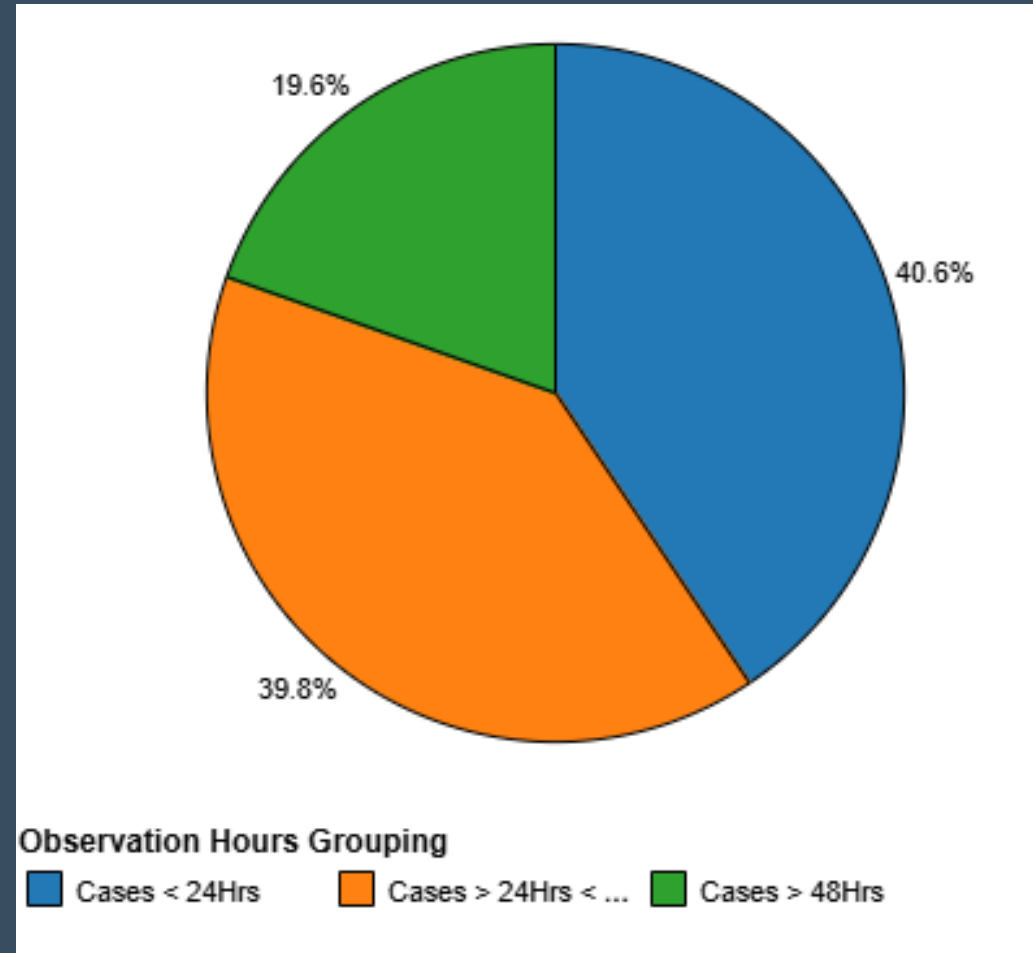
Discharge to Home



Discharge to SNF



Observation Hours Grouping



Challenges

- Monday huddle & weekend issues
- Scheduling conflict
- Perception of task vs. valuable
- Sustainability
- Are recommendations followed 100%?



Post Implementation Feedback



QUICK



SAVE TIME



INCREASE
COLLABORATION

Future State

- What is still missing?
 - Needing more provider participation
 - Follow up outpatient to prevent readmission
 - Sustain culture of prioritization
 - Reduce post acute turnaround time
 - Adding afternoon and weekend huddle

