

## Questions for Stakeholder Engagement GACH Observation Services

1. A 2021 American College of Emergency Physicians (ACEP) policy paper says that an emergency physician and emergency nurse should direct observation units with clearly defined administrative responsibilities for the observation unit. Is it standard practice for observation services to have an emergency physician and an emergency nurse who share responsibility for directing the observation unit? If so, what minimum qualifications should the emergency nurse have?
2. In addition to a CPR cart, what equipment should the observation service have available to all patients? Please state if additional or different equipment is needed for observation units that serve specific subpopulations such as pediatric, behavioral health, or chest pain units.
3. An ACEP policy and resource paper says that it is important to distinguish observation patients from patients who are in the observation unit but *not* waiting for a physician to decide whether or not to admit them.
  - (a) What types of patients who are not waiting for an admission decision (pre-surgical, overflow emergency department patients, other) are permitted in your observation units?
4. An ACEP policy paper says that problems are created when the observation unit has too many patients who have orders to admit but are waiting for an inpatient bed. These problems include increased workload for nurses due to the higher acuity of patients and decreased bed availability for patients waiting for a decision to admit, transfer, or discharge. Should there be policies and procedures for:
  - (a) How many beds may be occupied by patients who are not waiting for a decision to admit them or not?
  - (b) How long a patient with orders to admit but waiting for an inpatient bed should remain in the unit? Please explain.
5. An ACEP policy paper recommends that observation units offer several specific resources. Which of the following, if any, should observation units have available?
  - a. Case management and social work
  - b. Physical therapy/occupational therapy
  - c. Consultants available within a specific timeframe. (Assume that turnaround times would be determined by unit policies and procedures and that consultations may be performed using telehealth.)
  - d. Procedures and/or trained health care professionals for managing patients that have behavioral health needs in addition to a physical medical condition.

6. How does an observation unit ensure that patients' personal possessions are secure (bag, drawer, other)?
7. If your observation unit has bays separated by curtains, is there access to a private treatment room? Please explain.
8. Are there any provisions that you think should or should not be included in the observation service licensing regulations? If so, please describe.