

Dept of Emergency Medicine

MSH ED Observation Service

Date Created: 3/20/2024

Date Reviewed: 12/06/2024

Reviewed By: Eric Epstein, Rubayet Hossain, Siriesha Patnaik, Tehreem Rehman, Robert Sellman, Erika Stefanchik



Overview:

MSH ED Observation Service (EDOS) provides care to emergency department patients who need ongoing treatment or monitoring to determine appropriate admission or discharge. EDOS will function as a pull model. The ED Observation Service provider will regularly scan the track board to proactively identify eligible cases before rounding with your teams.

RETU workflow is not impacted by this change. Continue placing patients in RETU as clinically indicated. If you are unsure, the RETU PA can triage and determine whether the patient is a better candidate for the ED Observation.

The process excludes pediatric patients and patients requiring critical care or otherwise unstable.

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Pathway & Start/End of shift check list- [Link here!](#)

Accepting a referral to ED Observation:

1. If patient meets the criteria, "Accept" the patient to Observation --> the dispo will change from red "RETU/Observation" to purple "Observation" and the letter "A" will appear in the IP column.

Time taken: 3/20/2024 1036 + Add Group + Add Row + Add LDA Responsible Macro Manager

Accept to RETU

Accept to RETU

Accepted Pending

Accept to Observation

Accept to Observation

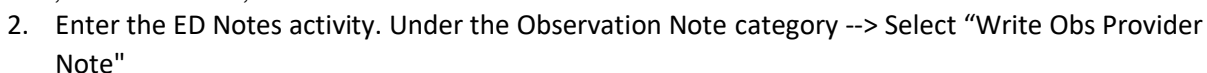
Accepted Pending

Bed Available?

Yes No

Observation				00:29	X	A
Discharge				93:54		ED Obs Accept
Discharge				90:22	X	
Observation				4670:28	X	
				766:41	X	
Discharge				330:09	X	
Admit				3668:01	X	
Discharge				3599:47	X	
Transfer				463:14	✓	
RETU / Obse...				3310:43	X	

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The screenshot displays the 'ED Notes' interface. On the left, a sidebar lists various note types: PROVIDER NOTE, PROCEDURE NOTE, PROGRESS NOTE, OBSERVATION NOTE, and Write Obs Disch.... The 'PROGRESS NOTE' and 'Write Obs Disch....' items are highlighted with red boxes. Red arrows originate from these boxes and point to the 'Write Progress Note' and 'Write Obs Discharge Summary' cards in the main grid on the right. The main grid contains six cards, each for a different note type: Write Provider Note, Write Procedure Note, Write Progress Note, Write Obs Provider Note, Write Obs Reassessment Note, and Write Obs Discharge Summary. Each card includes a 'Create Note' button and a 'Notes Activity' link. The interface also features a top navigation bar with tabs for Chart Review, Snapshot, Triage, Workup, Orders, ED Notes, and Dispo.

3. A snapshot of the note is as follows, please fill relevant information for your patient.

Triage

Workup

Orders

ED Notes

Dispo

NoteWriter

ear HPI

HPI

ROS

Phys Exam

MDM

Narrative

Insert SmartText

100%

ED Observation Service H&P

Past Medical History

No past medical history on file.

No past surgical history on file.

No existing history information found.No existing history information found.No existing history information found.

No existing history information found.

Family History: ***

Not on File

History of Present Illness

HPI

Review of Systems

Review of Systems

Physical Exam

There were no vitals taken for this visit.

Physical Examination

MDM

MDM

Updates

Forms

▼ Patient Info

History provided by

☐

 the patient

☐

 the nursing home

☐

 a caregiver

☐

 medical records

☐

 the spouse

☐

 the EMS personnel

☐

 a friend

☐

 a significant other

☐

 a parent

☐

 a relative

☐

 the police

History limited by

☐

 a language barrier

☐

 the absence of a caregiver

☐

 a developmental delay

☐

 the condition of the patient

Language interpreter used?

☐ Yes

Reviewed

☐

 past medical charts

☐

 allergies

☐

 home medications

☐

 past medical history

☐

 surgical history

☐

 family history

☐

 social history

☐

 EMS run sheet

☐

 nursing home records

Reviewed Chart Elements

I have reviewed relevant laboratory values

I have reviewed relevant imaging studies

Please add a complaint on the upper right hand to load an appropriate HPI template***

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4. If patient meets the criteria and you anticipate capacity to take over care later in shift, "Pend" the patient to Observation --> the letter "P" will appear in the IP column.

A screenshot of a web application interface for the MSH ED Observation Service. At the top, there is a header bar with a date/time selector set to 3/20/2024 at 1036, and buttons for '+ Add Group', '+ Add Row', '+ Add LDA', 'Responsible', and 'Macro Manager'. Below this, there are three main sections: 'Accept to RETU' with 'Accepted' and 'Pending' buttons; 'Accept to Observation' with 'Accepted' and 'Pending' buttons; and 'Bed Available?' with a 'Yes' button (highlighted with a mouse cursor) and a 'No' button. Each section also includes a small icon of a document with a plus sign.

Updates during same shift within SAME calendar date:

Start with ".now" for time-stamped updates, such as conversations with consultants and reassessments, and insert them under the "Updates" section.

Updates during same shift within DIFFERENT calendar date:

Enter the ED Notes activity. Under the Observation Note category --> Select "Write Obs Reassessment Note". A snapshot of the note is as follows, please fill relevant information for your patient.

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Edit Note | Sidebar Summary

My Note

Note Details

Date of Service: 7/15/2024 | 1203 | Service: Emergency ...

☒ Cosign Required? Cosigner: [Redacted]

Phys Exam | MDM

Insert SmartText

ED Observation Service Reassessment Note

Re-Assessment:

EDObs JulyFifteenth is a 24 y.o. female who was placed under ED observation for ongoing monitoring, testing, and/or treatment.

Physical Exam

There were no vitals taken for this visit.

Physical Examination

MDM

MDM

Change in disposition during ED Observation:

1. Enter the ED Notes activity. Under the Observation Note category --> Select "Write Obs Discharge Summary".

Note: A discharge summary must be written for patients with any change in disposition, including placement to RETU or admission.

2. A snapshot of the note is as follows, please fill relevant information for your patient.

PHANTOM - ROBERT SELLMAN

Search (Ctrl+Space)

My Incomplete Notes 1 | My Open Encounters 10

Reports | ED Chart | Patient Lists | My Dashboards | SafetyNet | QI Form | Documents | ED Contacts List | Learning Hub | UpToDate | I-STOP | Licensure | G-Path | More

Review | Snapshot | Triage | Workup | Orders | ED Notes | Dispo

Write Obs Provider Note

Create Note

A Note is Already Open

Write Obs Reassessment Note

Create Note

A Note is Already Open

Write Obs Discharge Summary

Create Note

A Note is Already Open

Edit Note | Sidebar Summary

My Note

Note Details

Date of Service: 7/15/2024 | 1204 | Service: Emergency ...

☒ Cosign Required? Cosigner: [Redacted]

Insert SmartText

ED Observation Service Discharge Summary

Clinical Impressions:

1. Patient needs psychiatric hold for evaluation
2. Beare-Stevenson cleft gyrata syndrome

PCP: No primary care provider on file.

Code Status: None

Clinical Summary

Discharge Exam:

There were no vitals taken for this visit.

Procedures:

Consultant Recommendations:

I independently reviewed and interpreted the pertinent labs and imaging results below:

IMS IP MD LABS

RADIOLOGY REPORTS

Disposition: Select Disposition

Condition upon Discharge: CONDITION ON DISCHARGE: Stable

Resources Utilized: IMS ED OBS Resources Utilized

SmartLinks

Send | Sign | Cancel

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3. For disposition of “discharge”, almost always you will have spent more than 35 minutes on patient care the day of discharge. A snapshot of content below.

A screenshot of a medical note template. The top section is titled "Disposition" and contains a dropdown menu with "Select Disposition" and a "Create Note" button. Below this is a text area with a pink background containing the following text: "Discharge - I spent *** minutes in the care of this patient today. This includes but is not limited to reassessments, care coordination, review and interpretation of results, and discussion of treatment plan. Before discharge, the patient was in stable condition. I answered all questions including on follow-up care, medications, AMA - The patient elected to sign out against medical advice despite being advised of the potential risks of doing so. LBTC - The patient left the department prior to treatment completion. Admit - The patient was admitted." Below this is a section titled "CLINICAL IMPRESSION" with a dropdown menu showing "Sad". At the bottom, there are fields for "Pharmacy?: None" and "Social Determinants: Not on file".

4. Complete disposition as per case, including admission handoff note when indicated.

A screenshot of a medical note template. The top section is titled "Disposition" and contains a dropdown menu with "Select Disposition" and a "Create Note" button. Below this is a text area with a pink background containing the following text: "Discharge - I spent *** minutes in the care of this patient today. This includes but is not limited to reassessments, care coordination, review and interpretation of results, and discussion of treatment plan. Before discharge, the patient was in stable condition. I answered all questions including on follow-up care, medications, AMA - The patient elected to sign out against medical advice despite being advised of the potential risks of doing so. LBTC - The patient left the department prior to treatment completion. Admit - The patient was admitted." Below this is a section titled "CLINICAL IMPRESSION" with a dropdown menu showing "Sad". At the bottom, there are fields for "Pharmacy?: None" and "Social Determinants: Not on file".

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Signing out patient at end of shift:

1. Incoming EDOS provider starts an "Obs Reassessment Note" for each patient.
2. If there is no incoming EDOS provider, make sure to sign out the patient to another midlevel on the care team of the attending who is still assigned to the patient.
3. Sign out from Epic after to make sure only the new midlevel appears as front-line provider for the patient.

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Escalation

- For urgent patient care issues related to this process, please contact MSH ED Physician AOC on Epic Secure Chat or call Physician AOC @ MSH ED on Zoom.
- For general questions regarding the process, please contact Tehreem.Rehman@mountsinai.org.