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# Observational Units and Emergency Department Connections

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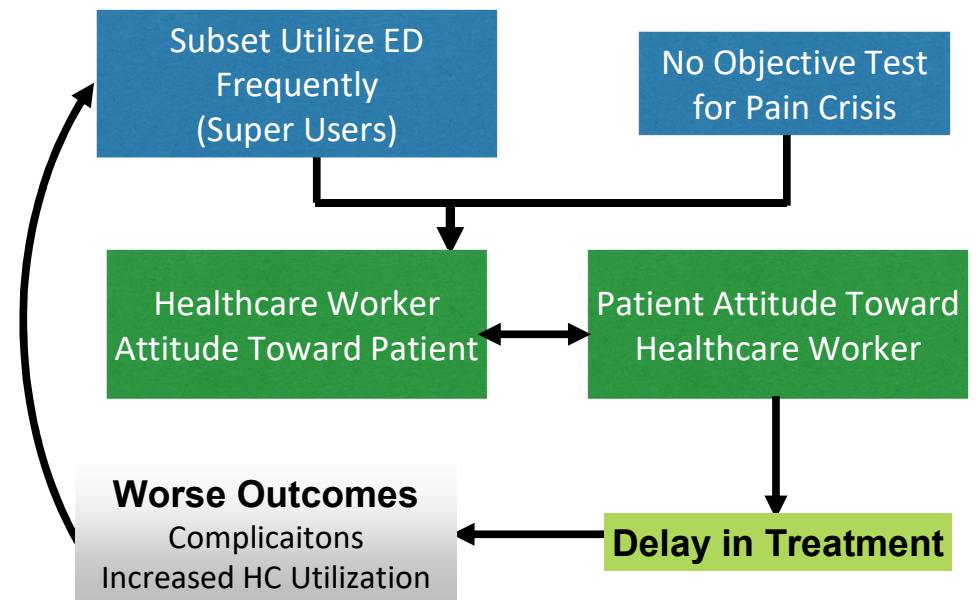
Augusta University

# Why Is Management of Sickle Cell Pain Crisis **Difficult** in the ED?



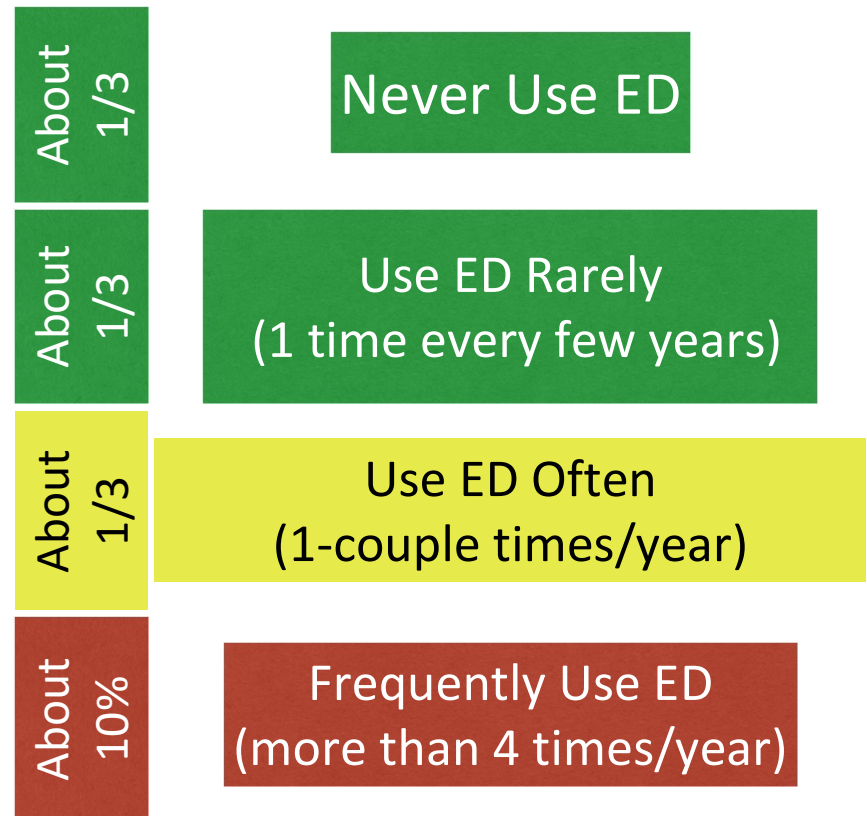
# ED Management of Pain

- Sickle cell pain crisis management
- Arbitrary and highly variable ED treatment
- Negative stereotypes
- Distrust cycle



# Education is Key

- Opportunity for intervention
- Stereotypes based on a **small over-represented** sample of patients
  - Key to breaking cycle



# Observation Medicine

## Principles

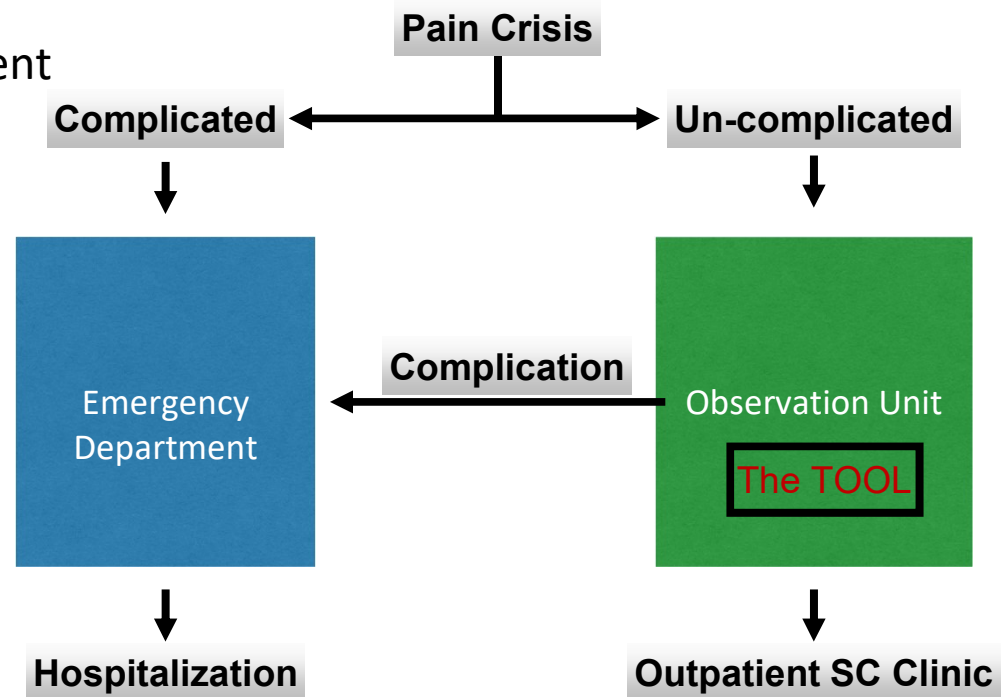
- ED managed-ED co-located
- Dedicated location (Observation Unit)
- Dedicated staff
- **Protocol-driven interventions**
- Closed unit
- 24-hour/day operation (mindset)



# Change the Location, Change the Mindset

## Observation unit

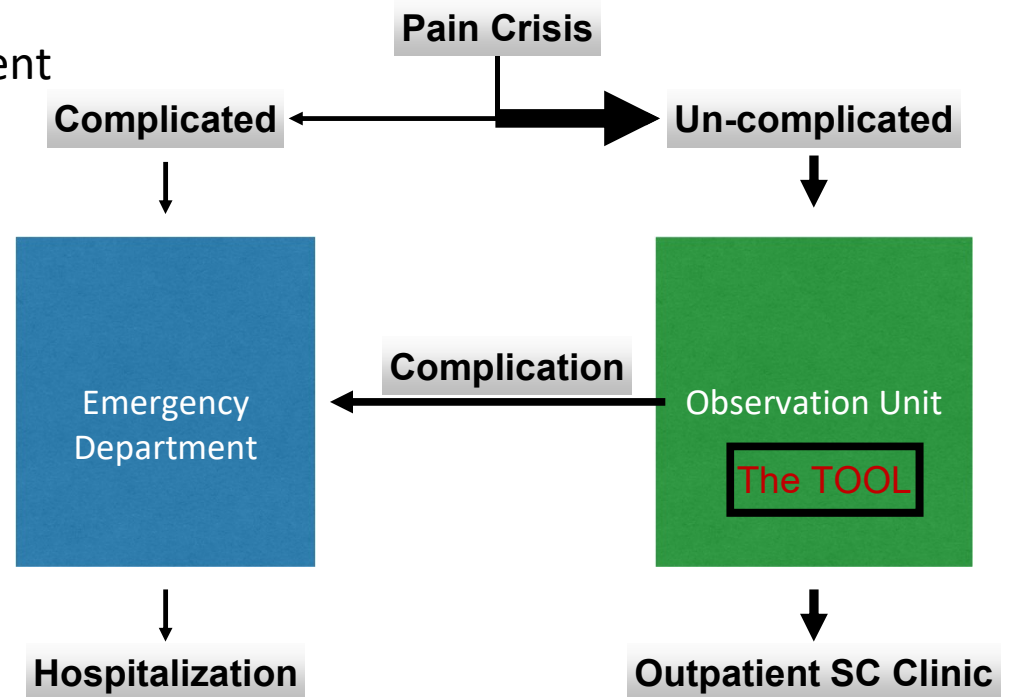
- Hybrid **In**-patient and **Out**-patient
  - Protocol-directed care
  - Space
  - Dedicated staff
  - Mentality



# Change the Location, Change the Mindset

## Observation unit

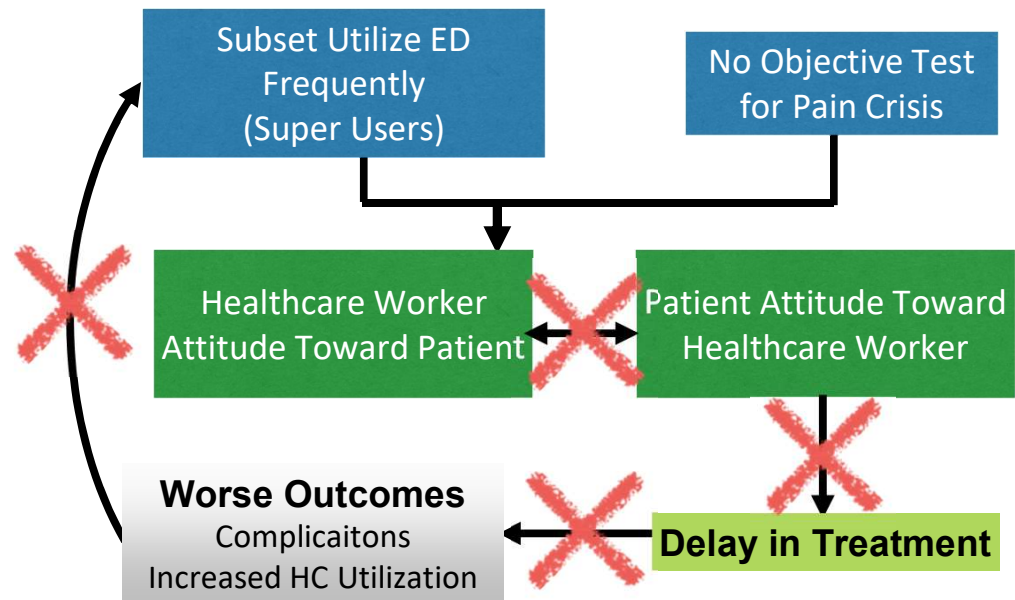
- Hybrid **In**-patient and **Out**-patient
  - Protocol directed care
  - Space
  - Dedicated staff
  - Mentality



# Change the Location, Change the Mindset

- **Changed Mindset**

- Provider
- Staff
- Patient



Sickle Cell Pain Crisis Pathway





# Observation Unit Based Pathway

## Goals

Utilize standardized treatment to:

- Decrease variability in assessment and treatment
- Improve patient outcomes
- Decrease health care utilization
- Improve patient satisfaction
- Improve HC worker satisfaction

Metric	Goal
Time to ED/OU from Triage	15 Minutes
Time to Physician Eval	30 Minutes
Length of Stay	12 Hours
Admission Rate	< 15%



# Sickle Cell Guidelines

## SCP

Metric	Goal
Time to ED/OU from Triage	15 Minutes
Time to Physician Eval	30 Minutes
Length of Stay	12 Hours
Admission Rate	< 15%

## National Guidelines

Metric	Goal
Triage to Analgesia	30 Minutes
Individualized dosage	Opioid
Reassessment and Re-dose	q15-30 Minutes
Redosage	25% Increase in Dosage



# Observation Unit Based Pathway

## Process

- Trial and error
- Series of interventions/modifications
- Setbacks
- Persistence
- Champion
  - Nurse and Physician

## Outcomes

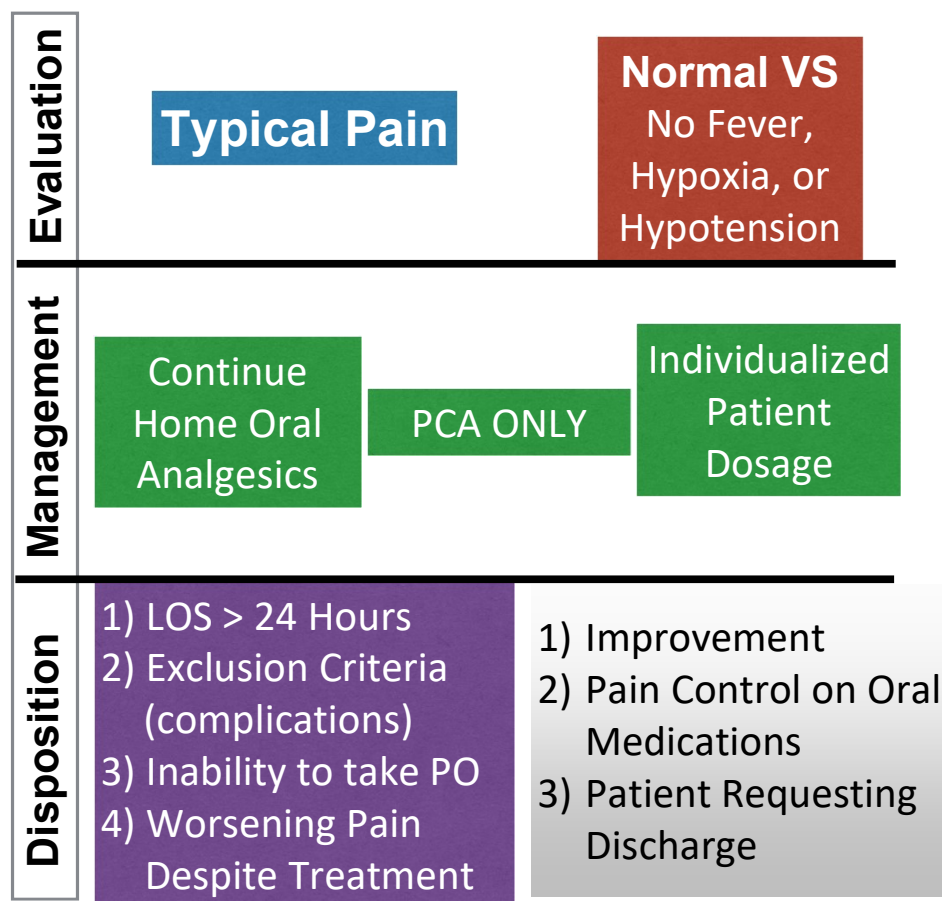
Metric	Ultimate Outcome
Admission Rate	13%
3-Day ED Return Rate	5%
30-Day ED Return Rate	48%
30-Day Hospital Readmit Rate	1.5%



# Sickle Cell Pain Crisis Pathway

## Pathway

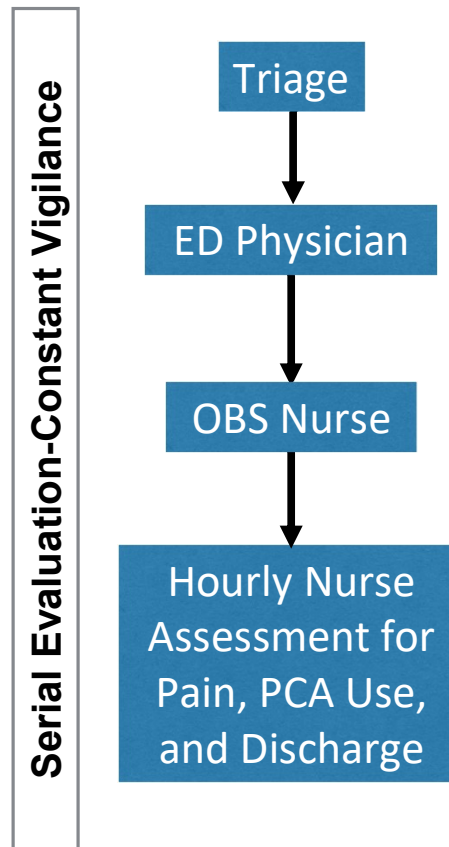
- Inclusion and exclusion criteria
- Evaluation based in Observation Unit
- Protocol for treatment
- Admission Criteria
- Discharge Criteria



# Pitfalls to Avoid

## Pathway

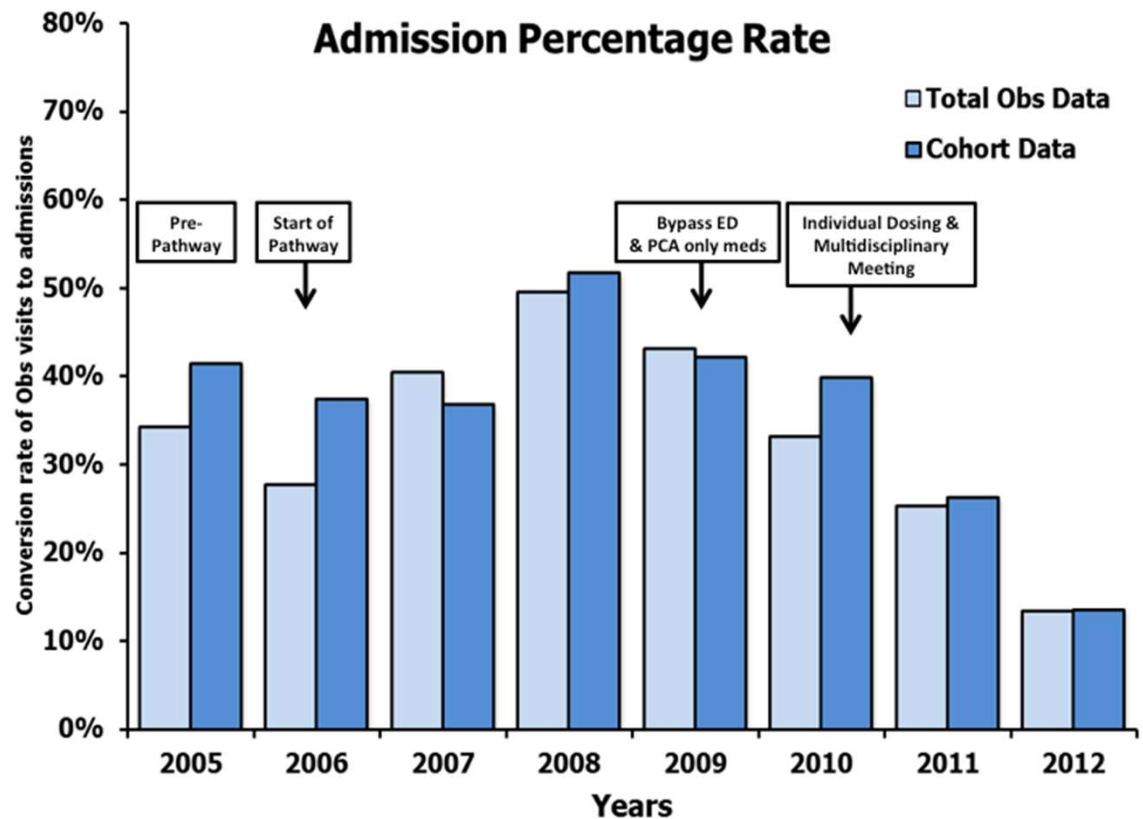
- Autopilot thinking = pitfall of observation medicine
- Pain crisis often coexistent with other complications of SCD
- Serial evaluation
- Surveillance for complications
- Patient improvement



# Observation Unit Based Pathway

## Interventions-Iterative Process

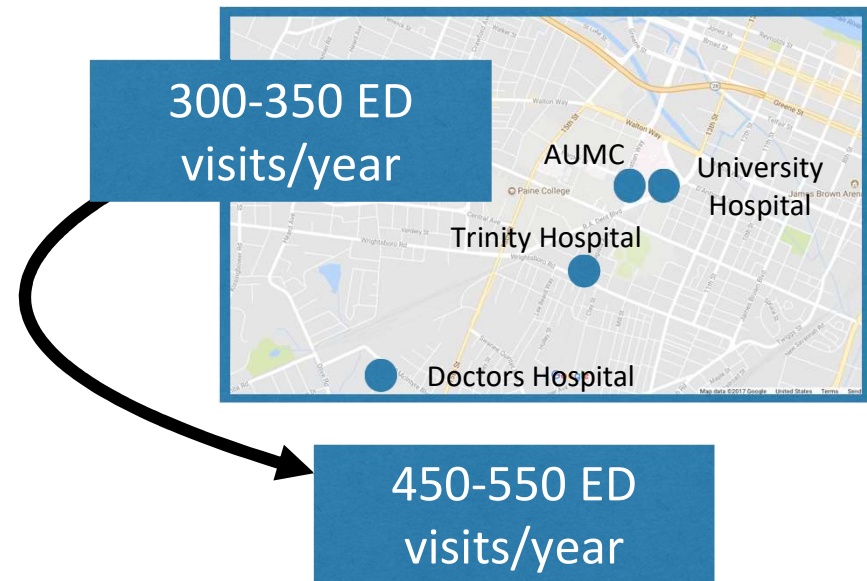
- After pathway initiation-increase in admission rate
- Most “important” interventions
  - PCA parenteral dosing ONLY
  - Individualized PCA dosage
  - Multi-disciplinary team meeting



# Successes

## Augusta University Medical Center

- “Crowded” medical city
- Increase in utilization of AUMC ED for Pain Crisis
- Increase in patient satisfaction (> 95%)
- Increase in healthcare worker satisfaction (MD and RN)



# Variability in Implementation

## Sickle Cell Fast Track Pathway

- Augusta University Medical Center
- Augusta University Medical Center
- Phoebe Putney Memorial Hospital (Albany, GA)
- Savannah Memorial Hospital

ED Managed  
Observation Unit

Hospitalist Managed  
Observation Unit

Hematologist Managed  
Hybrid Unit

Family Medicine Managed  
Hospital-Observation  
Model





# Summary

## Sickle Cell Fast Track Pathway

- SC pain episode is ideal candidate for **Observation Pathway**
- Protocol treatment-**meet** VOC guidelines
- **Improved** outcomes-**decreased** resource utilization-**improved** satisfaction
- Can be implemented in **wide** variety of settings

