Problem: Twenty-three hour observation patients are patients admitted post procedure or in need of medical observation. They can remain on the unit for a short period of time up to 23 hours. Due to billing procedures, they should not remain in observation status for more than 23 hours. At the end of the observation period they should either be converted to full admission status or discharged. It is important to have a clear definition of when the 23-hour period begins in order to accurately convert the 23-hour observation patients. There was lack of clear guidelines within our institution as to when to convert to inpatient status or discharge them. If the conversion is not achieved accurately and timely, the institution could lose reimbursement for the patient stay.

Evidence: Adoption of Medicare Guidelines and develop sensitive criteria for managing 23-hour observation patients, and educate the staff on the new guidelines.

Strategy: The Director of Case Management was contacted to clarify specific Medicare Guidelines. We developed a plan incorporating the guidelines and provided education to all staff. We also reinforced that this is the responsibility of all staff to ensure that patients are converted or discharged. In addition, we created forms that hang on the doors with the times visible so all staff would be aware.

Practice Change: Accurate conversion of the 23-hour observation patients.

Evaluation: These practices have increased patient and staff satisfaction which resulted in more favorable reimbursement for the institution.

Results: Our evidence-based guidelines regarding 23-hour observation patients and education provided to our staff created a significant reduction in the number of missed conversions. In 2008, we had 99 observation patients with 23.4% not converted compared to 2009, where we had 97 observation patients with only 13.8% not converted.

Recommendations & Lessons Learned: In order to accurately convert 23-hour observation patients, there must be clear guidelines as to when their time starts.

Bibliography