

Press Release

**Title: Study shows national use of observation care for emergency department patients on the rise**

Rising healthcare costs and tight federal budgets have focused the lens on healthcare. One area under significant scrutiny has been “unnecessary” hospital admission and hospital re-admissions, which policymakers view as costly, avoidable and worthy of measurement in the federal Medicare program.

An alternative to these short-stay admission or , which has gained increased attention recently, has been the use of observation evaluations. Observation care utilizes rapid diagnostic and treatment protocols within a 23 hour stay for specific conditions such as chest pain, asthma, and atrial fibrillation. Researchers at Brigham and Women’s hospitals used data from the National Hospital Ambulatory Medical Care Survey to perform the first nationwide study of observation care after emergency department visits. They found that from 2001 to 2008 there was a three-fold increase in the use of observation evaluations. The study, was published in the open-source journal *PloS One*, was made available online this past week.

The study’s lead author, Dr. Arjun Venkatesh MD, MBA, an emergency medicine resident at Brigham and Women’s, says: “In the past 7 years of this national sample, we found that emergency department visits and the use of observation evaluations both had marked increases while there was a very modest increase in inpatient admissions.” While the study was not designed to identify the cause for this rise in observation evaluations the authors note that hospital overcrowding, changes in Medicare reimbursement policy, and clinical trials supporting observation care may have all contributed to this rise.

The authors also propose some unique measures of observation utilization, which attempt to describe use of hospital services following emergency department care. Specifically, notes Dr. Jeremiah Schuur MD, MHS the senior author of the study: “We found significant variation in the relative use of observation evaluation in comparison to inpatient admissions across clinical conditions, which may be explained by efficient testing and treatment pathways. Observation care is relatively common for certain conditions such as chest pain (14%) or transient ischemic attack (TIA) (13%), while it is low for conditions such as CHF (4%), which lack the same evidence-base to support observation evaluation.” The authors note that metrics such as the observation to admission ratio may be helpful for hospitals attempting to understand the impact of observation care on hospital efficiency and reduce short-stay inpatient admissions at risk of Medicare denials.

Citation: Venkatesh AK, Geisler BG, Gibson Chamber JJ, Baugh CW, Bohan JS, Schuur JD. **Use of Observation Care in US Emergency Departments, 2001 to 2008.** *PLoS ONE*, epub (in press)