Open vs. Closed Units
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Currently, about 36% of hospitals have dedicated observation units (OU) to provide observation services for ED patients who are not eligible for an inpatient hospital admission. An OU can be located in or adjacent to the ED or in another location in the hospital away from the ED and can be described as either closed or open depending on whose care patients are under. In closed OU, patients are managed under a single physician group or specialty such as emergency physicians. Condition-specific protocols are typically used that include inclusion and exclusion criteria, interventions performed while the patient is in the OU, and criteria for discharge or admission. Open OU allow more than one group of physicians to place a patient in the OU and patient care is typically at the discretion of the individual provider.

There is a significant amount of evidence demonstrating superiority of closed protocol-driven OU, most of which are in EDOU settings. Through the use of condition-specific protocols and pathways that utilize aggressive and intensive diagnostic and therapeutic interventions, advantages are seen that include a reduced length of stay, better patient satisfaction and health-related quality of life, reduced cost, improved patient outcome and reduced readmissions. There is also evidence to show that closed OU improve ED efficiency through the reduction of left-without-being-seen rate, ED boarding length of stay for admitted patients, and ambulance diversion time. When closed OU are directly compared to open OU, similar results are seen. By having a single physician group or specialty managing an OU, there is greater consistency in ensuring appropriate patients are placed in the OU and greater consistency in adherence to the specific time-conscious protocols and clinical pathways in place. In this way, variability in testing and treatment is reduced and patient care is streamlined. Furthermore, because it is a smaller and more consistent group, individual providers more rapidly acquire expertise and efficiency in managing OU patients. A larger more diverse group of providers that work only occasionally will not have the same opportunity to acquire enough experience to be efficient and gain expertise in using all the protocols appropriately. It also makes it more difficult to provide targeted education and feedback, enforce accountability and therefore ensure quality control.

References: