

AAEM Position Statement on the Practice of Observation Medicine

Observation units and the use observation status have increased in utilization over the past several years. The “two-midnight rule” combined with ED overcrowding, more complicated care coordination work, and the payer pressures have resulted in an increase in observation stays. Patients on observation status are not admitted to the hospital and therefore are still covered under EMTALA. Above all else, observation is meant to be a transitional state to aid in decision-making. The CMS definition of observation refers to it as:

“short term treatment, assessment, and reassessment before a decision can be made regarding whether patients will require further treatment as hospital inpatients or if they are able to be discharged from the hospital.”

This is, in essence, emergency medicine. As such we take the following position:

- High quality observation care is a natural extension of the practice of emergency medicine and should not be seen as simply the management of “short admissions”. Observation medicine, like emergency medicine, requires frequent re-evaluations, vigilance for emergent conditions that may be life-threatening, and the ability to make time-sensitive decisions regarding admission or discharge. This is fundamentally the practice of emergency medicine. Therefore, when it comes to the care of observation patients or the management of observation units, emergency physicians must not only remain involved, but should be at the forefront of these initiatives in order to ensure not only value to all stakeholders, but the safety and well-being of our patients.

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