

Close observation unit (COU)

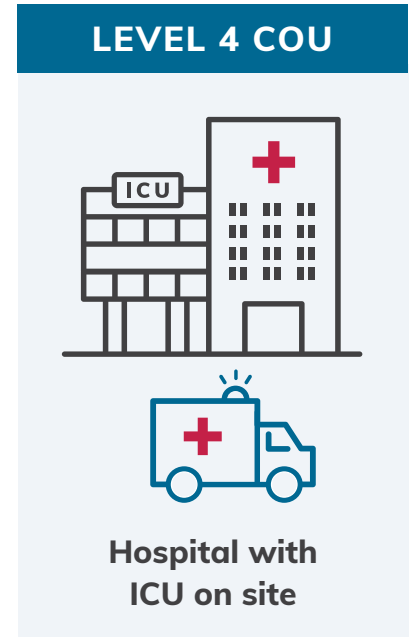
Organisational models

This document outlines principles for the establishment, governance and operation of a close observation unit (COU) in NSW hospitals.

The [NSW Health Guide to the Role Delineation of Clinical Services \(2021\)](#) categorises clinical services as levels 1–6.¹ Not all services follow consecutive levels.

Close observation units (COUs) are categorised as clinical service levels 3 and 4. A COU is a specially staffed, equipped and designated area of the hospital providing care for patients with clinical needs between that provided in a general ward and ICU.

The scope of care provided by a COU will depend on whether there is an ICU on the same hospital site.²



Fundamentals underpinning care delivered within close observation units

Strong leadership and governance	Clear treatment protocols	Well defined inclusion and exclusion criteria for admission and discharge	Care is coordinated
Clear process for escalation of care and transfer	Continuous quality improvement	Education, training and supervision	Workforce matched with support services

Options for organisational models

Options for the delivery of care within a COU at a local hospital are informed by the [NSW Health Guide to Role Delineation of clinical services \(2021\)](#).¹

Both options include the following requirements:

- A medical officer credentialed for airway management and vascular access readily available 24/7.
- Nursing staff levels appropriate for patient acuity, volume and scope of clinical services, at a minimum of one nurse to two patients.
- Access to allied health professionals, such as physiotherapist, occupational therapist, speech pathologist, pharmacist and social worker.
- Access to Aboriginal hospital liaison officers.

Option 1: COU Level 3

A level 3 COU is suitable for sites that have links to a networked Level 5 or 6 intensive care unit (ICU), but has no intensive care service on site.

Clinical requirements

- Patients are cared for under the admitting medical officer, who is available 24 hours a day (may be on call).
- A locally approved and supported escalation of care and transfer pathway within a local health district (LHD) or specialty health network (SHN) is essential for the safe delivery of care.
- The workforce, including nursing and allied health, will have the necessary skills for the case mix.

This model is suitable for:

- patients requiring higher levels of monitoring than standard ward-based care
- a stroke unit with cardiac monitoring
- patients requiring subacute coronary care.

Option 2: COU Level 4

A level 4 COU is suitable for sites with an ICU on site.

Clinical requirements

- The COU provides a level of care between ICU and standard ward care.
- Level 4 COU should have formal agreement with the on-site ICU to provide daily clinical advice and defined models of service provision.
- Patients are cared for in a collaborative model by the admitting medical officer and intensivist.
- Requirements include those for a level 3 COU, as well as:
 - extended pathology hours
 - 24-hour access to pharmacy; x-ray; CT and ultrasound; and operating suite.

This model is suitable for:

- patients requiring non-invasive ventilation at low risk of requiring escalation
- patients requiring arterial monitoring or low dose vasopressors
- patients transferring out of ICU.

References

1. New Ministry of Health. NSW Health Guide to the Role Delineation of Clinical Services, 4th edition [internet]. Sydney: NSW Health; 2021 [cited 22 March 2022]. Available at www.health.nsw.gov.au/services/Publications/role-delineation-of-clinical-services.pdf
2. NSW Agency for Clinical Innovation. Establishment, governance and operation of a close observation unit: key principles [internet]. Chatswood: ACI; 2018 [cited 22 March 2022]. Available at aci.health.nsw.gov.au/_data/assets/pdf_file/0007/430837/Close-Observation-Units-Key-Principles.pdf