

September 15, 2006

**STANDARDS FOR NOMENCLATURE AND OPERATIONS IN VHA FACILITY  
EMERGENCY DEPARTMENTS**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive establishes policy ensuring that Emergency Departments at VHA facilities remain open 24 hours a day delivering high-quality emergency care. *NOTE: This Directive is not intended to address after-hours care provided in Urgent Care clinics.*

**2. BACKGROUND:** Universal access to appropriate emergency services is a cornerstone of basic health care in the United States. VHA is committed to providing timely and high-quality emergency care. This Directive specifically addresses the delivery of acute unscheduled care for veterans, including the effective organization of Emergency Departments that are aligned with the mission of the facility they serve.

a. As a leader in the provision of quality and timely health care, VHA is committed to providing eligible veterans with access to emergency care that is prompt, safe, appropriate and cost effective. The veteran needs to be able to obtain emergency care that meets a single standard for similar VHA facilities nationally.

b. Professional societies including the American College of Emergency Physicians and the Emergency Nurses Association, have recommended standards for staffing, equipment, space, etc., for Emergency Departments to use as guidelines. Emergency Department standards, policies, and procedures are subject to review by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

c. Standardized nomenclature is needed to ensure that patients seeking emergency care in any VHA facility can readily identify the appropriate location for such services. There are a variety of names presently in use for units that provide acute undifferentiated care to veterans across the Veterans Healthcare Network. While "Emergency Room" and "Emergency Department" are common terms, others are frequently used, including: Life Support Unit, Urgent Care Unit, Emergency Services Area (ESA), and Acute Evaluation Unit. Such variation leads to ambiguity and may be confusing to veterans seeking care, especially when in unfamiliar facilities.

d. It is recognized that among facilities there can be a wide spectrum of emergency services available, which need to be determined by the capability of the parent facility. The level of emergency care available should always be congruent with the capability, capacity, and function of the local facility.

e. A minimum standard of emergency care needs to be uniformly available in all VHA Emergency Departments, which includes detailed plans for management of patients whose care needs may exceed the facility's capabilities (e.g., Acute Myocardial Infarction (AMI) needing

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emergent cardiac catheterization; major trauma; obstetrics and gynecology; pediatrics; and surgical subspecialty care when not provided on site). In these situations, the facility must provide initial stabilization and emergency transportation to an appropriate higher-level facility.

f. Timely provision of such services is critical for flow through the Emergency Department and includes imaging, laboratory, and consultative services. The specific support will be highly dependent on Emergency Department volume and the acuity of patients being seen.

g. Emergency Department overcrowding presents a major patient safety issue for most American hospitals. Often critical patients remain in the Emergency Department for extended periods of time due to Intensive Care Unit (ICU), telemetry, or floor bed constraints. The Emergency Department is not generally staffed at appropriate levels to safely manage seriously ill patients for long periods. There are also challenges to providing “inpatient care” in the Emergency Department. It is vital for the practice of high-quality, safe, and efficient emergency care to provide adequate hospital beds, including ICU, telemetry, and adequate ancillary services, to ensure appropriate flow through the Emergency Department.

h. While not technically subject to the Emergency Medical Treatment and Active Labor Act (EMTALA) and the regulations implementing the Act issued by the Centers for Medicare and Medicaid Services, VHA complies with the intent of EMTALA requirements regarding the transfer of acute patients among health care facilities.

### i. Definitions

(1) **Intensive Care Unit (ICU) (also referred to as a critical care unit).** An ICU is a special care unit dedicated to the management of acute illnesses in which life or organ function may be in jeopardy. This unit provides a higher level of medical services, medical technology, and staffing than other hospital medical or surgical units.

(2) **Emergency Department.** The Emergency Department’s primary responsibility is to provide resuscitative therapy and stabilization in life-threatening situations. The Emergency Department is also staffed and equipped to provide initial evaluation, treatment, and disposition for a broad spectrum of illnesses, injuries and psychiatric disorders, regardless of the level of severity. Emergency care is provided in a clearly defined area dedicated to this function and operates 24 hours a day, 7 days a week.

(3) **Urgent Care Unit.** An Urgent Care Unit provides care for patients without a scheduled appointment, but in need of immediate attention for an acute medical or psychiatric illness and minor injuries. Urgent Care Units are not intended to provide resuscitative therapy of stabilization in life-threatening situations.

**3. POLICY:** It is VHA policy that Emergency Departments at VHA facilities remain open 24 hours a day, 7 days a week, 365 days a year delivering high-quality emergency care.

#### 4. ACTION

a. **VISN Director.** The VISN Director is responsible for ensuring that each facility within the VISN is appropriately designated as one having an Emergency Department or designated as one that does not provide Emergency Medical services. **NOTE:** *Emergency services provided at each facility must be appropriate for the level of care provided by that facility.*

b. **Facility Director.** The facility Director is responsible for ensuring that:

(1) Facility leadership, i.e., the Chief of Staff and the Chief Nurse Executive, provide the appropriate level of support services to the Emergency Department sufficient to ensure that care is delivered in a timely fashion. This includes:

(a) Radiology, laboratory and pharmacy services, facilities, supplies, and equipment necessary to provide the appropriate level of emergency care.

(b) The emergency services available are consistent with the capabilities of that facility.

(c) Facility leadership evaluates the facility to prevent overcrowding in the Emergency Department. **NOTE:** *If facilities propose a change in designation, VHA Directive 1000.1, Program Restructuring and Inpatient Bed Change Policy is to be followed.*

(2) Emergency Department Directors and Managers ensure that:

(a) The Emergency Department is appropriately staffed with personnel trained to provide emergency care.

(b) The Emergency Department is appropriately equipped at all times.

(c) Staff have received the requisite training for managing acute emergencies.

(d) Policies for the provision of emergency care, for the transfer of patients, and for the diversion of emergency patients away from the facility are developed, implemented, and monitored.

(3) The physical plant, supplies, and equipment are in compliance with applicable standards.

(4) In facilities having medical-surgical beds and an ICU, there is a dedicated unit to provide unscheduled access to emergency care each day, 24 hours a day. This unit must be clearly identified as the Emergency Department to provide clarity and continuity for any veteran seeking emergency care in unfamiliar locations. Services provided must include care for life-threatening mental health emergencies, such as: attempted suicide, inability to care for oneself, aggression, agitation, self injury, or recklessness as a result of intense emotional distress due to a psychiatric

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disorder. Alternative terms for the Emergency Department, such as Emergency Services Area (ESA), “Life Support Unit”, “Acute Evaluation Unit” and “Ambulatory Care Unit,” are not to be used.

(5) In facilities with inpatient medical-surgical beds without an ICU, the decision to operate an Emergency Department should be based on local needs, the presence or absence of alternatives for emergency care, and the availability of appropriate support services. Facilities with inpatient medical-surgical beds without an ICU that choose to operate an Emergency Department must have the necessary imaging, laboratory, and pharmacy services and consultative support services for medical, surgical, and mental health problems and conditions.

(6) In specialty care facilities such as rehabilitation and psychiatric hospitals, as well as domiciliary, adult homes, nursing homes and Community-Based Outpatient Clinics, after-hours medical care for non-life-threatening conditions, if provided, must be done in an extended hours Urgent Care Unit.

(7) In the absence of Emergency Departments in facilities without medical and/or surgical beds places, close coordination with regional Emergency Departments and the local EMS system takes place. It is crucial that these organizations understand the extent and limits of after-hours outpatient medical care provided by the VHA facility.

(8) This Directive is implemented by March 31, 2007.

**6. FOLLOW-UP RESPONSIBILITY:** The Office of the Deputy Under Secretary for Health for Operations and Management (10N) and the Office of Patient Care Services (11) are responsible for the contents of this Directive. Questions may be referred to the National Program Director for Emergency Medicine at (202) 273-8530.

**7. RESCISSIONS:** None. This VHA Directive expires September 30, 2011.

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ATTACHMENT A

FREQUENTLY ASKED QUESTIONS

**1. Does the Emergency Department (ED) have to be staffed by Emergency Medicine-boarded physicians?**

No. The ED may be staffed with any physician as long as it is in compliance with the facility's staffing policy. *NOTE: Staff practicing in the ED must have the appropriate training.*

**2. Will the facility ED have to provide pediatric care and Pediatric Advanced Life Support (PALS)?**

No. However, there must be a plan to effect the transfer of pediatric patients to an appropriate facility. If the ED is stocked with pediatric equipment, the staff needs to be trained to use it.

**3. Does the ED need to be open 24 hours a day, 7 days a week, 365 days a year?**

Yes. An ED must provide after-hours outpatient emergency care 24 hours a day, 7 days a week.

**4. Can after-hours ED care be provided through a sharing agreement?**

Yes. After-hours medical care can be shared with an "adjacent" or near-by affiliated ED; however, it should be clear to the veteran where to obtain this care. *NOTE: Any sharing agreements implemented should not place the health of the veteran at risk.*

**5. Will the facility receive ambulance patients from the civilian community?**

Probably yes. Where patients are taken is a local Emergency Medical Services (EMS) decision. A discussion with EMS as to which patients are appropriate for your facility would be helpful.

**6. Do all EDs need to provide the same services?**

No. The level of care will be higher in some EDs because of the capabilities of the parent facility (e.g., surgery, critical care, subspecialty consultation, laboratory, radiology, etc.). All EDs must be able to provide resuscitative therapy and stabilization in life-threatening situations, and to provide initial evaluation and treatment for a wide variety of illnesses, injuries, and psychiatric disorders regardless of severity.

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**7. Do in-house support services for the ED need to be available 24 hours a day, 7 days a week?**

Yes, appropriate pharmacy, laboratory, and radiology services must be available to ED patients to provide initial evaluation and treatment for a wide variety of illnesses and injuries and to provide resuscitative therapy and stabilization in life-threatening situations. The facility's ED policy determines the services that are to be available to the ED 24 hours a day, 7 days a week.

**8. Does this Directive require that psychiatric hospital ED can no longer provide after-hours outpatient medical care?**

No. After-hours medical care may be provided in an Urgent Care Unit.

**9. How will having an ED affect the facility JCAHO survey?**

There are no Joint Commission of Accreditation of Healthcare Organization (JCAHO) standards for what constitutes an ED. JCAHO will focus on the presence (or absence) of appropriate policies and procedures, and whether they are followed, not on what the unit is called. JCAHO will expect staff to be compliant with the facility's own written policies.