

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

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes policy ensuring that Emergency Departments (ED) at VHA facilities remain open 24 hours a day delivering high-quality emergency care.

2. SUMMARY OF CHANGES:

a. Facilities with acute medical-surgical beds must provide emergency care either on site or off site at a parent facility or through a sharing agreement with another VA or an affiliate.

b. Provides guidance on acceptable shift lengths for ED providers.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: Specialty Care Services (10P4E) is responsible for the contents of this Directive. Questions may be referred to the National Director for Emergency Medicine at 202-273-8530.

5. RESCISSIONS: VHA Directive 2006-051, dated September 15, 2006, is rescinded.

6. RECERTIFICATION: This VHA Directive is scheduled for recertification on or before the last working day of February 2019.

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STANDARDS FOR NOMENCLATURE AND OPERATIONS IN VHA FACILITY EMERGENCY DEPARTMENTS

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes policy ensuring that Emergency Departments (ED) at VA medical facilities remain open 24 hours a day delivering high-quality emergency care. **AUTHORITY:** Title 38 United States Code (U.S.C.) §7301(b).

2. BACKGROUND: Universal access to appropriate emergency services is a cornerstone of basic health care in the United States (US). 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 EDs that are aligned with the mission of the facility they serve. **NOTE:** *This Directive is not intended to address after-hours care provided in Urgent Care clinics.*

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. Veterans need to be able to obtain emergency care that meets a single standard for similar VHA facilities nationally. Although not subject to the Emergency Medical Treatment and Active Labor Act (EMTALA) (42 U.S.C. 1395dd) and the regulations implementing the Act issued by the Centers for Medicare and Medicaid Services (codified at 42 C.F.R. 489.24), as a matter of policy VHA complies with the intent of the EMTALA requirements regarding the evaluation, stabilization, and transfer of acute patients among health care facilities.

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

c. A minimum standard of emergency care need to be uniformly available in all VHA EDs, which includes detailed plans for management of patients whose care need may exceed the facility's capabilities (e.g., Acute Myocardial Infarction (AMI) needing emergent cardiac catheterization; major trauma; obstetrics and gynecology; pediatrics; and surgical subspecialty care when not provided on site). In these situations, the VHA medical facility must provide initial stabilization and arrange for emergency transportation (via 911 or other ambulance services) to an appropriate higher-level facility.

d. Timely provision of emergency services is critical for patient flow through the ED and hospital. Services such as imaging, laboratory, and consultative services are an integral aspect of patient care. Specific support must be highly dependent on ED volume and the acuity of patients being seen.

e. ED overcrowding presents a major patient safety issue for most American hospitals. Often, critical patients remain in the ED for extended periods of time due to Intensive Care Unit (ICU), telemetry, or floor bed constraints. These patients are often referred to as "boarders." Typically these patients have been admitted to the facility, but are still waiting for an inpatient bed assignment. EDs are infrequently staffed at appropriate levels to safely manage seriously ill patients for long periods of time. **NOTE:** *For more information see the American College of*

Emergency Physicians (ACEP) and the “Task Force Report on Boarding, Emergency Department Crowding: High Impact Solutions” <http://www.acep.org/content.aspx?id=32050>.

There are also many challenges to providing “inpatient care” in the ED that meet the same specific standards for inpatient units. In addition, most Emergency Physicians (EP) do not have inpatient medicine privileges, and the practice for Emergency Medicine (EM) board certified physicians does not include the care of inpatients. 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 patient safety and appropriate flow through the ED and hospital.

3. POLICY: It is VHA policy that VA medical facilities with medical-surgical beds provide high quality emergency care to their patient population 24 hours a day, 7 days a week, 365 days a year.

4. RESPONSIBILITIES:

a. **National Director for Emergency Medicine.** The National Director for Emergency Medicine is responsible for providing national guidance to ensure a standardized approach for the provision of safe, quality care within VHA’s EDs. This Directive establishes policy ensuring that EDs at VA medical facilities remain open 24 hours a day delivering high-quality emergency care.

b. **Veterans Integrated Service Network Director.** The Veterans Integrated Service Network (VISN) Director is responsible for ensuring that each VA medical facility within the VISN with medical-surgical beds is appropriately designated as one providing access to ED care. *NOTE: Emergency services provided at each facility must be appropriate for the level of care provided by that facility.*

c. **Medical Facility Director.** The medical facility Director is responsible for ensuring that each:

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

(a) Appropriate ED-support services (pharmacy, laboratory, and radiology services), supplies, and necessary equipment are made available to the ED 24 hours a day, 7 days a week, 365 days a year, so that the ED can provide safe and appropriate emergency care.

(b) Emergency services available in the ED are consistent with the capabilities of that facility.

(c) Effective measures are taken to prevent overcrowding in the ED. *NOTE: If VA medical facilities propose a change in designation of their acute care unit, the process outlined in VHA Handbook 1000-01, Inpatient Bed Change Program and Procedures is to be followed.*

(d) Facilities having medical-surgical beds must provide emergency care to their patient population. This can be done in a dedicated unit to provide unscheduled access to emergency care each day, 24 hours a day, at the parent facility or through use of a sharing agreement with an

adjacent or nearby affiliate of the VA medical facility or other non-VA facilities. This unit must be clearly identified as the ED 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 mental health disorder. Alternative terms for the ED, such as Emergency Services Area (ESA), "Life Support Unit," "Acute Evaluation Unit," and "Ambulatory Care Unit" are not to be used.

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

d. **Emergency Department Medical Directors and Nurse Managers.** Emergency Department (ED) Medical Directors and Nurse Managers are responsible for ensuring:

(1) The ED is appropriately staffed with personnel trained to provide emergency care according to VHA Directive 2010-010, VHA policy Standards for Emergency Departments and Urgent Care Clinic Staffing Needs in VHA Facilities.

(2) The ED is appropriately equipped at all times.

(3) Staff have received and completed the requisite training for managing acute emergencies.

(4) 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.

(5) Shift schedules are completed and published in advance to all providers working in the ED. Acceptable shifts lengths include 8-10 or 12-hour shifts. An occasional 16-hour shift may be scheduled, (not more than two for each provider per pay period). Departments utilizing 16 hour shifts must monitor this practice closely; to be sure the staff members working these extended hour shifts are performing their duties to the highest level. There may be times when shift length may be affected by a family emergency or an illness. In this situation an extended shift may be used as long as the ED director or designee approves the extended tour.

5. REFERENCES:

a. VHA Directive 2010-010, Standards for Emergency Department and Urgent Care Clinic Staffing Needs in VHA Facilities.

b. VHA Handbook 1000.01, Inpatient Bed Change Program and Procedures.

6. DEFINITIONS:

a. **Intensive Care Unit (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.

b. **Emergency Department.** The EDs primary responsibility is to provide resuscitative therapy and stabilization in life-threatening situations. The ED is also staffed and equipped to

provide initial evaluation, treatment, and disposition for a broad spectrum of illnesses, injuries and mental health 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.

c. **Urgent Care Clinic.** A UCC provides care for patients without a scheduled appointment but in need of immediate attention for an acute medical or mental health illness and minor injuries. These patients are deemed more stable than an ED patient. UCCs are not intended to provide resuscitative therapy or stabilization in life-threatening situations.