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- ER.8.1 There is a process to identify patients with urgent or emergent care needs.
  - ER.8.2 Patients with urgent or emergent needs are given priority for assessment and appropriate and timely care.
  - ER.8.3 Re-triage is performed when appropriate (e.g., change of medical condition, long waiting time).
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**Standard Intent:**

Patients with emergent, urgent, or immediate needs (such as trauma patients and patients with severe chest pain) are identified by an evidence-based triage process. Once identified as emergent, urgent, or requiring immediate needs, these patients are assessed and receive care as quickly as necessary. Such patients may be assessed by a physician or other qualified individual before other patients, receive diagnostic services as rapidly as possible, and begin treatment to meet their needs. The triage process may include physiologic-based criteria, where possible and appropriate. The hospital trains staff to determine which patients need immediate care and how their care is given priority.

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**ER.9 Policies, procedures, pathways and guidelines guide the care of patients in the emergency department.**

- ER.9.1 There are policies and procedures that are consistent with the hospital scope of services as well as the hospital wide policies and procedures.
- ER.9.2 The policies and procedures include, but are not limited to, the following:
  - ER.9.2.1 Management of medico-legal cases such as alcohol and narcotic abuse and criminal acts.
  - ER.9.2.2 Management of suspected victims of abuse, neglect, and domestic violence.
  - ER.9.2.3 Management of suicidal patients.
  - ER.9.2.4 Care of trauma patients.
  - ER.9.2.5 Care of patients not competent to care for themselves.
  - ER.9.2.6 Care of minors.
  - ER.9.2.7 Patient transfer from emergency department to inpatient areas or to another organization.
  - ER.9.2.8 Patients who leave against medical advice.
  - ER.9.2.9 Patients who leave without being seen.

- ER.9.3 There are clinical practice guidelines developed as guided by the most common emergencies and the top emergency diagnoses.



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ER.9.4 The policies, procedures, and guidelines are developed by the emergency department head, the nurse manager, and staff in collaboration with other relevant department heads.

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**Standard Intent:**

Policies and procedures are important tools for staff to understand the population served and services, and to respond in a thorough, competent, and uniform manner. Policies and procedures must be tailored to the particular ER population to be appropriate and effective in reducing the related risk. Policies mentioned in substandard ER.9.2.1 through 9.2.9 are the minimum acceptable.

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**ER.10 The hospital implements a policy that defines the responsibility for patients in the emergency department.**

ER.10.1 The policy defines the physician responsible for the care of patients in the emergency department including patients under observation, patients waiting for admission, patients waiting for admission with no bed available (boarding patients) and patients waiting for transfer to another organization.

ER.10.2 Boarding patients receive the same care as inpatients.

ER.10.3 The transfer of responsibility is documented at times of shifts, handovers, referral and admission.

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**Standard Intent:**

To maintain continuity of care throughout the patient's stay in Emergency Department, the individual with overall responsibility for coordination and continuity of the patient's care or particular phase of the patient's care is clearly identified. This individual may be a physician or other qualified individual. The responsible individual is identified in the patient's record or in another manner made known to the organization's staff. The responsible individual is expected to provide documentation related to the patient's plan of care. This individual would need to collaborate and to communicate with the other health care practitioners. When a patient moves from one phase of care to another (for example, from emergency to surgical), the individual responsible for the patient's care may change or the same individual may continue overseeing all the patient's care.