



ER.6 The emergency department has adequate resources that support the provision of safe care.

- ER.6.1 The emergency department has the necessary equipment, supplies, and medications as appropriate to the scope of services.
 - ER.6.2 There is a documented process to check equipment and stock refill on a regular basis or when needed.
 - ER.6.3 Resuscitation/trauma rooms have adequate space to perform resuscitation.
 - ER.6.4 The medical bag contains all essential resuscitation medications.
 - ER.6.5 The medical bag is checked daily and refilled after use.
 - ER.6.6 Waiting areas are available and are visually accessible to the medical staff.
 - ER.6.7 Registration clerk is available to register emergency patients.
 - ER.6.8 Security measures and trained personnel are planned for protection of emergency department patients and staff.
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Standard Intent:

Risks in clinical care processes are significantly reduced when appropriate and well-functioning equipment is used to provide the planned services. Adequate supplies and medications must be as well available and appropriate for planned use and emergent situations. Each organization understands the required or recommended equipment, supplies, and medications necessary to provide the planned services to its patient population.

ER.7 The clinical records of the emergency department are properly completed.

- ER.7.1 There is an emergency department record form that is completed for every patient presenting for care in the emergency room.
 - ER.7.2 The emergency record is kept in the patient's medical record.
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Standard Intent:

The record of each patient receiving emergency care should be completed including but not limited to the arrival time, initial Assessment, treatment provided and departure times. This information is captured for all emergency department patients, including those who are discharged from the hospital, transferred to another facility, or admitted as inpatients. Departure time may be when the patient physically leaves the emergency department to go home or to another facility, or the time at which the patient is moved to another unit as an inpatient. For patients who are discharged from the emergency department, the clinical record includes the conclusions at termination of treatment, the patient's condition at discharge, and follow-up care instructions.

ER.8 There is an effective triage process to prioritize emergency patients.



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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.

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.