

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.

ER.11 Emergency diagnostic tests are performed and results communicated on a timely manner.

- ER.11.1 Laboratory and radiological diagnostic investigations required for a safe patient care are available twenty four hours a day, seven days a week.
- ER.11.2 The hospital has a process to provide all investigations that are essential but not available.
- ER.11.3 Results of investigations are available to the emergency staff within a defined time frame.

ER.12 The emergency department has a channel of communication with the designated regional drug and poison information center when needed.

- ER.12.1 The contact details of the regional drug and poison information center are available and accessible to the staff in the emergency department.
- ER.12.2 The hospital communicates with regional poison center when a need arises.
- ER.12.3 The emergency department is equipped to deal with the most common and/or risky poisonous injuries in the community it serves.

ER.13 There is an efficient process for emergency consultations.

- ER.13.1 The hospital implements a clear policy and procedure that regulates consultation requests coming from the emergency department.
- ER.13.2 Levels of consultations are identified including Immediate (life, limb, or function threatening) and emergent consultations.
- ER.13.3 Level of consulted physicians and the ways of communications are included.
- ER.13.4 Timelines of phone response and physical presence to different types of consultations are included.
- ER.13.5 If a consultation from outside the hospital is needed, the process is included in the policy (e.g., admit and consult, patient transfer, city wide on call specialty).

ER.14 Emergency department quality indicators are monitored and reported.

- ER.14.1 The Emergency department selects and monitors key quality indicators that are monitored and reported on a regular basis.
- ER.14.2 The selected emergency department indicators may include, but are not limited to, the following:
 - ER.14.2.1 Time to ECG in chest pain patients.
 - ER.14.2.2 Time to antibiotics in sepsis patients.
 - ER.14.2.3 Triage to physician time.