

Clinical Departments: Emergency Medicine Services

Name of Hospital: _____

Date: _____ Hospital Contact: _____

Always/
Yes

Sometimes

Never/
No

N/A

DEPARTMENT MANAGEMENT

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. If the hospital's emergency medicine services are contracted: |
| | | | | a. The group maintains insurance coverage with limits in accordance with hospital requirements and provides the hospital with a certificate of insurance. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. There is continuity with regard to contract physician assignment in the emergency medicine department (EMD). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. The contract requires annual Emergency Medical Treatment and Labor Act (EMTALA) education and compliance with state and federal regulations and accreditation standards. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. The EMD is open 24 hours a day, seven days a week. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. If not, the EMD's operating hours are readily apparent to the public. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. If the EMD hours are reduced, an advertisement stating its new operating hours should be run in the local newspaper for a period of one week. In addition, letters should be sent to the local police and fire departments similarly describing the new operating hours. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Any promotional literature published by the hospital should reflect the EMD's operating hours. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. There is in-house physician coverage when the EMD is open. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. The following support services are on call or available 24 hours a day: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. anesthesia, |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. laboratory, |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. OB, if the hospital has OB service, |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. radiology, and |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. surgery. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Call schedules reflect the services offered at the facility. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. The on-call physician lists are current. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. The lists are posted where all staff members have access to them. |

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Physician on-call coverage schedules for all medical specialties represented on the medical staff and the lists of the individuals on call are maintained for a minimum of five years or longer per state or hospital requirements.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. A medical staff policy and/or rules and regulations are in place that address the required response time for on-call physicians, and there is a process that addresses any failure to adhere to it.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. EMD preparation for pediatric resuscitation includes specific equipment, medication doses, and ready reference guides (e.g., Broselow tape/chart).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. There are established medical staff bylaws that indicate who will perform the medical screening exam.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Prescription pads are kept in a secure location with limited access.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. EMD guidelines describe the security measures followed by the department and the security personnel available to the department.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. The level of security is consistent with the environment.
HUMAN RESOURCES				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. All licensed clinical staff members have current and documented cardiopulmonary resuscitation (CPR), advanced cardiac life support (ACLS), and pediatric advanced life support (PALS) training.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. All emergency medicine (EM) registered nurses have current trauma nurse core course (TNCC) training.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. All EM physicians in trauma centers have advanced trauma life support (ATLS) certification.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. All staff and physicians wear name badges with title.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Competency evaluations for emergency skills, including mock drills, are routinely performed at a minimum of once per year.
				17. Staff is knowledgeable on how to:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. recognize child, spousal, and elder abuse, and
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. handle alleged sexual abuse.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. There is a process for contacting a trained sexual assault nurse examiner (SANE) who is available 24 hours a day, seven days a week.

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Yes

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Never/
No

N/A

MEDICATION MANAGEMENT

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. The department is designed to facilitate rapid access to emergency medications, e.g., an automatic dispensing machine. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Medication storage is adequate and secure. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Needles and syringes are secured. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. The EMD has a process in place for treating patients with chronic pain. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. The EMD has a process in place for treating patients with drug-seeking behavior. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. EM physicians follow any state-mandated prescribing or pain management guidelines. |

PATIENT CARE

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. All patients can be seen from the nurse's station. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. If not, patients are checked at a minimum of every 15 minutes. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Personal protective equipment is available and used by staff (i.e., gloves, goggles, face shields, and gowns that are impervious to liquid) for protection from contamination by blood or body fluids. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Patients are escorted by EMD staff when taken to other areas, such as radiology, when their condition warrants, e.g., when the patient is on physiological monitoring or is in critical or unstable condition. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. There is a process in place that addresses the steps to be followed by EM staff when the chain of command must be used. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. There is a process that guides nurses on steps to take when refusing to carry out orders they believe are incorrect and may harm the patient. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. Patients who make an unscheduled return to the EMD are examined as if they are being seen for the first time; i.e., a complete EM workup is performed. (Note: Patients who make return visits to the EMD are often evaluated from previous findings, which can result in unidentified symptoms and misdiagnosis.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31. Patients with problems that are nonurgent or nonemergent are taken to a comfortable and clean waiting area. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32. EMD patients are identified by a wristband, which is attached on arrival. |

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Nurses verify patient identification using two identifiers prior to collecting specimens, sending patients for x-rays, giving medications, or administering blood.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Patient specimens are properly labeled in front of the patient at the time they are collected.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Patient specimens are transported to the laboratory in a timely manner.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. There is a protocol for screening patients to identify latex allergies and protect them from exposure.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Patients with altered mental status are always attended or observed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Side rails are kept in the up position to minimize the patient's chance of falling.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. To keep patients from falling due to fainting, etc., they are not allowed to sit sideways on emergency carts with their legs dangling over the sides.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Attending physicians write or give telephone admitting orders to an RN when patients are admitted to the hospital from the EMD. (The American College of Emergency Physicians [ACEP] suggests that it is not appropriate for EMD physicians to write admitting orders.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. All patients in the EMD are seen by a physician or a Qualified Medical Practitioner (QMP) who has been credentialed and privileged by the hospital to perform medical screening exams.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Patients treated around change of shift are reassessed by oncoming staff.

Special Populations

				43. For behavioral health, psychiatric, and suicidal patients:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. staff procedures are addressed according to the hospital process, and
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. there is a quiet room under staff observation available to ensure the patient's safety.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. There is a process for handling uncontrollable/dangerous patients. (The process addresses security measures.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. The medical staff has devised a plan that addresses where patients with emotional or substance abuse problems will be referred if they are unable to be treated at this facility.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. There is a procedure for handling patients contaminated by radioactive or other hazardous materials. (The decontamination procedure outlines the steps for washing the patient, containing the fluid, and disposing of hazardous waste.)

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Never/
No

N/A

Communications

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 47. Patients who are waiting are informed if there will be delays in their evaluation and treatment. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 48. Family and friends authorized by the patient are kept informed of the status of the patient. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49. Tests and treatments are explained to patients before they are performed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50. High-risk procedures require a specific informed consent except in the case of an emergency. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. This requirement is reflected in policies and procedures. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. The physician documents the informed consent in the medical record. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 51. EM physicians always notify the patient's primary care physician when it is necessary to admit the patient to the hospital. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 52. A list of translators or instructions on using a translation service are available for non-English-speaking patients/family. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 53. A procedure is established to ensure that all x-ray readings by EM physicians are confirmed by a radiologist within 24 hours. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54. There is a mechanism in place for EM physician review of final x-ray, EKG, and laboratory results. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55. There is a call-back process for discrepancies between preliminary and final x-rays, EKGs, and laboratory results. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. This process outlines who is responsible for notifying the EMD if there is a discrepancy, as well as who notifies the attending physician and the patient. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 56. Patients are notified in a timely manner (i.e., within 24 hours) of discrepancies or final results that would change the original diagnosis or require further evaluation or treatment. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Patient notification can be validated through documentation in the patient records. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 57. There is a process in place for informing the original treating EM physician of discrepancies. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 58. There is a process in place for release of information that is consistent with the facility's policy and any applicable state and federal laws. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 59. Telephone advice is not provided to patients who have not been seen in the EMD. |

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Never/
No

N/A

60. If the facility provides telephone advice to patients recently seen in the EMD (e.g., to clarify discharge instructions):
- a. policies and procedures are in place and approved by the medical staff,
 - b. appropriate staff members have been trained to perform this function, and
 - c. all calls are documented in the medical record.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Triage

61. Emergency medical service (EMS) units make radio contact and provide a report on the patient's condition prior to arrival.
62. All patients are triaged for emergency issues in a timely and appropriate manner upon presentation.
63. Patients suspected of having a heart attack are evaluated within 10 minutes of arrival in the EMD, in accordance with guidelines from the American Heart Association and the American College of Cardiology.
64. The triage area provides auditory privacy.
65. The triage area is clearly identifiable and immediately accessible to patients.
66. Staff members performing triage can observe patients in the waiting area.
67. There is a process outlining how often patients in the triage area/waiting room are reevaluated.
68. Written policies and procedures for the triage function include:
- a. who has the responsibility for triage,
 - b. triage categories with criteria,
 - c. patient disposition, and
 - d. documentation requirements.
69. Only qualified RNs perform triage.
70. The staff members who work in triage have completed a comprehensive training program before being allowed to perform triage.
71. If midlevel providers are used, their roles and responsibilities are outlined in job descriptions and privilege delineations according to medical staff bylaws.
72. The criteria for triage categories are defined and approved by the medical staff.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Never/
No

N/A

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 73. Triage documentation in the medical record includes the time seen by the triage nurse and the patient's chief complaint, medications, allergies, vital signs, acuity category, and past medical/surgical history. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 74. The triage system is evaluated regularly to assess the accuracy of the triage levels assigned by the triage nurses. |

Documentation

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 75. All patients are registered, and a medical record is created for each patient presenting to the EMD. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 76. Prior EMD/medical records are available. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 77. There is thorough documentation in the medical record (e.g., vital signs, medication names, amounts, routes, sites, times, patient reactions). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 78. The medical record includes a legible copy of the EMS report. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 79. A complete list of the patient's belongings is documented, and valuables are sent home with relatives or secured in a clearly marked container. |

EMTALA On-Call and Patient Transfer Requirements

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 80. An on-call list for specialists is immediately accessible to staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 81. Hospital policies and medical staff bylaws address how quickly on-call physicians must respond to assess the patient in the EMD. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 82. There is EMTALA signage, including information on medical screening examinations and stabilizing treatment. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. The sign is readable from a distance of 20 feet. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 83. When patient transfers take place, the documentation reflects compliance with all EMTALA requirements, including: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. the receiving hospital contacted that agreed to the transfer, |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. the name of the physician from the receiving hospital who agreed to the transfer, |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. the time of the call, |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. physician certification for the transfer, and |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. that the risks and benefits of the transfer were explained to the patient. |

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	84. If there is a patient request for transfer, it is signed by the patient.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. If the patient refuses to sign the “request for transfer” form, the refusal is documented in the medical record.
				85. If the physician recommends a transfer and the patient refuses the recommended transfer:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. The risks are explained to the patient and documented in the medical record or on the “refusal to consent to transfer” form.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. The patient signs the “refusal to consent to transfer” form.
				86. For transfers of patients who cannot be stabilized, all of the following conditions are met:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Copies of the medical records are sent.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. The receiving facility agreed to accept the patient.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. There is a written consent or physician certification.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. The transfer is made with qualified personnel and equipment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. There is documentation, if appropriate, of the name and address of any on-call physician who failed to appear at the transferring facility to provide necessary stabilizing treatment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	87. The hospital has a process for identifying and reviewing potentially inappropriate transfers.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88. The hospital has written transfer agreements in place for services not provided by the hospital and for times when an on-call physician cannot come in.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	89. There is a process in place to keep EM physicians and staff up to date on the latest EMTALA obligations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	90. There is a defined process that covers both state and EMTALA guidelines for all patients arriving in the EMD.

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Sometimes

Never/
No

N/A

91. To be compliant with EMTALA regulations, the EMD log contains, at a minimum, the following items:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. patient name,
- b. age,
- c. gender,
- d. date, time, and means of arrival,
- e. nature of complaint,
- f. disposition and time of departure, and
- g. any dead on arrivals (DOAs).

Patient Discharge/Against Medical Advice/Leaving Without Being Seen/Elopement

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

92. The patient is provided with written discharge instructions that specifically apply to his or her illness or injury.
- a. The patient's understanding of the instructions is documented in the medical record.
 - b. All discharge instructions are time- and action-specific.
 - c. Patients are specifically advised what to do if there is an unexpected or sudden change in condition.
93. Discharge instructions are read or explained to the patient or family member.
- a. A copy of the instructions is signed by the patient and kept in the chart.
 - b. Patients are given a copy of discharge instructions.
94. Provisions are made for discharged patients who are not capable of getting home safely.
- a. The provisions made for discharged patients are documented in the medical record.
95. The physician documents the patient's condition on discharge.

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Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	96. The hospital has a process/procedure for addressing patients who decide to leave against medical advice (AMA). At a minimum, this includes:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. completion of appropriate forms,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. documentation if the patient refuses to sign the AMA form,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. a statement of the patient's competency to sign the form and receive information,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. documentation of the explained risks,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. the patient's medical condition, and
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. follow-up care for the patient.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	97. The AMA form has an area to document the risks that were explained to the patient or family.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98. For quality improvement (QI)/risk management (RM) purposes, patients who leave AMA or without being seen are tracked and reviewed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99. For QI/RM purposes, patient wait times are tracked.
				100. When elopement occurs:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. The patient's mental status/condition is determined.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	101. If a patient is determined to be unable to participate in or authorize care, there is a process in place for action to be taken.
				Special Procedures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	102. If anesthetics or sedatives are used in the EMD (e.g., ketamine or propofol), the level of care in the EMD is consistent with other departments where anesthetics or sedatives are used.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	103. If outpatient surgery is performed in the EMD, the level of care in the EMD is consistent with the outpatient surgery unit.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	104. There is a process in place that addresses the period of observation, discharge criteria, the person escorting the patient home, and discharge instructions for patients who have received medications and outpatient procedures.
				ENVIRONMENT OF CARE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	105. The EMD is easily identified from the outside; e.g., there are lighted directional signs and hospital symbol signs that direct the public from major roadways.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	106. Short-term parking is available near the entrance so drivers can park and help patients into the EMD.

Clinical Departments: Emergency Medicine Services

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	107. Someone is responsible for facilitating the flow of traffic to ensure that vehicles are moved from short-term parking near the entrance to longer-term parking.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	108. The ambulance entrance is separated from the ambulatory patient entrance to keep pedestrians safe.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	109. Entry ways are kept dry and free from ice, snow, and water hazards.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	110. Mats and carpets are adequate to keep snow and rainwater from being tracked into the EMD.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	111. Floor mats and carpets lie flat to eliminate tripping hazards.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	112. Pay phones and restrooms are adequate for the number of visitors who wait for EMD patients.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	113. The restrooms and phones are ADA-compliant.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114. The registration area is clearly marked for easy identification.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	115. Patient cubicles are available with auditory privacy as well as visual privacy for treating patients with confidential or sensitive problems (e.g., sexual abuse, behavioral health).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	116. Patient rooms are available for treating young children.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117. Consultation rooms are available for confidential discussions with family members.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118. A staff break room away from patient care areas is available. (Patients and visitors should not be able to observe staff breaks.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	119. Telephones that are used for consultation between physicians are separated from patient care areas for confidentiality of patient information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	120. All pieces of equipment are listed on an inventory, and preventive maintenance is performed and documented.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Staff knows where the documentation on each unit is located.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	121. The department supervisor ensures all equipment is current on checks, tests, or calibrations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	122. The department has a system in place to remove any malfunctioning equipment until it is repaired.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	123. Waste disposal facilities are adequate and accessible.

Clinical Departments: Emergency Medicine Services

Always/
Yes

Sometimes

Never/
No

N/A

PROCESS IMPROVEMENT/PATIENT SAFETY

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 124. Staff members are immediately available, and they introduce themselves. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 125. Patient/family complaints generated as a result of staff member attitudes/ interactions are collected. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 126. There is a mechanism for handling patient complaints. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 127. Unexpected returns to the EMD within 72 hours are monitored. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 128. There is a fall prevention program in place that includes initial assessment for falls and periodic review for patients at risk. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 129. Adverse events and near misses are reported according to the policy. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. The department provides constructive and timely feedback on each reported adverse event and near miss. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Staff members are able to describe how information on adverse events and near misses is used to improve patient safety. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 130. The department has a patient safety plan with specific goals and objectives. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 131. The department collects data needed to track progress toward the department patient safety goals. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Staff members are able to describe how they use data to determine which safety projects to adopt. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Staff members are able to describe how they use data to improve patient care. |

This interactive guide is not a standard of care. Any guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any action or treatment must be made by each healthcare practitioner in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.