Clinical Services Capability Framework
Emergency

Module Overview

Please note: This module must be read in conjunction with the Fundamentals of the Framework (including glossary and acronym list), Children's Services - Preamble and Emergency Services - Children's module.

Emergency services are the front door of the health facility and, for many people, form their primary contact with the health care system, providing an important interface between the community and the health facility.[1] Emergency services are responsible for the reception, triage, initial assessment, stabilisation, management of patients of all age groups presenting with acute and urgent aspects of illness and injury, and referral to ongoing care.[2]

The role and level of function of a hospital-based emergency service depends on various factors, including the type of facility in which it is located, geographical location, location in the public or private sector, and the place of the facility within a health system network.[3] The level of emergency service provided will also vary depending on availability of support services, staffing expertise, physical design, activity and acuity. Rapid access to operating rooms, intensive care and coronary care units (if present) is highly desirable to minimise transfer times of critically ill patients.[4]

Emergency departments are not stand-alone facilities. To provide safe and effective service delivery, emergency departments rely on a suite of support services from both within and external to the service. The scope of the CSCF does not permit the inclusion of all services necessary to support the adequate function of emergency departments. Therefore, this module concentrates on those support services that have a direct impact on the ability of emergency departments to deliver safe and high-quality care, in a clinically appropriate location and timeframe.

The term emergency department is generally used to describe facilities ranging from high-level departments with emergency medicine specialists and trainees employed 24 hours a day, through to rooms in small rural and remote hospitals staffed by rostered local general practitioners and generalist nursing staff.[5] The use of the term emergency department to describe such a broad range of settings can lead to misunderstandings of service capabilities and delivery. A hospital-based emergency service must have amenities and functions greater than the minimum standard for Australasian College for Emergency Medicine (ACEM) Level 1 Emergency Department role delineation to be considered an emergency department.[3]

Children have specific needs in health services—please refer to the relevant children's services modules.

The statewide retrieval service (SAAS MedSTAR) has limited resources and operates using a physician led triage system. It is feasible that a formal retrieval team may be unavailable within an acceptable timeframe. As such, all hospitals must be able and prepared to send appropriate staff on short distance road transfers using SAAS ambulances.

Service Requirements

In addition to the requirements outlined in the Fundamentals of the Framework, specific service requirements include:

> must have a dedicated clinical and management information system, which records both presentation details and recognised clinical details (refer to Australian College of Emergency Medicine's [ACEM] Policy on Standard Terminology)

> Provide the primary health care provider with a summary of the presentation to the Emergency Department.

> provide relevant clinical indicator data to satisfy accreditation and other statutory reporting obligations.[4]

> compliance with SA Health policy directives and guidelines that are referenced at:

> > SA Health Policy Directives

> > SA Health Policy Guidelines

> > SA Health Clinical Directives and Guidelines

Workforce Requirements

The CSCF does not prescribe staffing ratios, absolute skill mix, or clerical and/or administration workforce requirements for a team providing a service, as these are best determined locally and in accordance with relevant industrial instruments. Where minimum standards, guidelines or benchmarks are available, the requirements outlined in this module should be considered as a guide only. All staffing requirements should be read in conjunction with the *Health Care Act 2008*, Awards and relevant Enterprise Agreements including, but not limited to:

> SA Health Salaried Medical Officers Enterprise Agreement 2013

> SA Health Visiting Medical Specialists Enterprise Agreement 2012

> SA Health Clinical Academics Enterprise Agreement 2014

> Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2013

> SA Ambulance Service Enterprise Agreement 2011

> SA Public Sector Wages Parity Enterprise Agreement Salaried 2014

In addition to the requirements outlined in the Fundamentals of the Framework, specific workforce requirements include:

> the amount and type of space required for individual emergency units is dependent on a combination of activity, acuity and access to inpatient beds and alternative services5

> risk management strategies are developed, implemented and evaluated by qualified and registered health professionals in consultation with higher level health services where possible, and in accordance with established algorithms for specific clinical services

> formal quality improvement programs include review of morbidity, mortality and recognised emergency medicine clinical indicators.

Emergency Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Service description	> primarily nurse-led clinic with registered nurse accessible 24 hours for emergency presentations and 24-hour access to medical practitioner either onsite or via distance support. > provides basic resuscitation.	> on-site, 24-hour access to nursing staff and triage of all presentations. > capable of providing treatment for minor injuries and illnesses and limited treatment of acute illnesses and injuries. > provides basic resuscitation and limited stabilisation, prior to transfer to higher level service.	> provides on-site, 24-hour access to designated emergency nursing staff and triage of all presentations. > capable of providing initial treatment and care for all presentations, and advanced resuscitation and stabilisation, including short-term assisted ventilation prior to transfer to higher-level service. > ability to assist in care of minor trauma and provide interim care to enable rapid transfer of major trauma. Transfer will require early liaison with SAAS.	> provides 24-hour service including triage by qualified emergency staff. > ability to provide interim care to Level 1 and Level 2 trauma. Capable of stabilising trauma patients until transfer. Transfer will require early liaison with SAAS. For those patients with critical injuries, physician led retrieval may be required and SAAS MedSTAR should be contacted. > may provide admission to an Emergency Extended Care Unit or equivalent functional area.	> provides stabilisation and trauma management. > Capable of stabilising trauma patients until transfer. Transfer will require early liaison with SAAS. Patients are likely to have critical injuries so physician led retrieval will likely be required. SAAS MedSTAR should be contacted early. > should provide an Emergency Extended Care Unit to define patient diagnosis and determine continued hospitalisation or discharge plan and destination.	> Provides Emergency care full spectrum of trauma patients.

Emergency Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Service requirements	As per module overview, plus: > Structured education framework to meet the requirements of all staff based on the needs of the service. > documented processes with another health facility to review and report on all x-rays. > equipment to provide initial basic resuscitation measures for adults, children and neonates. > emergency birth bundle on-site, and training and reliable communication systems to deal with imminent births where maternity service not available locally. > access to other primary care initiatives, where needed.	As per Level 1.	As per Level 2, plus: > access to Level 4 children's services.	As per Level 3, plus: > purpose-designed area with separate resuscitation facilities. > short-term assisted ventilation capacity. > Cardiac monitoring capacity.	As per Level 4, plus: > Invasive physiological monitoring capacity.	As per Level 5 service.

Emergency Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Workforce requirements	As per module overview, plus: **Medical** > access—24 hours—to medical practitioners including one with credentials in emergency medical care either onsite or via distance support. **Nursing** > staffing levels in accordance with relevant industrial instruments. **Allied health** > limited medication service by pharmacist (or approved registered nurse), in accordance with Medication Supply from Rural and Remote Ambulatory Patients procedure **Other** > Aboriginal and Torres Strait Islander health worker accessible 24 hours where required.	As per Level 1, plus: **Medical** > medical practitioner available on-site, as required. **Nursing** > staffing levels in accordance with relevant industrial instruments. **Allied health** > access to pharmacist (or approved registered nurse) for medication services. **Other** > access to patient support staff and security personnel.	As per Level 2, plus: **Medical** > designated medical practitioner to provide clinical leadership for service. > medical practitioner trained in advanced adult, paediatric and neonatal life support available onsite, as required. > access—24 hours—to designated medical officer to enact Care and Protection Order for a Child. **Nursing** > staffing levels in accordance with relevant industrial instruments. **Allied health** > access to allied health professionals, as required.	A Level 4 requires: **Medical** > lead clinician responsible for clinical governance of service preferably, a Fellow of the Australasian College for Emergency Medicine (FACEM), or registered medical specialist with credentials in emergency medicine (or CHSALHN credentialed equivalent). > at least one additional medical practitioner with credentials in emergency medicine and/or extensive experience, with access to on-call support of FACEM (or CHSALHN credentialed equivalent). > where relevant, designated short-stay unit medical staff, in addition to emergency service medical staff. **Nursing** > staffing levels in accordance with relevant industrial instruments.	As per Level 4, plus: **Medical** > designated lead clinician with responsibility for clinical governance of service who is FACEM. > at least one FACEM or registered medical specialist with credentials in emergency medicine or senior medical practitioner with credentials in emergency medicine. > where relevant, must be designated short-stay unit medical staff directly responsible for short-stay unit, in addition to emergency service medical staff. **Nursing** > staffing levels in accordance with relevant industrial instruments. **Allied health** > access to social worker with experience in case management and counselling	As per Level 5, plus: **Medical** > one full-time equivalent medical director / chair who is a FACEM. > sufficient registered medical specialists with credentials in emergency medicine. > at least one ACEM advanced training registrar on-site 24 hours. > in addition to FACEM, a sufficient number of medical practitioners exclusively rostered to department 24 hours. **Nursing** > staffing levels in accordance with relevant industrial instruments. **Allied health** > Extended access to a range of allied health disciplines, including but not limited to physiotherapy, occupational therapy and social work

Emergency Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Specific risk considerations	> Nil	> Nil	> Nil	> Nil	> Nil	> Nil

Support services requirements for emergency services	Level 1		Level 2		Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible
Anaesthetic					3		4		5		6	
Cardiac care unit								4	5		5	
Cardiac (cardiac diagnostic & interventional)								4	5		5	
Cardiac (cardiac medicine)									5		5	
Cardiac (cardiac surgery)											6	
Intensive care		4		4		4	4		5		6	
Medical				2		3	4		5		5	
Medical imaging		1		1	1		4		5		5	
Mental Health (relevant section/s)						4		4	5		5	
Nuclear medicine									4		5	
Pathology		2		2		3		4	4		5	
Perioperative (relevant section/s)						3	4		5		6	
Pharmacy		1		2	3		4		5		5	
Surgery				2		3	4		5		6	

Legislation, regulations and legislative standards	Non-mandatory standards, guidelines, benchmarks, policies and frameworks (not exhaustive & hyperlinks current at date of release of CSCF)
Refer to the Fundamentals of the Framework for details.	In addition to what is outlined in the Fundamentals of the Framework and Children's Services - Preamble, the following are relevant to emergency services
	> Australasian College for Emergency Medicine. All relevant emergency clinical guidelines and benchmarks. www.acem.org.au/
	> Australasian College for Emergency Medicine. Guidelines on quality and safety. ACEM; nd. www.acem.org.au
	> Australasian College for Emergency Medicine, Australian and New Zealand College of Anaesthetists and College of Intensive Care Medicine of Australia and New Zealand. Guidelines for Transport of Critically Ill Patients (2015). http://www.cicm.org.au/CICM_Media/CICMSite/CICM-Website/Resources/Professional%20Documents/IC-10-Guidelines-for-Transport-of-Critically-Ill-Patients.pdf
	> Australian and New Zealand College of Anaesthetists. Professional Standard PS9: Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical or Surgical Procedures. ANZCA; 2008.
	> Australian College of Paediatrics, Australasian College for Emergency Medicine. Policy on hospital emergency department services for children. ACEM; nd. www.acem.org.au/media/policies_and_guidelines/P11_Hosp_ED_Services_for_Children.pdf
	> Country Health SA Local Health Network (2014). Medication Supply from Rural and Remote Facilities to Ambulatory Patients Procedure. http://wiki.health.sa.gov.au/Country/1-Clinicians/Drug_and_Therapeutics/Medication_Supply_Procedure
	> National Blood Authority Australia. Standard 7 and the Patient Blood Management Guidelines. www.blood.gov.au
	> Royal Australasian College of Surgeons. Trauma Verification: Model Resource Criteria for Level I, II, III & IV Trauma Services in Australasia. RACS; 2009.
	> The Australian Council on Healthcare Standards. Emergency Medicine Indicators. www.achs.org.au

Reference List

1. Australasian College for Emergency Medicine. P02 Policy on Standard Terminology. March; 2009. www.acem.org.au/Standards-Publications/Policies-Guidelines.aspx

2. Australasian College for Emergency Medicine. S12 Statement on the Delineation of Emergency Departments. November; 2012. www.acem.org.au/Standards-Publications/Policies-Guidelines.aspx

3. Australasian College for Emergency Medicine. G15 Emergency Department Design Guidelines. October; 2014. www.acem.org.au/Standards-Publications/Policies-Guidelines.aspx

4. The Australian Council on Healthcare Standards. http://www.achs.org.au/publications-resources/equipnational/

5. NSW Department of Health. Emergency Department Services Plan. NSW Health; 2001. www.health.nsw.gov.au/pubs/2001/pdf/edplan.pdf

6. Australasian College for Emergency Medicine. Guidelines on Constructing an Emergency Medicine Medical Workforce. ACEM; 2008. www.acem.org.au/media/policies_and_guidelines/G23_Constr_Workforce.pdf

7. Australasian College for Emergency Medicine. G24 Guidelines on the implementation of the Australasian triage scale in emergency departments. November; 2013. www.acem.org.au/Standards-Publications/Policies-Guidelines.aspx

8. Australian College of Critical Care Nurses. ACCCN Resuscitation Position Statement (2006): Adult and Paediatric Resuscitation by Nurses. ACCCN; 2006. www.acccn.com.au/

9. College of Emergency Nursing Australia. Position Statement – Definition of an Emergency Service (2008) http://www.cena.org.au/

10. College of Emergency Nursing Australia. Position Statement – Triage Nurse (2007) http://www.cena.org.au/

For more information

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