

**OLIVE VIEW-UCLA MEDICAL CENTER
DEPARTMENT OF EMERGENCY MEDICINE
POLICY & PROCEDURE**

**NUMBER: 3171
VERSION: 2**

SUBJECT/TITLE: SCOPE OF SERVICE

POLICY: Scope of Service rendered for patient care.

PURPOSE: Delineate the level of care provided in the DEM

DEPARTMENTS: **DEPARTMENT OF EMERGENCY MEDICINE (DEM), DEPARTMENT OF EMERGENCY MEDICINE NURSING, MEDICINE, NURSING**

DEFINITIONS: Scope of Practice - Care provided to the acutely ill adult and pediatric patients

PROCEDURE: SCOPE OF SERVICE

A. The Department of Emergency Medicine is a 51-bed unit located on the 2nd floor, northeast part of the hospital, with direct access to all patients and emergency vehicles. The Department of Emergency Medicine provides Level III Basic Emergency Services 24 hours a day 7 days a week. In addition to the Router Nurse desk and four (4) triage rooms, the department consists of five (5) distinct treatment areas:

- ED 1: This is the area in which the most emergent patients are treated. Nine (9) general treatment rooms with cardiac monitoring, two (2) “trauma” procedure rooms, and two (2) isolation rooms.
- ED 2: Seven (7) bays and seven (7) treatment rooms with cardiac monitoring for general treatment.
- ED 3: Six (6) treatment rooms with cardiac monitoring and two (2) isolation rooms.
- ED 4: This is the area in which the most stable patients needing further diagnostic testing or treatment will be cared for, including those being boarded (non-monitored), waiting to be physically transferred to inpatient beds. Eight (8) general treatment rooms. This area is also used for fast track and Rapid Medical Evaluation (RME) of lower acuity patients during some hours.
- ED 5: Six (6) general treatment rooms and two (2) isolation rooms.

SUBJECT/TITLE: SCOPE OF SERVICE

Policy Number: 3171

Page Number: 2

- B. The Department of Emergency Medicine provides emergency health care to all patients requesting services or for whom services or care is requested by others (Pediatrics/Adults).
- C. All patients who seek medical care who present by any means shall be entitled to a medical screening examination to determine if an emergency medical condition exists.
- D. Emergency services or care shall not be denied based on a person's illness, ability to pay, race, ethnicity, religion, national origin, citizenship, age, sex, pre-existing medical condition, physical or mental handicap, insurance or economic status.
- E. Care, treatment and rehabilitation are planned to ensure that they are appropriate to the patient's needs and severity of disease, condition, impairment or disability.
- F. Goals of Department/Service

Department/Service leaders participate in identifying goals for the Department/Service that are consistent with the organization's Mission, Vision and Strategic Aim. These goals are prioritized and may overlap with goals/objectives of hospital-wide Performance Improvement Teams, Interdisciplinary Working Groups and/or Department/Service-specific monitoring and evaluation activities.

- To provide appraisal and initial treatment in an organized and properly directed manner, consistent with the defined capability of the hospital.
 - To ensure that medical care meets the general standards of other departments in the hospital and in the surrounding community.
 - To ensure that facilities for emergency services are such as to ensure effective care of the patients, including internal and external communication network.
 - To ensure that all staff members receive adequate special training and possess the necessary skills for adequate performance of their duties.
- G. Consultants for which services are provided for consultation are readily available whenever necessary for patient care.
 - H. Plans for patient care are documented in the medical record.

SUBJECT/TITLE: SCOPE OF SERVICE

Policy Number: 3171

Page Number: 3

SCOPE OF CARE

The Department of Emergency Medicine shall have the following responsibilities:

- A. Emergency nursing practice:
 - 1. Triage and prioritization. ESI Version 4
 - 2. Assessments, diagnosis and treatment of emergent, urgent and non-urgent individuals of all ages, often with a limited patient database for a variety of illnesses and injury.
 - 3. Stabilization and resuscitation in unpredictable environments.
 - 4. Crisis intervention.
 - 5. Disaster preparedness.
 - 6. A registered nurse assesses the patient's need for nursing care in all settings where nursing care is needed.

The nursing process is utilized when providing nursing care and includes the following considerations: assessment, planning, implementation and evaluation.

- B. To treat patients with major and minor trauma, surgical, medical, OB/GYN, cardiopulmonary, GI, GU, neurological or skeletal problems and others necessary to assure adequate patient care.
- C. All patients who seek medical care who present by any means including (but not limited to) by foot, car, bus or ambulance, shall be entitled to a medical screening examination, to determine if an emergency medical condition exists.
- D. Provide definitive care for those patients not requiring greater in-depth expertise or follow-up care.
- E. Establish and sustain the necessary training programs to provide Emergency Medicine, Internal Medicine, Pediatrics, Family Practice Residents, and Medical Students with basic skills to intervene in life threatening and non-life threatening situations.
- F. Referrals for appropriate follow-up care.
- G. Patient with the following conditions may need to be transferred after initial evaluation (see Patient Transfer).
 - 1. Major orthopedic problems
 - 2. Cardio Thoracic
 - 3. High-Risk Burns (e.g., >25% BSA)
 - 4. Neurosurgical

SUBJECT/TITLE: SCOPE OF SERVICE

Policy Number: 3171

Page Number: 4

- H. After patients are evaluated in the Department of Emergency Medicine, they are either admitted to the appropriate service, discharged home with written instructions for follow-up care, transferred to another location within our facility, or transferred to another facility.

- I. All pediatric patients to be transferred to a CCS Special Care Center, when appropriate, will follow CCS criteria to include timely transfer of medical information.

REQUIREMENTS FOR STAFF:

MD, DO

Current State Licensure

Member of Professional Staff Association

NP

Current State Licensure

Member of Professional Staff Association

RN

Current California State Licensure

BCLS (AHA)

ACLS (AHA)

CPI

EMTALA

PALS

NRP

EDAP

Pediatric Continuing Education

EKG Competency

Triage (ESI)- New Grads no ED experience (within 2 years)

*PALS, NRP, EDAP and Pediatric Continuing Education are not required for those RNs who are reassigned/floated. They will not be required to care for ED pediatric patients.

*ACLS, EKG Competency and Triage are not required for those RNs who are reassigned/floated from inpatient areas that do not require this certification/training. They will be required to care for the type of patients who are commensurate with the patients from their focused service i.e. Med-Surg boarders, Urgent Care, Telemetry.

LVN

Current State Licensure

SUBJECT/TITLE: SCOPE OF SERVICE

Policy Number: 3171

Page Number: 5

BCLS (AHA)
EKG Competency
EMTALA
CPI

NURSING ATTENDANTS

BCLS (AHA)
EMTALA
CPI

STUDENT NURSES, STUDENT WORKERS

BCLS (AHA)
EMTALA
CPI

CLERICAL

EMTALA

STAFFING GENERAL

The Department shall be staffed by qualified Emergency Medicine Residents, Internal Medicine Residents, Pediatric Residents, Family Medicine Residents, Nurse Practitioners, As Needed Physicians and Attending 24 hours a day. Students and physicians in training will be under the direction and supervision of a qualified Attending.

All Attending and licensed practitioners (including nurse practitioners) with appropriate clinical privileges will determine the scope of assessment and care for patients in the ED.

The Nursing staff shall be comprised of Clinical Nursing Director, Nurse Manager, SSNII, SSNI, Staff Nurses, Relief Nurses, LVNs, Nursing Attendants, SNWs and Clerical Staff. Registry RNs shall be utilized when needed.

The clerical staff shall be under the supervision of the Nursing Department.

The direction of the Department of Emergency Medicine shall be carried out under the leadership of the Director.

STAFFING

To deliver care on the unit, each licensed caregiver is assigned specific treatment areas.

SUBJECT/TITLE: SCOPE OF SERVICE

Policy Number: 3171

Page Number: 6

Nursing Staffing assignments are assessed daily by the Nurse Manager or his/her designee to assure that the number of nursing staff members is sufficient for the types and volume of patients served.

PATIENT CARE ASSIGNMENTS

Patient care assignments for nurses are made each 12-hour shift by the Charge Nurse or Resource Nurse. Patient care assignments assure that responsibilities are consistent with the individual's capability to complete that assignment. The patient care assignment records are maintained in the DEM Nursing Office.

References:	
Approved by: Bonnie Bilitch (Chief Nursing Officer), Judith Maass (Chief Executive Officer), Shannon Thyne (Chief Medical Officer)	Date: 08/24/2017
Review Date: 11/00, 3/02, 2/05, 11/07, 2/11, 5/14, 08/24/2020	Revision Date: 3/02, 11/30/07, 2/17/11, 5/14, 2/16
Next Review Date: 08/24/2020	
Distribution: Emergency Medicine, Emergency Medicine Nursing, Medicine	
Original Date:	