

**LAC+USC MEDICAL CENTER
DEPARTMENT OF EMERGENCY MEDICINE
SCOPE OF SERVICES**

Department Purpose

The Department of Emergency Medicine (DEM) is part of a Level I Trauma and ST Elevation Myocardial Infarction (STEMI) Center that provides diagnostic and therapeutic services for unforeseen physical and mental disorders which, if not properly treated, could lead to marked suffering, disability, or death. Specific goals include evaluation, treatment and stabilization of acute traumatic injuries; provision of timely intervention for the stabilization of the emergent medical and non-traumatic surgical patient; provision of emergency management/disaster response, and provision of pre-hospital care via telecommunication with paramedics. The level of care is comprehensive with emergency physicians on duty 24 hours per day as well as in-house specialty services for definitively managing all medical, surgical, trauma and psychiatric situations on an emergent and continuing basis.

Types and Ages of Patients Served

The Emergency Department (ED) provides comprehensive care to neonatal, infant, child, adolescent, adult and geriatric patients with medical, surgical, trauma and/or psychosocial problems. Diseases processes commonly cared for include, but not limited to, shock, minor/major trauma, foreign body aspiration, toxic ingestion, appendicitis, respiratory distress/failure, CHD, DKA, renal failure, meningitis, fever, asthma, seizure disorders, oncology/hematology disorders, potential/actual child abuse, and various psychiatric disorders. The community served is of low socioeconomic status and the clients' primary language is Spanish. Patients and families are provided with essential instructions, education, appropriate referrals, and follow-up care, as indicated by individual needs. Plan of care incorporates cultural and religious beliefs, socioeconomic factors, and psychosocial state of each client.

Methods Used to Assess Patient Needs

An interdisciplinary approach with both the medical and nursing staff is used in assessing patient care needs and in helping the patient to make an educated decision regarding this care. Upon arrival in the department, patients are immediately triaged by nursing personnel in order to identify which patients require emergent care and which patients can wait without adverse effects. The patient is classified into one of five categories using the Emergency Severity Index (ESI) System. All patients receive a medical screening examination by a physician/provider to determine whether an emergency medical condition exists. DEM resident physicians, midlevel practitioners and nurses, under the direction of a board-certified attending physician, act collaboratively with other specialty services to then develop and execute an appropriate plan of care. The department seeks additional collaboration with Social Services, Pastoral Care, Electrocardiography, Epidemiology, and the Department of Radiology. Equipment and capable staff are available for the provision of any and all resuscitative measures including invasive procedures such as thoracotomy and hemodialysis.

Scope of Service and Complexity of Care

The DEM provides emergency medical treatment for all patients on a 24-hour basis, seven days a week. A complete array of services is available for patient assessment, diagnosis, intervention, and evaluation. These include, but are not limited to, surgery and surgical subspecialties, medicine and medical subspecialties, radiology, laboratory, blood bank, mental health, and social services.

The Emergency Department (ED) is divided into areas of care: Resuscitation, North, West, East, Pediatrics, Psych ED, Psych Walk-In, Base Station, Triage Room 7, Medical Screening Exam Rooms, Adult Waiting Room 6, and Reassessment Room 2, Super Track, Urgent Care Center (UCC), UCC MSE, the Adult Waiting Area, Pediatric Triage and Pediatric Waiting Room.

Reviewed/Refreshed: October 2008; January 2011; December 2012; January 2016; June 2020

Approved: August 2020

DEM – Department of Emergency Medicine – Scope of Services

**LAC+USC MEDICAL CENTER
DEPARTMENT OF EMERGENCY MEDICINE
SCOPE OF SERVICES**

Scope of Service and Complexity of Care cont.

ED Resuscitation provides treatment for immediate and emergent adult, adolescent and pediatric patients with life-threatening conditions, including major trauma. ED North provides treatment for adult and adolescent emergent and urgent medical, surgical, and trauma patients. ED West provides treatment for adult and adolescent patients with focused conditions which are emergent, urgent, semi-urgent and nonurgent. ED East is a flexible area that provides care and treatment to urgent, semi-urgent, and non-urgent adult patients with medical and surgical complaints that are able to be fast tracked or can be used to hold patients waiting for inpatient admission to ward beds or transfer to another facility. Super Track is a fast-track area for ESI 4 and 5's who will be discharged after assessment and minimal treatment. UCC provides treatment for unscheduled and scheduled visits for adult and pediatric patients with semi-urgent and nonurgent medical and surgical problems. ED Pediatrics provides treatment for pediatric patients with immediate, emergent, urgent, semi-urgent and non-urgent patients with medical, surgical, trauma and psychiatric complaints. The UCC provides treatment for adult patients with semi-urgent and non-urgent complaints. Pediatric trauma patients meeting Trauma Center Criteria are cared for in ED Resuscitation. Mobile Intensive Care Nurses (MICNs) and physicians provide pre-hospital care direction to paramedics via telecommunication in the ED Base Station.

Volume & Quality Control Indicators

- ED Visits
- ED overcrowded hours
- Hospital admissions
- Number of deaths
- Wait times for inpatient placement after disposition
- Patients leaving without being seen and before treatment complete
- ED Diversion Hours
- MD Examination to Decision to Admit Time

Performance Improvement Indicators

- Pneumonia and MI Core Measures
- Pain Management compliance
- Length of stay
- Appropriate nursing assessment and reassessment
- Arrival to MSE wait times
- Patient Experience
- Early Sepsis recognition and treatment
- Compliance with Core Measures and Waiver Initiatives

Recognized Standards

Care provided is consistent with applicable regulatory and professional standards inclusive of, but not limited to, the California Board of Registered Nursing, the California Board of Licensed Vocational Nursing, OSHA, Joint Commission, CMS, Title 22, the American Nurses Association, the FDA, the American Medical Association, the Department of Consumer Affairs, the Residency Review Committee, the American College of Emergency Physicians, the American College of Surgeons, the Medical Board of California, the American Academy of Pediatrics, and the American Board of Emergency Medicine.

Reviewed/Refreshed: October 2008; January 2011; December 2012; January 2016; June 2020

Approved: August 2020

DEM – Department of Emergency Medicine – Scope of Services

**LAC+USC MEDICAL CENTER
DEPARTMENT OF EMERGENCY MEDICINE
SCOPE OF SERVICES**

Availability of Necessary Staff

Staff emergency physicians, resident emergency physicians, physician assistants, nurse practitioners, emergency nurses, licensed vocational nurses, nursing attendants, clerks, and financial screening personnel are on duty 24 hours per day, 7 days a week.

Availability of Necessary Staff conti.

Capabilities exist for managing all medical situations in-house on a definitive and continuing basis. Staffing patterns are based upon an expected daily visits and patient mix indicators. Staffing needs are adjusted based on seasonal acuity, volume of patients, and events, which mandate additional need for qualified personnel. Medical staff in the department includes physician faculty, resident physicians, physician assistants and nurse practitioners. The physician faculty report to the Chairperson. Residents in training, physician assistants and nurse practitioners report to the faculty.

Nursing personnel consist of clerical, nursing attendants, licensed vocation nurses, and registered nurses. Licensed nurses possess current licensure and must demonstrate competency based on skills required for their position. Certified Hospital Medical Assistants possess current certification and must demonstrate competency based on skills required for their position. The Nurse Manager is responsible for staffing according to standards appropriate to the patient population and the care that is required for those patients. She/he is responsible for the quality of nursing care provided and for the performance of assigned staff based on established criteria for emergency nursing and hospital standards. Staff nurse competency includes but is not limited to, a qualified Emergency Nurse Certification Program, BLS, ACLS, PALS, and MICN.

The DEM interacts with many other disciplines. Examples include Laboratory, Point of Care Testing, Human Resources, Facilities Management, Medical Records, Information Services, County Police, Dietary, Finance, Environmental Services, and Materials Management. The ancillary staff report to their respective supervisors within their divisions, including patient financial services, social work, environmental services, pastoral services, radiology, and cardiology.