



STATEMENT ON THE DELINEATION OF EMERGENCY DEPARTMENTS

1. PURPOSE

This document defines the minimum requirement for a health facility to be identified as an Emergency Department and provides the minimum requirements for the delineation of the four levels of Emergency Department.

2. INTRODUCTION

Emergency care is provided by a wide range of facilities and providers from remote nurse run clinics, general practices, ambulance services, retrieval services, through to Emergency Departments. Emergency Departments are dedicated hospital based facilities specifically designed and staffed to provide 24 hour emergency care. An Emergency Department cannot operate in isolation and must be part of an integrated health delivery system within a hospital both operationally and structurally (refer to the Australasian College for Emergency Medicine's (ACEM) P02 Policy on Standard Terminology).

To be designated and signposted as an 'Emergency' or 'Emergency Department' requires the facility to meet the minimum standards set in this document (and refer also to P20 Policy on Emergency Department Signage).

Emergency Departments and community based Emergency Care Providers should be part of an Emergency Medicine Network that provides specialist support, advice and training to non-specialist providers of Emergency Care (refer to S27 Statement on Rural Emergency Medicine).

The framework used to determine the level of an Emergency Department is based on:

- design
- service description
- service requirements
- workforce
- support services.

Using these criteria, this framework delineates Emergency Departments into four levels that reflect increasing (from 1 to 4) capacity and capability to provide specialist emergency care network support to non-specialist providers, education, research and health system support in disaster preparedness and pre-hospital care. This framework should be read in conjunction with the following ACEM policy documents:

- *P02 Policy on Standard Terminology*
- *G15 Guidelines on Emergency Department Design*
- *G23 Guidelines on Constructing an Emergency Medicine Medical Workforce*
- *P06 Policy on the Australasian Triage Scale*
- *G24 Guideline on Implementation of the Australasian Triage Scale in Emergency Departments*
- *S11 Statement Hospital Emergency Department Services for Children*
- *S27 Statement on Rural Emergency Medicine*
- *P20 Policy on Emergency Department Signage.*

Terminology used in this document is defined in the Glossary (section 5) and may vary according to different usage across jurisdictions. This is a restructuring of ACEM's previous emergency department role delineation and comparison of the new scale to the old scale is described in section 6.

3. MINIMUM STANDARDS

An Emergency Department ED must have the following basic elements:

- must operate structurally and functionally within a hospital
- 24 hour dedicated nursing staff with a dedicated Nurse Unit Manager or equivalent
- daily rostered medical staff and 24 hours a day, seven days a week access to medical staff after hours
- dedicated facilities to manage emergency presentations
- co-located dedicated resuscitation area with appropriate equipment to provide advanced paediatric, adult and trauma life support prior to transfer to definitive care
- 24 hour access to blood products
- 24 hour access to laboratory and radiology services
- 24 hour access to specialty care or advice
- 24 hour access to retrieval services, as appropriate
- if there are no emergency specialists (Fellows of ACEM (FACEMs)) on staff then the Emergency Department must be part of an Emergency Medicine Network.

Note: In some established urban emergency medicine networks, there are Emergency Departments that operate during limited hours. These are still considered Emergency Departments, if local arrangements direct patients to another Emergency Department of the same or higher level when they are closed.

3.1 Level 1 Emergency Department

A Level 1 Emergency Department will provide emergency care within a designated area of a remote or rural hospital. It is the minimum level of service that can be defined as an Emergency Department.

3.1.1 Design

The Emergency Department must be purpose built area to receive and manage emergency presentations with monitoring and resuscitation equipment. There may be other areas designed to manage less acute presentations.

3.1.2 Service description

The emergency caseload for a Level 1 Emergency Department may be intermittent. Basic primary and secondary assessment should be available including advanced paediatric, adult and trauma life support and stabilisation of critically ill patients prior to arrival of the retrieval service. A Level 1 Emergency Department will have 24 hour access to specialty advice.

3.1.3 Service Requirements

In a Level 1 Emergency Department, triage should occur on arrival by credentialed clinical staff using the Australasian Triage Scale (ATS) (refer to P06 Policy on the Australasian Triage Scale and G24 Guidelines on the Implementation of the Australian Triage Scale in Emergency Departments).

A Level 1 Emergency Department should be part of a regional Emergency Medicine Network through which it can access emergency specialist support, advice and training.

3.1.4 Workforce

Medical: Medical staff with a basic level of emergency medicine training are available 24 hours a day, seven days a week. Medical staff should be on-site at least within working hours and weekend days and should be available at short notice (within 10 minutes of any phone call). There should be a Director of the Emergency Department, a

FACEM or a generalist with an ACEM Emergency Medicine Diploma, who is supported by specialists in an Emergency Medicine Network.

Nursing: Nursing staff with basic training in emergency care should be dedicated to the Emergency Department and on-site 24 hours a day, seven days a week. Nurses should be credentialed in triage.

3.1.5 Support services

- plain radiology available on-site
- pathology – point of care testing available on-site and access to more advanced pathology tests
- 24 hour access to emergency specialist (FACEM) advice by telephone, tele-health and/or referral hospital outreach
- access to secondary services such as surgery, medicine, orthopaedics, paediatrics, and obstetrics and gynaecology (access includes advice by telephone, tele-health, and referral hospital outreach service)
- access to a 24 hour retrieval service.

3.2 Level 2 Emergency Department

A Level 2 Emergency Department will be part of a secondary hospital with capabilities of managing some complex cases, and would offer some sub-specialty services. This level of service should be able to provide primary critical care.

3.2.1 Design

A Level 2 Emergency Department must be purpose built (with a separate resuscitation area) with capabilities for managing patients with life threatening conditions, including capacity for invasive monitoring and short term assisted ventilation. There must be additional areas for the assessment and management of the range of acute presentations and casemix, to ensure safe and high quality care. The number and type of assessment and management areas must be commensurate with the demand and caseload. A dedicated short stay unit or equivalent area may be in place. In Emergency Departments that receive paediatric patients, there must be a dedicated area for the assessment and management for this group. (Refer to G15 Guidelines on Emergency Department Design and S11 Statement on Hospital Emergency Department Services for Children).

3.2.2 Service description

A Level 2 Emergency Department must be able to manage the complete range of emergency presentations, and be capable of providing a level of service for the community that is commensurate with the provision of primary emergency care. It will be part of an Emergency Medicine Network and if emergency specialist (FACEM) led may be at the hub of that network.

The Emergency Department must have the capability of transferring critically ill patients, and have access to a retrieval service. There must be a capability for the key participation in response to local major incidents. This includes a role in a formal Disaster Response Plan.

The Emergency Department should participate in undergraduate and postgraduate training and education. There should also be evidence of some involvement in research.

Emergency Department staff should participate in hospital committees and quality improvement processes.

3.2.3 Service requirements

- there is a clinical information management system which records presentation details, clinical information and data for clinical indicators
- there is adequate physical capacity and type of spaces available for management of patients in relation to acuity and access to in-patient and alternative services
- risk management strategies are developed, implemented and evaluated
- documented processes to guide clinical management, including paediatrics and obstetrics/gynaecology, where appropriate

-
- documented processes for the management of mental health patients including risk management strategies specific to this group are in place
 - formal quality improvement programs including mortality and morbidity reviews and evaluation of clinical indicators are in place
 - quality improvement data is submitted to an independent review process such as Australian Council on Healthcare Standards (ACHS).

3.2.4 Workforce

Medical: A FACEM as Director, supported by emergency specialist staff (FACEMs), or by senior medical staff should be available seven days per week, with on call cover 24 hours a day, seven days a week, commensurate with casemix and patient load.

For Emergency Departments accredited by ACEM for training, a Director of Emergency Medicine Training (DEMT) and preferably a person responsible for clinical training of junior medical staff and medical students should be employed. Medical officers at least Post Graduate Year (PGY) Level 4 should have a 24 hours a day, seven day a week on-site presence and adequate clinical supervisory support should be in place.

Nursing: A Nurse Unit Manager or equivalent, a nurse responsible for nurse education and Advanced Skills Clinical Nurses (where applicable), supported by experienced and qualified clinical registered nurses (RNs) and 24 hours a day, seven days a week team leaders/shift coordinators. A dedicated 24 hour clinical triage service should be present.

Allied health: Access to social worker(s), clinical pharmacist(s), physiotherapist(s), occupational therapist(s), Indigenous Liaison Worker(s) and Aged Care/community/specialty nurse resources.

Administrative and service support staff: Administrative and service support staff should be on-site seven days a week. Evaluation of workforce requirements should include the level of training, expertise, seniority mix, educational and training access and minimum standards required for both service delivery and supervision.

(Refer to G23 Guideline on Constructing an Emergency Medicine Medical Workforce and relevant jurisdictional nursing workforce formulae such as the most up to date 'Business Planning Framework: Nursing Resources' in Queensland, Tasmania, Northern Territory and Western Australia).

3.2.5 Support services

Available on-site:

- radiology
- pathology
- pharmacy services
- general surgical services
- anaesthetics
- critical care – Coronary Care Unit (CCU)/High Dependency Unit (HDU)/Intensive Care Unit (ICU) – depending on local network arrangements
- general medicine
- obstetrics and gynaecology, where applicable
- paediatrics - mixed departments or access to a paediatric centre.

Access to:

- surgical sub-specialties including neurosurgery, plastic surgery, vascular, orthopaedics, ear, nose and throat (ENT), ophthalmology 24 hours a day, seven days a week
- medical sub-specialties including (but not restricted to) respiratory, gastroenterology, cardiology, endocrinology, haematology and oncology 24 hours a day, seven days a week
- higher level critical care services
- tertiary level paediatric service
- mental health services

- community services
- alcohol and drug dependency services.

3.3 Level 3 Emergency Department

It would be expected that Emergency Departments at this level would be part of a major regional, metropolitan or urban hospital with capabilities of managing most complex cases and have some sub-specialty services.

3.3.1 Design

In addition to Level 2 specification, there should be more than one resuscitation bay or room, separate monitored areas and a dedicated and operational Emergency Department Short Stay Unit in place. (Refer to G15 Guidelines on Emergency Department Design).

3.3.2 Service description

A Level 3 Emergency Department should be able to manage the complete range of emergency presentations and be capable of providing a level of service for the community that is commensurate with the provision of primary emergency care. It should support other regional emergency centres as part of an Emergency Medicine Network.

The Emergency Department must have the capability of transferring critically ill patients and have access to a retrieval service. There must be a capability for key participation in response to local major incidents. This includes a role in a formal Disaster Response Plan.

The Emergency Department must participate in emergency medicine training, and undergraduate and postgraduate training. Additionally, the Emergency Department should have formal education programs for nursing, medical and allied health staff and students. There should also be evidence of active involvement in research.

Emergency Department staff should participate in hospital committees and quality improvement processes.

3.3.3 Service requirements

- there is a clinical information management system which records presentation details, clinical information and data for clinical indicators
- there is adequate physical capacity and type of spaces available for management of patients in relation to acuity and access to in-patient and alternative services
- risk management strategies are developed, implemented and evaluated
- documented processes to guide clinical management including paediatrics and obstetrics/gynaecology, where appropriate
- documented processes for the management of mental health patients including risk management strategies specific to this group are in place
- formal quality improvement programs, including mortality and morbidity reviews and evaluation of clinical indicators are in place
- quality improvement data is submitted to an independent review process such as ACHS.

3.3.4 Workforce

(Refer to G23 Guidelines on Constructing an Emergency Medicine Medical Workforce).

Medical: One FACEM qualified director, supported by FACEM qualified specialist staff, with on-site presence 16 x 7, commensurate with casemix and patient load.

A DEMA and a person responsible for the clinical training of junior medical staff and medical students must be in place. On-site 24 hours a day, seven days a week advanced and/or provisional trainees and/or medical officers at PGY level 4 with adequate clinical supervisory support in place.

Nursing: A dedicated Nurse Unit Manager or equivalent, Clinical Nurse Educator(s), Advanced Skills Clinical Nurses (where applicable) supported by experienced and qualified clinical RNs and 24 hours a day, seven days a week team leaders/shift coordinators.

Allied health: Dedicated departmental social worker(s). Access to the following: clinical emergency pharmacist, physiotherapist(s), occupational therapist(s), Indigenous Liaison Workers and Aged Care/community nurse/specialty(s).

Administrative and service support staff: 24 hours a day, seven days a week administrative and service support staff.

Evaluation of workforce requirements should include the level of training, expertise, seniority mix, educational and training access, and minimum standards required for both service delivery and supervision.

(Refer to G23 Guidelines on Constructing of an Emergency Medicine Medical Workforce and relevant jurisdictional nursing workforce formulae such as the Business Planning Framework in Queensland, Tasmania, Northern Territory and Western Australia).

3.3.5 Support services

Available on-site to:

- radiology
- pathology
- pharmacy services
- general surgical services
- orthopaedics
- anaesthetics
- critical care – Intensive Care Unit (ICU), Coronary Care Unit (CCU) or High Dependency Unit (HDU)
- general medicine
- medical sub-specialties
- obstetrics and gynaecology 24 hours a day, seven days a week, where applicable
- paediatrics in mixed departments
- allied health
- mental health services (not necessarily on-site but readily accessible)
- community services.

Access to:

- surgical sub-specialties including neurosurgery, plastic surgery, vascular, ear, nose and throat (ENT), ophthalmology
- tertiary level paediatric service
- tertiary level critical care services
- tertiary level medical sub-specialties
- alcohol and drug dependency service.

3.4 Level 4 Emergency Department

It would be expected that Emergency Departments at this level are part of a large, multifunctional tertiary or major referral hospital with capabilities for managing a wide range of complex conditions, and have a significant level of sub-specialty services.

3.4.1 Design

A Level 4 Emergency Department must be purpose built with separate multiple resuscitation areas with the capability to manage patients with major trauma and/or life threatening conditions, including capacity for invasive monitoring and short term assisted ventilation. There must be additional areas for the assessment and management for the range of acute and complex presentations and casemix to ensure safe and high quality care, including mental health. The number and type of assessment and management areas must be commensurate with the demand and

caseload. This will include a dedicated Emergency Department Short Stay Unit and areas capable of extended monitoring and assessment. In departments which receive paediatric patients, there must be a dedicated area for assessment and management for this group, including a dedicated resuscitation area. (Refer to G15 Guideline on Emergency Department Design and S11 Statement on Hospital Emergency Department Services for Children).

3.4.2 Service description

A Level 4 Emergency Department must be able to manage the complete range of emergency presentations and be capable of providing tertiary level support for other more regional centres as part of a clinical or jurisdictional healthcare network.

The Emergency Department must have a dedicated retrieval service or access to one.

There must be a capability for the key participation in a trauma service or trauma network. This includes a role within a formal Disaster Response Plan.

The Emergency Department will be accredited for emergency medicine training and actively participate in undergraduate and post graduate training and formal education programs for nursing, medical and allied health staff and students.

An active research program is in place with published articles evident.

Emergency Department staff participate in hospital committees and quality improvement processes.

3.4.3 Service requirements

There is a clinical information management system which records presentation details, clinical information and data for clinical indicators

- there is adequate physical capacity available for the management of patients in relation to acuity and access to in-patient and alternative services (refer to G15 Guideline on Emergency Department Design)
- risk management strategies are developed, implemented and evaluated
- documented processes to guide clinical management, including paediatrics and obstetrics/gynaecology, where appropriate
- documented processes for the management of mental health patients including risk management strategies specific to this group are in place
- formal quality improvement programs including mortality and morbidity reviews and evaluation of clinical indicators are in place
- quality improvement data is submitted to an independent review process such as ACHS.

3.4.4 Workforce

Medical: One Full Time Equivalent (FTE) FACEM director and deputy director or equivalent, supported by FACEM qualified specialist staff on-site 16 x 7 and available 24 hours a day, seven days a week on-call, commensurate with casemix and patient load. Additionally, the Emergency Department must have a dedicated DEMENT and a person responsible for the clinical training for junior medical staff and medical students. On-site 24 hours a day, seven days a week advanced Emergency Medicine trainees with adequate clinical supervisory support.

Nursing: A dedicated Nurse Unit Manager or equivalent, Clinical Nurse Educators, Advanced Skills Clinical Nurses (where applicable) supported by experienced and qualified clinical RNs and 24 hours a day, seven days a week team leaders/shift coordinators.

Allied health: Dedicated social worker(s), clinical emergency pharmacist, physiotherapist(s), occupational therapist(s), Indigenous Liaison Worker(s), Discharge Planner, and Aged Care/community/specialty nurse(s) at least on-site or immediately available for extended hours.

Administrative and service support staff: 24 hours a day, seven days a week administrative and service support staff.

Evaluation of workforce requirements should include the level of training, expertise, seniority mix, educational and training access and minimum standards required for both service delivery and supervision.

(Refer to G23 Guideline on Constructing a Medical Workforce and relevant jurisdictional nursing workforce formulae such as the Business Planning Framework in Queensland, Tasmania, Northern Territory and Western Australia).

3.4.5 Support services

Available on-site:

- radiology including interventional radiology
- pathology
- pharmacy services
- general surgical services
- orthopaedics
- trauma service
- surgical sub-specialties including neurosurgery, plastic surgery, vascular, ear, nose and throat (ENT), ophthalmology
- anaesthetics
- critical care – Intensive Care Unit (ICU) and Coronary Care Unit (CCU)
- cardiology including on-site invasive cardiology laboratory
- general medicine
- medical sub-specialties including (but not restricted to) respiratory, gastroenterology, endocrinology, neurology, haematology and oncology
- obstetrics and gynaecology 24 hours a day, seven days a week (where applicable)
- paediatrics in mixed departments
- allied health
- mental health services
- community services.

Access to:

- alcohol and drug dependency services
- tertiary level paediatric service.

4. REFERENCES

- *P02 Policy on Standard Terminology*
- *G15 Guidelines on Emergency Department Design*
- *G23 Guidelines on Constructing an Emergency Medicine Medical Workforce*
- *P06 Policy on the Australasian Triage Scale*
- *G24 Guideline on Implementation of the Australasian Triage Scale in Emergency Departments*
- *S11 Statement Hospital Emergency Department Services for Children*
- *S27 Statement on Rural Emergency Medicine*
- *P20 Policy on Emergency Department Signage.*

5. GLOSSARY

- **Emergency Department (ED):** An Emergency Department is the dedicated area in a hospital that is organised and administered to provide a high standard of emergency care to those in the community who perceive the need for, or are in need of, acute or urgent care including hospital admission
- **PGY:** Post Graduate Year (includes intern year)
- **FACEM:** Fellow of the Australasian College for Emergency Medicine
- **Trainee:** Trainee of the Australasian College for Emergency Medicine
- **DEMT:** Director of Emergency Medicine Training
- **Advanced Care Clinical Nurse:** any nurse with advanced qualifications or skills that permits them to practice in , with an extended scope of practice

- RN: A Registered Nurse who is clinically qualified to practice in a chosen field
- Advanced Skills Clinical Nurse: A registered nurse who has additional advanced qualifications and training, who is registered as such in relevant jurisdictions and has a defined scope of practice.

6. INTERPRETATION OF NEW ACEM STATEMENT ON THE DELINEATION OF EMERGENCY DEPARTMENTS

Up to 2012, ACEM used different terminology to delineate Emergency Departments. The following information shows the difference between the old and the new terminology:

Emergency Department Delineation	Old ACEM Delineation (prior to 2013)
Level 4 Emergency Department	Major Referral Emergency Department
Level 3 Emergency Department	Urban District Emergency Department
Level 2 Emergency Department	Major Regional/Rural Base Emergency Department
Level 1 Emergency Department	Rural Emergency Service

7. DATES AND NOTES

Approved by Council: *November 1997*

Reviewed and approved: July 1999

Reviewed and approved: November 1999

Reviewed and approved: July 2004

Reviewed and approved: November 2012

oOo

© Copyright – Australasian College for Emergency Medicine. All rights reserved.

34 Jeffcott Street West Melbourne VIC 3003

Ph: 61 3 9320 0444 Web: www.acem.org.au