



STATEMENT ON EMERGENCY DEPARTMENT ROLE DELINEATION

1. INTRODUCTION

The role and level of function of a hospital based emergency service depends on various factors, including the type of hospital in which it is located, its geographical location, location in the public or private sector and the place of the hospital within a health system network.

This guide to role delineation for Australasian Emergency Departments describes the level of function, structure and resources required for Emergency Departments to fulfill currently recognised roles. While closely related to the role of the hospital in which it functions, the role delineation described in this document refers to the functional capacity of the Emergency Department itself.

ACEM uses this descriptive framework as there are inconsistencies between existing role delineation definitions used by State, Territory, and National Health departments.

1.1 Significance of Role Delineation

The role delineation of an Emergency Department is a major determinant of the level of staffing, resources and physical design required. These factors are also influenced by the casemix-weighted patient throughput of the department, and its research, teaching, pre-hospital and other roles.

This document provides a guide for the classification of existing Emergency Departments by role delineation, and also outlines the functional capacity and resources required to adequately fulfill that role.

1.2 Definition of an Emergency Department

This document should be read in conjunction with the ACEM Policy Document 'Standard Terminology'. A hospital based emergency service must have facilities and functions greater than the minimum standard for 'Rural Emergency Service' Role delineation (section 5) in order to be considered an Emergency Department. Smaller or less well equipped services are not considered to be 'Emergency Departments', but may be considered to be hospital based emergency services in accordance with this policy.

1.3 Interpretation of Terminology

The specific terminology used, particularly for nursing roles, should be interpreted according to local practice. Further advice can be obtained from the regional ACEM Faculty Board or regional ACEM councillors.

2. MAJOR REFERRAL EMERGENCY DEPARTMENT*

2.1 Structure

Sophisticated purpose-designed area, separate resuscitation area with capacity for frequent management of major trauma and other life-threatening emergencies. Capacity for invasive monitoring and short-term assisted ventilation.

2.2 Nurse Staffing

Experienced RN's on-site 24 hours, many having completed post-basic training. Dedicated nurse educator and CNC. Dedicated Nursing Director plus Nurse Managers 24 hours.

2.3 Medical Staffing

Full-time Medical Director with specialist qualifications in Emergency Medicine, supported by extensive out-of-hours Emergency specialist cover (ideally 24 hours, 7 days). Advanced training Registrars on-site 24 hours.

2.4 Patient Care

Can provide resuscitation, stabilisation and initial treatment for all emergencies. On-site ability to provide team response. May send out teams of appropriately trained staff to disaster site.

2.5 Network Role

Designated Major Trauma Service. Provides Tertiary Referral Service to other network hospitals. Provides advice and stabilisation for complex cases referred from other network hospitals. May provide or participate in regional Retrieval Service, including aeromedical service.

2.6 Access to Other Specialist Consultation

Specialists in Intensive Care, Anaesthesia, Paediatrics (if mixed dept), Liaison Psychiatry, medical and surgical subspecialties available or on-call 24 hours. Rapid access to Neurosurgery and Cardiothoracic Surgery services. Extended hours access to Allied Health professionals and Social Worker.

2.7 Access to Support Services

24 hour availability of pathology, radiology, CT and Operating Theatres. Ideally extended-hours access to Nuclear Medicine, Ultrasound, Interventional Radiology and MRI.

2.8 Other Processes

Formal Quality Improvement program, including morbidity and mortality review. Dedicated clinical and management information system. Formal Disaster Plan. Membership of Emergency Department staff on principal hospital planning committees. Formal training program in Emergency Medicine and Nursing. Education program for staff. Undergraduate education program. Active research program.

* AMWAC Terminology : Major Referral Hospital

3. URBAN DISTRICT EMERGENCY DEPARTMENT***3.1 Structure**

Purpose-designed area with separate resuscitation facilities and capacity for assisted ventilation.

3.2 Nurse Staffing

Experienced RN's on site 24 hours, some having completed post-basic training. Dedicated NUM. Access to Clinical Nurse Educator. Access to Clinical Nurse Consultant.

3.3 Medical Staffing

Full-time Medical Director with specialist qualifications in Emergency Medicine, supported by extended-hours specialist cover (ideally 16 hours, 7 days). Experienced medical officers, with resuscitation training, on-site 24 hours.

3.4 Patient Care

Can manage all emergencies, including stabilisation and assisted ventilation, and provide definitive care for most. On-site ability to provide team response. May send out teams of appropriately trained staff to disaster site.

3.5 Network Role

May be Urban Trauma Service links with Referral Hospital for Tertiary level subspecialty services. Access to Retrieval Service.

3.6 Access to Other Specialist Consultation

Specialists in Intensive Care, Anaesthesia, General Surgery, General Medicine, Paediatrics, Orthopaedics and liaison Psychiatry on-call 24 hours. Access to Allied Health professionals and Social Worker.

3.7 Access to Support Services

24 hour availability of pathology, radiology and operating theatres. Normal hours access to Nuclear medicine and ultrasound. After hours on-call access to CT and angiography desirable.

3.8 Other Processes

Formal Quality Improvement Program, including morbidity and mortality review. Dedicated clinical and management information system. Formal Disaster Plan. Participation of Emergency Department staff in hospital planning committees. Access to formal training in Emergency Medicine and Nursing. Participation in undergraduate education. Staff education program. Research program desirable.

* AMWAC Terminology : Other Capital City Hospital

4. MAJOR REGIONAL/RURAL BASE EMERGENCY DEPARTMENT***4.1 Structure**

Purpose-designed area with separate resuscitation facilities and capacity for assisted ventilation.

4.2 Nurse Staffing

Experienced registered nurses on site 24 hours, some having completed post-basic studies. Dedicated NUM. Access to Clinical Nurse Educator. Access to Clinical Nurse Consultant.

4.3 Medical Staffing

Full-time Medical Director with specialist qualifications in Emergency Medicine, supported by extended-hours specialist cover. Experienced medical officers, with resuscitation training, on-site 24 hours.

4.4 Patient Care

Can manage all emergencies, including stabilisation and assisted ventilation, and provide definitive care for most. On-site ability to provide team response. May send out teams to disaster site.

4.5 Network Role

May be a Regional Trauma Service. Participation in regional retrieval system desirable.

4.6 Access to Other Specialist Consultation

Specialists in Intensive Care, Anaesthesia, General Surgery, General Medicine, Paediatrics, Orthopaedics and liaison Psychiatry on-call 24 hours. Access to Allied Health Professionals and Social Worker.

4.7 Access to Support Services

24 hour availability of pathology, radiology, and operating theatres. After hours on-call access to CT and angiography desirable.

4.8 Other Processes

Formal quality improvement program, including morbidity and mortality review. Dedicated clinical and management information system. Formal disaster plan.

Participation of Emergency Department staff in key hospital planning committees. Access to formal training in Emergency Medicine and Nursing. Participation in undergraduate education. Staff education program. Research program desirable.

* AMWAC terminology : Major Provincial Hospital

5. RURAL EMERGENCY SERVICE*

5.1 Structure

Designated assessment and treatment area with separate resuscitation facilities in a rural hospital.

5.2 Nurse Staffing

Designated nursing staff available 24 hrs per day, who carry out triage. Designated NUM. Some RN's having completed or undertaking relevant post-basic studies.

5.3 Medical Staffing

24 hours access to medical officers. Ideally full-time Director, preferably with specialist qualifications.

5.4 Patient Care

Manages a range of acute illness and injury, including resuscitation and limited stabilisation. Provides local trauma service, with stabilisation prior to transfer.

5.5 Access to Other Specialist Consultation

Specialists in general surgery, general medicine, Anaesthesia and Paediatrics on call 24 hours. Access to Allied Health professionals and Liaison psychiatry.

5.6 Access to Support Services

Availability of pathology, radiology and operating theatres during normal hours, on-call access after hours.

5.7 Other Processes

Formal quality improvement program.

*AMWAC Terminology : Large Rural Hospital

6. PRIMARY CARE / REMOTE RURAL EMERGENCY SERVICE

6.1 Structure

Designated assessment and treatment area in a small hospital.

6.2 Nurse Staffing

Nursing staff from inpatient wards available to cover Emergency Presentations.

6.3 Medical Staffing

Visiting Medical Officers or Senior Medical Officers on call.

6.4 Patient Care

Provides mainly non-scheduled GP services for minor illness and injury. Resuscitation and limited stabilisation prior to referral to a higher level of care. May provide local trauma service, with basic stabilisation and early consultation and transfer.

6.5 Access to Other Specialist Consultation

Access by phone to specialist consultation. Well-organised communication system with referral network. Access to retrieval and transport service.

6.6 Access to Support Services

On-call access to pathology, radiology and operating theatres.

7. DESCRIPTION: NURSING ROLE TERMINOLOGY

NUM	Nurse Unit Manager - Overall departmental nursing manager
CNE	Clinical Nurse Educator - Nurse dedicated to clinical teaching
CNC	Clinical Nurse Consultant - Nurse functioning as a specialist nursing consultant

** precise terminology and roles may differ from region to region*

P12 Adopted by Council November 1997

P12 Revised and adopted July 1999

P12 Revised and adopted November 1999

S12 Revised and adopted July 2004

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