Emergency services

CSCF v3.2

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.

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, and ensure patient flow.

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 For the purposes of this module, Level 1 to Level 3 services will be referred to as emergency care centres, while higher level services will be known as emergency departments.

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.

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)
- each emergency service is supported by Queensland Health and Smart Service Queensland Health Contact Centre – 13HEALTH (134325)
- documented processes for all non-admitted patients to be sent to a nominated primary health care practitioner
- provide relevant clinical indicator data to satisfy accreditation and other statutory reporting obligations.[4]

Workforce requirements

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 services[5]
- 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
- documented processes guide assessment and management of mental health clients, which includes suicide risk and relevant referrals
- 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	• also known as Level 1 emergency care centre. • primarily nurse-led clinic with registered nurse accessible 24 hours for emergency presentations and 24-hour access to registered medical practitioner.	• also known as Level 2 emergency care centre. • 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 stabilization, including short-term assisted ventilation prior to transfer to higher level service.	• also known as Level 3 emergency care centre. • 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	• also known as Level 4 emergency department. • provides 24-hour service including triage by qualified emergency staff and advanced care for all presentations. • may be recognised as an emergency department under ACEM standards (depending on medical staffing).[2] • ability to provide high-quality trauma care to medium and minor level trauma patients and capable of	• also known as Level 5 emergency department. • provides comprehensive trauma care and stabilisation of all trauma patients until transfer. • should provide short-stay unit / area to define patient diagnosis and determine continued hospitalisation or discharge plan and destination for acutely ill patients, if required.[7]	• also known as Level 6 emergency department. • provides initial treatment and advanced care for all emergency presentations, and full spectrum of trauma care for all critically ill and injured patients.

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
			trauma and enable rapid transfer of major trauma.	stabilising trauma patients until transfer. • may provide short-stay unit or equivalent functional area.		
Service requirements	As per module overview, plus: • documented processes with another health facility to review and report on all x-rays. • equipment to provide initial resuscitation measures for adults, children and neonates. • emergency birth bundle on-site, and training and reliable communication systems to deal with imminent births where	As per Level 1.	As per Level 2, plus: • access to Level 4 children's services.	A Level 4 service requires: • purpose-designed area with separate resuscitation facilities. • short-term assisted ventilation capacity. • invasive monitoring capacity.	As per Level 4, plus: • structured nursing education program. • ideally all registered nurses progressing towards an emergency qualification.	As per Level 5 service.

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	maternity service not available locally. • access to routine 'healthy hearing' screening and diagnostic audiology services, where needed.					
Workforce requirements	As per module overview, plus: **Medical** • access—24 hours—to registered medical practitioners including one with credentials in emergency medical care. **Nursing** • access—24 hours— to registered nurse with (or working towards) advanced	As per Level 1, plus: **Medical** • registered medical practitioner available on-site within 30 minutes in normal circumstances— 24 hours. **Nursing** • access—24 hours— to registered nurse trained in advanced life support (adult and paediatric)	As per Level 2, plus: **Medical** • designated registered medical practitioner to provide clinical leadership for service. • access—24 hours— to designated medical officer to enact Care and Treatment Order for a Child. • registered medical practitioner	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 with	As per Level 4, plus: **Medical** • minimum 0.5 full-time equivalent on-site designated lead clinician with responsibility for clinical governance of service, who is FACEM and registered medical specialist with credentials in emergency medicine.	As per Level 5, plus: **Medical** • one full-time equivalent medical director / chair who is a FACEM and registered medical specialist with credentials in emergency medicine. • at least two FACEMs on-site during the day and one FACEM on-site during the evening, to

Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
qualifications in rural and remote practice. **Allied health** • limited medication service by pharmacist (or approved registered nurse). **Other** • Aboriginal and Torres Strait Islander health worker accessible 24 hours where required.	and hospital approved triage competency. **Allied health** • access to pharmacist (or approved registered nurse) on weekdays for medication services. • access to allied health professionals, as required. **Other** • access to patient support staff and security personnel.	trained in advanced adult and paediatric life support on-site or available within 30 minutes in normal circumstances—24 hours). • all registered medical practitioners providing emergency care must provide evidence of training in, or progression towards training in, assessment and management of critically ill patients. **Nursing** • suitably qualified and experienced nurse manager (however titled)	oversight provided by FACEM. • at least one additional registered medical practitioner with credentials in emergency medicine and/or extensive experience to support department director. • one FACEM or registered medical specialist with credentials and/or extensive experience in emergency medicine, or senior registered medical practitioner with credentials and/or extensive experience in emergency	• at least one FACEM or registered medical specialist with credentials in emergency medicine or senior registered medical practitioner with credentials in emergency medicine on-site 16 hours a day, 7 days a week. • at least one FACEM or registered medical specialist with credentials in emergency medicine or senior registered medical practitioner with credentials in emergency medicine accessible for remaining 8	provide 16 hours of cover a day, 7 days a week, commensurate with workload. • one FACEM accessible for remaining 8 hours a day, 7 days a week. • sufficient registered medical specialists with credentials in emergency medicine to provide two FACEM shifts (day and evening) per weekend on 1:4 weekend rotation. • at least one ACEM advanced training registrar on-site 24 hours. • one additional advanced training registrar

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
			in charge of service. • on-site access—24 hours— to registered nurse trained in advanced life support (adult and paediatric) and hospital approved triage competency.	medicine, on-site 8 hours a day, 7 days a week. • one registered medical practitioner with experience in emergency medicine exclusively rostered to unit 24 hours. • immediate access -24-hours- to second registered medical practitioner. • where relevant, designated short-stay unit medical staff, in addition to emergency service medical staff. **Nursing** • suitably qualified and	hours a day, 7 days a week. • in addition to above, at least three registered medical practitioners exclusively rostered to department 16 hours a day, 7 days a week, and at least one registered medical practitioner exclusively rostered to department for remaining 8 hours a day, 7 days a week, with immediate, 24-hour access to additional registered medical practitioners, as required. • where relevant, must be designated	on-site during the day and evening Monday to Friday to provide at least 16 hours of cover. • in addition to FACEM, no fewer than five registered medical practitioners exclusively rostered to department 24 hours. **Nursing** • suitably qualified and experienced dedicated clinical nurse leader (however titled). • at least six suitably qualified and experienced registered nurses rostered

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
				experienced registered nurse in charge of each shift. • minimum two registered nurses with experience in emergency medicine rostered in department at all times. • one of two or more registered nurses dedicated triage nurse 24 hours. • access to additional registered nurses within facility, as required. • where relevant, designated short-stay unit nursing staff in addition to emergency	short-stay unit medical staff directly responsible for short-stay unit, in addition to emergency service medical staff. **Nursing** • at least three experienced registered nurses rostered in department at all times with access to additional acute care registered nurses, as required. **Allied health** • on-site access to specialised clinical social worker or health practitioner with competencies in case management	in the unit at all times. • suitably dedicated qualified and experienced nurse leader (however titled) of critical care. **Allied health** • specialised clinical social worker or health practitioner with competencies in case management and counselling on-site 16 hours a day during the week. • access to designated short-stay unit physiotherapist, occupational therapist and other allied health staff.

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
				service nursing staff. **Allied health** • access to allied health professionals, as required. • access to specialised clinical social worker or health practitioner with competencies in case management and counselling, as required.	and counselling, as required.	
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

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
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
Medication	1	2	3	4	5	5
Mental Health (relevant section/s)			4	4	5	5
Nuclear medicine					4	5

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Pathology	2	2	3	4	4	5
Perioperative (relevant section/s)			3	4	5	6
Surgery		2	3	4	5	6

Table note: On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers.

Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach. Table reference

Legislation, regulations and legislative standards

Refer to the Fundamentals of the Framework for details.

Non-mandatory standards, guidelines, benchmarks, policies and frameworks

(not exhaustive & hyperlinks current at date of release of CSCF v3.2)

- 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
- Australian and New Zealand College of Anaesthetists, Joint Faculty of Intensive Care Medicine, Australasian College for Emergency Medicine. Minimum Standards for Intrahospital Transport of Critically Ill Patients. ANZCA, JFICM, ACEM; 2003. www.acem.org.au/media/policies_and_guidelines/min_stand_intrahosp_crit_ill.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 Critical Care Nurses. ACCCN Resuscitation Position Statement (2006): Adult and Paediatric Resuscitation by Nurses. ACCCN; 2006. www.acccn.com.au/images/stories/downloads/adult__paediatric_resusV2.pdf
- 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
- Queensland Government, Royal Australasian College of Surgeons. A Trauma Plan for Queensland. Queensland Health, Department of Emergency Services, RACS; 2006. www.health.qld.gov.au/qipc/docs/trauma-plan.pdf
- Queensland Government. Queensland Blood Management Program. Queensland Health; 2009. www.health.qld.gov.au/qhcss/qbmp
- Queensland Government. Queensland Blood Management Program: Rural and Remote Blood Supply in Queensland. Queensland Health; 2009. www.health.qld.gov.au/qhcss/qbmp/rural.asp
- Royal Australasian College of Surgeons. Trauma Verification: Model Resource Criteria for Level I, II, III & IV Trauma Services in Australasia. RACS; 2009.
- Rural & Remote Emergency Services Standardisation Guidelines, Queensland Health. https://www.health.qld.gov.au/rrcsu/html/rress.asp
- 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