SECTION 1

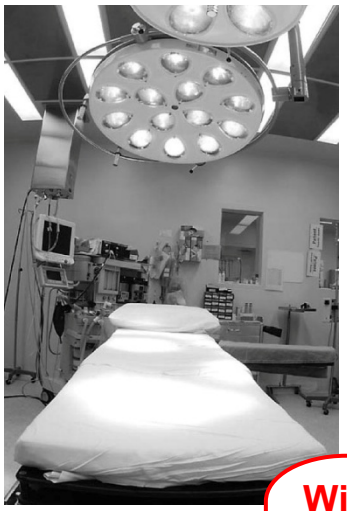
Emergency and Urgent Care Services

The emergency department (ED) serves as a critical point of entry for patients who require immediate treatment for life-threatening, traumatic, and other acute health conditions, as well as for other patients who have genuine medical, surgical, or psychiatric emergencies at any time of day. The ED is also a gateway to the hospital's other medical resources since many patients who enter the ED receive other healthcare services, such as inpatient care, specialty consultations, and ongoing outpatient care. The emergency department is the primary source of care for epidemics, disasters, and acts of terrorism.

Patients arriving by ambulance, private vehicle, or on foot must move directly from the entrance to the reception or triage area and to the appropriate treatment area. Non-emergency patients who consider themselves to be in immediate need of medical care are screened and directed to a waiting area, an appropriate treatment area for nonurgent conditions, a primary care clinic, or other outpatient services.

Urgent care centers — whether hospital-based or freestanding — offer a limited array of services for patients who need immediate care but do not have life-threatening conditions. Unlike an emergency department or a freestanding emergency center, urgent care centers do not provide care 24-7. An urgent care centers may be co-located with an occupational health clinic or a primary care clinic.

A trauma center is a hospital-based emergency department equipped and staffed to provide comprehensive emergency medical services to patients suffering traumatic injuries. Trauma centers evolved with the realization that traumatic injury is a disease process unto itself requiring specialized and experienced multidisciplinary treatment and resources. In the United States, a hospital can receive trauma center verification by meeting specific criteria established by the American College of Surgeons and passing an on-site review. The Joint Commission also classifies emergency departments according to the level of services they provide. However, official designation as a trauma center is determined by individual state regulations. In general, the specific capabilities of trauma centers are identified by "level" designations with Level I being the highest. Higher levels of trauma centers have trauma surgeons available, including surgeons trained in such specialties as neurosurgery and orthopedic surgery; nurse specialists in trauma care; and highly sophisticated medical diagnostic equipment. Lower levels of trauma centers may only be able to provide initial care and stabilization of a traumatic injury and arrange for transfer of the victim to a higher level of trauma care.



The operation of a trauma center is extremely expensive. Trauma centers often have a helipad for receiving patients who have been airlifted to the hospital from areas where trauma capabilities are not available. All EDs, regardless of trauma-level designation, must be able to evaluate and stabilize trauma patients. If the patient cannot be treated at that facility, he or she is transferred to an appropriate facility for further treatment.

Every hospital ED is different because it reflects the community's needs and resources. Some hospitals offer the full
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