

**§482.55(a) - [If emergency services are provided at the hospital --]**

**(2) The services must be integrated with other departments of the hospital;**

**Interpretive Guidelines §482.55(a)(2)**

The hospital's emergency service/department must be integrated with the other departments of the hospital such as surgical services, lab, ICU, diagnostic services, etc. The hospital must demonstrate that its emergency services are truly integrated into its other departments. The integration must be such that the hospital can immediately make available the full extent of its patient care resources to assess and render appropriate care for an emergency patient.

Emergency Services integration would include at a minimum:

- Coordination and communication between the Emergency Department and other hospital services/departments;
- Physical access for emergency department patients to the services, equipment, personnel, and resources of other hospital departments/services;
- The immediate availability of services, equipment, personnel, and resources of other hospital departments/services to emergency patients; and
- That the provision of services, equipment, personnel and resources of other

hospital departments/services to emergency department patients is within timeframes that protect the health and safety of patients and is within acceptable standards of practice, including:

- The length of time it takes to transport the emergency patient from the ED to another hospital department where needed interventions or diagnostic services will be rendered.
- The length of time it takes to deliver equipment or supplies, or for the staff from other departments to travel from their location to the emergency department in order to provide needed interventions, tests, care, or services.

Time is critical in the provision of emergency care. The hospital must be able to demonstrate how the hospital's other departments provide emergency patients the care and services needed within safe and appropriate times.

In emergency care situations, the time needed to provide the patient with appropriate diagnostic and care interventions can have a significant effect on the patient. Delays in diagnosis and the provision of needed interventions is likely to adversely affect the health and safety of patients who require emergency care. Therefore, a hospital that cannot demonstrate integration of its emergency services with its other departments (including radiological services, OR, intensive care, laboratory, etc.) would not be in compliance with the Emergency Services CoP.

Many hospitals offer urgent care services on the hospital campus or in provider-based clinics in the communities they serve. Those clinics must be in compliance with the hospital CoP. Hospitals may organize their **urgent care clinics** as part of their outpatient department or emergency services department. An urgent care clinic that:

- The hospital holds out to the public as providing only urgent care services and possibly other services;
- Clearly advises the public that the urgent care clinic is not an emergency services department; and
- Does not meet the EMTALA definition of dedicated emergency department;

would be evaluated for compliance with the integration requirement in the Outpatient Services CoP (§482.54(a)) rather than the integration requirement in the Emergency Services CoP. In most urgent care situations, the time, qualified personnel, equipment, and other resources needed to provide the patient with appropriate diagnostic and care interventions are less than needed in emergency situations.

### **Survey Procedures §482.55(a)(2)**

Verify that there are established procedures to assure integration with either hospital

services including laboratory, radiology, and operating services to provide continuity of care.