Freestanding EDs: What do they mean to EMS?

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Questions:

- What constitutes a freestanding ED (vs. an urgent care clinic)?
- What are the capabilities of a freestanding ED?
- Which patients can safely be brought to a freestanding ED?

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What is a Freestanding ED?

An emergency department not connected to a hospital

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What is a Freestanding ED?

What they HAVE:

- Fully staffed with EM docs/nurses
- Advanced capabilities
  - Full pharmacy (for treatment)
  - Full laboratory
  - CT and Ultrasound
  - Full resuscitation / stabilization capability

What they DON'T Have:

- Inpatient beds
- Surgeons, neurologists, cardiologists, etc.
- Operating room, cath lab
- May *not* be open 24/7/365

What can a Freestanding ED Do?

- Care for a wide range of emergency patients
- Provide pain meds, antibiotics, IV fluids
- Evaluations with x-ray, ultrasound, CT
- Stabilization care for critically ill and injured patients

- However, any patients requiring admission will require transfer to another facility!
  - Double ambulance transport possible

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Types of Freestanding EDs

- Hospital-affiliated "satellite": most common
  - Easy access to transfer/specialists
  - Frequently transfer direct to inpatient
  - No second ED charge

- Independent/unaffiliated (not allowed in most states)
  - Requires transfer agreements
  - May require an additional ED visit and charge
  - Cannot accept Medicare or Medicaid
  - May not be regulated by EMTALA

Politics/Economics

Rural Areas:

- May replace expensive and underused critical access hospitals
- Could preserve rural access to emergency care
- ***However, few are being built in rural areas!***
- Not enough volume to justify new construction

Urban Areas:

- Rapid increase in numbers
- Springing up in affluent zip codes
- Directly competing with standard hospitals

American College of Emergency Physicians®

ACEP Statement On Freestanding EDs

The American College of Emergency Physicians (ACEP) believes that any FSED facility that presents itself as an ED:

- be available to the public 24 hours a day, seven days a week, 365 days per year.
- be staffed by appropriately qualified emergency physicians.
- have adequate medical and nursing personnel qualified in emergency care to meet the written emergency procedures and needs anticipated by the facility.
- be staffed at all times by a registered nurse (RN) with a minimum requirement of current certification in advanced cardiac life support and pediatric advanced life support.
- have policy agreements and procedures in place to provide effective and efficient transfer to a higher level of care if needed (ie, cath labs, surgery, ICU).
- Follow EMTALA guidelines, provide screening and stabilization without regard to payment

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TAFEC
Texas Association of FREESTANDING Emergency Centers

“We believe freestanding emergency centers should treat all patients, regardless of their ability to pay – and as state-licensed facilities, we are required to do so. ”

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Statistics

400-500 nationwide in 40 states

Majority are hospital-affiliated (over 90%)

- Hospitals gain “market share”
- Encourages transfer to “mother ship”
  - May decrease volume in main hospital, but *combined* volume is higher
- Some freestandings later build inpatient capacity

Modern Healthcare, April 2015

Recommended EMS Destination Guidelines for Freestanding EDs

Transport Exceptions: The following types of patients are NOT candidates for transport to a FSED unless necessary in a disaster situation:

1. Severity "Red" patients, indicating unstable vital signs or other life- threatening conditions UNLESS the patient's airway is not maintainable with EMS advanced or basic airway management techniques and the FSED is the closest ED.

2. Traumatic or Medical Cardiac Arrest patients, UNLESS the patient's airway is not maintainable as above.

3. Patients meeting Trauma Alert or Trauma Center Destination Criteria

4. STEMI Alert patients

5. Brain Attack Alert patients

6. Other likely Neurosurgical candidate patients

7. Pregnant women at greater than 20 weeks gestation with abdominal, chest or back pain or obviously in labor

8. Patients with symptoms of an ischemic extremity (pain, pallor, pulselessness)

9. Patients with angulated longbone fractures

10.Patients with suspected open longbone fractures or dislocations

11. Patients requiring hard restraints or chemical sedation or patients in need of emergent psychological consultation

Summary

- Freestanding EDs may provide a needed service in underserved areas
- They can generally handle any emergency for stabilization, but have no specialty care or inpatient capacity
- Can be integrated into the local EMS system with reasonable destination guidelines

- Thanks!
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