# Freestanding EDs: What do they mean to EMS?

PETER TAILLAC, MD

CLINICAL PROFESSOR, UNIVERSITY OF UTAH SCHOOL OF MEDICINE MEDICAL DIRECTOR, UTAH BUREAU OF EMS AND PREPAREDNESS CHAIR, NASEMSO MEDICAL DIRECTORS COUNCIL





#### 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?





## What is a Freestanding ED?

An emergency department not connected to a hospital





The University of Utah

Division of Emergency Medicine

## 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
- NASEMSO 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





## 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
- NASEMSO Directly competing with standard hospitals









#### 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







"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."





#### **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





## 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

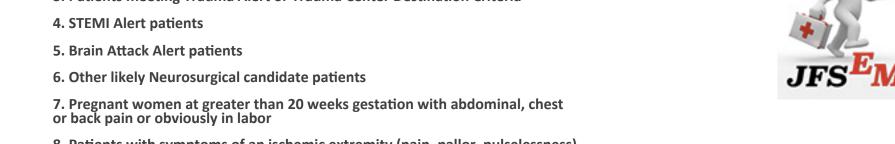
- 8. Patients with symptoms of an ischemic extremity (pain, pallor, pulselessness)
- 9. Patients with angulated longbone fractures

NASEMSO

- 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.

  The University of Utah

  Division of Emergency Medicine



## 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!
- peter.taillac@hsc.utah.edu



