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<b>Document Type:</b> Policy	<b>Code:</b> DHA/HRS/HPSD/HP-25	<b>Version Number:</b> 1
<b>Document Title:</b> Emergency Service Facilities	<b>Issue Date:</b> 03/03/2022	<b>Effective Date:</b> 24/03/2022
<b>Ownership:</b> Health Policy and Standards Department		
<b>Applicability:</b> All Health Facilities under the jurisdiction of the Dubai Health Authority		

**1. Purpose:**

- 1.1. To pioneer a human-centred system that promotes trust, safety and quality of care for patients and their families.
- 1.2. To make Dubai a model for value-based healthcare.
- 1.3. To make Dubai a lighthouse for healthcare governance, integration and regulation.
- 1.4. To attract, develop and retain healthcare professionals of the future.
- 1.5. To ensure all DHA licensed Emergency facilities align with the requirements set out by DHA.
- 1.6. To strengthen the management of emergency patients.
- 1.7. To set out the required emergency services for the Emirate of Dubai.

**2. Scope:**

- 2.1. Emergency Facilities that are approved and licensed by DHA.

**3. Definitions:**

**Against Medical Advice:** When a patient decides to leave a facility after an examination has been completed and a treatment plan recommended, whether it is an inpatient or an outpatient, this is

identified as “leaving against medical advice.” AMA also includes refusal of all or specific treatment or procedure.

**Emergency Medical Condition** is a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, or
- Serious impairment to bodily functions, or
- Serious dysfunction of any bodily organ or part;

OR

- With respect to a pregnant woman who is having contractions:
  - That there is inadequate time to effect a safe transfer to another hospital before delivery, or
  - That transfer may pose a threat to the health or safety of the woman or the unborn child.

**Emergency Department:** are Health facilities that are open 24 hours, 7 days a week. Approximately 85-95% of patients shall be admitted, transferred or discharged within 4 hours. An emergency department is consultant-led (onsite emergency trained physician), with a multidisciplinary team and nursing support, and possess diagnostic, surgical and pharmacy capabilities to manage an emergency or life-threatening patients such as and not limited to the following conditions:

- Chest pain or pressure;
- Difficulty breathing;

- Stroke;
- Pneumonia;
- Sudden severe headache, paralysis or weakness;
- Head, Neck and Back Trauma;
- Severe or uncontrolled bleeding;
- Loss of vision;
- Compound fracture;
- Moderate or severe bleeding;
- Convulsions, seizures or loss of consciousness;
- 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> degree burns;
- Blunt or knife wounds;
- Fever in newborn less than 3 months old;
- Moderate or severe upper and/or lower respiratory track infections;
- Poisoning;
- Severe dehydration;
- Severe abdominal pain.
- Acute delirium or mental impairment; and
- Obs or Gynae-related problems.

**Emergency Facility:** Refers to DHA licensed Facility that provides emergency care to patients with injury and illness. These facilities are categorised into six groups:

- Urgent Care Centres;

- Emergency Department;
- Paediatric Emergency Department;
- Maternity Emergency Department;
- Free Standing Emergency Department; and
- Rural Emergency Department.

**Freestanding Emergency Department:** A Freestanding Emergency Departments (FSED) is an emergency department, physically separate and distinct to its operating hospital, that is adequately staffed by emergency staff and physicians, and that provides comparable care to a wide range of patients 24/7. They are two models for free standing emergency department:

- Hospital Outpatient Department: A type of freestanding emergency department (FSED) owned and operated by a hospital system. Also known as satellite emergency department, offsite emergency department. A HOPD will follow the same rules, regulations and licensing requirements of the hospital system that it affiliates.
- Independent Free Standing Emergency Center: a type of Freestanding Emergency Department (FSED) owned, in whole or in part, by independent groups or by individuals.

**Hazard Vulnerability Analysis:** A hazard vulnerability analysis is a process for identifying the hospital's highest vulnerabilities to natural and man-made hazards and the direct and indirect effect these hazards may have on the hospital and community.

**Maternity Emergency Department:** Facilities in a hospital devoted to providing comprehensive obstetric and maternity emergency care. The maternity emergency department should be open 24 hours, 7 days a week and is consultant-led (onsite obstetric and gynaecology emergency trained

physician), with a multidisciplinary team and nursing support, and possess diagnostic, surgical and pharmacy capabilities to manage an emergency or life-threatening maternity patients.

**Paediatric Emergency Department:** Facilities situated in a hospital devoted to providing paediatric emergency medical care for children up to the age of 18. The paediatric emergency department should be open 24 hours, 7 days a week and is consultant-led (onsite paediatric emergency trained physician), with a multidisciplinary team and nursing support, and possess diagnostic, surgical and pharmacy capabilities to manage an emergency or life-threatening paediatric patients.

**Rural Emergency Departments:** Also known as remote emergency departments. Emergency departments that provide urgent or emergent care to a community with low population density (defined as being less than 15,000 individuals) or, operate in area of greater physical distance from urban city centres (distance measured as being more than 100 kilometres).

**Stable** With respect to an emergency medical condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition or delivery of an unborn child/placenta is likely to result from or occur during the transfer of the individual from a facility.

**Transfer** is the movement (including the discharge) of an individual outside a hospital's facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) the hospital, but does not include such a movement of an individual who:

- Has been declared dead, or
- Leaves the facility without the permission of any such person

**Urgent Care Centres:** It is a walk in ambulatory clinic providing medical care for minor non-urgent

illnesses or injuries. Urgent Care Centers provides care outside the acute emergency environment; it is easily accessible and opens 10 - 12 hours, minimum 6 days a week. Urgent care centres include basic diagnostic, surgical and pharmacy services. and are capable of treating minor symptoms and illnesses such as and not limited to:

- Muscle pain;
- Mild upper or lower respiratory track infections;
- Headache;
- Mild pain such as headache/ear ache/abdominal pain;
- Mild Bleeding;
- Minor injuries;
- Sprains and joint conditions;
- Cuts that do not involve much blood but might need stitches;
- Breathing difficulties, such as mild to moderate asthma;
- Diagnostic services, including X-rays and laboratory tests;
- Eye irritation and redness;
- 1st degree burns;
- Fever or flu;
- Minor broken bones and fractures in fingers or toes;
- Moderate back problems;
- Severe sore throat or cough;
- Skin rashes and infections;

- Urinary tract infections; and
- Vomiting, diarrhea, or dehydration.

#### 4. **Policy Statement**

4.1. Dubai Health Authority shall license three types Emergency service facilities.

4.1.1. Emergency departments and trauma centre shall only be permitted in a hospital setting.

4.1.2. Urgent care centres shall only be licensed in a primary care/community setting.

4.1.3. DHA shall allocate emergency service facilities based on geographical need.

4.1.4. DHA shall issue Standards for all types of emergency service facilities.

a. Emergency facilities are responsible for ensuring the requirements are met, and identified shortfalls are actioned within the specified timeframe.

b. Non-compliance with the requirements for emergency service facilities shall lead to disciplinary action against the health facilities.

4.2. All emergency facilities are mandated to receive emergency cases as walk-ins or from Dubai Corporate for Ambulance Services (DCAS) which are deemed by DCAS as emergency condition.

4.2.1. Cases must not be denied access based on their insurance plan or product.

4.2.2. All health insurers (and third party administrators) shall comply with Dubai Health Insurance Corporation Policies.

4.3. All Emergency facilities shall ensure:

4.3.1. They work within the scope as per the definitions set out in the DHA Policy and

Standards for emergency facilities.

- a. Health Facility Management are responsible for contracted services as per DHA designated emergency service facility.

4.3.2. Patients from urgent care centres or emergency departments that require higher-level care shall be stabilised and transferred to the higher facility as per the requirements for DHA Policy for patient referral and transfer.

- a. Health facilities should not encourage the patient and/or their legal guardian to sign Leaving Against Medical Advice (AMA), during life threatening or emergency, which require emergency medical intervention.
- b. Stabilised patients that refuse treatment must sign or have their legal guardian sign the Left Against Medical Advice form.
- c. Patient transfer shall not be done until the receiving healthcare facility is fully prepared to receive the patient in accordance with the provisions of the applicable legislation and the approved DHA policy for Patient Referral and Inter-Facility Transfer Patient. transfer shall not be done in in life threatening or emergency situation which requires immediate emergency medical and/or surgical intervention.
- d. Patient transfer shall be based on need and DHA designation of emergency service facility.
- e. Emergency health facilities may adopt technologies such as telehealth to facilitate patient care or transfer.



- 4.3.3. Agreements are in place for patient transfer with the respective provider and competent authority outside the Emirate of Dubai.
- 4.3.4. Arrangements to identify and contain the transmission of communicable diseases.
- 4.3.5. Accurate documentation of records for clinical audit and inspection and reporting on DHA performance metrics.
- 4.3.6. Incidents and improper referral shall be reported to DHA.
- 4.3.7. A system for receiving patients as per the scope of services is documented and tested.
- a. The system shall include Emergency management, admission, stabilisation, transfer and discharge.
- 4.3.8. Policy and procedures for a step up and step down arrangements are in place for all emergency services.
- a. Emergency departments shall have in place a triage system for managing emergency and non-emergency patients.
- 4.3.9. A written scope of services is available with supporting best practice guidelines.
- a. The emergency department shall have in place patient flows and care pathways for the management of patients.
- 4.3.10. Emergency planning and preparedness is documented, and all emergency facility staff are briefed on their role and responsibilities.
- 4.3.11. Hospitals should document a review of their Hazard Vulnerability Analysis every year and share it with DHA.

4.4. DHA shall permit movement of emergency physicians between DHA licensed emergency

facilities.

- 4.4.1. The health facility must have justification to receive DHA licensed emergency expertise from another DHA licensed facility and an agreement that specifies the duration and name of the staff.
- 4.4.2. The health facility shall obtain pre-approval for movement of its staff through DHA Health Licensing Department.
- 4.4.3. Pre-approval shall be granted to align with license renewal.

## 5. References

- 5.1. Academy of Medical Royal Colleges (2012). The Benefits Of Consultant–Delivered Care. Available on:  
<https://www.rcem.ac.uk/docs/Workforce/The%20Benefits%20of%20Consultant%20Delivered%20Care.pdf> [Accessed 18 October, 2021].
- 5.2. Cabinet Decision no. (47) of 2018 adopting the unified national standards for hospitals.
- 5.3. Cabinet Decision no. (40) of 2019 concerning the Federal Decree of Medical Liability Law.
- 5.4. Cabinet Decision no. (29) of 2020 concerning Federal Decree no. (4) of 2015 concerning Private Health Facilities.
- 5.5. Dubai Health Authority (2019). Health Facility Audit and Inspection.
- 5.6. Dubai Health Authority (2019). Health Facility Licensing.
- 5.7. Dubai Health Authority (2019). Purchasing emergency medication.
- 5.8. Dubai Health Authority (2019). Clinical Governance.
- 5.9. Dubai Health Authority (2020). Health Professional Licensing.
- 5.10. Dubai Health Authority (2020). Lab Accreditation.
- 5.11. Dubai Health Authority (2020). Patient referral and Interfacility transfer.
- 5.12. Dubai Health Authority (2020). Clinical Privileging.
- 5.13. Dubai Health Authority (2020). Communicable Disease Notification.
- 5.14. Dubai Health Authority (2021). Brain Death Determination.
- 5.15. Dubai Health Authority (2019). DHA Health Facility Guidelines 2019, Part B – Health Facility Briefing & Design, 120 – Emergency Unit.
- 5.16. Dubai Health Authority (2017). Policy Directive pursuant to the Health Insurance Law (N

No. 11 of 2013) of the Emirate of Dubai Policy Directive Number 2 of 2017 (PD 02/2017).

- 5.17. Hansen, K., et al., (2020). Updated framework on quality and safety in emergency medicine. *Emergency medicine journal* : EMJ, 37(7), 437–442. <https://doi.org/10.1136/emered-2019-209290>
- 5.18. Ingraham AM, Haas B, Cohen ME, Ko CY, Nathens AB. Comparison of hospital performance in trauma vs emergency and elective general surgery: implications for acute care surgery quality improvement. *Arch Surg* 2012;147: 591–598.
- 5.19. O'Mara, M. S., Scherer, L., Wisner, D., & Owens, L. J. (2014). Sustainability and success of the acute care surgery model in the nontrauma setting. *Journal of the American College of Surgeons*, 219(1), 90–98. <https://doi.org/10.1016/j.jamcollsurg.2014.02.022>
- 5.20. Shakerian, R., Thomson, B. N., Gorelik, A., Hayes, I. P., & Skandarajah, A. R. (2015). Outcomes in emergency general surgery following the introduction of a consultant-led unit. *The British journal of surgery*, 102(13), 1726–1732. <https://doi.org/10.1002/bjs.9954>
- 5.21. Sørup, C. M., Jacobsen, P., & Forberg, J. L. (2013). Evaluation of emergency department performance - a systematic review on recommended performance and quality-in-care measures. *Scandinavian journal of trauma, resuscitation and emergency medicine*, 21, 62. <https://doi.org/10.1186/1757-7241-21-62>