EMERGENCY DEPARTMENT INTEGRATION SOFTWARE (EDIS) FOR TRACKING PATIENT ACTIVITY IN VHA EMERGENCY DEPARTMENTS AND URGENT CARE CLINICS

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy and procedures to ensure the uniform collection and reporting of emergency department (ED) and urgent care clinic data across the VHA health care system. Standardization is necessary in order to ensure that the information collected is comparable across all sites in VHA. This provides real time data about patient flow, waiting times, and length of stay to assist in policy development and system redesign to improve patient flow.

2. BACKGROUND

a. VHA is committed to providing timely and high-quality emergency care across the VHA network. Since 2003, VHA has been engaged in a concerted effort to improve the delivery of quality urgent and emergent care across the system. VHA policy, Standards for Nomenclature and Operations in VHA Facility Emergency Departments, was issued to provide guidance for ensuring the availability of universal access to appropriate emergency services. It addresses the delivery of unscheduled care for acute medical or psychiatric illness and minor injuries for which there is a pressing need for treatment.

b. The intent of these policies has been to ensure that VHA consistently provides state of-the-art emergency care in facilities that have an ED and uniform delivery of urgent care in facilities that do not have an ED but remain committed to providing access for urgent care. Currently there are 120 EDs and 44 Urgent Care Clinics (UCC) in VHA. These EDs and UCCs are located in diverse geographical areas ranging from large cities to small rural access hospitals in rural communities. Effective policy development depends on the ability to accurately collect data on flow, equipment, and staffing needs, as well as the quality of the care being provided.

c. Version 1.0 of a computerized integrated tracking software package, Emergency Department Integration Software (EDIS), has been developed that enables access to the database from the Veterans Health Information Systems and Technology Architecture (VistA) and captures real time data as care is being delivered.

3. POLICY: It is VHA policy that all facilities with an ED or UCC must fully implement and utilize EDIS tracking program for data entry, ED and UCC flow management.

THIS VHA DIRECTIVE EXPIRES JULY 31, 2016

4. ACTION

    a. <u>Veterans Integrated Service Network (VISN) Director.</u> The VISN Director is responsible for ensuring that each facility, within the VISN, having an ED or an UCC is using the EDIS tracking program.

    b. <u>Facility Director.</u> The Facility Director, or designee, is responsible for providing adequate resources to ensure full implementation of EDIS.

    c. <u>Facility Chief Information Officer (CIO).</u> The Facility CIO is responsible for overseeing and ensuring timely technical installation of the EDIS tracking software and training.

    d. **Facility ED and UCC Director.** The Facility ED and UCC Director are responsible for:

    (1) Directing and facilitating staff training in the use of EDIS.

    (2) Ensuring the use of EDIS by all administrative and clinical staff in the department.

    (3) Providing mandated quarterly reports containing and utilizing EDIS tracking data.

5. REFERENCES: None.

6. FOLLOW-UP RESPONSIBILITIES: The Office of Patient Care Services (10P4), Specialty Care Services (10P4E) is responsible for the contents of this Directive. Questions may be addressed to the National Director for Emergency Medicine at (202) 461-7120 or (315) 425-4417.

7. RESCISSIONS: None. This VHA Directive expires July 31, 2016.

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DISTRIBUTION: E-mailed to the VHA Publications Distribution List 7/21/2011