

**STANDARDS FOR NOMENCLATURE AND OPERATIONS FOR  
URGENT CARE CLINICS IN VA MEDICAL FACILITIES**

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Directive provides policy to ensure uniform delivery of high-quality care at Urgent Care Clinics in Veterans Affairs (VA) medical facilities
- 2. SUMMARY OF CONTENT:** This Directive designates Urgent Care Clinics as clinics designed to provide care to patients who either do not have a Primary Care or Specialty Care Provider present or whose acute medical or mental health non-emergent condition requires a higher level of care than is available in the Primary Care or Specialty Care Clinic setting to prevent deterioration or maximize recovery.
- 3. RELATED ISSUES:** None.
- 4. RESPONSIBLE OFFICE:** The Office of the Deputy Under Secretary for Health for Operations and Management (10N) and the Office of Patient Care Services (10P4) are responsible for the contents of this Directive. Questions may be referred to the National Director for Emergency Medicine at 202-461-7120.
- 5. RESCISSIONS:** VHA Directive 2007-043, dated December 18, 2007, is rescinded.
- 6. RECERTIFICATION:** This VHA Directive is scheduled for recertification on or before last working day of February, 2019

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## STANDARDS FOR NOMENCLATURE AND OPERATIONS FOR URGENT CARE CLINICS IN VA MEDICAL FACILITIES

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive provides policy to ensure uniform delivery of high-quality care at Urgent Care Clinics in Veterans Affairs (VA) medical facilities. *NOTE: VHA Urgent Care Clinics do not provide emergency medical care or pediatric care, nor do they accept emergency cases from the Emergency Medical Service (EMS) system.* **AUTHORITY:** 38 U.S.C 7301(b).

**2. BACKGROUND:** The Department of Veterans Affairs recognizes that continuity of care for patients with their own provider improves satisfaction, cost, and quality. Therefore, non-emergent ambulatory medical care should routinely be provided in Primary Care Clinics, through the Patient Aligned Care Team (PACT) model for both scheduled and unscheduled needs.

a. At the same time, VA medical facilities must provide a care location for patients without a Primary Care Physician (PCP), for patients with problems (e.g., sutures) that may not be appropriate for the PCP clinic, and for patient care after regular hours, on weekends, and on holidays when the PACT is unavailable. Urgent Care Clinics may fill this need for sites without Emergency Departments (ED) or for sites with an ED that find this lower level of care desirable as a supplement to the ED.

b. Standardized nomenclature for medical care services is needed to ensure that patients seeking emergency care or unscheduled ambulatory care in any VA medical facility can readily identify the appropriate location for such services.

c. There can be a wide spectrum of normal and after-hours ambulatory care services available among VA medical facilities. VHA Directive 2006-051, Standards for Nomenclature and Operations in VHA Facility Emergency Departments states that the level of care is to be determined by the capability, capacity, and function of the parent facility.

d. Patients who present to the medical facility with problems that can be appropriately managed in primary care need to be referred directly to their PACTs whenever possible to maintain continuity of care.

e. The provisions of Title 42 Code of Federal Regulations 489.24 implement the Emergency Medical Treatment and Active Labor Act (EMTALA). Although not subject to the EMTALA (42 U.S.C. § 1395dd) and the regulations implementing the Act, as a matter of policy, VHA complies with the intent of the EMTALA requirements regarding the evaluation, stabilization, and transfer of acute patients among health care facilities.

**3. POLICY:** It is VHA policy to designate Urgent Care Clinics as clinics designed to provide care to patients who either do not have a Primary Care or Specialty Care Provider present or who have acute medical or mental health non-emergent conditions that require a higher level of care than is available in the Primary Care or Specialty Care Clinic setting to prevent deterioration or maximize recovery.

**4. RESPONSIBILITIES:**

a. **Veterans Integrated Service Network Director.** The Veterans Integrated Service Network (VISN) Director is responsible for ensuring that all clinics within the VISN that meet the definition of an Urgent Care Clinic are appropriately designated.

b. **Medical Facility Director.** The medical facility Director is responsible for:

(1) Determining the need for an Urgent Care Clinic.

(2) Establishing the hours of operation of the clinic.

(3) Ensuring the Urgent Care Clinic is appropriately staffed and equipped at all times.

(4) Determining that the level of services provided by the Urgent Care Clinic is congruent with the capabilities, capacity, and function of that facility.

(5) Ensuring that appropriate radiology, laboratory, and pharmacy services are available to the Urgent Care Clinic.

(6) Providing sufficient support services to the Urgent Care Clinic to ensure that necessary and appropriate care can be consistently delivered in a timely fashion. The physical plant, equipment, and supplies must be appropriately maintained and in compliance with all applicable standards.

(7) Ensuring that the Urgent Care Clinic's patients are directed to the appropriate level of care, and that the care is appropriately captured using Decision Support System (DSS) stop code 131. Patients are to be advised to present to the closest ED if they suffer conditions that may require services beyond the capacity of the Urgent Care Clinic. A sample listing of these includes, but is not necessarily limited to:

(a) Chest pain.

(b) Difficulty breathing or severe shortness of breath.

(c) Uncontrolled bleeding.

(d) Sudden or severe pain.

(e) Coughing up or vomiting blood.

(f) Sudden dizziness, weakness, or visual changes.

(g) Severe or persistent vomiting.

(h) Change in mental status, such as confusion, stupor or coma.

c. **Urgent Care Clinic Directors and Nurse Managers.** Urgent Care Clinic Directors and Nurse Managers are responsible for ensuring that:

(1) Staff has received requisite training for the scope of practice in the clinic and for initial stabilization of acute emergencies.

(2) During hours of operation, the clinic is staffed with providers that have appropriate privileges and/or scopes of practice.

(3) Shift schedules are completed and published in advance to all providers working in the clinic. Acceptable shift lengths include 8, 10, or 12 hour shifts. An occasional 16 hour shift may be scheduled (not more than two for each provider per pay period). UCCs utilizing 16 hour shifts must monitor this practice closely to be sure the staff members working these extended hour shifts are performing their duties at the highest level. There will be times when shift length may be affected by a family emergency or an illness. In this situation, an extended shift may be used as long as the clinic director or designee approves the extended tour.

(4) The Urgent Care Clinic has the capability to treat simple fractures, minor trauma, and lacerations, or have a referral process to obtain these services for their patients.

(5) For Urgent Care Clinics operating 24 hours a day, 7 days a week, mental health coverage must be available either on-site or on-call at all times.

(6) Policies for the provision of urgent care and for the disposition of patients whose care needs may exceed the facility's capabilities (e.g., cardiac arrest, acute myocardial infarction, severe respiratory distress, major trauma, maternity care, pediatrics and surgical subspecialty care, etc.) are developed, implemented, and monitored in conformance with current with VHA Directive 2007-015, Inter-facility Transfer Policy as follows:

(a) In these situations, the facility must provide initial stabilization and arrange for emergency transfer or transportation to an appropriate higher-level facility.

(b) Transfer agreements need to be developed in advance with local and regional health care partners.

(c) Consultative agreements with specialty services may be required to assist with timely assessment and management of disposition.

## 5. REFERENCES:

a. Title 42 Code of Federal Regulations 489.24, Implement the Emergency Medical Treatment and Active Labor Act (EMTALA).

- b. VHA Directive 2006-051, Standards for Nomenclature and Operations in VHA Facility Emergency Departments.
- c. VHA Directive 2007-015, Inter-Facility Transfer Policy.
- d. VHA Handbook 1330.01, Health Care Services for Women Veterans.

## 6. DEFINITIONS:

a. **Emergency Care.** Emergency care is the resuscitative and/or stabilizing treatment needed for any acute medical or mental health illness or condition that poses a threat of serious jeopardy to life, serious impairment of bodily functions, or serious dysfunction of any bodily organ or part.

b. **Emergency Department.** The emergency department (ED) primary responsibility is to provide resuscitative therapy and stabilization in life-threatening situations. The ED is staffed and equipped to provide initial evaluation, treatment, and disposition for a broad spectrum of illnesses, injuries, and mental health disorders, regardless of the level of severity. Emergency care is provided in a clearly defined area dedicated to this function and operates 24 hours a day, 7 days a week.

c. **Urgent Care.** Urgent care is unscheduled ambulatory care for an medical or mental health illness and/or minor injuries for which there is a pressing need for treatment to prevent deterioration of the condition or impairing possible recovery.

d. **Urgent Care Clinic.** A urgent care clinic (UCC) provides ambulatory medical care for patients without a scheduled appointment who are in need of immediate attention for an acute medical or mental health illness and/or minor injuries. UCCs can exist in facilities with or without an ED. In either case, UCCs are not designed to provide the full spectrum of emergency medical care.

(1) UCCs treat many problems that can be seen in a primary care physician's office (either primary or specialty care), such as: cough, allergy symptoms, fever, infections (e.g., sinus, ear, skin, respiratory, vaginal, bladder, intestinal), rashes, headaches, soft tissue injuries, and abdominal pain,

(2) VA medical facilities offering urgent care must have urine pregnancy tests available and the necessary equipment to treat female patients (e.g., tables, lights, sexually transmitted infection (STI) kits, urine pregnancy tests, speculums, medications, etc.) and to have appropriate supplies to make accurate and efficient diagnosis of pregnancy and vaginal or sexually transmitted infections at the point of care as outlined in VHA Handbook 1330.01, Health Care Services for Women Veterans.

(3) UCCs may utilize ancillary services that are often not available in primary care clinics and physician offices, such as laboratory and x-ray facilities. UCCs have the resources available

to allow for immediate diagnosis and treatment of mild to moderate illnesses, minor fractures, foreign bodies, and minor traumatic injuries, such as lacerations.