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- 20.4.1.3 Electronic health record
- 20.4.1.4 Health information integration
- 20.4.2 ED Administration
  - 20.4.2.1 Contracts and practice models
  - 20.4.2.2 Patient flow and throughput
    - 20.4.2.2.1 Patient triage and classification
    - 20.4.2.2.2 Hospital crowding and diversion
    - 20.4.2.2.3 Observation and rapid treatment units
  - 20.4.2.3 Financial principles
    - 20.4.2.3.1 Billing and coding
    - 20.4.2.3.2 Cost-effective care and resource utilization
    - 20.4.2.3.3 Reimbursement issues
  - 20.4.2.4 Human resource management
    - 20.4.2.4.1 Allied health professionals
    - 20.4.2.4.2 Recruitment, credentialing, and orientation
- 20.4.3 ED operations
  - 20.4.3.1 Policies and procedures
  - 20.4.3.2 ED data acquisition and operational metrics
  - 20.4.3.3 Safety, security, and violence in the ED
  - 20.4.3.4 Patient satisfaction
- 20.4.4 Health care coordination
  - 20.4.4.1 End-of-life and palliative care
    - 20.4.4.1.1 Advance directives
    - 20.4.4.1.2 Coordination with hospice
    - 20.4.4.1.3 Organ donation
  - 20.4.4.2 Placement options
    - 20.4.4.2.1 Activities of daily living/functional assessment
  - 20.4.4.3 Outpatient services
- 20.4.5 Regulatory/Legal
  - 20.4.5.1 Accreditation
  - 20.4.5.2 Compliance and reporting requirements
  - 20.4.5.3 Confidentiality and privacy
  - 20.4.5.4 Consent, capacity, and refusal of care
  - 20.4.5.5 Emergency Medical Treatment and Active Labor Act (EMTALA)
  - 20.4.5.6 External quality metrics
  - 20.4.5.7 Good Samaritan emergency care
- 20.4.6 Risk management
  - 20.4.6.1 Liability and litigation
  - 20.4.6.2 Professional liability insurance
  - 20.4.6.3 Risk mitigation
  - 20.4.6.4 Error disclosure
  - 20.4.6.5 Root cause analysis
- 20.4.7 Evolving trends in health care delivery
  - 20.4.7.1 Public policy
- 20.4.8 Regionalization of emergency care