

- 20.4.1.2 Clinical decision support
- 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