







Suggest completion by: June 1st.

Test Level 3

Applicant Information

My Information	
Full Name	
Hartman, Amber	
Position	
Phone	
▲This field is required	
Phone Type	~
Email	
AThis field is required	
ED Site Information	
ED Site Name	
Country United States	~
Address	
Address 2	
Address 2	
City	
State	~
Zip	
Phone	
CEO or President Name	
OLO UI FTGSIUGIIL MAITIB	

Save & Continue

Applicant Information
Program Information
Staffing
Education
Policies and Procedures Components
Policies and Procedures
Quality Improvement
Outcomes Measures
Equipment and Supplies
Physical Environment
Sign and Submit









Suggest completion by: June 1st.

Test Level 2

Program Information

According to local or state classifications, what is your hospital considered?
O Urban non-teaching
O Urban teaching
O Rural
O Unsure
What is your ED's bed size?
O 0-5
O 6-10
O 11-15
O 16-29
○ 30-50
○ 50+
Most recent annual ED census?
Most recent annual ED census? ED census
ED census
ED census
ED census What percentage of patient presentations are >65?
ED census What percentage of patient presentations are >65?
ED census What percentage of patient presentations are >65? Percentage
ED census What percentage of patient presentations are >65? Percentage Why you are interested in GEDA accreditation?
ED census What percentage of patient presentations are >65? Percentage Why you are interested in GEDA accreditation? Administrative mandate

Level 2 Checklist

Applicant Information
Program Information
Staffing
Education
Policies and Procedures Components
Policies and Procedures
Quality Improvement
Outcomes Measures
Equipment and Supplies
Physical Environment
Sign and Submit

Save & Continue



Suggest completion by: June 1st.

Test Level 2

Staffing

▲This field is required

Please tell us about the members of your geriatric team.

Physician Champion/Medical Director or equivalent with evidence of focused education for geriatric EM, whose responsibilities should include the majority (ideally all) of the following in their job description:

ACEP Geriatric

American College of Emergency Physicians®

- Geriatric EM educational leader/coordinator for EM providers across multiple disciplines

 Oversee geriatric ED operations including:
 Implementation and regular assessment of protocol and policy guidelines of geriatric-specific initiatives
 Coordination/guidance of geriatric ED staff workflow
 Coordination of interdisciplinary team workflow in the geriatric ED

 Quality improvement team leader overseeing adherence to geriatric-specific protocols
 Develop and oversee outcome measures documentation including process and outcome metric
 Coordinator for maintenance of geriatric ED environment (i.e., specific equipment and supplies)
 Liaison between hospital leadership and the geriatric ED

 Quality assurance team leader for geriatric patient case reviews/complaints
 Coordinator of geriatric EM research initiatives (if applicable)

Coordinator of geriatric EM research initiatives (if applicable)	
Physician Name	
∆This field is required	
Physician Role/Title	
▲This field is required	_
Please upload a job description and describe geriatric responsibilities within the geriatric ED including aspects of that individual's geriatric emergency roles in implementation of relevant protocols, quality improvement, quality assurance, outcome assessments, and coordination with hospital leadership.	1
Upload a job description	•
Does the Physician Champion/Medical Director provide geriatric education for the ED sta	ff?
Yes No	
How is the education delivered and how are best practices incorporated into the geriatric Etworkflow?)
	a
0 / 1200 character	max
Submit examples of education along with the % of ED staff who have received this training. Examples of Training	•
List at least 1 nurse case managers or transitional care nurses or equivalent: totaling 56 hours/week of coverage in ED. Nurse Name	
∆This field is required	_
Nurse Geriatric Role/Title	
▲This field is required	_
Hours of coverage per month in the geriatric ED	
AThis field is required	_
Upload a job description and describe geriatric responsibilities within the ED.	
+ Add More	
2 members of an interdisciplinary team should be available to the ED. Please select at lea 2 of the following	ıst
Physiotherapy	
Occupational Therapy	
Social Work	
Medication Management	
List 1 hospital/health system level executive/administrative sponsor supervising & supporting the geriatric ED program.	
Name	
Name AThis field is required	_

Applicant Information	~
Program Information	~
Staffing	~
Education	
Policies and Procedures Componer	nts
Policies and Procedures	
Quality Improvement	
Outcomes Measures	
Equipment and Supplies	
Physical Environment	
Sign and Submit	

Suggest completion by:
June 1st.

What is the level of support?

IT support

Data support

Liaison/communications with upper management

Link to qualify improvement

Assistance with support staff/personnel

Other

How are they involved with developing and supporting the GEDA, as well as being incorporated into the ED work flow?

lackThis field is required



Suggest completion by: July 1st.

Test Level 2

Education

A physician champion / medical director is required for all levels of Geriatric ED. This physician champion / medical director must demonstrate focused training in geriatric emergency medicine that provides added expertise in the emergency care of older adults and added ability to teach other physicians and advanced practice providers how to improve this care.

ACEP Geriatric

This training requirement must be demonstrated through coursework

- focused on geriatric specific syndromes and concepts (e.g., atypical presentation of disease, changes with age, transitions of care) relevant to emergency medicine,
- Choused on clinical issues nearly exclusive to geriatric ED patients (e.g., end of life care, dementia, delirium, systems of care for older adults), or
 discussing issues common to all ED patients but focused on the unique factors found in older
- adults (e.g., trauma in older adults, cardiac arrest care for the geriatric patient).

Training in common emergency medicine conditions (e.g., stroke) that happen to affect older adults does not qualify for this requirement. Qualifying training courses may be in person, web-based (e.g., Geri-EM.com) or equivalent provided through or led by an authoritative resource. Reading a book or credit for a topic search in UpToDate (or similar) does not qualify for this training requirement unless

For physician champions/ medical directors applying to lead Level 2 Geriatric EDs, six (6) hours
of education are required for the initial certification and for each renewal.

These educational requirements may be demonstrated through appropriate geriatricfocused CME with completion certificates (please be ready to share these certificates and which of the above mentioned geriatric content this includes.) Alternatively, applicants may submit other coursework that they believe should fulfill this requirement for review by the GEDA Board of Governors. The Board of Governors are under no obligation to accept this other coursework.

Please upload evidence of focused geriatric education completion (e.g. certificates of completion, CME credits, etc.) Describe geriatric courses taken includi content and duration.

Upload evidence of focused geriatric education completion



Do you educate nurse case managers or transitional care nurses or equivalent, totaling 56 hours/week of coverage in ED, with examples of the following?

- · Atypical presentations of disease

- Trauma including falls
 Cognitive and behavioral disorders
 Emergency intervention modifications
- Medication Management/polypharmacy
 Transitions of care
- Effect of comorbid conditions/polymorbidity · End-of-life care

O Yes O No

Do you educate your nursing personnel about the domains of geriatric EM using GENE, NICHE, or a similar course?

O Yes O No

How is the education delivered and how are best practices incorporated into the geriatric

ED workflow?

0 / 1200 character max

Save & Continue

Applicant Information	~
Program Information	~
Staffing	~
Education	
Policies and Procedures Component	ents
Policies and Procedures	
Quality Improvement	
Outcomes Measures	
Equipment and Supplies	
Physical Environment	
Sign and Submit	



Suggest completion by: July 1st.

Test Level 2

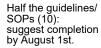
Policies and Procedures Components

For level 2 accreditation, at least 10 of the following components should be part of the EDs policies or procedures. Please select the 10 that are applicable to your ED.

In the next section, you will be prompted to upload evidence of the item, protocol, or policy for each component that you select in this section.

You have selected
0 components out of 10 required
A guideline to define criteria for access to Geriatric Emergency Department Care from ED triage
$Standardized\ delirium\ screening\ protocol\ (examples:\ DTS,\ CAM;\ 4AT,\ other)\ with\ appropriate follow-up$
Standardized dementia screening protocol (Ottawa 3DY, Mini Cog; SIS; Short Blessed Test; other) with appropriate follow-up
Protocol for standardized assessment of function and functional decline (ISAR; AUA; interRAI Screener; other) with appropriate follow-up
$Protocol\ for\ standardized\ fall\ assessment\ protocol\ (including\ mobility\ assessment,\ eg,\ TUG\ or\ other)\ with\ appropriate\ follow-up$
Protocol for identification of elder abuse with appropriate follow-up
Protocol for medication reconciliation in conjunction with a pharmacist
Protocol to minimize the use of potentially inappropriate medications (Beers' list, or other hospital specific strategy, access to an ED-based pharmacist)
Protocol for pain control in elder patients
Protocol for accessing palliative care consultation in the ED
Protocol for Geriatric Psychiatry consultation in the ED
Development and implementation of at least three order sets for common geriatric ED presentations developed with particular attention to geriatric appropriate medications and dosing and management plans (e.g. delirium, hip fracture, sepsis, stroke, ACS)
Protocol to standardize and minimize urinary catheter use
Protocol to minimize NPO designation and to promote access to appropriate food & drink
Protocol to promote mobility
Protocol to guide the use of volunteer engagement
A standardized discharge protocol for patients discharged home that addresses age-specific communication needs (large font, lay person's language, clear follow-up plan, evidence of patient communication)
Protocol for PCP notification
Protocol to address transitions of care to residential care
Protocol to minimize use of physical restraints including use of trained companions/sitters
Standardized access to geriatric specific follow-up clinics: comprehensive geriatric assessment clinic, falls clinic, memory clinic, other
A protocol for post-discharge follow-up (e.g. phone, telemedicine, other)
Access to transportation services for return to residence
A pathway program providing easy access to short or longterm rehabilitation services, including inpatient
Access to an outreach program providing home assessment of function and safety
Access to and an active relationship with community paramedicine follow-up services
An outreach program to residential care homes to enhance quality of care and of ED transfers

Applicant Information
Program Information
Staffing
Education
Policies and Procedures Components
Policies and Procedures
Quality Improvement
Outcomes Measures
Equipment and Supplies
Physical Environment
Sign and Submit



Drafts of all SOPs/ guidelines (20): suggest completion by September 1st.

Test Level 2

Policies and Procedures

In the previous step, you selected the following components as part of your EDs policies and

Please upload evidence of the policy or procedure indicating where it is most relevant to the geriatric ED (i.e., highlight relevant sections, identify page numbers) and provide a brief description of how it is implemented in the geriatric ED.

We are looking for protocols that specifically address the emergency care needs of older adults. These protocols or procedures should describe the process through which this care improvement activity takes place for older patients while in the ED and how it is tracked with regards to adherence and care. (i.e., Who does the process, on whom the process is done, and how the process is triggered, etc.)

Sites submitting hospitalwide policies / protocols / procedures should provide detailed explanation for how these are applied to older adults and address ED specific issues.

You have uploaded

- Examples

 A hospital screen for cognitive impairment in older ED adults at risk for delirium with the Delirium Triage Screen followed by the Brief Confusion Assessment Method in all ED patients 65+ years of age at triage. This is a geriatric specific protocol done on ED patients.

 A hospital restraints protocol should provide additional information about how restraints are used

 - during ED care of older adults and how this is different from protocols with younger patients;

 Urinary catheter policies should have a component describing how the policy is applied tracked with regards to implementation for older patients in the ED.
- with regards to implementation to closer patients in the EU.

 A falls policy describing how patients that presented for a fall or at risk of a fall are screened for falls risk and measures are taken to reduce fall risk; for example, home assessment, physical therapy followup, etc. (Please note that if a Falls policy is chosen, it cannot be focused only on preventing inhospital falls; it should to strive to identify older adults presenting to the ED with falls, as well as demonstrate a process that strives to reduce future risk of falling after ED or hospital discharge).

0 evidence out of 10 required **Policy and Procedure Component Upload Evidence** A guideline to define criteria for access to Geriatric Emergency Department Care from ED triage • Standardized delirium screening protocol Standardized dementia screening protocol • Protocol for standardized assessment of function and functional decline Protocol for standardized fall assessment protocol **(1)** Protocol for identification of elder abuse with appropriate follow-up Protocol for medication reconciliation in conjunction with a pharmacist **(1)** Protocol to minimize the use of potentially inappropriate medications Protocol for pain control in elder patients Protocol for accessing palliative care consultation in the ED





QI Process schedule consultation with team: suggest completion by September 1st.

Test Level 2

Quality Improvement

Only 10 uploads are required.

For level 2 accreditation, there should be evidence of efforts to ensure effective and appropriate utilization (with integration into EHR when applicable and possible) of above policies and guidelines with adherence to the 10 components chosen in "Policies guidelines and procedures". The list below contains the ones you chose.

The uploaded evidence should include a description of when, how, how often, and by whom the policy/procedure is utilized, reviewed, and measured in the geriatric ED.

You have uploaded 0 evidence out of 10 required Upload Evidence **Policies and Procedures Component** A guideline to define criteria for access to Geriatric Emergency Department Care from ED triage Standardized delirium screening protocol (examples: DTS; CAM; 4AT, other) with appropriate follow up Standardized dementia screening protocol (Ottawa 3DY; Mini Cog; SIS; Short Blessed Test; other) with appropriate follow-up Protocol for standardized assessment of function and functional decline (ISAR; AUA; interRAI Screener; other) with appropriate follow-up Protocol for standardized fall assessment protocol (including mobility assessment, e.g. TUG or other) with appropriate follow-up Protocol for identification of elder abuse with appropriate follow-up Protocol for medication reconciliation in conjunction with a pharmacist Protocol to minimize the use of potentially inappropriate medications (Beers' • list, or other hospital specific strategy, access to an ED based pharmacist) Protocol for pain control in elder patients

Protocol for accessing palliative care consultation in the ED

Level 2 Checklist



Save & Continue

Policies has been saved



Suggest completion by: October 1st.

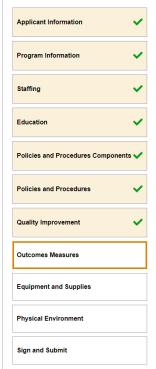
Test Level 2

Outcomes Measures

You will need to upload or enter evidence of tracking (e.g. screenshots, dashboard examples, and/ or numerator/ denominator when applicable.)

ACEP Geriatric

,	You have selected
	0 metric out of 3 required
	Percentage of eligible patients who receive the designated intervention
	Number of patients screening positively for applicable intervention(s)
	Designation of a referral pathway for positively screened patients
	Percentage of eligible positively screened patients who are referred as designated
	Percentage of eligible positively screened patients who complete the referral
	Outcomes of all completed referrals for positively screened patients
	Number of older adults admitted to the hospital including the primary admitting diagnosis and chief complaint
	Number of older adults discharged to home, SNF, or NH including the primary ED diagnosis and chief complaint
	Number of older adults with repeat ED visits and the percentage of all elder visits this represents
	Number of older adults with repeat ED admissions and the percentage of all elder visits this represents
	Number of older adults staying >8 hours in the ED and the percentage of all elder visits this represents
In general, how are outcomes reassessed for quality improvement? How often do you / will you review results, what kind of modifications may be considered if procedures / policies are not accomplishing desired goals?	
	0 / 1200 character max











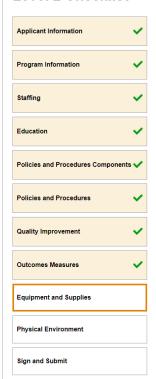
Suggest completion by: October 1st.

Test Level 2

Equipment and Supplies

Do you have in-department access to the following equipment and supplies in your ED?
Four-point walkers
○ Yes ○ No
Four-point canes
○ Yes ○ No
In addition to the items above, please indicate the other items that are available in the department. You are required to have 3 of these. Best practice is to have all available.
☐ Non-slip socks
Pressure-ulcer reducing mattresses and pillows
☐ Blanket warmer
Hearing assist devices
☐ Bedside commodes
Condom catheters
Low beds
Reclinable arm chairs

Save & Continue











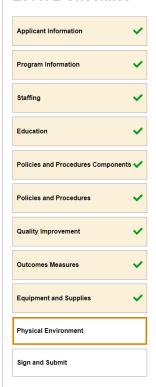
Suggest completion by: October 1st.

Test Level 2

Physical Environment

Does your ED have the following required amenities for use in the ED during all hours?
○ Yes ○ No
Please upload policy/protocol documents, photos, and descriptions of the equipment/food available and how obtained (example, free access in 24/7 kitchen preferred over vending machines).
Upload policy/protocol documents, photos, and descriptions
The following are best practices, although not mandatory. Please check the items available in your ED.
☐ Enhanced lighting (eg, natural light, artificial skylight or window, etc.)
☐ Efforts at noise reduction (separate enclosed rooms)
☐ Non-slip floors
Adequate hand rails
High-quality signage and wayfinding
☐ Wheel-chair accessible toilets
Availability of raised toilet seats

Save & Continue











Finalize process for submission by: December 1st. Early submission is acceptable.

Test Level 2

Sign and Submit

If the initial reviewers deem it necessary to have a site visit, I agree to work with the site reviewer to arrange the upcoming site visit and pay for all associated costs incurred due to the site visit, (i.e. airfare, hotel.)

By signing this form, I attest that the information in this application is true and correct to the best of my knowledge.

Full Name

If you need a invoice to begin your purchase order process, please download from the link below.

ACEP Geriatric Emergency Department Accreditation Level 2 Invoice



Once you have your PO number, please return to the checkout page and enter your PO number to complete your transaction.

Checkout

