

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

▲ This field is required

ED Site Information

ED Site Name

Country
United States

Address

Address 2

City

State

Zip

Phone

CEO or President Name

Save & Continue

Level 2 Checklist

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Policies and Procedures

Quality Improvement

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Sign and Submit

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Test Level 2

Program Information

According to local or state classifications, what is your hospital considered?

- Urban non-teaching
- Urban teaching
- Rural
- Unsure

What is your ED's bed size?

- 0-5
- 6-10
- 11-15
- 16-29
- 30-50
- 50+

Most recent annual ED census?

ED census

What percentage of patient presentations are >65?


Percentage

Why you are interested in GEDA accreditation?

- Administrative mandate
- Improved point of care
- ED Director/Staff initiative
- Other

Save & Continue

Level 2 Checklist

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Test Level 2

Staffing

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:

- 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 metrics
- 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)

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.

Upload a job description



Does the Physician Champion/Medical Director provide geriatric education for the ED staff?

Yes No

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

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

▲ This 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 least 2 of the following

- Physiotherapy
- Occupational Therapy
- Social Work
- Medication Management

List 1 hospital/health system level executive/administrative sponsor supervising & supporting the geriatric ED program.

Name

▲ This field is required

Geriatric Role/Title

▲ This field is required

Level 2 Checklist

Applicant Information



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What is the level of support?

- IT support
- Data support
- Liaison/communications with upper management
- Link to quality 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?

▲ This field is required

Save & Continue

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.

This training requirement must be demonstrated through coursework:


1. focused on geriatric specific syndromes and concepts (e.g., atypical presentation of disease, changes with age, transitions of care) relevant to emergency medicine,
2. focused on clinical issues nearly exclusive to geriatric ED patients (e.g., end of life care, dementia, delirium, systems of care for older adults), or
3. 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 CME is earned for this activity.*

- 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 including when taken, 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

Yes No

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


Yes No


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


0 / 1200 character max

Save & Continue

Level 2 Checklist

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Sign and Submit

Staffing has been saved



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

Save & Continue

Level 2 Checklist

Applicant Information ✓

Program Information ✓

Staffing ✓

Education ✓

Policies and Procedures Components

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Sign and Submit

Half the guidelines/
SOPs (10):
suggest completion
by August 1st.

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 procedures.

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.

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.
- 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 in-hospital falls. It should 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).

You have uploaded

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	
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	
Protocol for pain control in elder patients	
Protocol for accessing palliative care consultation in the ED	

Save & Continue

Level 2 Checklist

Applicant Information	✓
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Education	✓
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Sign and Submit	

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







Policies and Procedures Component

Upload Evidence

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	

Save & Continue

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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.)

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


Save & Continue


Level 2 Checklist


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Sign and Submit

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


Level 2 Checklist


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Sign and Submit

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


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Sign and Submit

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 an 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

Level 2 Checklist

Applicant Information	✓
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Policies and Procedures	✓
Quality Improvement	✓
Outcomes Measures	✓
Equipment and Supplies	✓
Physical Environment	✓
Sign and Submit	