Department Today

Why should my institution seek GEDA accreditation?

20 million seniors visit our nation's EDs.

With the number of older adults growing rapidly, there is a critical need for more geriatric-focused care.

Preparing for accreditation allows the hospital and ED to focus on the needs of this complex and growing population and to ensure that the resources available to the ED meet the needs of the patients they serve.

Early data from existing models of geriatric emergency care — models that promote best clinical practices and create a more positive and sensitive physical environment — show they have the potential to improve health outcomes, coordinate care more effectively, and reduce costs.



Criteria by accreditation level:



RITERIA	LEVEL 3	LEVEL 2	LEVEL 1
Staffing			
1 MD or DO with evidence of focused education for geriatric EM	Ø		
1 RN with evidence of focused education for geriatric EM	Ø	Ø	
Physician champion/Medical director		Ø	
Nurse case manager/transitional care nurse present > 56 hrs/week		Ø	
Interdisciplinary geriatric assessment team includes > 2 roles			
Interdisciplinary geriatric assessment team includes > 4 roles			
> 1 executive/administrative sponsor supervising GED program		Ø	
Patient advisor/patient council			
Education		·	
Staff physician education related to 8 domains of GEM			
Nursing education in geriatric emergency care		Ø	
Policies/protocols guidelines & procedures			
Evidence of a geriatric emergency care initiative	Ø	Ø	Ø
> 10 items as part of the ED model of care for patients >65ysr		Ø	
> 20 items as part of the ED model of care for of patients >65yrs			
Quality improvement			
Adherence to 10 of 27 policies/protocols, guidelines & procedures		Ø	
Adherence to 20 of 27 policies/protocols, guidelines & procedures			
Outcome measures			
Track > 3 process and outcome metrics for eligible patients		Ø	
Track > 5 process and outcome metrics for eligible patients			
Equipment and supplies			
Access to mobility aids (canes, walkers)	Ø	Ø	
Access to > 5 supplies (including mobility aids)		Ø	
Access to > 10 supplies (including mobility aids)			
Physical environment			
Easy access to food/drink	Ø	Ø	
2 chairs per patient bed		Ø	
Large analog clock		Ø	
Enhanced lighting			
Efforts at noise reduction			
Non-slip floors			
Adequate hand rails			
High quality signage and way-finding			
Wheel-chair accessible toilets			
Availability of raised toilet seats			

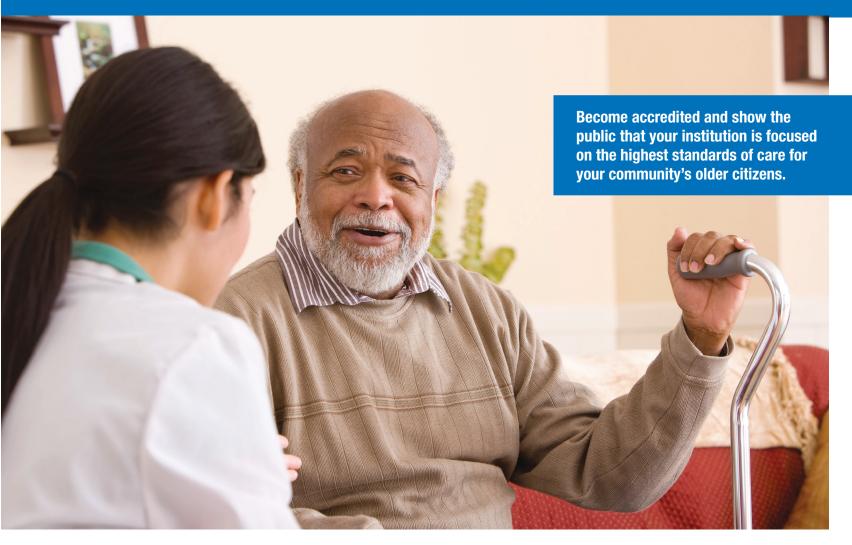


Developed by leaders in emergency medicine to ensure that our older patients receive well-coordinated, quality care at the appropriate level at every emergency department encounter.



One size ED care does not fit all. **ACEP.org/GEDA**

Become an Accredited Geriatric Emergency Department Today



Geriatric EDs promote best clinical practices for older adults and have the potential to improve health outcomes, coordinate care more effectively, and reduce cost of care.

Apply for ACEP's geriatric ED accreditation program and validate your hospital's commitment to:

- Providing a more positive and sensitive physical environment
- Adopting standardized approaches to geriatric care
- Ensuring optimal transitions of care from the ED to other settings such as inpatient, home, community-based care, rehabilitation or long-term care
- Supporting geriatric-focused quality improvement



Learn more about accreditation at ACEP.org/GEDA



The following criteria outline the minimum standards for accreditation of a geriatric ED in three levels. Levels 1 and 2 are designed to reflect an increasing commitment to senior-specific care in the ED. Each level has an accreditation term of three years.

Accreditation Fee:

\$10,000

Accreditation Fee:

\$5,000

Accreditation Fee:



Level 1

An ED with policies, guidelines, procedures, and staff (both within the ED and throughout the institution)

providing a coherent system of care targeting and measuring specific outcomes that form an overall elevation in ED operations and transitions of care both to and from the ED, all coordinated for the improved care of older adults.



Level 2

An ED that has integrated and sustained elder care initiatives into daily operations and demonstrates

interdisciplinary cooperation for delivery of elder services. This level has an established supervisor coordinating the staff tasked with the daily performance of elder services.



Level 3

Represented by an ED with one or more specific initiatives that are reasonably expected to elevate the level of elder care. Personnel to implement these efforts are identified and trained. Metrics for the initiatives are followed.

Developed with support from:









ACEP EMERGENCY MEDICINE PODCAST

ACEP Frontline

with Ryan Stanton, MD, FACEP

• Why Geriatrics and Emergency Medicine?

Kevin Biese, MD, MAT, FACEP

Covers the broader needs of seniors in the ED and what is being done today

O What is GED accreditation?

Mark Rosenberg, DO, MBA, FACEP, FAAHPM Sandy Schneider, MD, FACEP

Describes the GEDA program and the various tiers of participation

O How does your institution become a GED?

Michael L. Malone, MD Nicole Tidwell

Presents available resources on how your ED can become more geriatric focused, and available resources for individual providers and EDs.

