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ACEP launches accreditation program for geriatric care in emergency rooms

By [Maria Castellucci](#) | May 10, 2018

The American College of Emergency Physicians has created a voluntary accreditation program to improve the treatment of elderly patients in emergency departments.

Geriatric patients make up a significant percentage of ED admissions yet EDs aren't equipped with the personnel or resources to appropriately treat them, according to the ACEP. EDs were designed to treat patients with single acute episodes like a heart attack or gunshot wound. But most geriatric patients present with multiple chronic conditions and social needs.

"The needs of frail older adults are much more complex," said Dr. Kevin Biese, chair of the new ACEP program and co-director of the division of geriatric medicine at the University of North Carolina School of Medicine.

The Geriatric Emergency Department Accreditation program, announced Thursday, requires EDs to have specific policies and procedures in place to care for the geriatric population better. Some EDs have already implemented "geriatric emergency departments," but ACEP is the first organization to create a standard around what such an ED should look like, Biese said.

Eight EDs across the U.S. currently have the accreditation as part of a pilot phase including five Aurora Health Care hospitals and Mount Sinai Hospital in New York.

There are three ways—or levels—in which an ED can receive designation from the ACEP. Similar to trauma center accreditation, Level 1 is the most comprehensive designation an ED can receive. Each level requires a hospital to staff the ED with a physician and nurse who have education in geriatric medicine.

Providers can get this training through online courses, Biese said. "Our goal is to really work with the great doctors and nurses that are in the EDs already and devise plans to make the care better today," he said. "This isn't just for big, fancy emergency departments."

The education courses tackle a variety of issues unique to geriatric patients like recognizing signs of delirium or dementia, and treating falls as a syndrome.

Additionally, Level 1 EDs must be equipped with certain supplies including walkers, canes, low beds, hearing assist devices, pressure ulcer reducing pillows and hand rails. They also must track at least five outcome measures from a list of 12 which include the number of older adults with repeat ED visits and number of older adults staying 8 hours or more in the ED.

It will cost EDs \$10,000 to receive Level 1 accreditation, \$5,000 to receive Level 2 and \$1,000 to receive Level 3 accreditation, Biese said.

The accreditation funds will go toward sustaining the program. EDs must apply for the accreditation, which ACEP staff reviews and approves. EDs that seek Level 1 accreditation are required to receive an on-site inspection from ACEP. EDs must also reapply for accreditation every three years.

An online database will also be available to accredited organizations to learn more about best practices.

Biese said ACEP has received inquiries from more than 60 EDs over the last week expressing interest in the program.

ACEP received financial support for the program from not-for-profits Gary and Mary West Health Institute and the John A. Hartford Foundation. Both organizations work to improve the lives of older adults.

ACEP plans to offer the accreditation to EDs internationally starting next year, according to the press release.

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