

# Department Today

## Why should my institution seek GED 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.

*“Accreditation is just one step in the process of providing geriatric attuned healthcare in the Emergency Department. We continue to try out new clinical pathways or equipment to make our care better.”*

– Lauren T. Southerland, MD, FACEP  
The Ohio State University Wexner Medical Center, OH

For More Information, Contact:

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### Criteria by accreditation level:



CRITERIA	LEVEL 3	LEVEL 2	LEVEL 1
<b>a) Staffing</b>			
1 emergency medicine MD/DO lead with evidence of focused geriatric EM education	🔴		
1 RN with evidence of focused geriatric EM education	🔴	🟡	🟢
Physician champion/Medical Director with evidence of focused geriatric EM education		🟡	🟢
Nurse case manager/transitional care nurse present > 56 hrs/week		🟡	🟢
Interdisciplinary geriatric assessment team includes > 2 roles		🟡	
Interdisciplinary geriatric assessment team includes > 4 roles			🟢
> 1 executive/administrative sponsor supervising GED program		🟡	🟢
Patient advisor/patient council			🟢
<b>b) Education</b>			
MD/DO geriatric lead/ Physician champion/Medical Director geriatric EM education (in hours)	4	6	8
Staff physician education related to 8 domains of GEM	🔴	🟡	🟢
Nursing education in geriatric EM (NICHE / GENE preferred)	🔴	🟡	🟢
<b>c) Policies/protocols guidelines &amp; procedures</b>			
Evidence of four geriatric emergency care initiatives and adherence plan	🔴		
> 10 items as part of the ED model of care for patients >65yrs		🟡	
> 20 items as part of the ED model of care for of patients >65yrs			🟢
<b>d) Quality improvement</b>			
10 of 27 policies/protocols, guidelines & procedures		🟡	
20 of 27 policies/protocols, guidelines & procedures			🟢
<b>e) Outcome measures</b>			
Track > 3 process and outcome metrics for eligible patients		🟡	
Track > 5 process and outcome metrics for eligible patients			🟢
<b>f) Equipment and supplies</b>			
Access to and proof of mobility aids (canes and walkers)	🔴	🟡	🟢
Access to > 5 supplies (including mobility aids)		🟡	
Access to > 10 supplies (including mobility aids)			🟢
<b>g) Physical environment</b>			
Easy access to free food/drink, 24/7	🔴	🟡	🟢
2 chairs per patient bed		🟡	🟢
Large analog clock		🟡	🟢
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			🟢

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



**Improve the Care Provided to Older Patients**  
by Becoming an Accredited Geriatric Emergency Department



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

# Become an Accredited Geriatric Emergency Department Today



Become accredited and show the public that your institution is focused on the highest standards of care for your community's older citizens.

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](https://www.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.



## 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.

Accreditation Fee:  
**\$15,000**



## Level 2

An ED that has integrated and sustained senior care initiatives into daily operations and demonstrates interdisciplinary cooperation for delivery of senior services. This level has an established supervisor coordinating the staff tasked with the daily performance of senior services.

Accreditation Fee:  
**\$7,500**



## Level 3

An ED with one or more specific initiatives that are expected to elevate the level of senior care. Personnel to implement these efforts are identified and trained. Metrics for the initiatives are followed.

Accreditation Fee:  
**\$2,500**

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.

### Why GEDA?

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

Describes the GEDA program, the journey, the patient benefit and stakeholder value, and the levels of participation.

### How does your institution become a GED?

Michael L. Malone, MD | Kevin Biese, MD, MAT, FACEP | Ula Hwang, MD, FACEP

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

*"Becoming an accredited Geriatric ED provided a focus for our ED and hospital to expand on, and improve the care we provide our elderly patients. It led to our hospital increasing needed resources like physical therapy and pharmacy into the ED specifically to improve safety and reduce harm for this special patient population."*

— Brian B. Patel, MD, FACEP

Sturdy Memorial Hospital, MA

