



Level 2 Checklist

Applicant Information

My information

Full Name

Position

Phone

Phone Type

Email

ED Site Information

ED Site Name

Country

Address

Address 2

State

Zip

Phone

CEO or President Name

What Health System does this ED belong to?

Health System

Are you applying as a health system (meaning, will you be submitting other applications from this health system today)?

Yes

No

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 are you interested in GEDA accreditation?

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

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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 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)

Physician Champion Name

Physician Champion Role/Title

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?

[Submit examples of education along with the % of ED staff who have received this training.](#)

Nurse Champion Name

Nurse Champion Role/Title

[Upload a job description](#)

List at least 1 nurse case managers or transitional care nurses or equivalent: totaling 56 hours/week of coverage in ED.

Nurse Name

Nurse Geriatric Role/Title

Hours of coverage per month in the geriatric ED

[Upload a job description and describe geriatric responsibilities within the ED.](#)

2 members of an interdisciplinary team should be available to the ED. Please select at least 2 of the following

Physiotherapy

Name

Geriatric Role/Title

How they are incorporated into the ED workflow, availability, and off-hours protocol?

Occupational Therapy

Name

Geriatric Role/Title

How they are incorporated into the ED workflow, availability, and off-hours protocol?

Social Work

Name

Geriatric Role/Title

How they are incorporated into the ED workflow, availability, and off-hours protocol?

Medication Management

Name

Geriatric Role/Title

How they are incorporated into the ED workflow, availability, and off-hours protocol?

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

Name

Geriatric Role/Title

What is the level of support?

- ITsupport
- Data support
- Liaison/communications with upper management
- Link to quality improvement
- Assistance with support staff/personnel
- Other

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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.
- Education of nursing personnel about geriatric emergency care of older patients is critically important in a Geriatric ED. A department should document its nursing educational activity and submit the documentation for consideration. Examples:
 - GENE course from Emergency Nurses Association
 - Emergency Department nursing modules from NICHE
 - Locally developed nursing education modules
- These educational requirements may be demonstrated through appropriate geriatric focused 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 for the Nurse Champion dedicated to geriatric care in the ED \(GENE, NICHE\)](#)

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

Submit examples of this extra training along with the percentage of nurses who have completed the training.

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

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Process Map/Workflow

Level 2 GEDA applications are required to provide their GED process flow. See examples:

[Upload GED Process Map/Workflow](#)

Policies, Procedures and Quality Improvement 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 this section you will need to provide evidence of:

- (1) The policy, protocol, or procedure,
- (2) A brief description of how the policy / procedure is implemented in the geriatric ED,
- (3) Include the quality improvement measure that provides a description of adherence--when, how, how often, and by whom the policy / procedure is utilized, reviewed, and measured in the geriatric ED.

We ask that you indicate (i.e., highlight relevant sections, identify page numbers, etc.) where in your documentation the policy/procedure is most relevant to the geriatric ED. These policies, procedures and quality improvement measures should be well integrated into your ED model of care (with integration into your EHR when applicable and possible) and, at time of the site visit, you should be prepared to supply supporting documentation and evidence of integration of these policies/ protocols /QI into your ED workflow.

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 hospital- wide 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).

10 components 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
- 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 long-term 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

Provide Upload evidence of policy/procedure and Upload quality improvement/adherence plan and proof of measurement (at least 3 months of data) for every choice chosen above.

Please describe who is on your GED Quality Committee and how often you meet.

Do you have a GED dashboard? No

- Yes No

What is your threshold for action?

(For example, if less than 70% adherence we implement a PDSA cycle to or plan to address compliance.) For all policies procedures not on your dashboard (example might be use of volunteers to help older patients in your ED), please describe how you track adherence (example might be checking in with volunteer lead monthly to ensure they are visiting older adults in the ED and have the materials they need).

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Outcomes Measures

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

3 metric 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

Upload evidence of tracking for every choice chosen above.

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?

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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 armchairs

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Physical Environment

Does your ED have the following required amenities for use in the ED during all hours?

- Yes No

At least two chairs per patient bed

[Upload photos](#)

A large-face analog clock in each patient room

[Upload photos](#)

Easy access to food and drink during all hours

[Upload photos](#)

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 document, photos, and descriptions](#)

The following are best practices, although not mandatory. Please check the items available in your ED.

- Enhanced lighting (e.g., natural light, artificial skylight, or window, etc.)
- Efforts at noise reduction (separate enclosed rooms)
- Non-slip floors
- Adequate handrails
- High-quality signage and wayfinding
- Wheel-chair accessible toilets
- Availability of raised toilet seats

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Sign and submit

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

If you are planning on submitting another application from your health system, please [email us](#) for instructions on how to do so easily!

Need a PO?

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

[ACEP Geriatric Emergency Department Accreditation Level 3 Invoice](#)

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

[Checkout](#)