

GEDA Policy/Protocol Evolution Proposal

Policy/Protocol Sub-committee
Presentation to ACEP GEDA Board of Governors

Approved 5/2/2022



1. Processes are necessary to allow for the addition of new care policies/protocols to the list (currently 27) that sites may use to fulfill this accreditation requirement and to retire/remove care policies. Adding new care policies allows for new evidence-based strategies to improve ED care for older adults to be incorporated and for sites to get credit for the development / implementation of creative, innovative programs even if they are not on the current list. Removing / retiring care policies allows for the elimination of policies/procedures that become baseline standard care for all hospitals with a Geriatric ED and no longer represent something that exceeds these standards. Additionally, if evidence suggests that specific policies/procedures do not improve care or cause harm for older adults in the ED, they should be removed.
2. The approach to changing or adding or removing care processes needs to be transparent and consistent.
3. In addition to adding to the existing list of care policies/protocols, to encourage innovation, it may be appropriate for sites to submit a unique care policy/protocol not from the list. Written, transparent criteria should be developed to allow the evaluation of whether any unique care policies / protocols submitted by a site are acceptable and may be counted towards the requirement.
4. When existing policies are retired / removed, multiple additional decisions must be made contemporaneously:
 - a. Should the retired / removed care policies / protocols be added to the baseline requirements for all levels or totally removed?
 - b. Should the number of required policies / protocols be reduced, particularly in the case when retired / removed policies / protocols are added to the baseline requirements for all levels?
 - c. When will these changes go into effect, understanding that many sites are in the process of developing or renewing applications based on the current list and required number for each level?
 - d. How do we optimally message these changes to applying sites?

We propose that:

- The Policies / Protocols Sub-committee continues to meet regularly and discuss potential additional policies / protocols to add, to change to required, and to retire / remove. Annually, at the ACEP Board of Governors meeting at the May BOG meeting or SAEM Annual Meeting, the sub-committee will propose changes, if any, to the Board of Governors for discussion and a vote. Approved changes will be messaged aggressively before and during the ACEP Annual Scientific Assembly and become active as of January 1 or the first work day of the following year.

This year, we would like to propose and discuss:

- Changing to required:
 1. Urinary catheter minimization
 2. NPO status minimization
 3. Physical restraint use

We believe that these all represent standard care that should be baseline for all Geriatric EDs. Additionally, most hospitals and hospital systems have general care policies (particularly around urinary catheter and physical restraint use) that are submitted by sites rather than an ED-specific, geriatric-specific care policy / protocol. We believe that they all should be added to the baseline requirements for all Levels rather than being removed.

The number of additional required care policies / protocols below will go into effect in January of 2023:

- **Level 3 (Bronze) One (1)** care process chosen from the GEDA criteria plus Urinary catheter minimization, NPO status minimization, Physical restraint use—
for a total of 4 care processes.
 - **Level 2 (Silver) Seven (7)** care process chosen from the GEDA criteria plus Urinary catheter minimization, NPO status minimization, Physical restraint use—
for a total of 10 care processes.
 - **Level 1 (Gold) Seventeen (17)** care process chosen from the GEDA criteria plus Urinary catheter minimization, NPO status minimization, Physical restraint use— for a total of 20 care processes.
- Addition to the current list of GEDA care processes listed in the GEDA criteria:
 1. Depression screening / assessment
 2. Social isolation assessment
 3. Alcohol / substance use screening / assessment
 4. Nutritional status screening / assessment

We believe that protocols / policies within each of these domains have the potential to improve Geriatric ED care. We acknowledge, of course, that none were included in the original Geriatric ED Guidelines and none has evidence of improved patient outcomes when implemented in the ED. With these additions, the revised list of potential policies / protocols would include 28 options.

- Addition of the option for a site to submit a unique, novel, innovative care policy / protocol not from the list to count towards the requirement. We have developed a description of this option and the criteria by which submissions will be evaluated.
 - The applicant should describe how this policy / protocol not from the list is consistent with the conditions of the other policies / protocols listed here. The policy / protocol must:
 - Be specific to care of older people in the emergency department
 - Include a strategy for assessing implementation
 - Indicate metrics to measure successful implementation

Additionally, the applicant should explain the rationale for selecting this process and how it improves care of older people in the emergency department.

We want to give newly applying and renewing sites ample time to adjust to these new requirements and to incorporate them. Therefore, for all initial and renewal applications, we propose that these changes become active 1/1/23 (or the first working day of the year.)

We plan to make sure that applying and re-applying sites as well as those contemplating application are aware of these changes as well as the associated timeline and rationale. To do this, we plan to:

- Add announcement of changes to GEDA website
- Send e-mail(s) to all lists of GEDA sites
- Prepare written information about changes to be distributed at ACEP22
- Prepare article for ACEP Now
- Prepare peer-reviewed article for potential publication in JACEP Open re: process of updating guidelines, rationale, etc.

We will also coordinate with ACEP Application Sub-Committee and ACEP Tech Team to work on changes to online application to be deployed in January of 23.

We also think that this provides an opportunity to clarify our expectations re: protocols / policies (both among those that are optional and those that we propose now requiring):

- We recognize that creating and receiving approval for an official hospital/institutional policy may be time-consuming and burdensome. While some Geriatric EDs may choose this approach to demonstrate compliance with these requirements, that is not expected. A written guideline describing the approach that is specific to the care of older adults in the applying ED from leadership is also sufficient. Notably, though, simply affirming that a policy or guideline exists without providing further evidence or detail is not sufficient.
- We do not want the QA requirement associated with each optional and required policy / protocol to be overly burdensome, but we want to ensure that the team is reviewing compliance with it and has a strategy to address issues that arise. Therefore, as part of the QA requirement for each optional and required policy / protocol, applicants must describe:
 - How compliance with the policy / protocol is evaluated (including method, timeframe, current goal)
 - Specific strategy(ies) to address compliance issues