American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

ACEP EMERGENCY DEPARTMENT ACCREDITATION PROGRAM

Emergency Department Accreditation
Applicant Guide

An accreditation program of the
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

ACEP.org/EDAC

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Acknowledgements

2025 Board of Governors

The Emergency Department Accreditation (EDAc) Program Board of Governors provides ongoing leadership for program direction, development, and implementation.

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For questions about accreditation or to help set up your application, contact us at: EDAC@acep.org

ED Accreditation resources, samples, and guides are available at: acep.org/edac

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Letter from the Chair of the EDAc Program Board of Governors

Dear Emergency Physician Leaders,

ACEP has launched its ED accreditation program in 2025. This important initiative is a result of a multi-year process that has received input from our strategic partners in emergency medicine (EM) such as EM professional organizations, many of our members, and our nursing and pediatric colleagues.

We applaud your commitment to ED accreditation and will work with you and your ED team in improving quality and safety through this accreditation initiative. Our staff is poised and ready to streamline this process through the structure of the application and accompanying resources.

We thank you and your ED staff for the work that they do each day to take care of patients with critical medical and traumatic emergencies.

Marianne Gausche-Hill, MD, FACEP, FAAP, FAEMS
Chair of the ED Accreditation Board of Governors

Introduction

Why Pursue Accreditation?

Emergency Department (ED) Accreditation offers a structured framework to elevate care, standardize practice, and reinforce a culture of excellence in emergency medicine. By pursuing accreditation through the American College of Emergency Physicians (ACEP), EDs demonstrate a commitment to providing safe, high-quality emergency care for patients of all ages and acuity levels. In addition, the criteria help improve the working environment for physicians. The process of accreditation is more than a checklist, it is a catalyst for continuous improvement and a signal to patients, staff, and leadership that the ED is aligned with national standards and best practices.

For patients, accreditation assures that the care they receive meets evidence-informed criteria designed to build a culture of safety, streamline processes, and improve outcomes. From staffing models to policies on follow-up care, the standards promote systems that support accurate diagnosis, efficient treatment, and care coordination. Accreditation also emphasizes pediatric readiness, patient safety infrastructure, access to key services, and thoughtful care transitions, elements that directly impact the patient experience and quality of care.

For Emergency Physicians, accreditation can help provide improved clarity in expectations, better integration into administrative leadership, and support for quality improvement initiatives. The standards advocate for appropriate supervision models, fair credentialing policies, and well-defined roles within multidisciplinary teams. These measures promote physician autonomy, reduce moral distress, and contribute to a more stable professional practice environment.

For hospitals and health systems, accreditation provides an opportunity to assess and align their emergency services with organizational goals related to quality, safety, workforce development, and community trust. It supports risk reduction, compliance with regulatory standards, and readiness for unexpected events such as surges or disasters. In an increasingly competitive healthcare landscape, ED accreditation also serves as a differentiator, by demonstrating a hospital's investment in its physicians and its readiness to meet the evolving needs of the populations it serves. By improving the working conditions in the ED, hospitals can better attract and retain excellent physicians.

Purpose of the Accreditation Program

The purpose of the Emergency Department Accreditation Program is to establish clear, evidence-informed standards that define excellence in emergency care and to provide a structured pathway for EDs to meet those standards. By identifying and recognizing EDs that have appropriate staffing, leadership, policies, and resources, the program promotes consistency and continual improvement across a wide range of ED settings.

This approach mirrors successful models used in other areas of medicine. For example, the American College of Surgeons (ACS) created the trauma center designation system to ensure that hospitals caring for trauma patients had the necessary personnel, protocols, and infrastructure in place to provide timely and effective care. That model, based on tiered levels of designation, has become the national standard and is widely adopted by states and health systems. Similarly, designations for stroke centers and cardiac centers have helped improve outcomes by requiring hospitals to meet specific benchmarks in staffing, training, equipment, and systems of care.

EDs are similarly central to the delivery of time-sensitive, high-acuity care. However, until now, there has been no national standard for what constitutes a well-prepared, high-functioning ED. The ACEP Emergency Department accreditation program addresses that gap. It offers a flexible, tiered structure that accommodates different levels of resources while still holding all accredited sites to a set of core expectations. Just as trauma, stroke, and cardiac center designations have advanced care in their respective domains, ED accreditation aims to raise the standard for emergency care and for emergency physicians. The program is a step towards ensuring that patients, regardless of where they seek help, receive care that is overseen by a trained emergency physician, and that EDs are places where physicians can thrive.

How the Criteria Were Developed

The accreditation criteria were developed through a rigorous, consensus-driven process grounded in existing ACEP policies. These policies, which guide emergency medicine practice nationwide, were created through the work of ACEP committees, expert panels, and members' input via the ACEP Council, the organization's representative decision-making body. A dedicated team of ED leaders and subject matter experts reviewed and selected the criteria most critical to ensuring high-quality, safe, and consistent emergency care and to improving the working environment for emergency physicians. Throughout the development process, feedback was solicited from a broad range of emergency physicians, including ED directors, department chairs, and emergency physicians representing urban, suburban, and rural practice settings.

Accreditation Levels

There are four levels of accreditation, designed to recognize and support excellence in emergency care across a range of practice settings. These levels have differences in staffing models and available resources, while maintaining a consistent commitment to quality and safety. Levels 1, 2, and 3 are available to any ED, while the Rural level is specifically for hospitals federally designated as Rural Emergency Hospitals (REH) or Critical Access Hospitals (CAH). Level 1 represents the highest designation, reflecting the most comprehensive set of criteria and resource allocation in the ED. However, all four levels uphold the core standards of ACEP accreditation and reflect a meaningful commitment to advancing emergency care in their respective contexts.

This guide provides a detailed overview of the Emergency Department Accreditation criteria, including a summary of each requirement and how it applies across the four accreditation levels. This guide is intended to help EDs understand the expectations, prepare a complete application, and implement sustainable practices that improve care and the ED environment.

Figure 1. Accreditation badges for Level 1, 2, 3, and Rural sites.

How to Decide on an Accreditation Level

There are 39 accreditation criteria organized into five domains. The criteria are listed in Appendix A, along with information or uploads required, and how the criteria will be reviewed or verified. The criteria are explained in more detail in the section below on Details and Descriptions of Criteria. For many criteria, you will upload a policy, plan, guideline, or protocol that demonstrates that you are currently or have a plan in place to achieve it.

When deciding which level of accreditation to pursue, ED leaders should carefully consider their current staffing model, available resources, and readiness to meet the criteria outlined for each level. However, the goal is not solely to apply at the level that your site currently meets, but to strive to improve to meet the highest level and standards possible.

The four levels, Level 1, Level 2, Level 3, and Rural, are designed to recognize excellence across a variety of settings, from large academic centers to small community hospitals. While Level 1 represents the highest designation with the most comprehensive set of requirements, all levels reflect a meaningful commitment to quality and safety. Department leaders should select the level that best aligns with their current capabilities, while also considering whether they have the infrastructure and support to meet a higher level through targeted improvements. Choosing the appropriate level ensures a realistic and successful accreditation process and sets the foundation for ongoing advancement over time.

Application and Review Process

The application process begins with the ED leaders or designees reviewing the accreditation criteria and determining which level is most appropriate for their staffing model and available resources. Once the level is selected, the team should carefully review the application instructions, gather the required documentation, and complete the application.

If the adult and pediatric EDs are separate physical locations, each must submit its own accreditation application and fee, and will receive a separate accreditation determination. If both services operate within the same physical space, only one application is required. However, the ED must meet the higher level of criteria being sought, and a single accreditation may be awarded for the shared space.

After submission, the application will undergo a two-step review process. First, ACEP staff will review the materials for completeness and alignment with accreditation requirements. Next, a trained reviewer will conduct a detailed evaluation of the submitted materials. If there are further questions, a trained interviewer will contact ED physicians from the applying site for a confirmation interview. The ED physicians will be selected randomly from the list of physicians provided by the applying site. If the written review supports accreditation, a virtual site visit will be scheduled for Level 1 and Level 2 applicants. If it is determined by reviews (and site visits for Level 1 and 2) that the site meets all required criteria, the application will be presented to the ED Accreditation Board of Governors for final vote and accreditation will be awarded.

We encourage you to download a PDF of the complete application before starting your application process so that you fully understand what you will be asked and the materials you will need. We also encourage you to use the checklist and the gap analysis tools to help you keep track of your progress and focus your work on the remaining gaps.

Figure 2: Flow diagram of application and review process

Accreditation Fees

The costs for the application vary by accreditation level. The accreditation fees support critical program functions such as application review, site surveys and interviews, staffing, IT infrastructure, and the ongoing work needed to maintain accreditation standards.
For a three-year accreditation term, the fees are as follows:

Level	Fees
Gold Level 1	$15,000
Silver Level 2	$10,000
Bronze Level 3	$5,000
Rural Level	$2,500

Accreditation fees are due at the time of online application submission and will be invoiced for payment by credit card, check, or ACH/wire transfer.

Details and Descriptions of Criteria

Overview of Criteria and Domains

There are 39 criteria organized into five domains. Most of the criteria are required for accreditation at all levels.

Five Domains of Accreditation		Criteria
1	Staffing and Supervision Policies	S1 – S9
2	Leadership, Administration, and Oversight	L1 – L9
3	Policies	P1 – P10
4	Quality Measures	Q1 – Q6
5	Resources	R1 – R5

Differentiating Criteria

Six criteria differentiate between the four levels of accreditation. These are: S1 through S6. The remaining 33 criteria are required for all levels of accreditation. The key differences among the accreditation levels relate to the staffing models employed by the ED and are described in detail below. Please note that where state laws or regulations may conflict with or cause your ED to have difficulty meeting the requirements, please contact ACEP staff for further guidance (EDAC@acep.org).

Domain 1: Staffing and Supervision Policies

Criteria Numbers: S1 – S9

The Staffing and Supervision criteria focus on ensuring that ED are appropriately staffed with qualified emergency physicians and that there are clear, consistent policies for the supervision of care provided by nurse practitioners and physician assistants. These criteria also address the availability of key personnel such as pharmacists, respiratory therapists, and social workers, as well as access to radiology technologists and advanced imaging. The level of required staffing and supervision varies by accreditation level to account for differences in resources.

S1: The *first differentiating criterion* (S1) defines the staffing model and level of supervision of nurse practitioners (NPs) and physician assistants (PAs) in the care of patients. As it relates to physician supervision the following definitions apply:

- **Direct Supervision:** When the supervising physician personally examines/evaluates the patients. This is the gold standard of supervision.

- **Indirect Supervision:** When the supervising physician contemporaneously discusses or reviews the management of patients but does not personally examine/evaluate the patient.
- **Oversight:** When the physician is available for supervision of PAs or NPs or other emergency clinicians in the care of emergency patients in the ED but is not involved in real-time patient care or does not examine/evaluate the patient directly and does not discuss or review the management of the patient.
- **Onsite:** When the supervising physician is physically present in the ED and is available to examine/evaluate the patient.
- **Offsite:** When the supervising physician is not physically present in the ED but is available 24/7/365 for real-time consultation such as by telehealth.

Throughout the document there are references to a qualified emergency physician (EP) or pediatric emergency physician (PEP), which are defined as the following:

- **Emergency Physician:** A qualified emergency physician is defined as a physician who is board certified or board eligible (BC/BE) by the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM) and cares for patients of all ages in the ED.
- **Pediatric Emergency Physician:** A qualified pediatric emergency physician is defined as a physician who is BC/BE in pediatric emergency medicine by ABEM or the American Board of Pediatrics and cares for pediatric-aged patients as defined by the institution where the services are provided.

For all levels of accreditation, it is assumed that a patient may request to be evaluated by a physician.

The S1 requirement will be verified based on uploads of the ED physician schedule, the policy on supervision of NPs, and PAs, and through interviews. The S1 requirements are as follows for the four levels:

Level	Details of requirement
Level 1	EP/PEP onsite 24/7/365 who directly or indirectly supervises every patient encounter.
Level 2	EP/PEP onsite 24/7/365 and directly or indirectly supervises all high-acuity patients. Lower acuity patients may be seen by physician, NP or PA who will consult the EP/PEP as needed.
Level 3	EP/PEP onsite 24/7/365. Patients may be seen by a physician, NP or PA who will consult the EP/PEP as needed.
Rural	Physician onsite 24/7/365 (can be EP or other ABMS BC/BE physician). Patients may be seen by NP/PA who will consult the physician as needed. Medical director must be qualified EP/PEP.

S2: The *second differentiating criterion* (S2) is applicable to sites applying for Level 1, 2, and 3

accreditation and requires that the physicians staffing the ED be trained as an Emergency Physician or Pediatric Emergency Physician. The American College of Emergency Physicians (ACEP) believes that board certification in emergency medicine and/or pediatric emergency medicine is the highest standard for training of emergency clinicians who take care of patients in emergency settings.

The S2 requirement will be verified through the roster of physicians with their board certification numbers, the hospital bylaws, and through interviews. The S2 requirements are as follows for the four levels:

Level	Details of requirement
Levels 1-3	Physicians staffing the ED must be BC/BE EP or PEP.
Rural	Physician onsite 24/7/365, and the physician can be an EP/PEP, or other ABMS BC/BE physician.

S3: The *third differentiating criterion* (S5) requires a pharmacist to respond onsite or virtually to the ED to provide support for medication delivery to enhance patient quality and safety. This criterion is required for Level 1 (onsite) and Level 2 (onsite or virtually) EDs.

The S3 requirement will be verified through review of uploads of the policy describing the pharmacist's role, the monthly pharmacist schedule, and through interviews. The S5 requirements are as follows for the four levels:

Level	Details of the requirement
Level 1	There is an on-site (in the ED or hospital) pharmacist 24/7, ideally with emergency training, who responds to the ED to support medication management to enhance patient quality and safety.
Level 2	There is an on-site or virtual pharmacist who responds to the ED to provide support.
Level 3 & Rural	No requirement

S4: The *fourth differentiating criterion* (S6) requires a respiratory therapist (RT) to be readily available to respond to the emergency department to support patient quality and safety; this criterion is required only for Level I and II accredited EDs.

The S4 requirement will be confirmed by review of the policy describing RT's role, the RT schedule, and through interviews. The S6 requirements are as follows for the four levels:

Level	Details of the requirement
Level 1	There is a respiratory therapist (RT) in the ED 24/7 to assist the ED and respond to resuscitation and critical patients to enhance patient quality and safety.
Level 2	Support of RT 24/7 to assist the ED and respond to resuscitation and critical patients.
Level 3 & Rural	No requirement

S5: The *fifth differentiating criterion* (S7) requires a case manager (CM) or social worker (SW) to be available for at least 12 (level 1) or 8 (level 2) hours per day. Although ideally all EDs at all levels of accreditation would have availability of social services to assist with social issues such as housing, public resources, and substance use programs, this criterion is required for only Level I and II accredited EDs.

The S5 requirement will be confirmed by review of the monthly SW/CM schedule and through interviews. The S7 requirements are as follows for the four levels:

Level	Details of the requirement
Level 1	Access to a social worker or case manager 7 days per week, at least 12 hours per day. Can be virtual.
Level 2	Access to a social worker or case manager 7 days per week, at least 8 hours per day. Can be virtual.
Level 3 & Rural	No requirement

S6: The *sixth differentiating criterion* (S8) requires availability of radiology technologists, equipment, and radiology reads.

For this criterion timely interpretation means there is contemporaneous interpretation by a radiologist while the patient is in the ED, not interpretation only during daytime hours or weekdays or after the patient has been discharged. There may be preliminary reads provided while the patient is in the ED, for example, by a radiology resident, with subsequent radiology attending 'over-reads' during business hours, and there is a process for communicating any significant changes to the patient or another individual who will communicate it to the patient.

The S6 requirement will be confirmed through review of the technologist schedules and through interviews. The S8 requirements are as follows for the four levels:

Level	Details of the requirement
Level 1	Technologists are on site 24/7 for X-rays, CT, and US. MRI should be available 24/7 for time sensitive conditions and exams should be timely performed based on clinical

	judgement of the ordering physician. MRI technologist should be promptly available (<60 minutes). There is a plan for timely interpretation by a radiologist.
Level 2	Computed tomography (CT), and radiology technologists are available onsite 24/7/365 for imaging. US and MRI should be available 24/7/365 and should be timely performed based on the clinical judgement of the ordering physician with the US and MRI technologist promptly available (<60 minutes). There is a plan for timely interpretation of advanced imaging by a radiologist.
Level 3	Technologists onsite 24/7 for X-rays and CT. Plan in place to obtain emergent MRI or US either onsite or through transfer to other local hospitals. There is a plan for timely interpretation by a radiologist.
Rural	Technologist onsite 24/7 for X-rays, with ability to call in CT tech as needed for emergent CT. Policy in place to obtain MRI or US either onsite or through transfer to other local hospitals. There is a plan for timely interpretation by a radiologist.

Criteria Required for All Levels

The following criteria must be met by all EDs seeking accreditation at any level. Exemptions may be made for applicants to the above criteria if they conflict with state regulations. Please contact the ACEP ED accreditation program office with questions.

The following section outlines the remaining core domains of the Emergency Department Accreditation criteria and provides more details about the accreditation criteria. The summaries below provide an overview of the intent and impact of each domain, highlighting how they contribute to better patient care, stronger professional support for physicians, and improved hospital operations.

Domain 1: Staffing and Supervision Policies

In addition to S1 through S6, described above, all sites must meet the following:

S7: There is an established policy or plan to define patients who should be directly seen by an emergency physician and those who can be seen by an NP or PA. The plan may consider, for example, patient age, ESI triage level, or the nature of the visit, such as trauma activations or critical presentations. To confirm this criterion, you will need to upload a copy of your ED or hospital policy. This criterion will be confirmed by the reviewer as well as during the interview process.

S8: There is an established process for education and training of all staff, including a plan to ensure that nurse practitioners (NPs) and physician assistants (PAs) receive training and onboarding, which includes a period of proctoring. There should be an onboarding process for physicians who work in the ED to train them on their roles and responsibilities in the ED. There should also be a method for ongoing training as policies or procedures change. This criterion will be confirmed through a description and upload of the policy or plan, as well as through the interview.

S9: Emergency physicians, regardless of employment status, have the same rights and privileges as other physician members of the medical staff. To confirm this criterion, you will need to upload a copy of your hospital by-laws and indicate the location that demonstrates it. This criterion will be confirmed by the reviewer as well as during the interview process.

Domain 2: ED Leadership, Administration, and Oversight

Criteria Numbers: L1 – L9

The Leadership, Administration, and Oversight criteria emphasize the importance of strong, collaborative leadership within the ED. They require that the ED be led by a board-certified or board-eligible emergency physician and that physician and nursing leaders work together to oversee operations, quality improvement, credentialing, and education. These criteria also outline responsibilities related to the supervision of clinical staff, ongoing performance evaluation, documentation practices, and integration with hospital-wide initiatives such as trauma care and exit interviews.

Together, these standards ensure that the ED has the leadership structure necessary to maintain high-quality, coordinated care. For patients, this means more reliable systems and better continuity. For physicians, it promotes fair oversight, professional development, and a supportive practice environment. For hospitals, strong ED leadership helps align emergency care with institutional goals, improves communication with physicians and staff, and fosters a culture of continuous improvement.

L1: ED physician leader (e.g. medical director, chair of the department or chief) is a qualified emergency physician or pediatric emergency physician. This will be confirmed through the provision of the board certification number of the ED physician leader.

L2: ED leadership includes an ED physician leader (e.g., medical director, chair of the department or chief) and ED nurse leader (e.g., ED nurse director or manager) who collaborate to support operations within the department. This will be confirmed through attestation by the site.

L3: The ED physician leader (e.g., medical director, chair of the department or chief) has direct authority of and is responsible for assessment of clinical privileges of physicians and PA/NPs working in the ED. The ED nurse leader (e.g., ED nurse director or manager) has direct authority for the nursing staff in the ED. This will be confirmed through attestation by the site and a de-identified privileges form, showing it is signed by the ED physician leader.

L4: An ED physician leader has direct authority over and is responsible for the ongoing practice evaluation of each NP and PA in the ED. This will be confirmed through attestation by the site.

L5: An ED physician leader (e.g., medical director, chair of the department, or chief) in collaboration with the ED nurse leader (e.g. ED nurse director or manager), will develop the ED

quality improvement plan, which will include a process for oversight of clinical care in the ED either contemporaneously or retrospectively. This will be confirmed through attestation as well as review of the QI plan for the ED, demonstrating that it is signed by an ED physician leader.

L6: ED physician and nurse leadership will ensure that all practitioners, including physicians, NPs, PAs, residents, and nurses, complete all required continuing education requirements as a part of hospital credentialing. This will be confirmed through site attestation.

L7: The ED physician leadership will establish confidential and appropriate processes for completion of exit interviews with physicians who leave the practice to determine the root causes of job transitions.

The purpose of this criterion is to learn why a physician chooses to leave the practice and to allow ED leadership to make changes if the departure is due to reasons related to the ED functioning or leadership, as opposed to personal or family reasons. This criterion will be confirmed through a description of the exit interview process and de-identified minutes or notes from an exit interview, as well as through the interview.

L8: Emergency physicians shall document all direct supervision encounters with patients but are not required to sign charts of patients they did not directly or indirectly supervise. This will be confirmed through attestation and interview.

L9: In a designated trauma center, the shared roles and responsibilities of EPs and residents with other members of the trauma team should be established in collaboration with trauma program leadership. This will be confirmed through attestation, description of the process, review of the ED trauma response policy, and through interviews.

Domain 3: Policies

Criteria Numbers: P1 – P10

The Policies criteria focus on the foundational protocols and procedures that guide safe, effective ED operations. These include requirements for onboarding and ongoing training of staff, follow-up of post-discharge results, tracking consultant response times, and protocols for disaster preparedness and ED boarding. Additional criteria address procedural sedation, patient weight documentation, staff safety, and workplace environment policies.

These policies help ensure care is aligned with best practices outlined in existing ACEP policies. They also help ensure that critical systems function reliably during routine operations and high-stress situations.

P1: There is a policy that describes the notification of patients or their outpatient health care team (as available and as appropriate) of critical imaging or laboratory results identified after patients' discharge in a timely manner. This policy includes identified FTE(s) to complete this

work and is not left as additional work for emergency physicians, NPs, or PAs who are actively taking care of ED patients and has the support of emergency medicine, laboratory, and radiology leadership. This criterion will be confirmed through description and upload of the policy.

P2: A policy that includes specified time periods that are tracked, collected, and shared with consultants. This includes time intervals from the time of the consult call to the patient evaluation, and from the time of the patient evaluation to the provision of care plan recommendations. Times can be reported either by specialty and by median or mean response times. This will be confirmed through a description of the policy as well as uploads of the policy and recent reports.

P3: A hospital disaster plan that includes a plan for adult and pediatric patient surge to the ED. Example: ACEP Policy Statement. This will be confirmed through a description of the plan, and upload of a table of contents of the disaster plan and the section related to the ED surge plan.

P4: A hospital policy or multidisciplinary plan to address ED boarding to include mitigation strategies.

This plan should include a policy that states the admitting physician or team is responsible for patient care once the patient has been admitted. This means once the ED clinician places an admit order and pages the relevant service, physician, or administrator who coordinates admissions. An admitting team or physician should be assigned and assume responsibility. The emergency physicians, however, do not yield the authority to prioritize all patient care activities while boarding in the ED and manage resources at their discretion, for example, if the patient becomes clinically unstable or has acute needs.

This plan should also include a policy outlining who is responsible for the care of patients with primary psychiatric disease who are boarded in the ED (i.e., the physician responsible and protocols for care). This will be confirmed through an attestation, description, and upload of a policy, plan, or guideline addressing ED boarding, and confirmed through a physician interview.

P5: A hospital policy that allows emergency physicians to perform procedural sedation in accordance with ACEP's guidelines. The policy should include the following:

1. The ability to use propofol and ketamine.
2. No requirement that the patient be fasting.
3. A single physician with a nurse can perform the sedation and procedure.

This criterion will be confirmed through an attestation, description, upload of the policy, and interview. For level 1 and 2 sites, it will also include an upload of a de-identified chart of a procedural sedation.

P6: A policy that specifies that patients' weights are recorded in kilograms. This will be

confirmed with a policy or screenshot of the EMR showing weights in kilograms.

P7: A policy that ED staff are permitted to eat and drink at specified workstations while on duty. This will be confirmed through an attestation and interview.

P8: A policy that specifies mandatory reporting of verbal and physical assault to the hospital. This will be confirmed through a description, policy upload, and in the interview.

P9: A policy that outlines security response and joint drills between ED select staff or leadership and the hospital, ED, or other security staff. The security response should include processes for when the ED is at heightened risk of a safety threat (e.g., assault of health care workers, combative patients, or officer-involved shooting victim). In addition, the policy should detail an approach to controlled access to the facility, processes for lockdown, and rapid law enforcement response in the event of an active shooter in the ED. This will be confirmed through a description and upload of a recent drill or exercise.

The process may involve ED security, campus/hospital security, or local law enforcement, depending on the support available. Joint drills may involve select members of ED leadership and do not need to involve the entire ED staff. The drills could be implemented through a table-top exercise.

P10: A policy that qualified emergency physicians who are participating in continuing certification are not required to take additional life support courses (e.g., Basic Life Support (BLS), Advanced Life Support (ACLS), Pediatric Advanced Life Support (PALS), or Advanced Trauma Life Support (ATLS) certification) as a part of their credentialing. This will be confirmed through attestation and interview. Note: exceptions may be made for states or governmental agencies that have such requirements as part of their regulations.

Domain 4: Quality Measures

Criteria Numbers: Q1 – Q6

The Quality Measures criteria establish expectations for emergency departments to actively monitor, evaluate, and improve the care they provide. These include having an emergency physician-led quality improvement plan, establishing performance metrics, tracking outcomes for critical conditions, and participating in national initiatives such as pediatric readiness assessments. The criteria also emphasize regular performance reviews for all clinical staff and the provision of individualized, anonymized reports.

These measures help create a culture of accountability, transparency, and continuous improvement. For patients, this translates to more reliable, evidence-based care and better outcomes. For physicians, it provides constructive feedback and opportunities for professional growth. For hospitals, these criteria support institutional quality and safety goals, enable data-driven decision-making, and reinforce the commitment to delivering excellent care in the ED.

Q1: Each ED shall have an emergency physician-led quality improvement (QI) plan that, in conjunction with nursing leadership, will include the following components:

1. The ED must establish a multidisciplinary performance improvement committee responsible for continuously evaluating and improving clinical care, operational efficiency, patient safety, and overall quality outcomes.
2. This committee should include representatives from various clinical and operational areas within the ED.

This will be confirmed through the upload of the minutes of a multidisciplinary QI committee meeting or the charter of the committee.

Q2: The ED must establish baseline metrics and set performance targets for key phases of patient care, including time-based metrics and metrics related to boarding. The metrics should include time-based metrics, such as the time from patient presentation to discharge, the time from patient presentation to the decision to admit, and the time from admission decision to the patient's departure from the ED. The metrics should also monitor the frequency and duration of boarding of patients who are admitted to inpatient, intensive care, and/or behavioral/mental health units. This will be confirmed through the upload of a dashboard or a report of metrics measured.

Q3: The ED must have a system to select indicators for tracking performance improvement for critical illness and injury conditions in adults and children, and a system to identify variance in performance.

Examples could include conditions such as sepsis, STEMI, or stroke in adults, or asthma or dehydration in children, among others. Please note that tracking does not have to be performed or reported for each individual. It can be in aggregate. This will be confirmed through a description of the process or selected indicators.

Q4: The ED must review its pediatric readiness status at least every two years, including participation in the National Pediatric Readiness Assessment (www.pedsready.org). The ED must document its gap analysis and develop action plans to address any identified deficiencies. This will be confirmed through a description of the process and an upload of the pediatric readiness gap analysis.

Q5: Regular reviews of the practice of all staff in the ED must occur. The review of physicians, NPs, and PAs must include input from multiple sources, such as feedback, teaching evaluations, performance on tracked metrics. It could include chart reviews of criteria-based cases or cases referred from other clinical departments.

The review of physicians could take place as part of an annual review with a chair, medical director, or other designee, in which they review the physician’s performance. More detailed reviews could be triggered based on case outcomes or deviations in performance or metrics.

This criterion will be confirmed through attestation, description, and upload of an annual review documentation of a physician and an NP or PA.

Q6: Performance and quality measure reports for individual emergency physicians, physician assistants, and nurse practitioners should be provided at least quarterly. These reports must compare their performance to emergency staff peers in an anonymous manner and, when available, benchmark against national or regional data.

The reports shown or sent to each physician should be anonymous. Physicians should be able to see their performance relative to their peers or to national benchmarks but should not see the names connected with their peers' performance. If your reporting is not currently anonymous, please contact the ED accreditation program staff for further guidance. This criterion will be confirmed through a description and upload of an example of a recent quarterly report.

Domain 5: Resources

Criteria Numbers: R1 – R5

The Resources criteria ensure that emergency departments have essential tools and supports in place to deliver safe, patient-centered care. These include physical and procedural safeguards for staff and patients, availability of translation services, support for victims of domestic violence, and access to private pumping spaces for employees. A key component of this section is the requirement for 24/7 availability of point-of-care ultrasound (POCUS) for use by emergency physicians for diagnostics and procedures. POCUS is a critical resource in emergency medicine, enabling rapid, bedside decision-making that can significantly improve diagnostic accuracy, expedite treatment, and reduce delays in time-sensitive situations.

For all the resource-related criteria, you will describe the resource and a picture, evidence of it, or a policy, plan, or guideline that demonstrates it.

R1: Resources are in place to provide safety for staff, visitors, and patients.

This could include available ED, campus, or hospital security guards, or a plan to reach local law enforcement. The plan could include metal detectors, although these are not required.

R2: ED point-of-care ultrasound is available 24/7 for use by emergency physicians for diagnostics and for procedures as applicable.

R3: The ED has resources for victims of domestic/interpersonal violence.

This could include, for example, an ED social work, case management, or behavioral health consult, referral for outpatient services, printed or electronic resources, or provision of a phone number to call for outpatient support.

R4: Translation services are available in person or via telehealth or telephone.

R5: There is a sanitary, private, non-bathroom area close enough to the ED that it can easily and practically be used by ED employees who require a space for pumping while on shift.

How to Make the Case for Accreditation

ED leaders can make a compelling case to hospital leadership to support accreditation by aligning the goals of accreditation with broader institutional priorities such as quality improvement, patient safety, risk reduction, and reputational excellence. Accreditation demonstrates that the ED meets nationally recognized standards, which can elevate the hospital's standing in the community, improve recruitment and retention of high-quality physicians and staff, and strengthen readiness for external reviews or regulatory visits.

Leaders can also highlight how accreditation supports measurable improvements in clinical processes, patient outcomes, and operational efficiency, areas that directly impact cost, throughput, and patient satisfaction. For example, improving pediatric readiness to a high level is associated with improved outcomes for children, specifically a reduction in mortality rates for children with illnesses or injuries.

Importantly, accreditation provides a framework for identifying gaps and investing resources strategically, rather than reactively. For example, strengthening supervision models, expanding access to point-of-care ultrasound, and formalizing quality improvement processes can yield both clinical and operational benefits. Department leaders should emphasize that accreditation is not simply a badge of honor, but a practical, structured path toward a more resilient and high-functioning emergency care system. By demonstrating how accreditation supports the hospital's mission, helps the hospital meet its identified key performance indicators, enhances care delivery, and prepares the ED for future demands, leaders can build a strong case for the necessary investment to pursue accreditation.

Step-by-Step Instructions for Applicants

1. **Download the Applications and Tools**
   There is a wealth of resources and tools available on the EDAc website. Key items to download or review after reviewing this guide include:
   a. The application questions PDF. This includes all the accreditation questions so that you can review them before beginning your application.
   b. The applicant checklist, also available in Appendix A below.
   c. The gap analysis Excel spreadsheet tool that will serve as a project dashboard to help you monitor your gaps and project completion.

2. **Build Your Team: Assign a Physician and (Optional) Nurse Leader**
   Designate a qualified emergency physician to lead the accreditation process. This

individual will serve as the primary clinical liaison and will be responsible for coordinating the application and the change leadership work. You may also designate an ED nurse leader to support and co-lead the process. It is a good idea to build a bigger team if there are many changes that need to be made.

3. **Determine Your Accreditation Level**
   Review the criteria for Levels 1, 2, 3, and Rural to determine which designation best matches your ED's potentially achievable staffing model, available resources, and capabilities. Do not base it solely on what you currently have available, but on what you can reasonably achieve.

4. **Review the Accreditation Criteria**
   Familiarize yourself with all 39 criteria across the five core domains: Staffing and Supervision, Leadership and Oversight, Policies, Quality Measures, and Resources. Review the checklist to see what documentation you will need to upload. Pay close attention here to make sure your application is not sent back due to incomplete or incorrect documentation. You can also find responses to frequently asked questions on the ACEP website.

5. **Perform a Gap Analysis and Plan/Assign Tasks**
   A gap analysis is a useful project management tool that can help you identify the areas that you need to work on and assign next steps. ACEP has provided a gap analysis template that you can use as you work through your accreditation process. You can use it as a project management dashboard and checklist. Or you can use the checklist in Appendix A to quickly and easily keep track of which components you have met and the documentation you have collected.

6. **Gather Documentation**
   Collect all required documentation, such as schedules, policies, protocols, quality reports, and proof of board certification. Create a shared file location for your team to organize and gather the required materials. Update the gap analysis or checklist as you go. Gather the appropriate number and type of de-identified ED charts as outlined for your accreditation level (Level 1 and 2 only). For some items, you may have a plan but not yet a formal policy in place that has been approved through all channels. This will be acceptable for many of the criteria.

7. **Contact ACEP to Begin the Application Process**
   In order to start an application, the individual who will be completing the application will need to have or create an ACEP ID. This person does not need to be an ACEP member or a physician to create an ACEP ID. Once the primary applicant has an ACEP ID, email the EDAC program (EDAC@acep.org) to request to start an application. Include your name, ACEP ID number, and the hospital or ED for which you are completing an application.

8. **Submit Your Application**
   Use the ED accreditation program application portal to enter your site information, upload required documents and complete all application sections. Confirm that all materials are complete before submitting.

9. **Respond to Any Questions or Gaps**
   You may be notified that your application has been reverted to you if it is missing any key documentation or uploads.

10. **Participate in the Site Interview – Level 1 and 2 only**
    Once your application is submitted and reviewed, program reviewers will schedule a virtual or phone-based interview with physicians from your department. You will have submitted a physician roster, and the ED accreditation physician reviewer will select a random sample of physicians to be interviewed. They will confirm various aspects of your department with the physician staff, such as your site's staffing model, policies, and quality improvement processes.

11. **Receive Accreditation Decision**
    After review and final evaluation, ACEP will notify you of your accreditation decision. Successful applicants will receive a certificate, digital badge, formal recognition of their achievement, a marketing and press toolkit, and inclusion on the ACEP website.

12. **Celebrate and Share**
    ED Accreditation is a significant accomplishment. Once you receive your accreditation status notification, spread the news widely! Share your achievement through hospital-wide news outlets, local media, newspapers, social media, email list-serves, and publicity. Let your physicians, staff, and patients know that you have met a rigorous standard of accreditation.

13. **Plan for Renewal and Continuous Improvement**
    Accreditation is valid for three years. Begin planning early for re-accreditation and use the process as a framework for ongoing quality improvement and operational excellence. At or before renewal, you can consider moving to the next level up as a part of your ED's or hospital's strategic plan. As a bonus, if you apply for an upgraded level of accreditation before the renewal deadline, your site will only need to pay the difference in price between the two levels, rather than the entire application fee. Contact EDAC@acep.org for more details.

Final Remarks

The ED Accreditation Program Board of Governors applauds your hard work, leadership, and efforts in pursuit of accreditation. The program represents a collective commitment to excellence, safety, and continuous improvement in emergency care. By pursuing accreditation, EDs signal their dedication to supporting their physicians, aligning with best

practices, and delivering exceptional care to every patient.

If you encounter any challenges, questions, or concerns, the ACEP ED Accreditation office can help you navigate the application process. You can reach the office at: EDAC@acep.org.

We hope this guide serves as a practical and inspiring roadmap as you move toward accreditation and continuous improvement.

Appendices

Appendix A: ED Accreditation Applicant Checklist

☑	Criterion #	Level Required	Required Attestation, Description, or Documentation	Attestation	Description	Uploads Required	Reviewer check	Interviewer check
Domain 1: Staffing and Supervision Policies								
☐	**S1**	1	EP/PEP on site 24/7/365 and directly or indirectly supervises every patient encounter.	Y		Monthly ED physician schedule, and policy on supervision of NPs and PAs	Y	Y
		2	EP/PEP on site 24/7/365 and directly or indirectly supervises all high-acuity patients. Lower acuity patients may be seen by physician, NP or PA who will consult the EP/PEP as needed.	Y			Y	Y
		3	EP/PEP on site 24/7/365. Patients may be seen by a physician, NP or PA who will consult the EP/PEP as needed.	Y			Y	Y
		R	Physician on site 24/7/365 (can be EP or other ABMS BC/BE physician). Patients may be seen by physician, NP or PA who will consult the physician as needed. Medical director must be qualified EP/PEP.	Y			Y	Y
☐	**S2**	1-3	Physicians staffing the ED must be BC/BE EP or PEP			Roster of physicians with BC numbers. Hospital by-Laws	Y	Y
		R	Physician on site 24/7/365, and the physician can be an EP/PEP, or other ABMS BC/BE physician.					
Pharmacist Availability								
☐	**S3**	1	There is an on-site (in the ED or hospital) pharmacist 24/7, ideally with emergency training, who responds to the ED to support medication management to enhance patient quality and safety.		Y	Policy describing pharmacist's role; Monthly pharmacist schedule	Y	Y
		2	There is an on-site or virtual pharmacist is available 24/7 who responds to the ED to provide support.		Y		Y	Y
Respiratory Therapist Availability								
☐	**S4**	1	There is a respiratory therapist (RT) in the ED 24/7 to assist the ED and respond to resuscitation and critical patients to enhance patient quality and safety.		Y	Policy describing RT's role; Monthly RT schedule	Y	Y
		2	Support of RT 24/7 to assist the ED and respond to resuscitation and critical patients.		Y		Y	Y
Social Services Availability								

☐	**S5**	1	Access to a social worker or case manager 7 days a week at least 12 hours per day. Can be virtual.	Y		Monthly SW or CM schedule	Y	Y
		2	Access to a social worker or case manager 7 days a week at least 8 hours per day. Can be virtual.	Y			Y	Y
Advanced Imaging Availability and Staffing								
☐	**S6**	1	Technologists are on site 24/7 for X-rays, CT, and US. MRI technologist should be promptly available (<60 minutes). There is a plan for timely interpretation by a radiologist.	Y	Y	Monthly technologist schedule	Y	Y
		2	Technologists are on site 24/7 for X-rays and CT, and can be called and promptly available for emergent US and MRI. There is a plan for timely interpretation by a radiologist.	Y	Y		Y	Y
		3	Technologists are on site 24/7 for X-rays and CT. Plan in place to obtain emergent MRI or US either on site or through transfer to other local hospitals. There is a plan for timely interpretation by a radiologist.	Y	Y		Y	Y
		R	Technologists are on site 24/7 for X-rays, with ability to call in CT tech as needed for emergent CT. Policy in place to obtain MRI or US either on site or through transfer to other local hospitals. There is a plan for timely interpretation by a radiologist.	Y	Y		Y	Y
Hospital and ED policies								
☐	**S7**	All	Policy to define patients who should be directly seen by the EP/PEP and those who can be seen by an NP/PA.		Y	Policy, plan, or guideline	Y	Y
☐	**S8**	All	There is an established process for education and training of all medical staff (physicians, nurses, NPs, PAs, EMTs, etc). This should include a plan to ensure that NP/PAs receive training and onboarding, which includes a period of proctoring. There should be an onboarding process for physicians who work in the ED to train them on their roles and responsibilities in the ED. There should also be a method for ongoing training as policies or procedures change.		Y	Policy, plan, or guideline	Y	Y
☐	**S9**	All	Emergency physicians, regardless of employment status, have the same rights and privileges as other physician members of the medical staff.			Hospital by-Laws	Y	Y
Domain 2: ED Administration, Leadership, and Oversight								
☐	**L1**	All	The ED physician leader (e.g., medical director, chair of the department or chief) must be a qualified EP/PEP			Board certification number of ED Physician leader	Y	
☐	**L2**	All	ED leadership includes an ED physician leader and ED nurse leader who collaborate to support operations within the department.	Y				
☐	**L3**	All	The ED physician leader has direct authority over and is responsible for the assessment of clinical privileges of physicians and PA/NPs working in the ED. The ED nurse leader has direct authority over the nursing staff in the ED.	Y		De-identified privileges form signed by ED medical	Y	

						director		
☐	**L4**	All	An ED physician leader is responsible for the ongoing practice evaluation of each NP/PA in the ED.	Y				
☐	**L5**	All	An ED physician leader in collaboration with an ED nurse leader, will develop the ED quality improvement plan, which will include a process for oversight of clinical care in the ED either contemporaneously or retrospectively.	Y		QI policy, plan, or guideline for ED signed by ED physician leader	Y	
☐	**L6**	All	ED physician and nurse leadership will ensure that all practitioners, including physicians, NPs, PAs, residents, and nurses, complete all required continuing education requirements as a part of hospital credentialing.	Y				
☐	**L7**	All	The ED physician leadership will establish confidential and appropriate processes for completion of exit interviews with physicians who leave the practice to determine the root causes of job transitions.		Y	De-identified minutes or notes from exit interview	Y	Y
☐	**L8**	All	Emergency physicians shall document all direct supervision encounters with patients but are not required to sign charts of patients they did not directly or indirectly supervise.	Y			Y	Y
☐	**L9**	All	In a designated trauma center, the shared roles and responsibilities of EPs and residents with other members of the trauma team should be established in collaboration with trauma program leadership.	Y	Y	ED trauma response policy, plan, or guideline	Y	Y
Domain 3: Policies								
☐	**P1**	All	A policy that describes the notification of patients or their outpatient health care team (as available and as appropriate) of critical imaging or laboratory results identified after patients' discharge in a timely manner. This policy includes identified FTE(s) to complete this work and is not left as additional work for emergency physicians, NPs, or PAs who are actively taking care of ED patients and has the support of emergency medicine, laboratory, and radiology leadership.		Y	Policy, plan, or guideline		
☐	**P2**	All	A policy that includes specified time periods are tracked, collected, and shared with consultants. This includes specified time intervals from the time of the consult call to the patient evaluation, and from the time of the patient evaluation to the provision of care plan recommendations.		Y	Policy, plan, or guideline and recent reports	Y	
☐	**P3**	All	A hospital disaster plan that includes a plan for adult and pediatric patient surge to the ED.		Y	TOC for disaster plan and section related to ED surge plan.	Y	

☐	**P4**	All	A hospital policy or multidisciplinary plan to address ED boarding to include mitigation strategies. This plan should include a policy that states the admitting physician or team is responsible for patient care once the patient has been admitted.	Y	Y	Policy, plan, or guideline to address ED boarding	Y	Y
☐	**P5**	All	A hospital policy that allows emergency physicians to perform procedural sedation in accordance with ACEP's guidelines. The policy should include the following: The ability to use propofol and ketamine, no requirement that the patient be fasting, a single physician with a nurse can perform the sedation and procedure.	Y	Y	Procedural sedation policy and demonstration of ability to use ketamine & propofol.	Y	Y
☐	**P6**	All	A policy that specifies that patients' weights are recorded in kilograms.			Policy or screenshot of EMR showing weight in kg	Y	
☐	**P7**	All	A policy that allows ED staff to eat and drink at specified workstations while on duty.	Y				Y
☐	**P8**	All	A policy that specifies mandatory reporting of verbal and physical assault to the hospital.		Y	Policy on reporting verbal and physical assault	Y	Y
☐	**P9**	All	A policy that outlines security response and joint drills between ED and hospital security staff.		Y	ED security response plan and report of recent drill/exercise	Y	
☐	**P10**	All	A policy that qualified emergency physicians who are participating in continuing certification are not required to take additional life support courses (e.g., BLS, ACLS, PALS, ATLS) as a part of their credentialing.	Y				Y
Domain 4: Quality Measures								
☐	**Q1**	All	There should be an EP-led QI plan that, in conjunction with nursing leadership, will include the following components: The ED must establish a multidisciplinary performance improvement committee responsible for continuously evaluating and improving clinical care, operational efficiency, patient safety, and overall quality outcomes. This committee should include representatives from various clinical and operational areas within the ED.			Minutes from a multidisciplinary QI committee meeting or charter of the committee.	Y	
☐	**Q2**	All	The ED must establish baseline metrics and set performance targets for key phases of patient care, including time-based metrics and metrics related to boarding. These should include time-based metrics and frequency and duration of boarding of admitted patients.			Dashboard or report of metrics being measured.	Y	

☐	**Q3**	All	The ED must have a system to select indicators for tracking performance improvement for critical illness and injury conditions in adults and children and a system to identify variance in performance.		Y		Y	
☐	**Q4**	All	The ED must review its pediatric readiness status at least every two years, including participation in the National Pediatric Readiness Assessment (www.pedsready.org). The ED must document the review and develop action plans to address any identified deficiencies.		Y	Pediatric readiness gap analysis	Y	
☐	**Q5**	All	Regular reviews of the practice of all staff in the ED must occur. The review of physicians, NPs, and PAs must include input from multiple sources, such as feedback, teaching evaluations, performance on tracked metrics, and could include chart reviews of criteria-based cases or cases referred from other clinical departments.	Y	Y	Annual review documentation of a physician and an NP or PA	Y	
☐	**Q6**	All	Performance and quality measure reports for individual emergency physicians, physician assistants, and nurse practitioners should be provided at least quarterly. These reports must compare their performance to emergency staff peers in an anonymous manner and, when available, benchmark against national or regional data.		Y	Example of a recent quarterly report.	Y	
Domain 5: Resources								
☐	**R1**	All	Resources are in place to provide safety for staff, visitors, and patients.		Y	Pictures, evidence, policy, plan, or guideline	Y	
☐	**R2**	All	ED point-of-care ultrasound is available 24/7 for use by EPs for diagnostics and for procedures.		Y		Y	
☐	**R3**	All	The ED has resources for victims of domestic/interpersonal violence.		Y		Y	
☐	**R4**	All	Translation services are available in person or via telehealth.		Y		Y	
☐	**R5**	All	There is a sanitary, private, non-bathroom area close enough to the ED that can easily and practically be used by ED employees who require a space for pumping while on shift.		Y		Y	
De-Identified Chart Uploads								
☐	**C1**	1-2	Adult resuscitation ESI-1 or ESI-2			2 charts for Level 1, 1 chart for Level 2	Y	
☐	**C2**	1-2	Pediatric admission or transfer				Y	
☐	**C3**	1-2	Procedural sedation chart				Y	
☐	**C4**	1-2	Fast track/urgent care, or ESIU-4 or ESI-5				Y	
☐	**C5**	1-2	Patient seen by PA or NP in your ED (skip if not relevant)				Y	

Appendix B: Acronyms Used

ABEM	American Board of Emergency Medicine
ABMS	American Board of Medical Specialties
ABP	American Board of Pediatrics
ACEP	American College of Emergency Physicians
ACLS	Advanced Cardiac Life Support
AOBEM	American Osteopathic Board of Emergency Medicine
ATLS	Advanced Trauma Life Support
BC	Board Certified
BE	Board Eligible
BLS	Basic Life Support
CAH	Federally designated Critical Access Hospital
CM	Case Manager
CT	Computed Tomography
ED	Emergency Department
EDAc	ED Accreditation Program
EMR	Electronic Medical Record
EMS	Emergency Medical Services
EP	Emergency Physician who is BC/BE by ABEM or AOBEM
ESI	Emergency Severity Index
FTE	Full-Time Equivalent
NP	Nurse Practitioner
MRI	Magnetic Resonance Imaging
PA	Physician Assistant
PEP	Pediatric Emergency Physician who is BC/BE by ABEM, AOBEM, or ABP
POCUS	Point-of-Care Ultrasound
QI	Quality Improvement
REH	Federally designated Rural Emergency Hospital
SW	Social Worker
US	Ultrasound
1, 2, 3, R	Level 1, 2, 3, or Rural (CAH or REH) Accreditation