ED Accreditation Criteria Summary

Level Required	Criterion #	Brief Criterion Description
Domain 1: Staffing and Supervision Policies		
1	**S1**	EP/PEP on site 24/7/365 and directly or indirectly supervises every patient encounter.
2		EP/PEP on site 24/7/365 and directly or indirectly supervises all high-acuity patients. Lower acuity patients may be seen by a physician, NP or PA who will consult the EP/PEP as needed.
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.
R		Physician on site 24/7/365 (can be EP or other ABMS BC/BE physician). Patients may be seen by a physician, NP or PA who will consult the physician as needed. Medical director must be qualified EP/PEP.
1-3	**S2**	Physicians staffing the ED must be BC/BE EP or PEP
Pharmacist Availability		
1	**S3**	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.
2		There is an on-site or virtual pharmacist is available 24/7 who responds to the ED to provide support.
Respiratory Therapist Availability		
1	**S4**	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.
2		Support of RT in the ED or hospital 24/7 to assist the ED and respond to resuscitation and critical patients.
Social Services Availability		
1	**S5**	Access to a social worker or case manager 7 days per week at least 12 hours per day. Can be virtual.
2		Access to a social worker or case manager 5 days per week at least 8 hours per day. Can be virtual.
Advanced Imaging Availability and Staffing		
1	**S6**	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.
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.
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.
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.

Hospital and ED Policies		
All	**S7**	Policy to define patients who should be directly seen by the EP/PEP and those who can be seen by an NP/PA.
All	**S8**	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.
All	**S9**	Emergency physicians, regardless of employment status, have the same rights and privileges as other physician members of the medical staff
Domain 2: ED Administration, Leadership, and Oversight		
All	**L1**	The ED physician leader (e.g., medical director, chair of the department or chief) must be a qualified EP/PEP
All	**L2**	ED leadership includes an ED physician leader and ED nurse leader who collaborate to support operations within the department.
All	**L3**	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.
All	**L4**	An ED physician leader is responsible for the ongoing practice evaluation of each NP/PA in the ED.
All	**L5**	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.
All	**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.
All	**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.
All	**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.
All	**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.
Domain 3: Policies		
All	**P1**	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.

All	**P2**	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.
All	**P3**	A hospital disaster plan that includes a plan for adult and pediatric patient surge to the ED.
All	**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.
All	**P5**	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.
All	**P6**	A policy that specifies that patients' weights are recorded in kilograms.
All	**P7**	A policy that ED staff are permitted to eat and drink at specified workstations while on duty.
All	**P8**	A policy that specifies mandatory reporting of verbal and physical assault to the hospital.
All	**P9**	A policy that outlines security response and joint drills between ED and hospital security staff.
All	**P10**	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.
Domain 4: Quality Measures		
All	**Q1**	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.
All	**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. These should include time-based metrics and frequency and duration of boarding of admitted patients.
All	**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.
All	**Q4**	The ED must review its pediatric readiness status at least every three 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.
All	**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, and could include chart reviews of criteria-based cases or cases referred from other clinical departments.

All	**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.
Domain 5: Resources		
All	**R1**	Resources are in place to provide safety for staff, visitors, and patients.
All	**R2**	ED point-of-care ultrasound is available 24/7 for use by EPs for diagnostics and for procedures.
All	**R3**	The ED has resources for victims of domestic/interpersonal violence.
All	**R4**	Translation services are available in person or via telehealth.
All	**R5**	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.
De-Identified Chart Uploads (optional upon request by ACEP staff)		
1-2	**C1**	Adult resuscitation ESI-1 or ESI-2
1-2	**C2**	Pediatric admission or transfer
1-2	**C3**	Procedural sedation chart
1-2	**C4**	Fast track/urgent care, or ESIU-4 or ESI-5
1-2	**C5**	Patient seen by PA or NP in your ED (skip if not relevant)

BC = Board Certified
BE = Board Eligible
EP = Emergency Physician who is BC/BE by ABEM or AOBEM
PEP = Pediatric Emergency Physician who is BC/BE by ABEM, AOBEM, or ABP
NP = Nurse Practitioner
PA = Physician Assistant
QI = Quality Improvement
ED = Emergency Department