

# **ACEP** ED Accreditation



## **Level 1 GOLD Application**



# Level 1 Application

## Applicant Information

### My Information

Name (You will be the primary point of contact for this application)

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Position

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Phone

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Phone Type

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Email

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## ED Site Information

ED Site Name

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Country

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Address

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Address 2

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State

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Zip

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Phone

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CEO or President Name

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What Health System does this ED belong to?

Health System

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Bottom of Form

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## Program Information

Medical Director Name

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Phone

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Email

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**Please upload the Medical Director's ABEM/AOBEM Certificate.**

**According to local or state classifications, what is your hospital considered?**

- Urban
- Suburban
- Rural
- Critical Access
- Unsure

**Do you have EM residents rotating at least six months out of the year?**

- Yes  No

**What is your EDs bed size?**

- 0-5       6-10       11-15       16-29  
 30-50       51-75       76-100       101+

**Total annual ED census (includes adults and pediatric patients)?**

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## ED census for children as defined by your ED?

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### Why is your ED interested in ED Accreditation?

Please select the area(s) that best represent your reasons for pursuing accreditation:

Administrative mandate

Improved patient care

ED director or staff initiative

Market share

Recognition

Other / Describe \_\_\_\_\_

Form

Bottom of

[Save & Continue](#)

## Staffing

### Physician Onsite

ED Accreditation criteria: There is an ABEM/AOBEM and / or ABP BC/BE emergency physician available onsite 24/7/365. Every patient is directly supervised (personally examined/evaluated) by an ABEM/AOBEM and / or ABP BC/BE emergency physician.

Attestation box

**Please upload a roster of the physicians staffing the emergency department, email addresses, and Board Certification number for each person listed.**

**Please include a copy of your ED's most recent monthly clinical schedule.**

**Please upload medical bylaws that specify qualifications for practicing in the emergency department.**

(Verified by interview of staff)

## **Supervision of NPs and PAs**

If NP/PAs are utilized in your emergency department, they are directly supervised by an ABEM/AOBEM and / or ABP BC/BE emergency physician.

Do you utilize NP/PAs in your emergency department?

YES/ NO

-Skip logic-

If yes, continue to Medical Direction and Care Delivery section

**Please upload the departmental policies that describe direct clinical supervision and performance oversight that monitors the performance of NPs and PAs.**

(Verified by interview of staff)

## **Medical Direction and Care Delivery**

ED Accreditation criteria: ED medical director is ABEM/AOBEM or ABP certified in Emergency Medicine or Pediatric Emergency Medicine.

Attestation box

ED Accreditation criteria: The ED medical director is accountable for assessment of clinical privileges of physicians and PA/NPs working in the ED.

Attestation box

**Please upload the most recent de-identified completed privileges form signed by the ED Medical Director or designee.**

ED Accreditation criteria: The ED physician leadership established confidential and appropriate processes for completion of exit interviews with full-time physicians who leave the practice to determine the root causes of job transitions.

Attestation box

**Please describe your hospital's exit interview process.**

**Upload a deidentified copy of the minutes or notes of the most recent exit interview.**

Does your state require you to co-sign all NP/PA notes?

If yes, move to next question

Skip attestation

ED Accreditation criteria: Physicians are only required to co-sign NP/PA notes for patients with whom they had real-time direct or indirect involvement.

Attestation box  
(Verified by interview of staff)

ED Accreditation criteria: The emergency physician and/or emergency medicine resident is a member of the trauma team if one exists.

Attestation box  
**Please upload your trauma policy (if one exists).**

## Social Services:

ED Accreditation criteria: There is access to a social worker or case manager 7 days per week at least 12 hours per day (this can be virtual).

**Please upload the most recent social work and case management schedules.**

(Verified by interview of staff)

## Policies:

All EDs are required to provide hospital proof that the following policies exist and are applicable to your ED.

In this section you will need to provide evidence of:

- (1) The process, policy, or protocol.
- (2) A brief description of how the process is implemented in the ED.
- (3) Quality improvement measures that provide a description of adherence, such as when, how, how often, and by whom the policy or procedure is used, reviewed, and measured in the 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). If requested, you should be prepared to supply supporting documentation and evidence of integration of these policies/ protocols /QI into your ED workflow.

ED Accreditation criteria: There is a formal onboarding and training process for all ED clinicians that work in the ED to optimize patient care in the emergency setting.

**Please describe the process and provide the policy for onboarding or orientation manual.**

ED Accreditation criteria: There is a hospital policy that states that the admitting physician is responsible for all care of the patient once the admitting physician accepts the patient; however, the emergency physicians do not yield the authority to prioritize all patient care activities in the ED and manage resources at their discretion.

**Please upload the policy that addresses the care of the boarded patient in the ED.**

**(Verified by interview of staff)**

ED Accreditation criteria: Provide proof that a clearly defined process is in place for the following processes:

- 1) Identify all 'new' critical imaging results after patients' discharge and all incidental imaging findings, and
- 2) Notify patients or their primary care physician (as available and as appropriate) in a timely manner. This process includes identified FTEs to complete this work and is not left as additional work for emergency care team providers who are actively taking care of ED patients. This process has the support of both the emergency medicine group and the radiology group.

**Please upload policy**

ED Accreditation criteria: Hospital policy that supports timeliness of response from consultants including specified time periods from time of consult call to patient evaluation and from time of patient evaluation to provision of and care plan recommendations.

**Please upload a policy on response time between ED consultation, evaluation of a patient and admission/disposition plan by consultants.**

**Please upload a report on:**

- 1. Response time between ED consultation and evaluation of the patient**
- 2. Response time between ED consultation and admission/disposition plans**

This can be reported either by specialty or median and average response times.

**(Verified by interview of staff)**

ED Accreditation criteria: These time intervals are collected and shared with consultants.

**Please describe the process of sharing these time intervals with consultants. (NT update rural and level 3)**



ED Accreditation criteria: There is both a disaster plan and a surge plan in place. Example: [ACEP Policy Statement](#)

Attestation box

**Please upload the table of contents for the disaster plan and the section related to the ED surge plan.**

ED Accreditation criteria: Policy that emergency physicians can perform procedural sedation in accordance with ACEPs guidelines (include propofol, ketamine, non-fasting, single physician with nurse).

**Please upload the ED procedural sedation policy.**

(Verified by interview of staff)

ED Accreditation criteria: Policy describing who is responsible for the care of patients with primary psychiatric disease who are boarded in the ED (i.e., physician responsible and protocols for care).

**Please upload the policy for psychiatric consultation and the responsible physicians for management of these patients in the ED.**

(Verified by interview of staff)

ED Accreditation criteria: Policy that patients' weights are recorded in kilograms.

**Please upload a policy for recording patient weights.**

(Verified by interview of staff)

ED Accreditation criteria: All ED staff are permitted to eat and drink at specified workstations while on duty.

Attestation box

(Verified by interview of staff)

ED Accreditation criteria: Policy requiring mandatory reporting of verbal and physical assault to the hospital.

**Please upload a policy for reporting verbal and physical assaults to the hospital.**

(Verified by interview of staff)

· ED Accreditation criteria: A policy requiring security response and joint drills between the ED and hospital security staff. The security response includes processes for when the ED is at heightened risk of safety threat (e.g., officer involved shooting victim, assault of healthcare

worker or combative patient) and processes for lock down and rapid law enforcement response in the event of an active shooter in the ED.

**Please upload a policy for your ED's security response.**

**Please provide the action report of the most recent active shooter or lock-down drill.**

(Verified by interview of staff)

- ED Accreditation criteria: Ensure that ABEM- and AOBEM board-certified emergency physicians that 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.
  - Note: exceptions may be made for states or governmental agencies that have such requirements as a part of regulation.

**Please upload the ED privileging forms for credentialing.**

(Verified by interview of staff)

## Quality:

Ensuring quality emergency care for patients of all ages is one of the major goals of the accreditation program.

In this section you will need to provide evidence of quality improvement measures that provide a description of adherence, such as when, how, how often, and by whom the policy or procedure is used, reviewed, and measured in the ED.

ED Accreditation criteria: Each ED shall have an emergency physician lead departmental quality improvement (QI) plan which includes the following:

- Review of the practice of physicians, PAs, or NPs staffing the ED that includes input from multiple sources (e.g. case reviews of criteria based cases or cases referred from other clinical departments). Examples: review of bad outcomes, bouncebacks, referred cases from other departments, deaths in the emergency department.

**Please upload your most recent quality improvement plan.**

**Please identify triggers for case review for quality purposes. Please explain and describe the process of who reviews cases and how they are resolved.**

(Verified by interview of staff)

- Quarterly reports on performance and quality measures for individual physicians, PAs, and NPs which are compared to emergency medicine peers in an anonymous manner and, if available, to national or regional data.

**Upload documentation/minutes of the most recent quarterly report.**

(Verified by interview of staff)

- Documentation of a review of the hospital ED pediatric readiness status at least every two years (e.g. participation in the pediatric readiness assessment at [www.pedsready.org](http://www.pedsready.org)) and action plans to correct deficiencies.

**Upload your pediatric readiness gap analysis and describe how deficiencies or gaps have been addressed.**

- Monitoring and recording of time from presentation to discharge for treat and release patients.

**Upload documentation of time metrics (e.g., QI report, ED staff meeting report and/or dashboard).**

- Monitoring and recording of time from presentation to the decision to admit and time from decision to admit until the patient leaves the ED.

**Upload documentation of time metrics (e.g., QI report, ED staff meeting report and/or dashboard).**

Bottom of Form

[Save & Continue](#)

## Resources:

The ED Accreditation Program provides criteria which ensures that hospital leadership provides resources to ensure patient and workforce safety, critical equipment and supplies for patients of all ages including point-of-care ultrasound, equity in workforce policies, availability of private areas for breastfeeding employees, and hospital-based services for patients such as social services, resources for victims of violence, and language translation.

**Provide evidence,( e.g., pictures, guidelines or protocols) that you have the following required resources within your ED.**

[ ] Resources in place to ensure the safety of staff, visitors, and patients.

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

The ED has resources for victims of domestic/family violence.

Translation services are available in person or via telehealth for all spoken languages and deaf persons.

There is a sanitary, private, non-bathroom area proximal to the ED for ED employees who are breastfeeding.

**(Verified by interview of staff)**

Briefly describe

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### **Upload evidence**

(four uploads spaces)

### **Please provide ten de-identified ED charts to include two of each:**

1. Adult resuscitation ESI-1 or ESI-2
2. Pediatric admission or transfer
3. Procedural sedation chart
4. Fast track/ urgent care or ESI-4 or ESI-5
5. Patient seen by PA or NP in your ED (option)

(ten upload spaces) ask for PDF's one for each

Bottom of Form

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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.

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### **Need a Purchase Order Invoice?**

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

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

[Checkout](#)

[End](#)