

ACEP ED Accreditation



Level 3 BRONZE Application



Level 3 Application

Applicant Information

My Information

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

Position

Phone

Phone Type

Email

ED Site Information

ED Site Name

Country

Address

Address 2

State

Zip

Phone

CEO or President Name

What Health System does this ED belong to?

Health System

Bottom of Form

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Program Information

Medical Director Name

Phone

Email

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)?

ED census for children as defined by your ED?

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 _____

Bottom of
Form

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Staffing

Physician Onsite

ED Accreditation criteria: There is an ABEM/AOBEM and / or ABP BC/BE emergency physician available onsite 24/7/365.

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.

Supervision of NPs and PAs

ED Accreditation criteria: All high acuity (e.g., ESI 1,2) patients are seen by an emergency physician. Moderate acuity (ESI level 3) patients must at least be presented to an emergency physician prior to discharge. Low Acuity (e.g., ESI level 4 and 5) patients may be seen by a qualified NP or PA who will consult an emergency physician as needed.

Describe how you supervise NPs and PAs in your department across the spectrum of acuity.

(Open copy box or upload)

Please upload the departmental policies that describe clinical supervision and performance oversight that monitors the performance of physicians, NPs and PAs if applicable.

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

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.

Please describe your hospital's exit interview process.

Attestation box

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

If yes, move to next question

Skip attestation

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

Attestation box

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

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 or provide the policy as applicable

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 describe the process or provide the policy as applicable

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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 policy

These time intervals are collected and shared with consultants and included in the ED quality improvement plan.

Please describe the process of sharing these time intervals with consultants.

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

Attestation box

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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 policy

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 a policy or describe the process for psychiatric consultation and responsible physicians for management of these patients in th ED.

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

Please upload a policy or describe the process for recording patient weights.

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

Attestation box

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

Please upload a policy or describe the process of reporting verbal and physical assaults to the hospital.

· 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 or describe the process of your ED's security response.

· 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 ED privileging forms for credentialing.

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

- 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

- 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) and action plans to correct deficiencies.

Upload your pediatric readiness gap analysis and plan to address deficiencies or gaps

- 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

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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.

Please attest or 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.

Briefly describe

Upload evidence

(four uploads spaces)

Bottom of Form

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Please provide four de-identified ED charts to include:

1. Adult resuscitation ESI-1 or ESI-2
2. Pediatric admission or transfer
3. Fast track/ urgent care
4. If ESI-3 seen by PA or NP in your ED, please include a chart

(four uploads spaces)

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.

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](#)