Geriatric Emergency Department Accreditation

CASE STUDY

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THE CHALLENGE

Across the country, emergency departments (ED) are caring for a rapidly growing population of older adults with complex medical and social needs. In response, Kaiser Permanente Southern California (KP SCAL) launched a regional effort to achieve Geriatric Emergency Department Accreditation (GEDA), strengthening the capacity of every ED to deliver consistent, evidence-based care for older adults.

Early in the process, fall prevention emerged as a shared regional priority. Falls are among the most common preventable injuries in older adults. With 15 EDs caring for a growing older adult population, KP SCAL recognized falls prevention as a high-impact clinical and safety priority aligned with patient safety, value-based care, and organizational goals.

A focused emphasis on consistent fall risk screening and interventions resulted in improved compliance across both measures, with sustained performance at or above 90%. Through this focused effort, KP SCAL achieved a greater than 10% improvement in fall-risk intervention documentation. Falls among the 65+ population also declined significantly, with moderate falls decreasing by 71% and major falls by 45%.

UNITED SYSTEMS APPROACH

As an integrated health system, KP SCAL was well positioned to pursue accreditation through a standardized, coordinated approach. This system-wide approach ensured that older adults experience the same high-quality, personalized care at every KP SCAL emergency department. By unifying implementation across 15 medical centers, the region embedded best practices, streamlined workflows, and fostered shared accountability among clinical staff and operational leaders. In 2023 and 2024, the West Health Institute partnered with KP SCAL to support a region-wide GEDA accreditation effort and to amplify the region's work across other KP regions.

GEDA AS A TOOL FOR STANDARDIZING CARE

Through the GEDA program, every medical center implemented core geriatric care processes, driving alignment and consistency across the region. Each site designated both a physician and nurse champion, while regional champions meet monthly to coordinate progress and share best practices. This collaborative structure accelerated the adoption of standardized interventions to reduce urinary catheter use, minimize NPO status, avoid physical restraints, and lower fall risk among older adults.

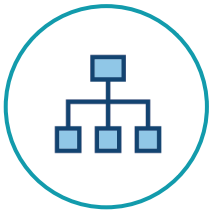
Through our incredibly collaborative, data driven, and evidence-based GEDA work, the 15 KPSC EDs deliver exceptional care to our most vulnerable older patients. As the population in California continues to age, this GEDA work and focus on falls prevention are becoming even more critical in the emergency department, as we drive and lead our teams to achieve zero falls.

- Matthew Smith, MD

INTEGRATING FALL PREVENTION INTO ED WORKFLOW

Standardizing Fall Risk Screening at Triage

KP SCAL embedded the Hester Davis (HD) Falls Risk Screening Tool into triage workflows for all patients aged 65 and older. A regional dashboard supported real-time monitoring of screening compliance and enabled targeted performance improvement.



Enhancing EHR Workflows and Data Visibility

EHR documentation and dashboards were optimized to reflect both screening completion and the presence of fall prevention interventions. These enhancements helped clinicians quickly identify at-risk patients, confirm appropriate safeguards, and reduce care variation.

Ensuring Timely Interventions for Positive Screens

For patients screening positive, a standardized fall prevention bundle including non-skid socks, a wristband, and visual signage, was required, with additional interventions tailored to the individual clinical needs. Staff reinforced key safety behaviors, encouraged use of call lights, ensured essential items were within reach, and extended education to caregivers when present. Hourly rounding proactively addressed needs that could contribute to falls.

Embedding Fall Prevention Education into the After-Visit Summary

Fall prevention education was delivered both during the ED visit and in the After-Visit Summary at discharge. For admitted patients, a warm handoff included communication of fall risk status, enabling inpatient teams to continue interventions, reinforce safety strategies, and engage physical therapy or case management when needed.

LEARNINGS

Operational and Cultural Engagement

Successfully engaging clinical teams across 15 EDs required a deliberate and consistent approach. Physician and nurse champions played a critical role by reinforcing expectations, sharing performance data, and recognizing improvement during monthly regional collaboratives. Publicly highlighting progress helped normalize best practices, sustain momentum, and foster shared accountability across sites.

Leadership Alignment and Executive Support

Early and ongoing leadership engagement was essential to sustaining change on a scale. A data-driven strategy clearly demonstrated the clinical impact and operational value of standardized fall prevention practices. Executive engagement was strengthened through targeted regional and site-level presentations, with active involvement from physician leaders, operational partners, and education teams, ensuring alignment between frontline practice, leadership priorities, and organizational goals.

Recognition and Collective Celebration

Celebrating progress proved to be an important driver of engagement and sustainability. The regional GEDA celebration brought together a broad cross-section of physicians, nurses, and operational partners, reflecting strong participation and shared ownership of the work. Recognizing collective achievement reinforced the value of standardized geriatric care, acknowledged the effort required to achieve accreditation, and strengthened relationships across sites. This shared moment of recognition helped solidify the cultural shift toward prioritizing age-friendly emergency care and underscored the success of a unified regional approach

Training, Communication, and Sustainability

To ensure reliable adoption across all sites, KP SCAL embedded the Hester-Davis fall risk screening tool directly into ED triage workflows for all patients aged 65 and older. Screening completion, intervention documentation, and performance trends were supported by optimized EHR workflows and regional dashboards, providing near real-time visibility at the site and regional levels. This infrastructure enabled targeted coaching, rapid identification of gaps, and consistent reinforcement of best practices.

Sustained performance improvement was supported through a structured regional governance model. Physician and nurse champions met monthly to align on accreditation requirements, review performance data, share operational lessons learned, and recognize high-performing sites. These forums created a consistent feedback loop between frontline clinicians and regional leaders, fostering shared accountability and reinforcing a culture of geriatric-focused safety.

While each emergency department adapted implementation to fit local workflows, core fall prevention practices, including standardized screening, documentation, and intervention bundles were consistently applied across all medical centers. This balance of local flexibility with regional standardization allowed KP SCAL to achieve and sustain screening and intervention compliance above 90% across sites, while advancing a unified, system-wide model for geriatric emergency care.

RESULTS

Regional data demonstrated meaningful improvement in both process reliability and clinical performance following implementation of standardized geriatric workflows. Through a coordinated system-wide effort, all KP Southern California emergency departments achieved Geriatric Emergency Department Accreditation. Across the region, fall risk screening using the Hester-Davis tool exceeded 90% completion at triage for patients aged 65 and older, reflecting consistent adoption of standardized screening practices at the point of care.

Equally important, more than 90% of patients who screened positive for fall risk had at least one fall prevention intervention documented during their ED visit.
Standardized use of fall prevention bundles, including visual cues, non-skid footwear, patient and caregiver education, and environmental safety measures, improved the reliability of care delivery across sites. Optimization of EHR workflows and documentation reinforced adherence to these practices, reduced variation, and supported timely identification and management of at-risk patients. Together, these improvements strengthened clinical consistency while preserving the flexibility needed for local workflow integration.

Most importantly, these results aligned closely with executive priorities around patient safety, quality of geriatric care, and the reduction of preventable harm. This work also directly supports the CMS Age-Friendly Hospital Measure by standardizing evidence-based practices that protect older adults from avoidable injury. The regional fall-prevention workflows and accountability structure align with the Age-Friendly framework, particularly the Mobility and Age-Friendly Care Leadership domains, positioning KP Southern California ahead of upcoming CMS expectations while advancing a sustainable, high-reliability model of geriatric emergency care.

Clinical Outcomes:

Sites reported a 22% decrease in facility falls among older adults

Several EDs achieved standout success with reductions greater than 15% on all falls, BP (67%), FO (42%), LA (38%), SB (42%), SDZ (17%), and SD (15%)

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KEY TAKEAWAYS AND CONCLUSION

Key Takeaways

- Performance dashboards and a network of regional champions are essential to transparency, coaching, accountability, and momentum.
- Storytelling, data framing, and alignment with strategic priorities are effective for securing executive buy-in.
- Allowing sites to adapt workflows while maintaining core standardization helps balance consistency with functionality.
- Hardwiring screening into the EHR at triage creates meaningful cultural change toward preventing harm for older adults.

Conclusion

By leveraging a unified regional approach and a strong partnership with West Health, KPSCAL transformed fall prevention from an initiative to standard practice. Aligning frontline clinical workflows with real-time data, regional accountability, and accreditation standards improved safety for older adults and illustrates how a large health system can achieve great improvement at a large scale.