ACEP
ED Accreditation

Nicole Tidwell
Sr. Program Manager, Accreditation

Jay Mullen MD MBA FACEP
Member, Board of Governors

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

UNITE. PROTECT. EMPOWER.

COMING IN 2024

STANDARDS THAT ELEVATE THE PRACTICE OF EMERGENCY MEDICINE

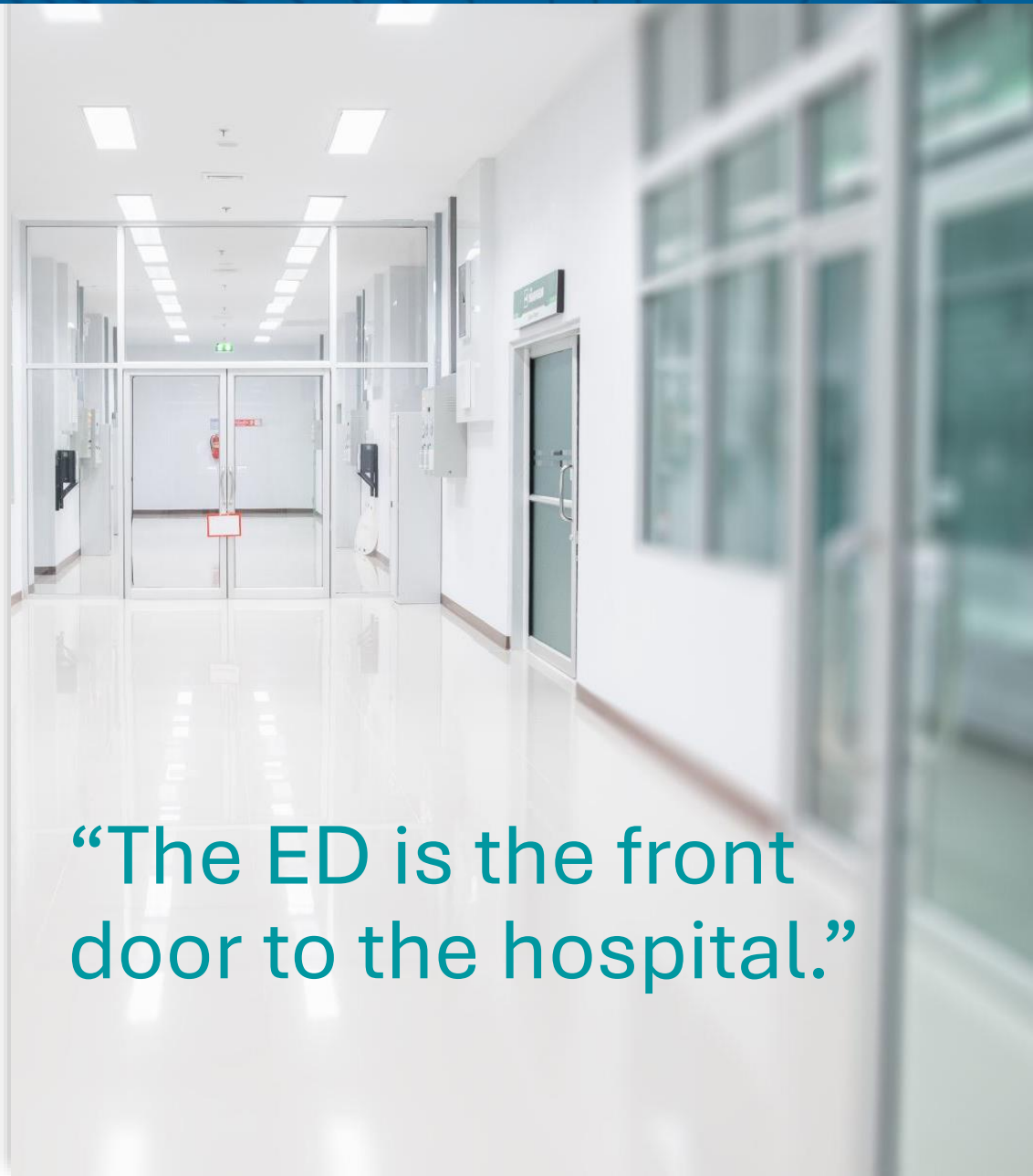
ACEP, the leader in Emergency Medicine standards, will be accrediting hospital-based Emergency Departments who meet the standards designed to improve patient care and promote better physician working environments.

Program Background: ED Accreditation Program Task Force

- Task Force worked to create criteria addressing the following areas:
  - Physician Staffing (including Medical Director qualifications)
  - Clinical Care Team Staffing
  - Quality Assurance and Metric Monitoring
  - Hospital Policies -ED POCUS Availability
  - Resources (i.e., Translation Services)

Why Certify

- Up to 40% of inpatients and up to 70% of ICU patients enter the hospital through the ED.
- In most areas of the country, patients have a choice of where they go for emergency care. Until now there was little information to help them choose a facility.
- ED Accreditation will provide this crucial information; allowing the public to find and utilize facilities with the best staffing to handle any emergency.



"The ED is the front door to the hospital."

Why Certify

- Program based on ACEP's policies
- Highlights staffing with a Board-Certified Emergency Physician
- Ensures staff work in an environment that best supports their practice

ACEP policies to be the basis for criteria include:

- Responsibility for Admitted Patients
- Disaster Planning and Response
- Adult Psychiatric Emergencies
- Pediatric Medication Safety in the Emergency Department
- Food And Drink for Staff in the Emergency Department
- Protection From Violence in the Emergency Department
- Pediatric Readiness Guidelines

Why Now?

Inflection point

High post-covid burnout rates and dissatisfaction with current practice environment.

Potential first-mover advantage.

Job integrity

Need to preserve job integrity and demand for emergency physicians.

Standards

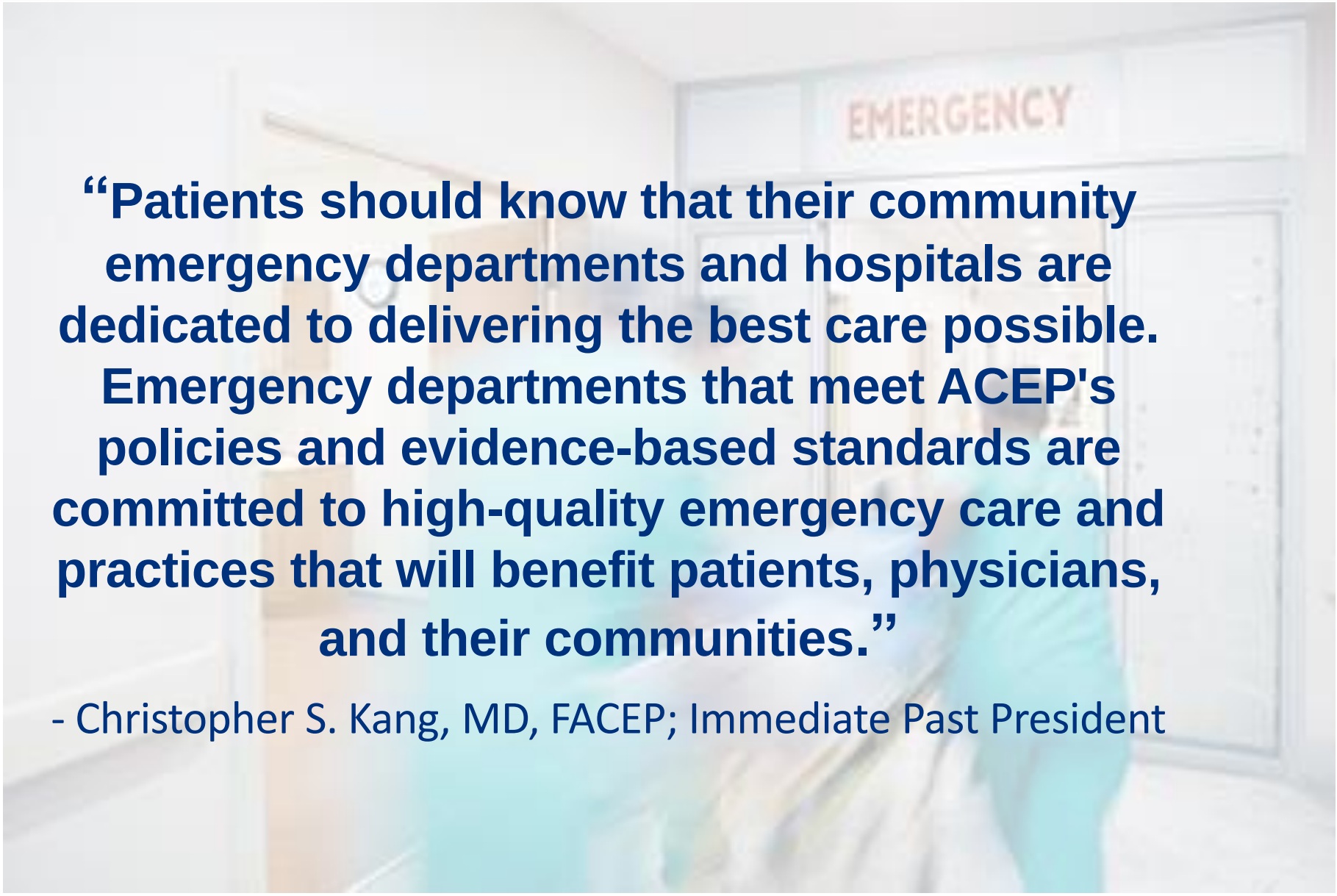
Set standards of care across corporate, private, and academic groups on issues such as staffing, care quality, and contracts.

Membership

Add value for ACEP members and empower them with leverage to advocate for needs of the ED.

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

acep.org/edap



"Patients should know that their community emergency departments and hospitals are dedicated to delivering the best care possible. Emergency departments that meet ACEP's policies and evidence-based standards are committed to high-quality emergency care and practices that will benefit patients, physicians, and their communities."

- Christopher S. Kang, MD, FACEP; Immediate Past President

Value Proposition

- **PATIENTS** will see the hospital and physician group's commitment to providing quality care in an optimal setting.
- **PHYSICIANS** and team members will work in fair, safe, productive and efficient working environments.
- **HOSPITALS** will gain market distinction through their commitment to the highest standards in emergency care.

ACEP ED Accreditation

ED Accreditation Sets an Aspirations Standard to Improve Emergency Care

Value to patients: Improved quality of patient care and the ED environment.

Value to physicians: Promoting fair, productive working environments for physicians to reduce burnout and attrition.

Value for hospitals: Accreditation could increase market share, improve the quality of care, and enable recruitment and retention of BC/BE emergency physicians.

Accreditation Criteria: 6 Categories

Criteria were selected by the task force based on existing ACEP policies and guidelines as well as best practices and expert opinion.

Accreditation Levels

- **GOLD: Level I**
- **SILVER: Level II**
- **BRONZE: Level III**
- **Federally Designated Rural and Emergency Hospital and Critical Access Hospital**
- **Blue-Ribbon Recognition – Hospitals or Groups**

Eligibility

- **Levels 1, 2 and 3**
  - Requires an American Board of Emergency Medicine (ABEM)/ American Osteopathic Board of Emergency Medicine (AOBEM) and / or American Board of Pediatrics (ABP) board certified/board eligible (BC/BE) emergency physician available onsite 24/7/365.

- **Rural and Critical Access Hospital:**
  - Requires a physician on site 24/7/365 in the ED.

Accreditation Criterion Overview

Two major criteria differentiate the four accreditation tiers:

Criterion 1

- First three tiers (Gold, Silver, Bronze) are applicable to any ED
- The fourth is applicable to hospitals with federal designation of rural emergency hospital or critical access hospital

Criterion 2

- Availability of social services.
- This criterion is required for only Level I and II accredited EDs

Criterion 1: Staffing Model and Level of Supervision

- **Direct Supervision:** When the supervising physician personally examines/evaluates the patients for which she/he is the supervisor. This is the gold standard of supervision.
- **Indirect Supervision:** When the supervising physician contemporaneously discusses or reviews the management of patients for which she/he is the supervising physician but does not personally examine/evaluate 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.

Criterion 1:

Defines the staffing model and level of supervision of physician trainees, nurse practitioners (NPs) and/or physician assistants (PAs). As it relates to physician supervision the following definitions apply.

Criterion 2: Availability of Social Services

Ideally all EDs at all levels of accreditation would have availability of social services to assist with social issues such as:

- Housing
- Public resources
- Substance abuse programs
- *Criterion is required for only Level I and II accredited EDs.

Criterion 2:

The second criterion is the availability of social services.

Gold Level 1

Staffing/Supervision:

- There is an American Board of Emergency Medicine (ABEM)/ American Osteopathic Board of Emergency Medicine (AOBEM) and / or American Board of Pediatrics (ABP) board certified/board eligible (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.

Social Services:

- There is access to a social worker or case manager **7 days per week at least 12 hours per day.** This can be virtual.

Silver Level 2

Staffing/Supervision:

- There is an ABEM/AOBEM and/or ABP BC/BE emergency physician on site 24/7/365. The emergency physician examines/evaluates the patient or performs indirect supervision. All patients seen by physician trainees, NPs or PAs are presented to the emergency physician who then makes the decision as to whether he/she needs to personally evaluate the patient.

Social Services:

- There is access to a social worker or case manager **5 days per week at least 8 hours per day.** This can be via virtual.

Bronze Level 3

Staffing/Supervision:

- There is an ABEM/AOBEM and or ABP BC/BE emergency physician available onsite 24/7/365.
- 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.
- 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.

Federally Designated Rural and Emergency Hospital and Critical Access Hospital

Staffing/Supervision:

- There is a physician on site 24/7/365 in the ED.
- All patients seen by NPs and PAs are presented to the physician who then makes the decision as to whether he/she needs to personally evaluate the patient.
- The physician can be a BC/BE emergency physician or an American Board of Medical Specialties (ABMS) BC/BE physician for presentations in-person. The Medical Director of the ED must be a BC/BE emergency physician.

ACEP ED Accreditation

All Levels

The following physician oversight, policies, quality, and resource sections are to be met by all Emergency Departments seeking accreditation:

Physician Oversight: All Levels

- ED medical director is **ABEM/AOBEM or ABP certified**
- ED medical director is responsible for assessment of **clinical privileges** of physicians and PA/NPs working in the ED.
- The physician medical director is responsible for the **ongoing practice evaluation** of each NP and PA in the ED.
- ED physician leadership will establish confidential and appropriate processes for completion of **exit interviews** with physicians who leave the practice.
- Emergency physicians shall document all direct or indirect supervision encounters with patients but are **not required to sign charts** of patients they did not directly or indirectly supervise.
- The emergency physician and/or EM resident is a member of the **trauma team** if one exists.

Policies: All Levels

- **Formal onboarding** and training process for all ED staff members that they employ to ensure that staff optimize patient are in the emergency setting.

- Hospital policy that states 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 patients care activities in the ED and manages resources at their discretion.

- Ensure that there is 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 outpatient healthcare team (as available and as appropriate) in a timely manner. This process includes **identified FTE** to complete this work and is not left as additional work for emergency clinicians who are actively taking care of ED patients. This process has the support of both the emergency medicine group and the radiology group.

Policies, All Levels, continued

- The **timing of patient consults**, 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. These time intervals are collected and shared with consultants and included in the ED quality improvement plan.
- **Disaster plan** and a **surge plan** in place.
- Emergency physicians can perform **procedural sedation** in accordance with ACEPs guidelines (include propofol/ketamine, non-fasting, single physician with nurse).
- Ensure that there is a policy in place to identify 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).

Policies, All Levels, continued

- **Weights**: Patients' weights are recorded in kilograms.
- **Meals**: ED staff are permitted to eat and drink at specified workstations while on duty.
- **Violence:** Mandatory reporting of verbal and physical assault to the hospital.
- **Security:** and joint drills between ED and hospital security staff. The security response includes processes for when the ED is at heightened risk of safety threat (e.g., assault of health care workers, combative patients, or officer involved shooting victim) and processes for lock down and rapid law enforcement response in event of active shooter in the ED.
- **Merit Badges:** 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 that have such requirements as a part of regulation.

Quality: All Levels

- Each ED shall have an **emergency physician led quality improvement (QI) plan** which includes the following:
  - Reviews of the practice of emergency physicians, non-emergency 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).
  - **Quarterly reports on performance** and quality measures for individual physicians, PAs, and NPs which are compared to other staff in an anonymous manner and, if available, to national or regional data.
  - Documentation of a review of their **ED pediatric readiness** status at least every two years (e.g. participation in the pediatric readiness assessment and action plans to correct deficiencies.
  - Monitoring and recording of **time from presentation to discharge** for treat and release patients.
  - Monitoring and recording of time from presentation to the decision to admit and time from **decision to admit until the patient leaves the ED**.

Resources: All Levels

Ensure that…

- Emergency physicians regardless of employment status, have the **same rights and privileges as other members of the medical staff.**
- Resources are in place to provide safety of staff, visitors, and patients.
- ED **point-of-care ultrasound** is available 24/7 for use by emergency physicians for diagnostics and for procedures as applicable.
- ED has resources for **victims of domestic/family violence**.
- **Interpretive services** are available in person or via telehealth.
- There is a sanitary, private, non-bathroom area proximal to the ED for ED employees who are **breastfeeding**.

Blue-Ribbon Recognition

Blue Ribbon Recognition is an acknowledgment of the commitment to emergency physicians highlighting best practices and ensuring an optimal work environment.

Recognition is available to:

- Accredited Hospitals
- Groups

ACEP ED Accreditation

Potential Impact

Improved Level of Infrastructure in all EDs

Equipment and Resources Expectation Raised

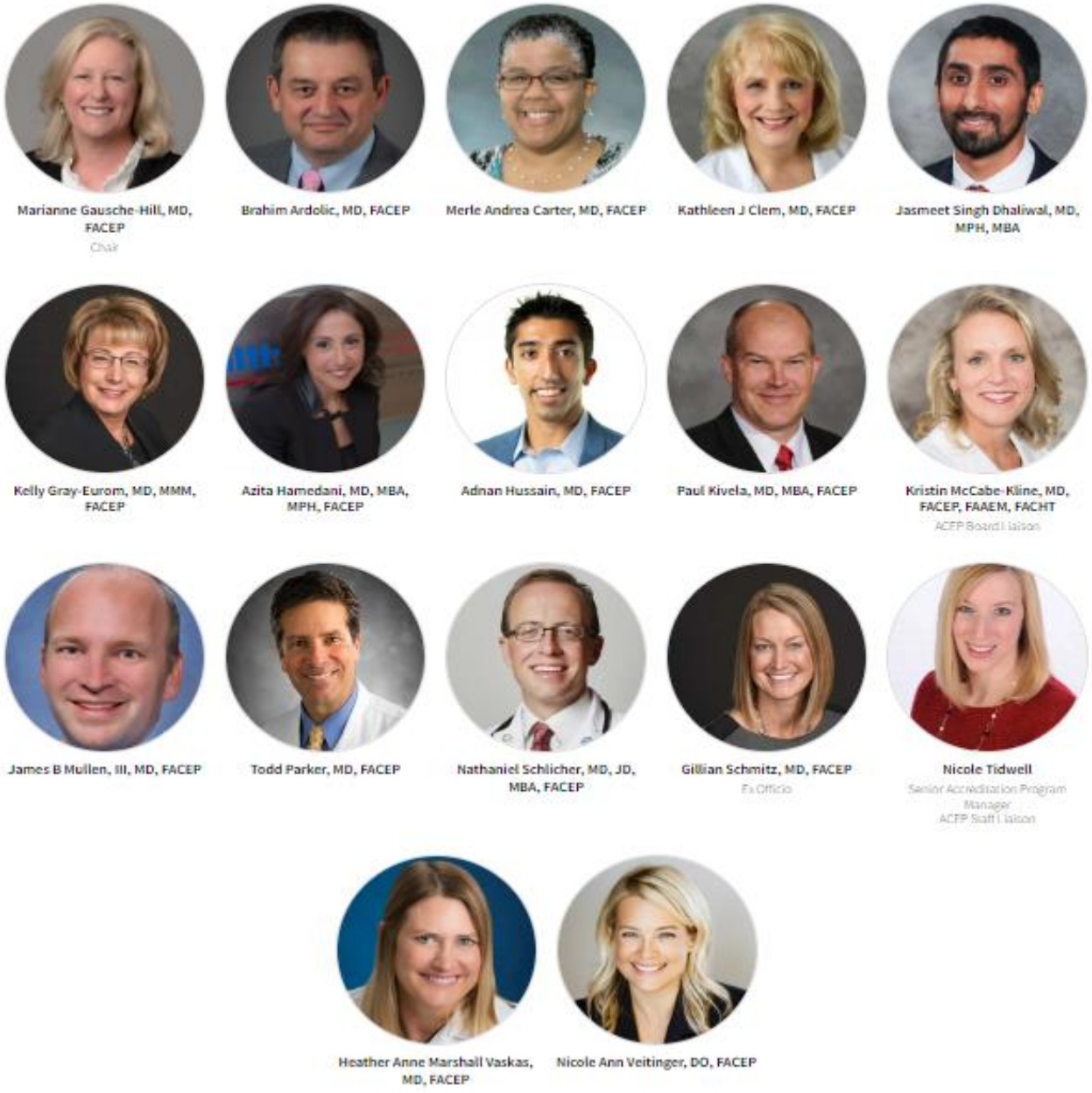
CONSUMER FACING ACCREDITATION STATUS SOCIALIZED

Business Case from an ROI perspective

Health Systems Leveraging ED Accreditation to Protect/Increase Market Share,

Competitive Edge with Payors/Shared Risk Contracts, etc.

Emergency Department Accreditation Board of Governors

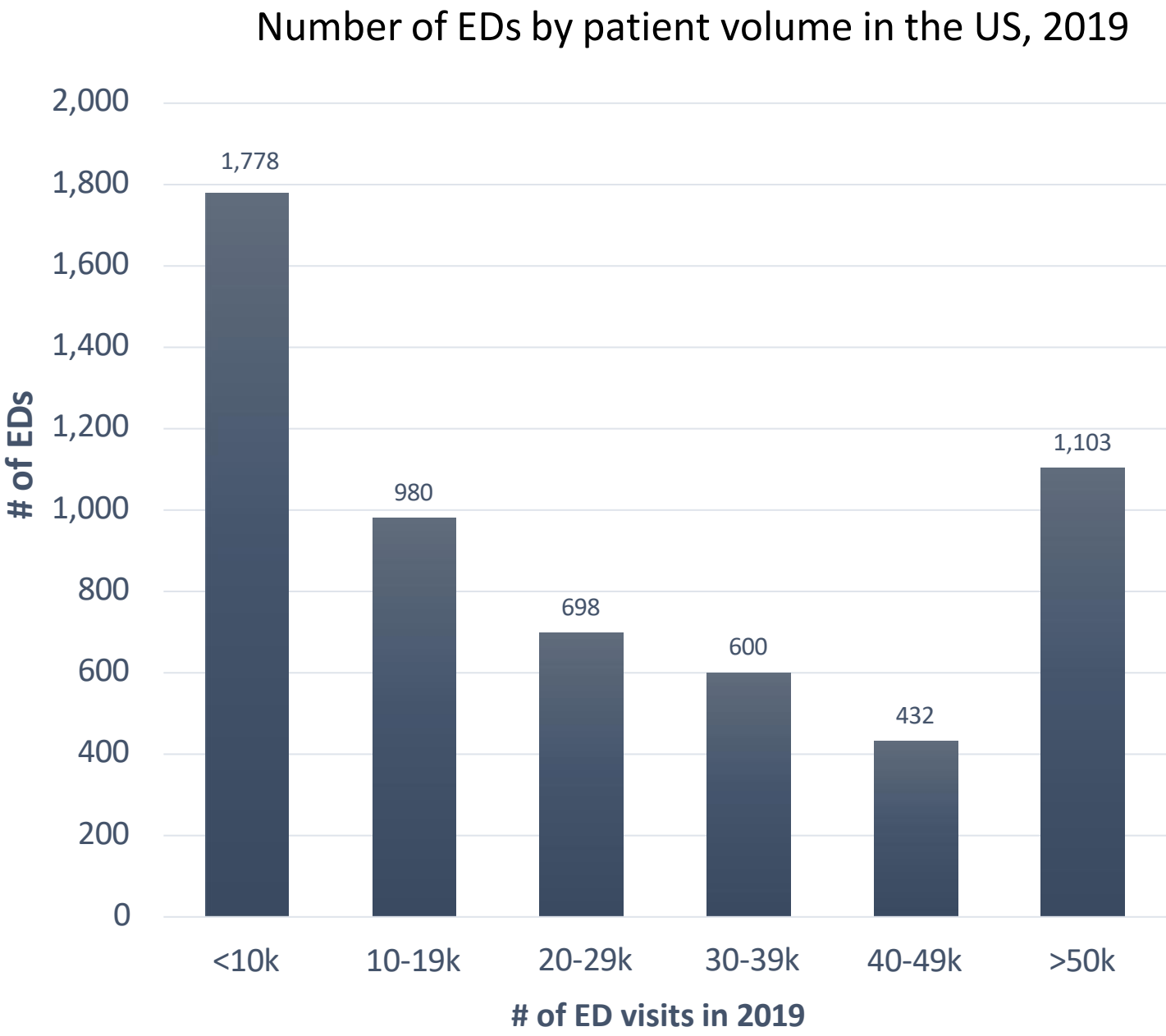


ACEP ED Accreditation

Pricing

- **Level 1** $15,000,
  (Intro rate, will increase to $20K)
- **Level 2** $10,000
- **Level 3** $5,000
- **Rural Emergency Hospital and Critical Access Hospital** $2,500
- **Blue-Ribbon Accredited Hospital** (no additional Fee)
- **Blue-Ribbon Groups** $2,500
  - (First 5 sites fee is $2,500, then an additional $100 fee per site above the initial 5 sites.)

EDs in rural vs urban areas have very different needs, priorities, and resources

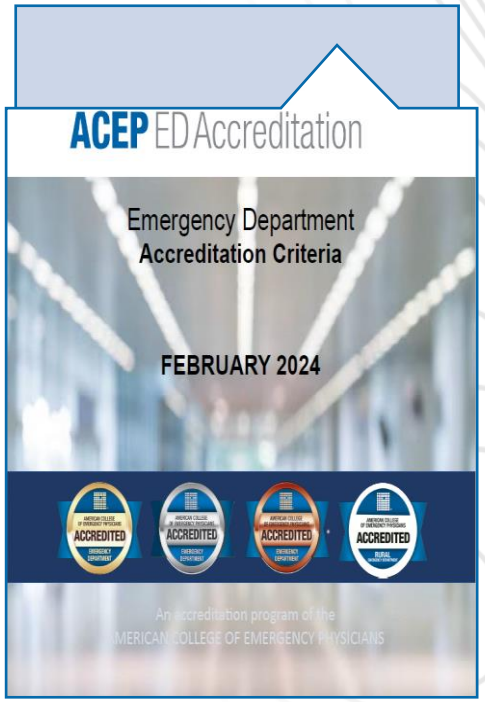


Emergency Medicine Network. 2019 National Emergency Department Inventory - USA.

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

Program Availability

- Anticipated launch date late Spring 2024
- Criteria available now
- acep.org/edap



Spreading the word

Questions?

UNITE. PROTECT. EMPOWER.