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Why is ACEP doing this?

- For decades, ACEP has fought to improve the care of our patients and physicians
- Primary Means of Change?
 - › Lobbying/Influencing Governmental Policy
 - › Position Statements
 - › Research/Publication
- This effort will actually provide incentive for hospital leadership to improve care and working conditions





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Standing up for the Emergency Physician

- 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

ACEP ED Accreditation



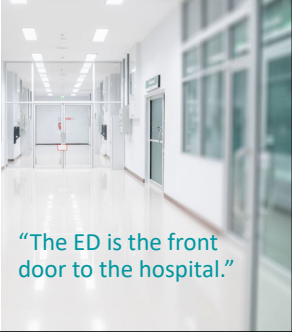
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Why Should Hospitals Want This?

- 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.”

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Why Now?

Inflection point

High 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.

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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
 - Resources (i.e., Translation Services)

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Emergency Department Accreditation Board of Governors




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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.

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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.

Physician
Staffing

Physician
Contracting

Other Hospital
Staff

Quality
Improvement

Policies

Resources

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Physician Staffing

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Gold Level 1

Staffing/Supervision:


- There is an American Board of Emergency Medicine (ABEM) 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.



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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 in real time 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.



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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.



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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.




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Requirements for all levels of accreditation




Physician Oversight




Policies



Quality




Resources




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Physician Oversight



- ABEM/AOBEM or ABP Certified Medical Director
- ED Medical Director responsible for
 - Delineation of Clinical Privileges
 - Ongoing practice evaluation of providers
 - Confidential and appropriate exit interview process
- EPs shall document on all direct and indirectly supervised charts, but NOT on charts where they did not supervise
- Emergency physician or resident membership in trauma team (if applicable)

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Policies

- Formal onboarding process for all ED staff
- Hospital policies regarding boarded patients
- Critical imaging or lab results after discharge
- Consult Policies
- Disaster/Surge Plan
- Procedural Sedation






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Policies (cont'd)

- Care of psychiatric boarding patients
- Food and drink at workstations
- Mandatory reporting of verbal and physical assault
- Safety and security measures
- Board certified emergency not required to take additional life support courses (BLS, ACLS, ATLS) to maintain credentials
 - Unless required by state or governmental policy






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Quality



- Emergency physician led QI plan
- Ongoing case and quality metric review
- Includes pediatric readiness



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Resources

- Equivalent rights and resources to other medical staff
- Appropriate safety measures
- 24/7 POCUS availability
- Sanitary, private, non-bathroom area for breastfeeding
- Victims of family/domestic violence
- Medical translation services







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Open to Hospitals and Groups:






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Four Criteria for Qualification

- Due Process for Physicians
- No Contractual Restrictions
 - ▶ Non-Compete Clause
 - ▶ Non-Interference Clause
- No Inquiry into Prior Psychiatric Care for Credentialing
- Transparency of Billing







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Program Availability





- Anticipated launch date late Spring 2024
- Criteria available now
- [acep.org/edap](https://www.acep.org/edap)



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Emergency Department
Accreditation Criteria
April 2024



AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
ACCREDITATION



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Spreading the word



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I can't think of anything more important than our ability to define what those standards should be for patients, for us to prevent burnout, to ensure we're giving quality care.

DR. GILLIAN SCHMITZ
Past President of ACEP

THE REVITALIZING DOCTOR PODCAST

ACEP ED Accreditation <https://www.acep.org/edap>



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