**Level 1or 2: Care Process Executive Summary**

Care Process

**Select the care process this corresponds to from this dropdown menu:**

Select one

**Your care process name:**

Click or tap here to enter text.

**Date care process approved by your EM Department/Division:**

Click to insert date

Description

**Describe the population that the care process will apply to and any exemptions. For example, it may apply to all patients over 65 or a subset based on age, ESI, or another positive screening tool. Patients who are severely ill or intubated may be exempted:**

Click or tap here to enter text.

**Hours of the day when the care process will be implemented or available if applicable:**

Click or tap here to enter text.

**Describe where in the ED workflow this care process fits in. For example, it may occur in triage, once the patient is roomed, at discharge, after discharge, after admission, during another transition of care, or other time:**

Click or tap here to enter text.

**Brief description of the care process. If you are using a hospital-wide process, please explain how it is applied specifically in the ED:**

Click or tap here to enter text.

**Who will be responsible for performing the actions in the care process:**

Click or tap here to enter text.

**Describe how this care process is geriatric-specific:**

Click or tap here to enter text.

**Describe any further follow-up or interventions involved:**

Click or tap here to enter text.

Education

**Describe how you will educate the relevant staff, physicians, or other stakeholders about the care process:**

Click or tap here to enter text.

Monitoring

**Describe how you will monitor completion of the care process and its impact, where relevant. The list of GEDA care processes provides details about the required reporting or metrics for monitoring implementation. You should include what measures you will monitor or track. Please clearly indicate the numerator and denominator of measures that you are following. Tracking can be done through a live dashboard of screening results, through periodic random chart reviews, or through other tracking methods. You will have a chance to copy your data below.**

Click or tap here to enter text.

**Describe how often and by whom the monitoring will be performed.**

Click or tap here to enter text.

**Please describe how you will help improve the rates of completion or impact of the process if rates are currently low or become low in the future.**

Click or tap here to enter text.

Reporting Data or Process Evidence

**Please review the GEDA Care Process description sheet. This will explain what the required metrics evidence that you should submit in support of your care processes. Some care processes require specific metrics reporting with at least 3 months of tracking data. Other care processes have a range of options you can submit to demonstrate the care process has been implemented.** **Please copy or screenshot and paste your data or evidence below.**

*Please do not include any patient protected health information.*

*You can insert or paste the data directly, or you can screen capture and paste using the following controls:*

*Mac: Command+Control+Shift+4 to select the area to copy, the paste with Command+V*

*PC: Win+Shift+S to select the area to copy, then paste with Ctrl+ V*