



Eating Disorders Center of Excellence

To be considered an Eating Disorder Center of Excellence (COE) the organization must adhere to the following guidelines established by the Residential Eating Disorder Consortium. COEs will...

1. Accreditation
 - Maintain accreditation through The Joint Commission or CARF and meet state licensing requirements
 - Be active in ongoing advocacy to push for clear, strong standards at both the state and national levels
2. Qualified Staff
 - Employ accomplished clinicians who are highly trained and fully credentialed and ensure clinicians receive the best training available in eating disorder care
 - Include all of the following: licensed and qualified medical, psychiatric and nursing professionals, psychotherapists, other mental health providers, and registered dietitians
 - Recognize the commitment, professionalism, and tenacity required of people working in this field and actively promote and support staff self-care
3. Evidence-Based Treatment
 - Offer clinical services that are grounded in a three-pronged approach: scientific evidence published in peer-reviewed journals, clinical expertise considered practice-based evidence, and patient preference
 - Review the most recent findings in eating disorders etiology, development, and treatment to ensure that treatment is up-to-date and evolving as the evidence expands
 - Collaborate with interested researchers to bridge the gap between research and practice, and contribute to the advancement of knowledge in the field
4. Performance, Quality, & Process-Improvement Measurement Systems
 - Use all available tools – including metrics recommended by The Joint Commission and CARF – to track results
 - Collect and report clinical/patient outcomes, specifically: weight, eating disorder behavior change, anxiety, depression, and quality of life upon admission, at discharge, six months after discharge, and 12 months after discharge
 - Collect and report quality and process-improvement metrics which may include patient and family satisfaction, average length of treatment, readmission rates, and follow up service after discharge
 - Be transparent and honest in the way that data are presented to the public and stakeholders in shaping expectations about realistic treatment outcomes
5. Sound and Ethical Business Practices
 - During the admissions process, commit to transparency with prospective patients and families and:
 - accurately represent the services and care the program is capable of providing,
 - consider the psychiatric, medical, nutritional, and clinical needs of those with eating disorders
 - perform a comprehensive assessment to determine if it is the best clinical fit for a prospective patient. and, if not, guide them to appropriate resources
 - provide financial transparency without financial incentives to prospective patients
 - Marketing efforts will communicate substantive, critical information about a therapeutic service and arm patients and families with information that allows them to make informed treatment choices
 - Follow the “Marketing Best Practices” guidelines



- Ensure patients and families are well-informed about the cost of services and their financial responsibility for those services
 - Have financial assistance programs and systems in place to assist when individuals have limited insurance or constrained financial resources
6. Full Continuum of Care
- Are excellent providers of the levels of care they offer, transparent about whether and how their offerings match the individual's needs, and provide a seamless experience to those who may need to transfer to other levels of care
 - Upon discharge, connect all patients to affordable and appropriate care, given the resources in the patient's region, and communicate this plan to the receiving treatment team
7. Care for Co-Occurring Disorders
- Provide evidence-based treatment by appropriate psychiatric, medical, and therapeutic staff with demonstrable skills and training to treat co-occurring disorders
 - Use a pre-admission screening to identify which patients require substance use treatment, and have the proper systems to refer out appropriately
 - Be transparent about what treatments for substance use disorders they do and do not offer
 - Assess for trauma using a clinical interview and a validated research measure specific to trauma
 - Identify one or more evidence-based treatments for trauma and train clinical staff to be able to engage in trauma treatment when clinically indicated
8. Collaboration with Families
- Commit to involving and engaging families and fostering excellent communication with them
 - Recognize the impact of eating disorders on families and do everything possible to support and encourage self-care among family members
9. Collaboration with Payers
- Understand and respect payers' obligations to be fiscally responsible and efficient
 - Maintain an unwavering focus on treating patients according to APA criteria and guidelines
 - Evaluate whether an expense is truly necessary and promote efficient patient progress
10. Education
- Recognize the need for rigorous, peer-reviewed scholarship and research
 - Seek out opportunities to engage with academic institutions and scholarly bodies to advance the field
 - Teach professionals about early identification, treatment, and referrals
 - Seek opportunities to educate health professionals about eating disorders
 - Structure site visits as opportunities for education, not entertainment
11. Advocacy
- Expand access to care for every patient in need, advocate for patients and ensure access to health insurance benefits due to them
 - Work to advance the field by engaging in advocacy at the local, state, and national levels
 - Participate in responsible media opportunities aimed at educating audiences and raising awareness
12. Technology and Data Systems
- Incorporate cutting-edge tools in both their business, treatment, and recovery processes
 - Implement technology platforms and electronic health records systems that are robust and HIPPA compliant