The process includes the following:

- Permitting patients to leave for a defined period of time during the planned course of treatment
- Identifying clinical criteria for patients to leave. Examples of criteria include the following:
  - Physical status
  - Mental status
  - Patient's ability to care for themselves or the family's ability to care for the patient
- Including the treatment team, the patient, and the patient's family (if applicable) in the decision

Measurable Elements of ACC.04.05

1. Ⓓ There is a written process for managing patients who leave against medical advice; this process includes the following:
   - Inpatients who leave with and without informing hospital staff
   - Patients who have absconded
   - Patients receiving complex treatment who do not complete or do not return for treatment ("no shows")
   - Documentation requirements
2. There is a process to inform the patient of the medical risks of inadequate treatment.
3. The patient is discharged according to the hospital discharge process.
4. There is a process to notify the patient's primary care provider if a patient leaves against medical advice.
5. The process is consistent with applicable laws and regulations, including requirements for reporting cases of infectious disease and when patients may be a threat to themselves or others.
6. When consistent with regional laws and regulations, the hospital develops a process for allowing patients to leave the hospital during the planned course of treatment for a defined period of time.

Transfer of Patients

Standard ACC.05.00

The hospital has a process to transfer patients to other health care organizations based on the patient's status and the hospital's ability to meet those needs.

Intent of ACC.05.00

Transferring a patient to an outside organization is based on the patient's status and need for continuing health care services. Criteria help to identify when a transfer is necessary to ensure that the patient's needs are met.

Transfer may be in response to a patient's needs. Examples of needs include the following:

- Specialized consultation and treatment
- Urgent services
- Less intensive services (such as subacute care or long-term rehabilitation)
- Patient or family request

The hospital must determine if the receiving organization provides services to meet the patient's needs and has the capacity to receive the patient. This advance determination ensures continuity of care and that the patient's care needs will be met. Transfer requirements are described in formal or informal affiliations or agreements. However, transfers may occur to other specialized treatment or services without formal or informal agreements.

A consistent process for patients is required to ensure that patients are transferred between health care organizations safely.

The condition and status of the patient determine the required qualifications of the staff member monitoring the patient and the type of medical equipment needed during transfer.

The hospital evaluates the quality and safety of the transfer process to ensure that patients are transferred with qualified staff and the correct medical equipment for the patient's condition.

The patient transfer process specifies the following:

- How and when responsibility is transferred between providers and organizations
- Criteria for when transfer is necessary to meet the patient's needs
- Who is responsible for the patient during transfer
- Qualifications of the staff caring for the patient during transfer
- What medications, supplies, and medical equipment are required during transport
- Follow-up mechanism that provides information regarding the condition of the patient during transfer and upon arrival to the receiving organization
- What is done when transfer to another source of care is not possible

Measurable Elements of ACC.05.00

1. Ⓓ The hospital develops a written transfer process based on patients' needs for continuing care and ensures that the receiving organization meets the needs of the patient to be transferred. (*See also* ACC.02.02, ME 4; ACC.03.00, ME1; GLD.06.00, ME 4)
2. The transfer process addresses how and when responsibility for continuing care is moved to another provider.
3. The transfer process identifies who is responsible for monitoring the patient during transfer and the staff qualifications required for the type of patient being transferred.
4. The transfer process identifies the medications, supplies, and medical equipment required during transport.
5. The transfer process addresses a follow-up mechanism that provides information about the patient's condition upon arrival to the receiving organization.
6. The transfer process addresses the situations in which transfer is not possible.

Standard ACC.05.01

The receiving organization is given a written summary of the patient's clinical condition and the interventions provided by the hospital, and the process is documented in the patient's medical record.

Intent of ACC.05.01

To ensure continuity of care, patient information is transferred with the patient.

The receiving organization needs to understand any patient care provided before and during transfer. Without this information, there is a risk that vital patient information will not be communicated or that interventions, treatments, or medications are repeated or omitted. A copy of the written clinical or discharge summary is provided to the receiving organization with the patient. The patient's medical record contains documentation of the transfer.

The written clinical or discharge summary includes at least the following:

- Patient's clinical condition or status
- Procedures and other interventions provided
- Patient's continuing needs and reason for transfer

The transfer documentation includes the following:

- Name of the health care organization and the name of the individual agreeing to receive the patient
- Reason(s) for the transfer