

Standard ACC.04.05

The hospital has a process for the management of patients who leave against medical advice.

Intent of ACC.04.05

Patients leaving against medical advice are at risk of inadequate treatment, which may result in permanent harm or death. The hospital must have a process to manage patients leaving against medical advice and to inform them of the risks related to this decision.

“Leaving against medical advice” means leaving the hospital after an examination has been completed and a treatment plan has been recommended. Leaving against medical advice also includes patients who do not complete or return for complex or lifesaving treatments in the outpatient setting.

Inpatients and outpatients, including patients from the emergency department, have the right to refuse medical treatment and to leave the hospital against medical advice. However, these patients may be at risk of inadequate treatment, which may result in permanent harm or death.

When a competent patient requests to leave the hospital without medical approval, the risks must be explained by the provider recommending the treatment plan or their designee, and the conversation should be documented in the medical record. If the patient allows it, normal discharge procedures should be followed. Patients leaving against medical advice do not leave the facility without receiving information on their medical care. Health care providers attempt to identify why the patient is choosing to leave against medical advice to improve communication and identify potential process improvements. When a patient leaves the hospital against medical advice without notifying anyone or does not return for treatment, the hospital must try to contact the patient to inform them of potential risks.

If the patient has a documented primary care provider, they must be notified of the patient’s decision to leave against medical advice. When applicable, the hospital reports cases of infectious disease and provides information regarding patients who may harm themselves or others to local and national health authorities as required.

If the patient is at risk of self-harm or harming others, the hospital should restrain the patient from leaving if allowed by local laws and regulations.

The hospital may develop a process to allow patients to leave the hospital for a defined period (such as on a weekend “pass”) if approved by the patient’s attending physicians and permitted by local laws and regulations. Such a temporary absence is not considered leaving against medical advice.

The hospital designs this process to be consistent with applicable laws and regulations. The process for managing patients who leave against medical advice includes the following:

- Inpatients who leave with or without informing hospital staff
- Patients who have absconded
- Patients receiving complex treatment who do not complete or do not return for treatment (“no shows”)

The process includes contacting the following individuals:

- The patient (if possible) to inform them of the potential risks of leaving against medical advice
- The patient’s family or caregivers, as applicable
- The patient’s primary care provider if one is known
- Local and national health authorities, as required, if the patient has a known or suspected reportable infectious disease
- Local authorities, as required, if the patient is at risk for harming themselves or others

The process defines expectations for documenting “leaving against medical advice,” patient absconded, and no shows.

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. ⑩ 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.