

Measurable Elements of AOP.01.00

1. Ⓛ Hospital policy defines, in writing, the minimum content of assessments for inpatients for each clinical discipline that performs assessments. (*See also* AOP.01.01, ME 2)
2. Ⓛ Hospital policy defines, in writing, the minimum content of assessments for outpatients for each clinical discipline that performs assessments. (*See also* AOP.01.01, ME 2)
3. Only qualified individuals permitted by licensure, applicable laws and regulations, or certification perform the assessments. (*See also* AOP.01.01, ME 3)
4. The hospital identifies the information to be documented for the assessments.

Standard AOP.01.01

Each patient's initial assessment includes a health history and an evaluation of the patient's physical, psychological, spiritual/cultural, social, and economic needs.

Intent of AOP.01.01

The initial patient assessment is critical to identifying patient needs and planning the patient's care.

A complete assessment is performed related to the chief complaint at the time of admission or registration. Hospital policies define what information is needed at the time of admission or registration, who is responsible for obtaining and documenting this information, and how this information is documented.

The initial assessment provides information to do the following:

- Understand the care the patient is seeking.
- Select the best care setting for the patient.
- Form an initial diagnosis.
- Understand the patient's response to any previous care.

Hospital policy outlines what assessments and history are required as part of the initial assessment.

Common elements of an initial assessment include the following:

- Physical evaluation
- Health history
- Medication history and allergies
- Psychological assessment
- Social and economic assessment
- Cultural and spiritual assessment

The psychological assessment determines the patient's perception, thought processes, and emotional status. The social and economic assessment is not intended to "classify" the patient; it is used to identify possible barriers to access and paying for care.

A patient's social, cultural, spiritual, family, and economic factors can influence their response to illness and treatment. Families can be very helpful in these areas of assessment and in understanding the patient's wishes and preferences.

Hospital policy also states the following:

- What parts of the initial assessment each discipline is responsible for completing
- The minimum content for the initial medical assessment
- The minimum content for the initial nursing assessment
- The minimum content for other assessments (for example, physical therapy, speech therapy)
- The time frame for completion of the initial assessment
- The documentation requirements for the initial assessment

The initial assessment of the patient does not need to be completed by one person. Hospital policies define which disciplines are responsible for which parts of the initial assessment. Hospital policies outline the minimum content of the initial medical and nursing and other assessments, the time frame for completion of assessments, and the documentation requirements for assessments.

The initial assessment of some patient populations requires that the assessment process be modified. The modification is based on the unique characteristics or needs of each patient population. Each hospital identifies those special patient populations and modifies the assessment process to meet their special needs. The assessment of these patients responds to their needs and condition in a culturally acceptable and confidential manner. The assessment of special populations is modified to be consistent with local laws and regulations and professional standards.

The assessment is complete, available to those caring for the patient, and results in an initial diagnosis and an understanding of the patient's medical and nursing needs so care and treatment can begin.

In an emergency, the initial medical and nursing assessments may be limited to the patient's apparent needs and condition. In cases in which an emergency patient requires surgery, a brief note and the preoperative diagnosis are documented before surgery.

The hospital must identify, in writing, special populations that it serves and require a modified assessment process. Examples of special patient populations include the following:

- Infants, children, and adolescents
- Frail elderly
- Terminally ill/dying patients
- Patients with intense or chronic pain
- Women in labor or experiencing terminations in pregnancy
- Patients with emotional or psychiatric disorders
- Patients suspected of drug and/or alcohol dependency
- Victims of abuse or neglect
- Patients with infectious or communicable diseases
- Patients whose immune systems are compromised

The hospital requires the patient's initial assessment be completed and documented within 24 hours of admission. The hospital may identify situations in which an assessment may be needed sooner, or a limited assessment is acceptable. These situations include the following:

- When a patient's condition indicates, for example, an unstable patient, a patient scheduled for surgery in less than 24 hours after admission, or when a transfer is imminent
- Immediate assessment of emergency patients or other groups identified by the hospital
- When an emergency patient is sent for emergent surgery

Measurable Elements of AOP.01.01

1. ⑩ All patients have an initial assessment that is consistent with the requirements defined in hospital policy.
2. The assessment includes the following:
 - Physical examination
 - Health history
 - Medication history and known allergies
 - Initial psychological assessment as indicated by the patient's condition
 - Initial social and economic assessment, when indicated by the patient's needs
 - Initial spiritual and cultural assessment, when indicated by the patient's needs

(See also AOP.01.00, MEs 1 and 2)
3. ⑩ The hospital outlines requirements about who is responsible for the initial assessment and the timeliness of the assessment, including the following:
 - What parts of the initial assessment each discipline is responsible for completing
 - Minimum content for the initial medical assessment
 - Minimum content for the initial nursing assessment
 - Minimum content for other assessments (for example, physical therapy, speech therapy, social services)
 - Time frame for completion of the initial assessment
 - Documentation requirements for the initial assessment

(See also AOP.01.00, ME 3)
4. ⑩ The hospital identifies, in writing, those patient groups and populations it serves that require modifications to their initial assessment.
5. The initial assessment for special patient populations is modified to reflect their needs.
6. The initial nursing assessment is completed within 8 hours, and the medical assessment is completed within 24 hours of admission to the hospital.
7. The initial assessment results in an initial diagnosis or diagnoses that require treatment and monitoring.
8. The initial nursing assessment results in a list of specific nursing needs or conditions that require nursing care, interventions, or monitoring.
9. Preoperative diagnosis is documented for patients requiring emergency surgery.

Standard AOP.01.02

The hospital has a process for accepting initial assessments from outside sources.

Intent of AOP.01.02

There must be a process to accept initial assessments from outside sources that includes validation of the information included in the assessment because correct and current information is needed to provide safe patient care.

An initial assessment may be conducted by an outside source. Examples of outside sources include the following:

- Health care practitioner's office
- Primary care or ambulatory care center
- Consulting or referring practitioner

Common reasons for initial assessments by outside sources include the following:

- Referral to a specialist employed by the hospital
- Direct or scheduled admissions to the hospital
- Referral for a scheduled outpatient or same-day procedure