

Certain screenings or diagnostic tests may be required for every patient being admitted, or the hospital may identify specific screenings and tests for particular patient populations based on risk. Examples include the following:

- Screening patients with active diarrhea for *Clostridioides difficile* (*C. diff*)
- Screening patients from other health care organizations for methicillin-resistant *Staphylococcus aureus* (MRSA)

The triage process used by the hospital organization meets the following criteria:

- Is based on evidence or established by a professional organization.
- Is appropriate for the patient population (for example, pediatric vs. adult triage tools, obstetric tools).

The clinical observation process includes the following:

- Criteria for admission to or discharge from the hospital
- A time limit on the observation period
- Identification of who determines whether the patient is admitted or discharged from the hospital

Screenings and diagnostic tests required for admission are based on the following:

- Current trends in health care and current scientific evidence
- Risks specific to patient population cared for by the organization
- Risks specific to the environment and geographic region

Measurable Elements of ACC.01.01

1. ① The hospital selects and uses an evidence-based triage process, appropriate to its patient population, to identify and prioritize patients with emergent, urgent, and immediate needs.
2. The hospital has identified which specific screenings or diagnostic tests must be completed prior to admitting or registering patients.
3. The triage process includes early recognition of communicable diseases.
4. Staff are trained to use the triage process, including the early recognition of communicable diseases.
5. There is a process for holding patients for observation when clinically indicated.

Standard ACC.01.02

The hospital considers the clinical needs of patients and informs patients when there are unusual delays for diagnostic and/or treatment services.

Intent of ACC.01.02

Delays for diagnostic services and treatment may negatively impact patient condition, particularly when a patient's condition or treatment is time sensitive. Patients have a right to know and understand the potential impact of these delays on their health.

Patients are informed when there are known long delays for diagnostic and/or treatment services or when obtaining planned care may require placement on a waiting list. Examples of such delays include the following:

- Waiting for an organ transplant
- A delay in obtaining a diagnostic test due to limited appointments
- Waiting for an elective surgical procedure due to limited availability of operating theatres

Patients are informed of the associated reasons for the delay and are informed of alternatives, if available.

This requirement applies to inpatient and outpatient care and/or diagnostic services. This requirement does not apply to minor, usual, or expected waiting periods for outpatient care or inpatient care. Examples of such delays include the following:

- When a provider is behind schedule in a clinic
- When the emergency department and its waiting room are full

- When a delay is consistent with regional norms for specialized services, such as oncology treatment or organ transplant

These are reasonable examples for delays, but patients and/or their families should still be informed of delays and the reason for them. Appropriate and timely communication is essential to address anxiety and demonstrate genuine empathy for patients and/or their families.

Unusual delays require documentation in the patient's medical record. Documentation of unusual delays includes the reason for the delay, so the hospital and health care provider understand how it impacted patient care. Examples of unusual delays include the following:

- Insufficient staffing
- Miscommunication
- Rejected laboratory specimen

Measurable Elements of ACC.01.02

1. Patients are informed when there will be a delay in care and/or treatment.
2. Patients are informed of the reasons for the delay and provided with information on available alternatives consistent with their clinical needs.
3. The information on unusual delays and reasons for the delay are documented in the patient's medical record.

Patient Flow

Standard ACC.02.00

The hospital has a process for managing the flow of patients throughout the hospital that includes the admission and registration of patients, as applicable to the patient care setting.

Intent of ACC.02.00

Managing the flow of patients throughout the hospital improves the coordination of care, patient safety, and health outcomes. It is essential to minimize boarding of patients in the emergency department or other temporary areas in the hospital.

Patient flow is the movement of patients throughout the hospital from the point of admission to the point of discharge or from the point of registration to the point of disposition. Effective management of processes that support patient flow can minimize delays in the delivery of care. Patient flow includes the following:

- Admission and discharge of patients
- Scheduled, elective, and emergent admissions
- Assessment and treatment of patients
- Patient transfers between units or other levels of care
- Availability of staff and resources

The hospital has a process to manage patient flow. Components of the process include the following:

- Available inpatient beds in appropriate care areas
- Availability of appropriately trained and credentialed staff
- Expected patient progression and movement through all care areas, including the following:
 - o Emergency department
 - o Inpatient units
 - o Operating theatres and procedure areas
 - o Diagnostic testing areas
- Availability and efficiency of nonclinical services that support patient care, including housekeeping and transportation