

- Physical examination
- Previous physical, psychological, clinical laboratory, or diagnostic imaging evaluations

The screening may occur at various points of contact, including the following:

- At a referring source (for example, primary care visit)
- During emergency transport
- Upon arrival at the hospital

If patients qualify for admission, their care needs are identified and prioritized. These needs may include the following:

- Preventive services
- Diagnostics services
- Curative or treatment services
- Rehabilitative services
- Palliative services

The patient is admitted to the service or unit that meets the patient's most urgent needs.

When the hospital does not have the clinical capability to provide the needed services, the patient is transferred, referred to, or assisted in identifying sources of services to meet their needs. The transferring hospital must provide and document stabilizing treatment within its capacity prior to transfer.

### Measurable Elements of ACC.01.00

1. Screening results determine if patients are accepted or admitted to the hospital, dependent on patient needs matching the hospital's mission, scope of care, and available resources.
2. Patients outside of the hospital's mission, scope of care, or available resources are assessed and stabilized within the capacity of the hospital prior to transfer.
3. The hospital transfers, refers, or assists the patient or family in identifying and/or obtaining appropriate sources of care if their needs do not match the hospital's mission, scope of care, or available resources.
4. Patients are admitted to the service or unit that meets their most urgent needs.
5. © Assessments and treatments completed prior to transfer are documented in a record maintained by the transferring hospital. (*See also* ACC.03.00, ME 4)
6. There is a process to provide the results of diagnostic tests to those responsible for determining if the patient is to be admitted, transferred, or referred.

## Standard ACC.01.01

Patients with emergent, urgent, or immediate needs are given priority for assessment and treatment.

### Intent of ACC.01.01

The hospital identifies which patients need emergent, urgent, or immediate care and prioritizes care.

Patients with emergent, urgent, and immediate care needs are identified and prioritized through the use of a recognized triage process, such as Emergency Severity Index or Canadian Triage and Acuity Scale. Staff responsible for identifying and prioritizing patient needs are trained in the selected triage process.

The triage process includes early recognition of the signs and symptoms of communicable diseases. Patients identified as having, or suspected of having, potential communicable diseases are segregated and/or isolated.

The triage process includes identifying patients who require clinical observation. The clinical observation period allows appropriate clinicians to determine whether a patient requires admission or is safe to discharge from the hospital. There is a defined process for clinical observation prior to admission to or discharge from the hospital.

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