

- 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

Hospitals must prepare for patient overflow when patient flow does not progress as expected, and when there is an influx of patients. Preparation plans address patient and staff requirements to provide safe care to patients boarding in the emergency department or held in other temporary locations.

The hospital has a process to manage overflow patients boarding in the emergency department and other temporary areas. This process includes the following:

- Facility plans for allocation of space, utilities, equipment, medical equipment, and supplies
- Staffing plans
- Clinical resource availability and access, including the following:
 - o Overflow or boarded patients receive the same level of care as admitted patients.
 - o Overflow or boarded patients have the same access to clinical services as admitted patients.
 - o Overflow or boarded patients have the same access to nonclinical services as admitted patients.
- An established timeline for transferring patients from temporary holding areas or the emergency department to appropriate inpatient beds

Staff from throughout the hospital can contribute to understanding and resolving problems in patient flow. The hospital establishes measures and goals to review the effectiveness of the patient flow process. These measures and goals are monitored and inform strategies to improve patient flow. The effectiveness of process improvements to patient flow is evaluated.

Measurable Elements of ACC.02.00

1. The hospital implements a patient flow process, including the following:
 - Availability of appropriate beds
 - Properly trained staff
 - Expected movement and progression throughout care areas
 - Availability of nonclinical services
2. The hospital has an admission process for patients, regardless of their origin of arrival, including a registration process for patients who do not require admission.
3. The hospital plans and provides for the care of patients who are boarded in the emergency department and other temporary holding areas, including the following:
 - Allocation of space, utilities, equipment, medical equipment, and supplies
 - Staffing plans
 - Availability of clinical resources
 - Availability of nonclinical resources
 - Provision of timely and equivalent care to meet patient needs
 - A time limit on boarding patients in the emergency department and other temporary holding areas and a process for managing patients when temporary boarding periods exceed this time limit
4. © The patient flow processes are reviewed for effectiveness, and process improvements are identified and implemented.

Standard ACC.02.01

At the time of admission, the patient and family receive education and orientation to the patient care area, information on the proposed care and any expected costs for care, and the expected outcomes of care.

Intent of ACC.02.01

Orientation to the care environment, including equipment related to the care and services provided, is an essential component of patient safety. Patients and their families receive sufficient information to make knowledgeable decisions. Patients and clinical staff understand the scope and limits of the general consent (if used by the hospital) to protect patient autonomy and rights.