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**PC.33 The hospital has an effective process for responding to patients with deteriorating conditions.**

PC.33.1 The hospital establishes a rapid response team(s) of qualified staff to provide rapid response for deteriorating patients outside the intensive care unit.

PC.33.1.1 Team is composed of qualified staff educated on the rapid response process.

PC.33.1.2 Team provides coverage 24 hours a day, 7 days a week.

PC.33.2 There are written criteria communicated to the staff to define how and when to call for a rapid response team before the patient “coded”.

PC.33.3 Activities of the rapid response teams are documented.

PC.33.4 There is a regular evaluation of the activities and outcomes of the rapid response teams.

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**Standard Intent:**

Staff who do not work in critical care areas may not have adequate knowledge and training to assess and monitor patients with critical conditions. However, a significant number of patients outside of critical care areas experience critical inpatient events. Often, a patient will exhibit early warning signs (**for example**, a worsening of vital signs or a subtle change in neurological status) shortly before experiencing significant clinical decline, resulting in a major event. The literature identifies physiological criteria that can assist staff in early detection of deteriorating patients.

A majority of patients who experience cardiopulmonary or respiratory arrest demonstrate clinical deterioration prior to arrest. When staff are able to identify these patients early and request additional assistance from specially trained individuals, clinical outcomes improve.

All clinical staff require education and training to provide the knowledge and skills to recognize and intervene when patient assessments identify physiological signs that are outside of the normal range, indicating a potential for patient deterioration. Early response to changes in a patient’s condition is critical to potentially preventing further deterioration. Hospitals that develop a systematic approach to early recognition and intervention of patients whose condition is deteriorating may reduce cardiopulmonary arrests and patient mortality.

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**PC.34 Policy and procedure guides the care of vulnerable dependent patients.**

PC.34.1 The hospital has policies to define and guide the care of vulnerable dependent patients (e.g., immune-compromised, comatose, elderly and frail, disabled, terminally ill, neonates, infants, and children).

PC.34.2 Policies define at least the following information:

PC.34.2.1 Relevant clinical care management plans.

PC.34.2.2 Infection control guidelines.

PC.34.2.3 Security and safety guidelines.



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PC.34.2.4 Ethical guidelines.

PC.34.3 Staff members are aware of and implement all relevant policies and associated care plans.

PC.34.4 Patient's medical record reflects the use of these policies and plans.

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**Standard Intent:**

Hospitals care for patients with a variety of health care needs. Some patients are considered high risk because of their age, their condition, or the critical nature of their needs. Children and the elderly are commonly placed in this group, as they frequently cannot speak for themselves, do not understand the care process, and cannot participate in decisions regarding their care. Similarly, the frightened, confused, comatose, or emergency patient is unable to understand the care process when care needs to be provided efficiently and rapidly.

When serving any of the high-risk patients, the hospital establishes and implements guidelines and procedures for the services provided for and the patients served.

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**PC.35 The hospital has a policy for patients permitted to leave the organization during the planned course of treatment.**

PC.35.1 The policy defines categories of patients permitted to leave the hospital during hospitalization.

PC.35.2 The policy defines the maximum duration to go for out on pass.

PC.35.3 The policy defines the assessment requirements before leaving the hospital and upon return.

PC.35.4 The policy defines how medications will be dispensed in amounts enough to cover the out on pass period.

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**Standard Intent:**

There must be a process to guide when the hospital permits patients to leave the hospital for a period of time (such as on a weekend "pass").

The policy include:

- Defines categories of patient permitted to leave.
  - Duration.
  - Assessment required before leave.
  - How to dispense medications during out in pass period.
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**PC.36 The hospital has an effective process for consultations between specialty services.**

PC.36.1 The consulting physician completes a consultation request that defines:

PC.36.1.1 Date and time of consultation.

PC.36.1.2 Name and designation of consulting physician.

PC.36.1.3 Name and designation of consulted physician.