

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:
  - Overflow or boarded patients receive the same level of care as admitted patients.
  - Overflow or boarded patients have the same access to clinical services as admitted patients.
  - 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. ④ The patient flow processes are reviewed for effectiveness, and process improvements are identified and implemented.

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## 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.

The patient and their family receive information about the proposed care, the expected outcomes of care, and any expected cost for the care when not paid for by a public or private source. This information can be provided as a written document or through verbal explanation. It must also be noted in the patient's medical record.

The hospital seeks ways to minimize any financial barriers for the patient. Examples include the following:

- Providing applications for financial aid
- Identifying sources of charitable funding for health care
- Providing prescriptions for generic rather than branded medications

When used, general consents include the following:

- The scope of the general consent (for example, which tests and treatments are covered by the general consent)
- What tests and treatments require additional informed consent
- How patients receive information (for example, via patient portal or text messaging)

The hospital specifies how the general consent is documented in the patient's medical record.

The hospital may rely on implied consent or obtain a general consent for treatment when the patient is admitted or registered for the first time. Hospitals are not required to use a general consent unless required by laws and regulations. Regardless of whether general consent is obtained, all patients are informed about what tests and treatments require additional informed consent.

All patients are informed about the likelihood of students participating in their care; for example, medical students, nursing students, physical therapy students, respiratory therapy students.

### **Measurable Elements of ACC.02.01**

1. The patient and family receive education and orientation to the patient care area.
2. The patient and family receive information on the proposed care, treatment, and services, including expected outcomes.
3. The patient and family receive information on any expected costs related to the proposed care, treatment, and services.
4. Patients and families are informed as to the scope of a general consent, if used by the hospital. (*See also* PCC.03.00, ME 3)
5. ⑩ The hospital defines, in writing, how a general consent is documented in the patient's medical record, if used by the hospital. (*See also* PCC.03.00, ME 1)
6. All patients receive information about the likelihood of students and trainees participating in care processes.

### **Standard ACC.02.02**

The hospital establishes criteria for admission to and discharge from units or departments providing specialized services.

### **Intent of ACC.02.02**

Specific criteria for admission to and discharge from intensive care or specialized units or departments ensures that patients are receiving an appropriate level or type of care and encourages the efficient use of these limited resources.

Units or departments that provide intensive or specialized care are costly, use many resources, and usually are limited in space and staffing. Hospitals should restrict admission to these units or departments to ensure the appropriate use of these areas and resources. The hospital must establish criteria regarding which patients require the level and type of care provided by these specialized units or departments. Criteria must be