

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. © 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

consistently implemented throughout the hospital and among clinical staff determining patient disposition. Examples of these units or departments and their admission criteria include the following:

- Criteria for admission to a burn unit may include a specific percentage of the burned body surface and/or whether the burn is a second- or third-degree burn.
- Criteria for admission to an intensive care unit may require that patients are intubated, need close monitoring for critical changes, or require additional equipment (for example, IV lines and pumps, feeding tubes, drains and catheters).
- Admission to a postanesthesia care unit vs. surgical intensive care unit may be determined by whether the patient remains intubated, is on vasopressors, or requires complex wound care.

The criteria are used to determine direct admission to the unit or department (for example, directly from the emergency department). The criteria are also used to determine admission into the unit or department from another clinical area within the hospital or transferred from another hospital.

Patients admitted to a specialized unit or department require periodic reassessment to determine when a patient continues to meet criteria for specialized services. Examples of patients no longer meeting criteria include the following:

- A patient admitted to an intensive care unit whose physiological status has stabilized and no longer requires continuous monitoring
- A patient whose physiological status has deteriorated, and care goals are redirected to comfort or palliative care, requiring less intensive monitoring

Whenever possible, criteria for intensive or specialized units and departments meet the following requirements:

- Use prioritization or severity-of-illness criteria.
- Are based on diagnostic and/or objective parameters.
- Use physiologic-based criteria for medical and surgical services.
- Use psychological-based criteria for psychiatric services.
- Include required lifesaving or life-sustaining technology, interventions, and medications. Examples of such technology, interventions, and medications include the following:
 - o Ventilators or other respiratory support
 - o Vasopressors or other medications requiring frequent or continuous monitoring
 - o Frequency of direct observation of the patient
 - o Frequency and complexity of wound care

Intensive or specialized units or departments establish criteria for reassessment of admitted patients, which include the following:

- When and how often patients should be reassessed for continued care or transfer to a different level of care
- Diagnostic and/or objective parameters for safe transfer to a different level of care
- Physiologic-based and/or psychological-based criteria
- Frequency and type of technology, interventions, and medications for de-escalation of treatment

Measurable Elements of ACC.02.02

1. ① The hospital has established written admission criteria, based on prioritization, diagnostic, and/or objective parameters, for specialized units or departments.
2. ① The hospital has established written discharge and/or transfer criteria from specialized units or departments to a different level of care.
3. The medical records of patients who are admitted to specialized units or departments contain evidence that they meet the criteria for care, treatment, and services. (*See also* GLD.06.00, ME 3)
4. The medical records of patients who are transferred or discharged from specialized units or departments contain evidence that they meet criteria for discharge. (*See also* ACC.03.00, ME 1; ACC.05.00, ME 1; GLD.06.00, ME 4)