

Some nonacute patients may not need daily physician assessments (for example, a stable psychiatric patient receiving group therapy sessions, or a patient who is past the acute phase of illness or surgery and who is receiving only rehabilitative treatment). Hospital policy identifies patients who do not require daily physician assessments.

Measurable Elements of AOP.01.05

1. Ⓛ Hospital policy defines, in writing, how often patients are reassessed by various members of the health care team and other circumstances when a reassessment is required, including the following:
 - Defined intervals by various members of the care team, including physicians, nurses, and other clinical staff (for example, therapists, social workers)
 - When there has been a significant change in patient condition
 - When the diagnosis has changed and plan of care needs to be revised (*See also* COP.01.01, ME 3)
 - To determine if the patient is ready for transfer or discharge
2. A physician reassesses patients at least daily, including weekends, during the acute phase of their care and treatment.
3. Ⓛ Hospital policy identifies, in writing, patient populations who may not require a daily assessment and defines the minimum reassessment interval for these patients.
4. Reassessments are documented in the patient's medical record.

Patient Falls

Standard AOP.02.00

The hospital develops and implements a process to reduce the risk of falls, and patient harm resulting from falls.

Intent of AOP.02.00

Many injuries in hospitals to both inpatients and outpatients are a result of falls, so a comprehensive falls prevention program is needed to prevent injuries to patients.

The risk for falls is related to the patient, the situation, and/or the location. Risks associated with patients include but are not limited to the following:

- Age
- Medical history
- Patient history of falls
- Medication use
- Substance consumption
- Other comorbidities
- Gait or balance disturbances
- Visual impairments
- Altered mental status
- Environmental hazards (for example, slippery floors, poor lighting, cluttered rooms)

Patient falls are a significant safety concern and can result in serious injuries such as fractures, head injuries, lacerations, and death.

Patients who have been initially assessed to be at low risk for falls may have a change in fall risk during hospitalization or between outpatient visits. Reasons for change in fall risk include the following:

- Surgery and/or anesthesia
- Sudden changes in patient condition
- Adjustment in medications

Many patients require reassessment during their hospitalization due to these changes in condition and fall risk. Fall risk criteria screenings and assessments identify the patients who are considered at high risk for falls. Screenings, assessments, and any interventions applied are documented in the patient's medical record.

The hospital establishes a fall risk reduction program based on appropriate policies and/or procedures. If a fall occurs, the hospital evaluates the fall, takes action to reduce the risk of future falls, and reduces the risk of injury. A fall risk reduction program includes risk assessment and periodic reassessment of a particular patient population and/or of the environment in which care and services are provided (such as those conducted during periodic safety tours). Measures and interventions are implemented to reduce fall risk for patients, situations, and locations assessed to be at risk.

Specific situations can pose a risk for falls. For example, a patient arriving at the outpatient department from a long-term care facility by ambulance for a radiologic examination may be at risk for falls in that situation when transferring from ambulance cart to exam table or when changing positions while lying on the narrow exam table.

Specific locations may present higher fall risks because of the services provided. For example, a physical therapy department (inpatient or outpatient) has many types of specialized equipment used by patients that may increase the risk for falls, such as parallel bars, freestanding staircases, and exercise equipment. When specific locations are identified as areas at higher risk for falls, hospitals may determine that all patients visiting those locations are considered at risk for falls and implement general measures to mitigate fall risks that are applicable to all patients.

All inpatients are assessed for fall risk using evidence-based assessment tools and/or methods appropriate for the hospital's patient population(s). For example, pediatric patients require a pediatric fall risk assessment tool, such as the Humpty Dumpty Score or GRAF-PIF tool. Specialized units may prefer tools that are geared toward their specific populations (for example, the Obstetric Fall Risk Assessment System for women on a maternity ward or the Edmonson Psychiatric Fall Risk Assessment Tool (EPFRAT) for psychiatric patients).

Hospital leaders conduct a risk assessment to identify high-risk services and patient populations to screen for fall risk in the outpatient department(s). However, the hospital may either choose to screen all outpatients, or those in departments that are inherently higher risk for fall, based on condition, diagnosis, situation, and/or location. Examples could include the following:

- All patients in a physical therapy outpatient department
- All patients arriving from long-term care facilities by ambulance for outpatient procedures
- Patients scheduled for outpatient surgery involving procedural sedation or anesthesia
- Patients with gait or balance disturbances or who use an ambulation device
- Patients with visual impairments
- Pediatric patients under the age of 2

If fall risk is indicated from the screening, evidence-based interventions are implemented to reduce fall risk for those patients.

Screening generally involves performing a simple evaluation of the patient to determine if they are at risk for a fall. Screening tools are commonly used and include questions or items that are used to identify fall risk patients. For example, the questions may require a simple yes/no answer, or the tool may involve assigning a score to each item based on the patient's responses. Hospitals may determine how the screening process occurs. For example, screening may be performed by registration clerks, or patients may be allowed to self-screen, such as at a kiosk upon entering the outpatient department. Examples of simple screening questions may include "Do you feel unsteady when standing or walking?"; "Do you worry about falling?"; and "Have you fallen in the past year?"

Measurable Elements of AOP.02.00

1. The hospital screens all inpatients for fall risk and uses evidence-based screening tools appropriate for the patient population.
2. The hospital screens all outpatients whose condition, diagnosis, situation, or location may put them at risk for falls and uses screening tools appropriate for the patients being served.
3. The hospital implements a process for the assessment and, when applicable, reassessment of patients who may become at risk for falls due to a change in condition or are already at risk for falls based on the documented assessment.
4. Interventions to reduce fall risk are implemented for those identified patients, situations, and locations within the hospital assessed to be at risk, and the interventions are documented.

Laboratory Services

Note: Laboratories that are required to have specific recognition by local laws and regulations (for example, ISO 15189) may present verification of this recognition as evidence of compliance with relevant requirements to surveyors during the JCI hospital accreditation survey. Evidence of compliance must include all specialties and subspecialties provided by the hospital laboratory. JCI survey includes laboratory specialties and subspecialties (for example, blood bank) that are not within the scope of the existing laboratory recognition.

Standard AOP.03.00

Laboratory services are available to meet patient needs, and all laboratory services meet applicable local and national standards, laws, and regulations.

Intent of AOP.03.00

Laboratory services are essential to the diagnostic and treatment process and therefore must meet requirements to ensure the quality of data from laboratory tests.

The hospital has a system for providing laboratory services based on patient needs.

The laboratory services are organized and provided in a way that meets applicable local and national standards, laws, and regulations. Laboratory services are available after normal hours for emergencies.

Laboratory services may be provided within the hospital, by agreement with another organization (for example, contracted laboratory), or both. The hospital identifies and contacts experts in specialized diagnostic areas, such as parasitology, virology, or toxicology, when needed.

Outside sources are convenient for the patient to access. The hospital selects outside sources based on the recommendation of the laboratory's leader or other individual responsible for laboratory services. Outside sources of laboratory services meet applicable laws and regulations and have an acceptable record of accurate, timely services. Patients are informed when an outside source of laboratory services is owned by the referring physician.

Measurable Elements of AOP.03.00

1. Laboratory services, including outside sources of laboratory services, meet applicable local and national standards, laws, and regulations.
2. ④ Laboratory services meet the needs of the patients and other services the hospital provides, including a process to access laboratory services after hours and for emergency needs.
3. Experts in specialized diagnostic areas are contacted when needed. (See also GLD.05.00, ME 1)