

Standards Revisions to Address Patient Flow Through the Emergency Department

Hospital Accreditation Program

Standard LD.04.03.11

The hospital manages the flow of patients throughout the hospital.

Element of Performance for LD.04.03.11

1. The hospital has processes that support the flow of patients throughout the hospital.
2. The hospital plans for the care of admitted patients who are in temporary bed locations, such as the post anesthesia care unit or the emergency department.
3. The hospital plans for care to patients placed in overflow locations.
4. Criteria guide decisions to initiate ambulance diversion.
5. The hospital measures ~~the following~~ components of the patient flow process:
 - The available supply of patient beds
 - ~~- The efficiency of areas where patients receive care, treatment, and services~~
 - The safety of areas where patients receive care, treatment and services
 - Access to support services
5. **The hospital measures and sets goals for the components of the patient flow process, including:**
 - **The available supply of patient beds**
 - **The throughput of areas where patients receive care, treatment, and services (such as inpatient units, laboratory, operating rooms, telemetry, radiology, and PACU)**
 - **The safety of areas where patients receive care, treatment and services**
 - **The efficiency of the non-clinical services that support patient care and treatment (such as housekeeping and transportation)**
 - **Access to support services (such as case management and social work)**
6. ~~Measurement results are provided to those individuals who manage patient flow processes. (See also NR.02.02.01, EP 4)~~
6. **This element of performance will go into effect January 1, 2014: The hospital measures and sets goals for mitigating and managing the boarding of patients who come through the emergency department. (See also NPSG.15.01.01, EPs 1 and 2; PC.01.01.01, EPs 4 and 49; PC.01.02.03, EP 3; PC.02.01.19, EP 1 and 2).**
Note: Boarding is the practice of holding patients in the emergency department or a temporary location after the decision to admit or transfer has been made. The hospital should set its goals with attention to patient acuity and best practice; it is recommended that boarding timeframes not exceed 4 hours in the interest of patient safety and quality of care.
7. ~~Measurement results regarding patient flow processes are reported to leaders.~~
7. **The individuals who manage patient flow processes review measurement results to determine that goals were achieved. (See also NR.02.02.01, EP 4)**

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8. ~~Measurement results guide improvement of patient flow processes.~~

8. **Leaders take action to improve patient flow processes when goals are not achieved. (See also PI.03.01.01, EP 4)**

Note: At a minimum, leaders include members of the medical staff and governing body, the chief executive officer and other senior managers, the nurse executive, clinical leaders, and staff members in leadership positions within the organization. (See the glossary for the definition of Leader)

9. **This element of performance will go into effect January 1, 2014: When the hospital determines that it has a population at risk for boarding due to behavioral health emergencies, hospital leaders communicate with behavioral health care providers and/or authorities serving the community to foster coordination of care for this population. (See also LD.03.04.01, EP 3 and 6)**

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Standard PC.01.01.01

The hospital accepts the patient for care, treatment, and services based on its ability to meet the patient's needs.

Element of Performance for PC.01.01.01

2. The hospital has a written process for accepting a patient that includes the following: Criteria to determine the patient's eligibility for care, treatment, and services.
3. The hospital has a written process for accepting a patient that includes the following: Procedures for accepting referrals.
4. Hospitals that do not primarily provide psychiatric or substance abuse services have a written plan that defines the care, treatment, and services or the referral process for patients who are emotionally ill or who suffer the effects of alcoholism or substance abuse.
4. **Hospitals that do not primarily provide psychiatric or substance abuse services have a written plan that defines the care, treatment, and services or the referral process for patients who are emotionally ill or who suffer the effects of alcoholism or substance abuse. (See also LD.04.03.11, EP 6)**
5. The hospital provides or refers patients who are emotionally ill or who suffer from alcoholism or substance abuse for care, treatment, and services, consistent with its written plan.
6. Administrative and clinical decisions are coordinated for patients under legal or correctional restrictions on the following:
 - The use of seclusion and restraint for nonclinical purposes
 - The imposition of disciplinary restrictions
 - The restriction of rights
 - The plan for discharge and continuing care, treatment, and services
 - The length of stay
7. The hospital follows its written process for accepting a patient for care, treatment, and services. (See also LD.01.03.01, EP 3)
24. **If a patient is boarded while awaiting care for emotional illness and/or the effects of alcoholism or substance abuse, the hospital does the following:**
 - **Provides for a location for the patient that is safe, monitored, and clear of items that the patient could use to harm himself or herself or others. (See also LD.04.03.11, EP 6; NPSG.15.01.01, EPs 1 and 2)**
 - **Provides orientation and training to any clinical and non-clinical staff caring for such patients in effective and safe care, treatment, and services (for example, medication protocols, de-escalation techniques). (See also HR.01.05.03, EP 13; HR.01.06.01, EP 1)**
 - **Conducts assessments, and reassessments, and provides care consistent with the patient's identified needs. (See also PC.01.02.01, EP 23)**