

Patient Flow in the Emergency Department

Hospital Accreditation Program

Standard LD.04.03.11

1 The hospital manages the flow of patients throughout the hospital.

Element of Performance for LD.04.03.11

- 2 1. The hospital has processes that support the flow of patients throughout the hospital.
- 3 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
- 4 emergency department.
- 5 3. The hospital plans for care to patients placed in overflow locations.
- 6 4. Criteria guide decisions to initiate ambulance diversion.
- 7 5. The hospital measures the following components of the patient flow process:
- 8 - The available supply of patient beds
- 9 - The efficiency of areas where patients receive care, treatment, and services
- 10 - The safety of areas where patients receive care, treatment and services
- 11 - Access to support services
- 12 **5. The hospital measures and sets goals for the components of the patient flow process, including:**
- 13 - **The available supply of patient beds**
- 14 - **The throughput of areas where patients receive care, treatment, and services (such as inpatient units, laboratory, and radiology)**
- 15 - **The safety of areas where patients receive care, treatment and services**
- 16 - **The efficiency of the non-clinical services that support patient care and treatment (such as housekeeping and transportation)**
- 17 - **Access to support services (such as case management and social work)**
- 18 6. Measurement results are provided to those individuals who manage patient flow processes. (See also NR.02.02.01, EP 4)
- 19 **6. This element of performance will not affect the accreditation decision until January 1, 2014: The hospital measures and sets goals**
- 20 **for mitigating and managing the boarding * of patients who come through the emergency department. (See also PC.01.02.03, EP 3;**
- 21 **PC.02.01.19, EP 1 and 2; PC.01.01.01, EP 4; and NPSG.15.01.01, EPs 1 and 2).**
- 22 **Footnote *: Boarding is the practice of holding patients in the emergency department or a temporary location for four hours or more**
- 23 **after the decision to admit or transfer has been made. (Sources: Boarding has been defined by the Centers for Medicare & Medicaid**
- 24 **Services as the ‘practice of holding patients who have been admitted to the hospital in the Emergency Department for prolonged**
- 25 **periods. Defined as an interval, it encompasses the admit decision time to the departure time.’ Boarding has been defined by the U.**
- 26 **S. Government Accountability Office as the ‘decision to admit or transfer an emergency patient has been made, and the patient waits**
- 27 **to leave the emergency department for a minimum period’ (GAO Report to the Chairman, Committee on Finance, U.S. Senate. March**
- 28 **2003: Hospital Emergency Departments; Crowded Conditions Vary Among Hospitals and Communities). According to the American**
- 29 **College of Emergency Physicians, ‘any psychiatric patient who is still in the emergency department four hours after the decision to**
- 30 **admit the patient to inpatient care is defined as boarding.’)**
- 31 7. Measurement results regarding patient flow processes are reported to leaders.

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- 32 7. The individuals who manage patient flow processes review measurement results to determine that goals were achieved. (See also
33 NR.02.02.01, EP 4)
- 34 8. Measurement results guide improvement of patient flow processes.
- 35 8. Leaders take action to improve patient flow processes when goals are not achieved. (See also PI.03.01.01, EP 4)

Standard PC.01.01.01

36 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

- 37 2. The hospital has a written process for accepting a patient that includes the following: Criteria to determine the patient's eligibility for care,
38 treatment, and services.
- 39 3. The hospital has a written process for accepting a patient that includes the following: Procedures for accepting referrals.
- 40 4. Hospitals that do not primarily provide psychiatric or substance abuse services have a written plan that defines the care, treatment, and
41 services or the referral process for patients who are emotionally ill or who suffer the effects of alcoholism or substance abuse.
- 42 5. The hospital provides or refers patients who are emotionally ill or who suffer from alcoholism or substance abuse for care, treatment, and
43 services, consistent with its written plan.
- 44 6. Administrative and clinical decisions are coordinated for patients under legal or correctional restrictions on the following:
45 - The use of seclusion and restraint for nonclinical purposes
46 - The imposition of disciplinary restrictions
47 - The restriction of rights
48 - The plan for discharge and continuing care, treatment, and services
49 - The length of stay
- 50 7. The hospital follows its written process for accepting a patient for care, treatment, and services. (See also LD.01.03.01, EP 3)
- 51 **49. If a patient is boarded while awaiting care for emotional illness and/or the effects of alcoholism or substance abuse, the hospital
52 does the following:**
- 53 - Provides for a location for the patient that is safe, monitored, and clear of items that the patient could use to harm himself or
54 herself or others. (See also NPSG.15.01.01, EPs 1 and 2)
- 55 - Provides orientation and training to any clinical and non-clinical staff caring for such patients in effective and safe care, treatment,
56 and services (for example, medication protocols, de-escalation techniques). (See also HR.01.05.03, EP 13; HR.01.06.01, EP 1)
- 57 - Conducts assessments, reassessments, and care consistent with the patient's identified needs. (See also PC.01.01.01, EP 4;
58 PC.01.02.01, EP 23)
- 59 **50. This element of performance will not affect the accreditation decision until January 1, 2014: If a patient is boarded while awaiting
60 care for emotional illness and/or the effects of alcoholism or substance abuse, the hospital coordinates with community resources
61 (for example, community mental health centers, addictions programs, supportive housing) for the purpose of expediting transfer
62 from boarding to an appropriate setting consistent with the patient's identified needs. (See also PC.04.01.03, EP 4)**