

Nurses' Compliance with Hospital Accreditation Standards During Patient Admission in Intermediate Care: An Observational Study

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Abstract:

Patient admission in semi-intensive units requires strict adherence to safety standards. The Access and Continuity of Care (AKP) 1.2 standard mandates systematic initial screening to ensure appropriate patient placement and continuity of care. This study aimed to evaluate the role of nurses in admitting new patients to the High Care Unit (HCU) based on the AKP 1.2 SNARS 2022 instrument. An observational, descriptive, cross-sectional design was used at Bangil Regional General Hospital in September 2025. Purposive sampling selected five nurses directly involved in patient admissions. Data collection involved direct observation using an adapted AKP 1.2 checklist and documentation reviews. Scores were categorized as good ($\geq 80\%$), moderate (60–79%), or poor ($< 60\%$). All participating nurses demonstrated good overall performance (100%) in implementing the standard. High compliance was evident in applying admission criteria (100%) and ensuring safe, coordinated admission processes (87.5–100%). Minor variability occurred in initial nursing assessments and temporary care planning (66–100%), with one nurse scoring in the moderate range. Nurse competency remained consistently high (83–100%). Nurses effectively implement standardized admission protocols in the HCU, ensuring patient safety. Minor gaps in comprehensive initial assessments during periods of high workload highlight the need for targeted managerial oversight and clear role allocation to optimize semi-intensive care delivery.

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INTRODUCTION

Patient admission to high-intensity care units is a critical phase of care that requires rigorous nursing coordination to ensure continuity of care and patient safety (Patrician et al., 2024). The initial transition of care responsibility introduces significant vulnerabilities that may compromise medical interventions. Nurses serve as primary providers, delivering tailored care and managing comprehensive assessments (Lukewich et al., 2022). Professional nursing practice demands appropriate competencies and clinical knowledge to maintain high standards. Systematic admission protocols remain essential to safeguard individuals entering complex medical environments (Bhati et al., 2023).

Unstandardized admission processes in semi-intensive environments frequently lead to delayed clinical assessments, inappropriate patient placement, and elevated patient safety risks (Zhang et al., 2023; Greco et al., 2023). High Care Units require closer monitoring than general wards, creating a complex operational landscape for nursing staff (Muñoz et al., 2026). Inappropriate triage and incomplete initial evaluations can severely hinder the timely recognition of clinical

deterioration (Liu et al., 2024). Healthcare facilities often struggle with inconsistent application of admission criteria, resulting in fragmented care delivery (Anagi et al., 2025). Addressing these operational inconsistencies requires understanding how frontline staff navigate complex protocols.

Activity-based approaches and comprehensive clinical evaluations adapted to specific hospital resources have proven effective in improving patient flow and overall care quality in intermediate units (Canetta et al., 2025). Modern healthcare systems rely on objective physiological parameters and assessments of hemodynamic stability to determine patient eligibility for specialized monitoring (Bogatu et al., 2022). Attending physicians and nursing teams collaborate to evaluate the risk of rapid clinical deterioration. Evidence strongly suggests that structured admission pathways enhance early detection of adverse events and support timely clinical decision-making (Ye & Bronstein, 2025). These standardized pathways form the backbone of safe intermediate care delivery.

National hospital accreditation frameworks mandate systematic initial patient screening, guided by specific operational guidelines, to determine appropriate service needs and minimize clinical errors. The Access and Continuity of Care standard emphasizes the critical importance of standardized admission and discharge criteria based on objective clinical parameters (Ljungholm et al., 2022). Accurate documentation and comprehensive initial nursing assessments form the foundation for effective care planning. Nurses must execute systematic risk identifications and collect subjective data to support seamless continuity of care (Mauro et al., 2023). Compliance with these rigorous accreditation standards directly correlates with improved service quality and reduced patient safety incidents.

Existing literature predominantly focuses on broad accreditation outcomes rather than providing an in-depth observational description of how specific admission standards are implemented in daily nursing practice within semi-intensive units. Previous investigations have largely employed evaluative approaches to assess general compliance with standards, leaving a significant gap in understanding the nuanced behavioral realities of frontline nurses. The specific application of standardized accreditation instruments during the actual admission process in High Care Units remains largely unexplored (Alhawajreh et al., 2023). This lack of detailed observational data prevents healthcare managers from identifying subtle procedural gaps that could compromise patient safety.

This study aims to describe and evaluate the role of nurses in admitting new patients to a High Care Unit, using a standardized accreditation instrument to address critical gaps in understanding of semi-intensive care admission practices. The urgency of this research stems from the critical need to ensure that national healthcare regulations and professional nursing standards are seamlessly translated into daily clinical routines (McKenna et al., 2022). Evaluating the actual implementation of these standards provides actionable insights for nursing management to optimize role allocation and enhance continuous supervision (Anders, 2025). Identifying specific areas of non-compliance allows for targeted interventions.

The findings of this observational case study will provide valuable empirical evidence to guide clinical managers in refining admission protocols and strengthening patient safety mechanisms in intermediate care settings. Continuous supervision and clear role allocation strategies can be developed based on the specific operational challenges identified during the admission process. Enhancing the quality of nursing care during this critical transition phase ultimately contributes to better health outcomes for highly vulnerable patient populations (Cuzco et al., 2023). The insights generated will support the ongoing commitment to delivering safe, standardized, and high-quality healthcare services in accordance with national mandates.

METHOD

Design

This study employed an observational descriptive cross-sectional design. The research aimed to describe nurses' roles in the admission of new patients in accordance with the Access and Continuity of Care (AKP) 1.2 standard of the Indonesian National Hospital Accreditation (SNARS) 2022.

Setting and Time

The research was conducted in the High Care Unit (HCU) Melati at Bangil Regional General Hospital, Indonesia. The study took place in September 2025.

Population, Sample, and Sampling

The target population comprised nurses directly involved in admitting new patients to the HCU. Participants were selected using purposive sampling. Five nurses met the inclusion criteria and participated in the study. Nurses in managerial positions and those not on duty during the study period were excluded.

Instrument and Measurement Properties

The primary tool was a checklist adapted from the AKP 1.2 SNARS 2022 instrument. This instrument is a standardized tool developed by the Indonesian Hospital Accreditation Commission (KARS). Validity and reliability testing were not repeated because they are standardized. Each item was scored according to the AKP 1.2 scoring system. The scoring categories included 0 for not performed, 5 for performed but not in accordance with the standard, and 10 for performed in accordance with the standard.

Data Collection Procedure

Data collection involved direct observation of the patient admission process. Researchers also reviewed nursing documentation to support the observational data. Basic demographic characteristics of respondents were collected to describe the study sample. These characteristics included age, sex, education level, and length of work experience. Permission from the ward head was obtained before conducting research and collecting data in the relevant wards.

Data Analysis

Total scores were converted into percentages. The percentages were categorized as good ($\geq 80\%$), moderate (60–79%), or poor ($< 60\%$). Data were analyzed descriptively using frequency distributions and percentages. The results are presented in tables and narrative form.

Ethical Declaration

This study received ethical approval from Bangil Regional General Hospital prior to data collection. The research applied the ethical principles of autonomy, confidentiality, beneficence, and non-maleficence. All participants provided informed consent. Data confidentiality was strictly maintained throughout the study. Confidentiality was also maintained during data collection and reporting.

RESULTS

Respondent Characteristic

Table 1. Characteristics of Nurses in the Melati High Care Unit (HCU)

Characteristic	Category	Frequency	Percentage
Age	≤30 years	5	100
Sex	Male	1	20
	Female	4	80
Education level	Diploma (D3 Nursing)	1	20
	Professional Nurse (Ners)	4	80
Length of work in HCU	<5 years	3	60
	5–10 years		

This study involved five nurses working in the Melati High Care Unit (HCU) of RSUD Bangil. All participants were in early adulthood (≤30 years). Most respondents were female (80%) and held a professional nursing degree (Ners) (80%). Regarding work experience in the HCU, the majority had less than 5 years (60%), while the remaining nurses had 5 to 10 years (40%).

Performance of Nurses Based on AKP 1.2 SNARS 2022

Table 2. Overall AKP 1.2 Performance Category

Category	Frequency	Percentage
Good	5	100
Moderate	0	0
Poor	0	0

Table 2 summarizes the overall performance of nurses in implementing the AKP 1.2 standard during new patient admission in the HCU. All nurses were classified in the “good” performance category, indicating consistent compliance with the AKP 1.2 requirements across all respondents. No nurses were categorized as sufficient or poor.

Table 3. Summary of AKP 1.2 Element-Based Scores

AKP 1.2 Element	Score Range (%)	Performance Category
Element 1: Admission criteria	100	Good
Element 2: Safe and coordinated admission	87.5–100	Good
Element 3: Initial assessment and temporary care plan	66–100	Good
Element 4: Nurse competency	83–100	Good

Table 3 presents the element-based performance scores of nurses according to the AKP 1.2 standard. Element 1 (Admission criteria) showed good performance among all nurses, indicating that patient screening upon admission was consistently conducted in accordance with the standard. Element 2 (Safe and coordinated admission) also demonstrated good performance, reflecting appropriate clinical decision-making regarding patient eligibility for HCU admission. Element 3 (Initial assessment and temporary care plan) revealed generally good performance; however, one nurse achieved a sufficient score, indicating variability in the implementation of coordinated admission procedures. Element 4 (nurse competence) showed overall good performance, indicating that nurses possessed adequate competencies to support the admission process in the HCU setting.

DISCUSSION

The primary finding of this observational study reveals a consistently good implementation of the Access and Continuity of Care standard during new patient admissions in the High Care Unit. All participating nurses demonstrated systematic compliance with the accreditation requirements, ensuring appropriate patient placement and continuity of care through comprehensive initial screening. The admission process aligned perfectly with the core objectives of the national hospital accreditation framework, highlighting a strong institutional commitment to standardized semi-intensive care practices. This uniform success across all respondents underscores the effectiveness of current hospital protocols in guiding nurses through the complex transition of patients into high-dependency environments, ultimately fostering a safer clinical ecosystem (Firoozi & Firoozi, 2025).

The demographic profile of the participating nurses strongly supported the effective execution of these standardized admission protocols. Most respondents held a professional nursing degree and had gained specific experience working in high-dependency units, fostering advanced critical-thinking and clinical decision-making skills. Professional nursing education inherently strengthens the analytical capabilities required for rigorous patient screening and rapid acuity assessment upon admission (Gorick et al., 2023). The combination of formal academic preparation and practical unit-specific experience creates a robust foundation for maintaining high compliance with stringent admission standards in semi-intensive care settings, ensuring that theoretical knowledge translates seamlessly into safe clinical practice.

Standardized clinical considerations governed patient placement in the High Care Unit through strict adherence to written admission and discharge guidelines. The high compliance observed in the first element of the accreditation standard indicates that nurses reliably utilized objective clinical parameters to determine patient eligibility for intermediate care. Appropriate admission criteria remain essential in these specialized units to optimize resource utilization and ensure that patients receive care at the appropriate level of physiological monitoring. Well-defined admission criteria improve patient flow and overall quality of care for semi-critical patients by preventing inappropriate admissions that could strain unit resources or compromise patient safety (Misset et al., 2023).

Patient safety principles were applied uniformly throughout the admission phase, despite minor procedural variations among the nursing staff. The second element of the standard focuses on safe and coordinated admission processes, which are critical to mitigating the inherent risks of transferring patients to high-dependency environments. Admission represents a highly vulnerable phase marked by transitions in care responsibility, making strict adherence to safety protocols essential to prevent adverse events. The application of safety standards from the initial phase of care is directly associated with improved service quality and a significant reduction in patient safety incidents across acute and semi-intensive care settings (Patrician et al., 2024).

Comprehensive initial nursing assessments exhibited notable variability among the participating nurses during the critical admission process. The third element of the standard revealed that while general compliance was good, specific gaps existed in the completeness of the initial assessment and temporary care planning. Initial nursing assessment is the fundamental mechanism for determining patient acuity, identifying immediate risks, and guiding subsequent therapeutic interventions (Considine et al., 2023). Incomplete or superficial assessments during this crucial window can severely affect the continuity of care, delay the recognition of clinical deterioration, and compromise the accuracy of subsequent clinical decision-making in the High Care Unit, potentially leading to suboptimal patient outcomes.

Workload fluctuations and role distribution dynamics significantly influenced the optimization of nursing competencies during busy admission periods. The fourth element of the standard

demonstrated that nurses were generally competent, yet certain indicators were not fully optimized when multiple patients required simultaneous admission. Responsibilities are frequently shared between primary and implementing nurses during these high-pressure moments, creating potential ambiguities in task execution and communication. Nursing management theory dictates that clear role allocation is an absolute prerequisite for ensuring patient safety and maintaining continuity of care in high-dependency units, where cognitive load and physical demands are exceptionally high and constantly shifting (Benjamin, 2024).

Clinical managers must implement targeted supervisory strategies to address the identified gaps in initial assessments and role clarity within the High Care Unit. The minor inconsistencies observed in comprehensive assessments and the impact of workload on role distribution highlight an urgent need for continuous, structured supervision. Hospital administrators should develop clear, unit-specific algorithms for task delegation during peak admission times to prevent the dilution of nursing competencies and ensure accountability. Establishing a culture of continuous quality improvement through regular audits, peer reviews, and constructive feedback will help maintain the high standards currently achieved and further enhance patient safety outcomes (Moon et al., 2022).

Educational institutions and hospital policymakers should leverage these findings to refine intermediate care training and accreditation preparedness programs. The reliance on professional nursing education for critical thinking suggests that pre- and post-registration curricula must place heavy emphasis on comprehensive initial assessment skills in semi-intensive care contexts. Simulation-based training focusing on high-workload admission scenarios can better prepare nurses to maintain assessment completeness and clear role communication under pressure (Zhang et al., 2025). Policymakers can use these insights to allocate resources more effectively, ensuring that staffing models in High Care Units are resilient enough to support the rigorous demands of the national accreditation standards.

The small sample size and the single-unit setting of the research constrain the generalizability of these findings. The study involved only five nurses working exclusively in one specific High Care Unit, which limits the ability to extrapolate the results to other semi-intensive care environments or larger nursing populations. Different hospitals may possess unique organizational cultures, varying levels of resource availability, and distinct staffing models that could influence the implementation of admission standards. Future research must include a larger, multicenter sample to validate these observations across diverse clinical settings and geographic regions, providing a more comprehensive understanding of national compliance.

The cross-sectional design and the use of direct observation introduce specific methodological constraints regarding behavioral authenticity and temporal assessment. Data collection occurred at a single point in time, preventing the evaluation of performance changes or the long-term sustainability of the observed compliance levels. The presence of researchers during the admission process may have inadvertently influenced nurses' behavior, a phenomenon known as the Hawthorne effect, in which participants alter their actions due to awareness of being observed. Subsequent studies should employ longitudinal designs and incorporate indirect observation methods, such as retrospective documentation audits, to capture a more naturalistic and comprehensive picture of nursing practices over time.

CONCLUSION

The implementation of nursing roles during new patient admissions within the High Care Unit aligns robustly with national hospital accreditation standards, ensuring systematic initial screening and appropriate care coordination. Clinical staff consistently apply standardized admission criteria

and conduct comprehensive assessments to safeguard patient safety and maintain continuity of care in semi-intensive environments. Minor procedural inconsistencies emerge specifically during high-workload periods, revealing vulnerabilities in task delegation and the completeness of initial physiological evaluations. Healthcare administrators must prioritize structured supervision and explicit role allocation strategies to mitigate these operational challenges and sustain optimal clinical performance. Adherence to standardized admission frameworks ultimately elevates the quality of intermediate care delivery and fortifies institutional patient safety mechanisms.

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CONFLICT OF INTEREST

The author declares no conflict of interest.

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