3 PATIENT AND FAMILY RIGHTS AND ACCESS TO CARE

OVERVIEW OF PATIENT AND FAMILY RIGHTS AND ACCESS TO CARE

Each patient is unique, with his or her own needs, strengths, values and beliefs. Health facilities work to establish trust and open communication with patients and to understand and protect each patient's cultural, psychosocial and spiritual values.

Patient care outcomes are improved when patients, and, as appropriate, their families or those who make decisions on their behalf, are involved in care decisions and processes in a way that matches cultural expectations.

To promote patient rights in a health facility, one starts by defining those rights, followed by educating patients and the personnel about those rights. Patients are informed of their rights and how to act on them. The personnel are taught to understand and respect patients’ beliefs and values and to provide considerate and respectful care, thus protecting the patients’ dignity.

How these processes are carried out in a health facility depends on its country's laws, regulations and charters and any international conventions, treaties or agreements on human rights endorsed by that country.

In order to meet the community's needs for services, the health facility has to clearly define the boundaries of the community, and the boundaries of the services provided by the health facility. Service managers are competent in defining these geographic areas and assessing the social and healthcare needs of their inhabitants. Equitability and availability of service provision are assisted through community participation.

Patients and their families need complete information on the care and services offered by the health facility as well as how to access those services. Providing this information is essential to building open and trusting communication between patients, their families and the health facility. Such information helps match the patient’s expectations with the ability of the health facility to meet those expectations. Information on alternative sources of care and services is provided, when the needed care is beyond the health facility's mission and capabilities.

The service provides co-ordination with other services in the district, and ensures that patients are appropriately referred to the services that meet their ongoing care needs. All patients are referred to the next level of care, when their needs fall beyond the scope of clinic personnel competence. Patients who need additional health or social services are referred appropriately. Guidelines are available for patient referral.
Standards

3.1 Implementation of patient rights

3.1.1 The health facility has a patient rights policy.

Intent of 3.1.1
A health facility's leaders are primarily responsible for the way in which that health facility treats its patients. The leaders need to know and understand patient and family rights and their health facility's responsibilities as specified in laws, charters and regulations. The leaders then provide direction to ensure that the personnel throughout the health facility assume responsibility for protecting these rights. To effectively protect and advance patient rights, the leaders work collaboratively, and seek to understand their responsibilities in relation to the community served by the health facility.

Patient and family rights are a fundamental element of all contacts between the personnel of a health facility and patients and families. Thus, policies and procedures are developed and implemented to ensure that all staff members are aware of and respond to patient and family rights issues, including their role in supporting the right of patients and families to participate in the care process.

Admission to a health facility can be a frightening and confusing experience for patients, making it difficult for them to understand and act on their rights. Thus, the health facility prepares a written statement of patient and family rights, and this is given to patients when they enter the health facility for care, and is available throughout their stay. For example, the statement may be displayed as a poster in the facility.

The statement is appropriate to the patient's age, understanding and language. When written communication is not effective or appropriate, the patient and family are informed of their rights in a manner they can understand.

3.1.1 Criteria

3.1.1.1 Organisational policy regarding patient and family rights is implemented.

3.1.1.2 Where applicable, relevant charters, laws and regulations are included in organisational policies regarding patient and family rights.

3.1.1.3 The personnel are trained on the policies and procedures and their participation in care processes.

3.2 Protection of privacy

3.2.1 The health facility takes measures to protect patient privacy.

Intent of 3.2.1
The health facility ensures that the patient's needs for privacy are respected, especially when the patient is providing personal information and undergoing clinical examination. Patients may desire privacy from other personnel, other patients, and even from family members.

Medical and other health information, when documented and collected in a patient record or other form, is important for understanding the patient, his or her needs, and for providing care and health facilities over time. The health facility respects such information as confidential, and has implemented policies and procedures that protect such information from loss or misuse. The personnel respect the confidentiality of patient information by not posting information on the patient's door or at the nursing station and by not holding patient-related discussions in public places. The misuse of patient information can result in the patient's loss of dignity, employment, and damage to personal or family relationships. Such information can
be misused by the personnel of the health facility, family members or others not authorised to have access to the information.

3.2.1 Criteria

3.2.1.1 The patient’s need for privacy is protected during all examinations, procedures and treatments.

3.2.1.2 The patient’s need for privacy is protected when providing personal information.

3.2.1.3 The patient’s right to privacy is protected for all forms of counselling.

3.2.1.4 Policies and procedures to prevent the loss or misuse of patient information are implemented.

3.2.1.5 The policy includes the right to confidentiality of patient records.

3.3 Right to health education

3.3.1 The health facility supports and protects the right of patients and families to participate in the patient care process.

Intent of 3.3.1

Every patient is offered the information and education he or she requires. Health facilities may choose to appoint education co-ordinators, education committees or they may work with all personnel to provide education in a co-ordinated manner.

3.3.1 Criteria

3.3.1.1 The health facility plans education consistent with its health facilities and patient population.

3.3.1.2 There is an appropriate structure or mechanism for education throughout the health facility.

3.3.1.3 Patient and family education promotes the concept of taking responsibility for one’s own health care.

3.3.1.4 The patient and his/her family are taught in a language and format that they can understand.

3.3.1.5 The health centre identifies and establishes relationships with community resources, which support continuing health promotion and disease prevention education.

3.3.1.6 There is a uniform process for recording patient education information.

3.4 Right to treatment and to refuse treatment

3.4.1 The health facility respects the rights of patients and families to receive treatment and to refuse or discontinue treatment.
Intent of 3.4.1
Patients, or those making decisions on their behalf, may decide not to proceed with the planned care or treatment or to continue care or treatment after it has been initiated. The health facility informs patients and families about their right to make these decisions, about the potential outcomes that could result from these decisions, and about their responsibilities related to such decisions. Patients and families are given information on any care and treatment alternatives. The personnel are informed of their responsibility to implement and respect the choices of patients.

3.4.1 Criteria

3.4.1.1 Patients are informed about their condition and the proposed treatment.

3.4.1.2 Patients and families are informed about their rights to refuse or discontinue treatment.

3.4.1.3 Patients are informed about the consequences of such decisions.

3.5 Right to voice complaints

3.5.1 The health facility informs patients and their families about the processes it has instituted to receive and act on complaints, conflicts and differences of opinion about patient care, and the patient's right to participate in those processes.

Intent of 3.5.1
Patients have a right to voice complaints about their care, and to have those complaints reviewed and, where possible, resolved. Also, decisions regarding care sometimes present questions, conflicts or other dilemmas for the health facility and the patient, family or other decision-makers. These dilemmas may arise around issues of access, treatment or discharge. The health facility has established processes for seeking resolutions to such dilemmas and complaints. The health facility identifies in policies and procedures those who need to be involved in the processes and how the patient and family participate.

3.5.1 Criteria

3.5.1.1 There is a mechanism to allow complaints to be heard and acted upon.

3.5.1.2 Patients are aware of their right to voice complaints and the processes by which to do so.

3.5.1.3 Complaints are recorded, evaluated and analysed.

3.6 Informed consent

3.6.1 The health facility has a clearly defined process for obtaining consent.

Intent of 3.6.1
One of the main ways that patients are involved in their care decisions is by granting informed consent. The patient must be provided with all information relating to the planned care to enable him or her to make decisions. The consent process is clearly defined by the health facility in policies and procedures. Relevant laws and regulations are incorporated into the
policies and procedures. Informed consent for care sometimes requires that people other than (or in addition to) the patient be involved in decisions about the patient’s care. This is especially true when the patient does not have the mental or physical capacity to make care decisions, when culture or custom dictate that others make care decisions, or when the patient is a child. When the patient cannot make decisions regarding his or her care, a surrogate decision-maker is identified. When someone other than the patient gives the consent, that individual is noted in the patient’s record.

3.6.1 Criteria

3.6.1.1 Policies and procedures guide the personnel in the process of gaining informed consent.

3.6.1.2 The health facility has a procedure, which is implemented, when others have to grant informed consent.

3.7 Access to care

3.7.1 Patients have access to the health facility based on their identified healthcare needs and the health facility’s mission and resources.

Intent of 3.7.1
Health facilities frequently serve communities with a diverse population. Patients may be aged, have disabilities, speak multiple languages or dialects, be culturally diverse, or present other barriers that make the process of entering the health facility and receiving care very difficult. The health facility is familiar with these barriers and has implemented processes to eliminate or reduce these barriers during the entry process. For instance, wheelchairs will be available for the physically disabled, the personnel will be trained to communicate with the hard of hearing, and translation services will be available for those who speak foreign languages. Mechanisms for meeting these needs will be documented and known to the personnel.

3.7.1 Criteria

3.7.1.1 The health facility renders services based on the needs of the population, but at least for eight hours a day, five days a week.

3.7.1.2 The health facility has access to Ambulance Services (EMS).

3.7.1.3 There are appointment systems, where appropriate.

3.7.1.4 Patients who are waiting are advised of any delays that may be experienced in receiving attention.

3.7.2 Measures are in place to ensure that patient access to the facility is facilitated by adequate infrastructural arrangements.

3.7.2 Criteria

3.7.2.1 There is an access road to the facility.
3.7.2.2 The condition of the road does not restrict patients in reaching the facility (e.g. traffic, road works, safety, ambulance access).

3.7.2.3 The road is accessible throughout the year (e.g. take a situation like the rainy season into account).

3.7.2.4 Direction signs to the facility are clearly readable and up to date.

3.7.2.5 A telephone / emergency number is available.

3.7.2.6 The name of the organisation and its purpose is clearly indicated on the site.

3.7.2.7 Parking is made available close to the building entrance for patients, including the physically challenged.

3.7.2.8 There is wheelchair access to and within the building.

3.7.2.9 Ramps and stairs include safety features such as rails.

3.7.2.10 Directions to the different departments are clearly indicated.

3.8 Information for patients about the services offered

3.8.1 The health facility has a process for informing patients and their families about its services and how to access those services.

Intent of 3.8.1
To improve access to its services, the health facility provides information to the community on its services and hours of operation and how to obtain care. During the entry process, patients and their families receive sufficient information to make informed decisions about seeking care. Information is provided on proposed care, the expected results, and any expected cost to the patient or family for that care, when this is not paid for by a public or private source. Patients and families need complete information on the care and services offered by the health facility and on how to access those services. Providing this information is essential to building open and trusting communication between patients, families and the health facility. This information helps to match the patient's expectations to the ability of the health facility to meet those expectations. Information on alternative sources of care and services is provided, when the needed care is beyond the health facility's mission and capabilities.

For patients and families to participate in care decisions, they need basic information regarding the medical conditions found during assessment and on the proposed care and treatment. Patients and families understand when they will be given this information and who is responsible for telling them. Patients and families understand the kinds of decisions that must be made about care and how to participate in those decisions. In addition, patients and families need to understand the health facility's process for obtaining consent and which care processes, tests, procedures and treatments require their consent.

While some patients may not wish to personally participate in the decisions regarding their care, they are, nevertheless, given the opportunity, and can choose to participate through a family member, friend or a surrogate decision-maker.

3.8.1 Criteria

3.8.1.1 Patients are given information about the care and services provided by the health facility.
3.8.1.2 Information is provided in a way and in a language that is understood by those making the care decisions.

3.8.1.3 Information on services, hours of operation, and processes for obtaining care is provided to agencies and referral sources in the community, and to the population served.