The healthcare facility ensures patients and families are aware of their rights and actively involves them in their care process. All healthcare staff collaboratively attain a culture of privacy, confidentiality, mutual dignity and respect. Infrastructural arrangements ensure access for all patients and the healthcare facility clearly communicates relevant service provision information. Patient and family satisfaction about service delivery is checked periodically and feedback is used for improvements.

The SafeCare standards cover the full range of clinical services and management functions for healthcare facilities in 13 Service Elements. These Service Elements contain a number of standards that relate to specific services or functions. The rationale of each standard is explained by the standard intent and gives you an idea what the standard really entails.

Each standard contains measurable elements, also called criteria. Measurable elements are related to specific processes, assets or documents (e.g. process for triage, resuscitation equipment or a job description for the lab manager). Compliance to each measurable element is assessed, and scores awarded are either Fully Compliant (FC), Partially Compliant (PC), Non-Compliant (NC) or Not Applicable (NA). The combined scores of the underlying measurable elements reflect the level of compliance to the whole standard.

3.1.1  The healthcare facility leader(s) implements a patient’s rights policy.

STANDARD INTENT:

A visit or admission to a healthcare facility can be a frightening and confusing experience for patients, making it difficult for them to understand and act on their rights. Thus, the healthcare facility prepares a written statement of patient and family rights, which is clearly on display for patients when they enter the healthcare facility for care, and is available throughout their stay. For example, the statement may be displayed as a poster in the healthcare facility. The statement is appropriate to the patient’s age, understanding and language.

Although patient and family rights charters differ between countries, there is consensus that patients are entitled to these basic rights. For example:
• Privacy;
• Dignity and respect;
• Confidentiality of information;
• Personal safety and security;
• How consent is granted;
• Right to refuse treatment;
• Respecting cultural and spiritual background.

Healthcare facility staff need to know and understand patient and family rights and their healthcare facility’s responsibilities as specified in laws, charters and regulations. The leaders then provide direction to ensure that the staff throughout the healthcare facility assume responsibility for protecting these rights.

MEASURABLE ELEMENTS:

3.1.1.1 The patient and family rights charter is clearly displayed in the healthcare facility and in line with national and international laws and regulations
3.1.1.2 There is a policy that defines the patient’s rights and related responsibilities of staff.
3.1.1.3 Staff is aware of patient’s rights and related staff responsibilities.
3.1.1.4 The patients are aware of their rights from the posted rights or by staff explanation of their rights.

3.1.2 The healthcare facility takes measures to protect patient privacy and confidentiality of health information.

STANDARD INTENT:

Patient privacy is important, particularly during clinical interviews, examinations, procedures/treatments, and transport.

Patients may desire privacy from other staff, other patients, and even from family members. Thus, as staff members provide care and services to patients, they inquire about the patient’s privacy needs and expectations related to the care or service and respect the patient’s privacy in all applicable situations.
For instance, healthcare facility staff respect the privacy and 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 healthcare facility checks patient satisfaction on this periodically.

Patients may desire privacy from other staff, other patients, and even from family members. Thus, as staff members provide care and services to patients, they inquire about the patient’s privacy needs and expectations related to the care or service and respect the patient’s privacy in all applicable situations.

For instance, healthcare facility staff respect the privacy and 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 healthcare facility checks patient satisfaction on this periodically.

**MEASURABLE ELEMENTS:**

1.1.2.1 The patient’s privacy is protected during registration, clinical interviews, examinations, counselling procedures and treatments.

3.1.2.2 Policies and procedures to safeguard privacy ensure health information confidentiality.

3.1.2.3 There is evidence of implementation of policies and procedures for patient privacy and confidentiality.

3.1.2.4 Patient satisfaction regarding privacy and confidentiality of information is periodically measured by the healthcare facility.

**3.1.3 The healthcare facility provides (health) education to patients and families.**

**STANDARD INTENT:**

The healthcare facility supports and promotes patient and family involvement in all aspects of care (e.g., granting consent, making decisions about care, asking questions about care, requesting a second opinion, and even refusing diagnostic procedures and treatments). Every patient is offered the information and education he or she requires. For this, the healthcare facility plans health education tailored to the needs of the patient population including health promotion and disease prevention, with community resources. Staff is trained on their role in supporting patient and family rights and enhancing participation of patients and family members in their care process.
MEASURABLE ELEMENTS:

3.1.3.1 The healthcare facility plans patient and family health education in a coordinated manner.

3.1.3.2 All staff understand their role in providing relevant health education to patients and families and activities are recorded.

3.1.3.3 The patient and his/her family are educated in a manner and language they can understand.

3.1.3.4 The healthcare facility identifies and establishes relationships with community resources, which support continuing health promotion and disease prevention education.

3.1.4 The healthcare facility informs patients about all aspects of their medical care and treatment as well as their rights and responsibilities to refuse or discontinue treatment.

STANDARD INTENT:

For patients and families to participate in care decisions, they need basic information about the medical conditions found during assessment, including any confirmed diagnosis, and on the proposed care and treatment. During the care process patients have a right to be told of the risk of unanticipated outcomes of their care and treatment.

Patients, or those making decisions on their behalf, may decide not to proceed with the planned care or treatment or to discontinue care or treatment after it has been initiated. The healthcare 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. The staff are informed of their responsibility to implement and respect the choices of patients.

MEASURABLE ELEMENTS:

3.1.4.1 Patients are informed about their medical condition, any confirmed diagnosis and the planned care and treatment and the risk of certain medical procedures.

3.1.4.2 Patients and families are informed about their right to participate in care decisions to the extent they wish, including the right to refuse or discontinue treatment.
3.1.4.3 Patients are informed about the consequences of the decision to refuse or discontinue treatment.

3.1.4.4 Staff is informed of their responsibility to implement and respect the choices of patients.

3.1.5 The healthcare facility has a clearly defined process for obtaining informed consent in a manner and language that a patient can understand.

STANDARD INTENT:

One of the main ways that patients are involved in their care decisions is by granting informed consent. To consent, a patient must be provided with all information relating to the planned care to enable him or her to make an informed decision. Informed consent may be obtained at several points in the care process, for instance when the patient is admitted for inpatient care and before certain high risk procedures. The consent process is clearly defined by the healthcare facility in 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 recorded in the patient’s record. In all cases, the patient file should contain evidence of the informed consent given.

MEASURABLE ELEMENTS:

3.1.5.1 There is a policy that guides the process of gaining and recording informed consent from the patient, including for which procedures or treatments this is required.

3.1.5.2 Policies include specific guidance on gaining and recording informed consent when the patient is unable to give consent for any reason.

3.1.5.3 Patients learn about the process for granting informed consent in a language and manner they understand.

3.1.5.4 Evidence of patient consent is documented, when required.
3.1.6 The healthcare facility has a process to receive and to act on complaints, conflicts and differences of opinion.

STANDARD INTENT:

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 healthcare facility and the patient, family or other decision-makers. These dilemmas may arise around issues of access, treatment or discharge. The healthcare facility has established processes for seeking resolutions to such dilemmas and complaints and informs patients about the process. The process also identifies who need to be involved in the process and how the patient and family participate.

MEASURABLE ELEMENTS:

3.1.6.1 There is a process to allow complaints to be heard.
3.1.6.2 Patients are informed about the process for voicing complaints, conflicts and differences of opinion.
3.1.6.3 Complaints, conflicts and differences of opinion are investigated and resolved.
3.1.6.4 Patients and families are involved in the process.

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

STANDARD INTENT:

Healthcare Facilities frequently serve communities with a diverse population. The patient population may be aged, have disabilities, speak multiple languages or dialects, be culturally diverse, or present other barriers that make the process of entering the healthcare facility and receiving care very confusing or difficult. The healthcare facility can best serve the needs of the community by providing consistent opening hours, facilitating transportation services, and becoming familiar with potential barriers to accessing care. Thus, the healthcare facility can develop and implement processes to eliminate or reduce these barriers to ensure all patients have access to the healthcare facility and to treatment and care.
MEASURABLE ELEMENTS:

3.2.1.1 The opening hours of the healthcare facility are displayed and compliant with country regulations.
3.2.1.2 Barriers to special patient populations served are identified and reduced or when possible eliminated.
3.2.1.3 The healthcare facility has access to adequate patient transport services during all opening hours.
3.2.1.4 An appointment system is available for specialized services and adequately communicated to patients.

3.2.2 Adequate infrastructural arrangements are in place to ensure that patients have access to the healthcare facility.

STANDARD INTENT:

Adequate infrastructural arrangements, including entry and signage, ensure that patients can access the healthcare facility’s services when needed. The healthcare facility should be safely accessible for all patients, including patients with disabilities. Ramps and stairs, if available, should be safe for all users.

MEASURABLE ELEMENTS:

3.2.2.1 There is a clearly readable sign on site, indicating the name and the designation of the healthcare facility, matching the services provided.
3.2.2.2 The road to the healthcare facility allows for unrestricted access.
3.2.2.3 Direction signs to the healthcare facility are clearly readable and up to date.
3.2.2.4 Safe access to the building is provided for all patients, including those with a disability.

3.2.3 Patients are given adequate information about the services provided by the healthcare facility and how to access those services.

STANDARD INTENT:

To ensure access to its services, the healthcare facility provides information to the community on its services and any fees, hours of operation and how
to obtain care. Information on access to care is provided to patients both on site as well as through agencies and referral sources in the community. The healthcare facility can be contacted by telephone for emergency and non-emergency situations.

MEASURABLE ELEMENTS:

3.2.3.1 Patients are given information about the range of services and related fees.

3.2.3.2 Information is provided in a way and in a language that is understood by the population served.

3.2.3.3 The healthcare facility has a publicly available telephone/ emergency number for patients to call the healthcare facility for all purposes, including emergencies.

3.2.3.4 Clear directions to the various clinical service areas are in place through signage throughout the healthcare facility.