These forms are designed to be used by both hospital personnel and external surveyors. The following information must be provided after each survey, before submitting the completed survey forms.

information must be provided after each survey, before s	submitting the completed survey forms.
1.NAME OF HOSPITAL/CLINIC/FACILITY:	
2. BASELINE/INTERNAL SURVEY INFORMATION:	
Title and name of person who completed this docume	nt:
Post and position held:	
Date of survey:	
3. EXTERNAL SURVEY INFORMATION:	
Name of external surveyor:	
Date of external survey:	
GUIDE TO COMP	PLETION OF FORM
N.B. Hospital staff are please to use BLACK ink at	all times. The external surveyors are requested to
use RED ink at all times.	
Please circle the rated compliance with the criterior	n, e.g. NA (Not applicable), NC (Non-compliant), Po
(Partially compliant), C (Compliant).	
The default category affected is designated on the	form for
each criterion as follows:	
1. patient and staff safety	
2. legality	
3. patient care4. efficiency	
5. structure	
6. basic management	
7. basic process	
8. evaluation	
The seriousness of the default is designated on the	•
form for each criterion as follows:	
1. mild	
2. moderate3. serious	
4. very serious	
,	
	Documents Checked
	Surveyor:
	Surveyor:
	34,10,01

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5.1 Implementation of Patient Rights

5.1.1 Standard

The organisation provides processes that support patients' and families' rights during transport and care.

Standard Intent: An organisation's leaders are primarily responsible for the way in which that organisation treats its patients. The leaders need to know and understand patient and family rights and their organisation's responsibilities as specified in laws, charters and regulations. The leaders then provide direction to ensure that the personnel throughout the organisation 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 organisation.

Patient and family rights are a fundamental element of all contacts between the personnel of an organisation and patients and families. Thus, policies and procedures are developed and implemented to ensure that all personnel 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.

	Criterion	Comments
		Recommendations
Criterion 5.1.1.1	Policies and procedures	
Critical:	guide and support patient and family rights in the	
Catg: Basic Management + Patient Care	organisation.	
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 5.1.1.2	Staff members are trained	
Critical:	regarding the policies and procedures.	
Catg: Basic Process + Efficiency	procedures.	
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		
Criterion 5.1.1.3	All patients are given	
Critical:	information on their rights in a manner they can understand.	
Catg: Basic Process + Patient Care	maimor mey can understand.	
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

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Criterion 5.1.1.4	Policies and procedures are	
Critical:	developed to support and promote patient and family	
Catg: Basic Process + Patient Care	participation in care decisions	
Compliance	and processes.	
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

5.1.2 Standard

The organisation takes measures to protect patient privacy.

Standard Intent: The organisation 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 staff, 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 services over time. The organisation respects such information as confidential and has implemented policies and procedures that protect such information from loss or misuse. The misuse of patient information can result in the patient's loss of dignity, employment and damage to personal or family relationships.

When the organisation takes responsibility for any or all of the patient's personal possessions brought into the organisation, there is a process to account for those possessions and to ensure that they will not be lost or stolen. This process considers the possessions of emergency patients, those patients unable to make alternative safekeeping arrangements and those incapable of making decisions regarding their possessions. The organisation communicates its responsibility, if any, for the patient's possessions to patients and families.

	Criterion	Comments
		Recommendations
Criterion 5.1.2.1	The patient's need for privacy	
Critical:	is protected during all examinations, procedures	
Catg: Basic Process + Patient Care	and treatments.	
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 5.1.2.2	The patient's need for privacy	
Critical:	is protected when providing personal information.	
Catg: Basic Process + Patient Care	personal illicimation	
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

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	i	
Criterion 5.1.2.3	The organisation respects	
Critical:	patient health information as confidential.	
Catg: Basic Process + Patient Care	oormaariidi.	
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4		
Very Serious		
Criterion 5.1.2.4	Policies and procedures to	
Critical: D	prevent the loss and/or	
Catg: Basic Process + Legality	misuse of patient information are implemented.	
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 5.1.2.5	The organisation has	
Critical:	determined its level of responsibility for patients'	
Catg: Basic Process + Patient Care	possessions.	
Compliance		
NA NC PC C		
Default Severity for NC or PC = 2 Moderate		
Criterion 5.1.2.6	Patients' possessions are	
Critical:	safeguarded when the organisation assumes	
Catg: Basic Process + Patient Care	responsibility or when the	
Compliance	patient is unable to assume responsibility.	
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

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5.1.3 Standard

The organisation has a policy on initiating resuscitative services.

Standard Intent: Decisions about withholding resuscitative services or forgoing or withdrawing life-sustaining treatment are among the most difficult choices facing patients, families, health professionals and organisations. No single process can anticipate all the situations in which such decisions must be made. For this reason, it is important for the organisation to develop a framework for making these difficult decisions.

Such a framework:

- helps the organisation identify its position on these issues
- ensures that the organisation's position conforms to its community's religious and cultural norms and to any legal or regulatory requirements
- addresses situations in which these decisions are modified during care, and
- guides health professionals through the ethical and legal issues in carrying out such patient wishes.

To ensure that the decision-making process related to carrying out the patient's wishes is applied consistently, policies and procedures are developed through a process that includes many professionals and various viewpoints. The policies and procedures identify lines of accountability and responsibility and how the process is documented in the patient's record.

	Criterion	Comments
		Recommendations
Criterion 5.1.3.1 Critical: Catg: Basic Management + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	The organisation has policies and procedures guiding staff on when to initiate and when to terminate resuscitation measures in line with their scope of practice.	
Criterion 5.1.3.2 Critical: Catg: Basic Management + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	The organisation has policies and procedures to guide staff encountering patients who choose to forego resuscitative or life-sustaining interventions.	
Criterion 5.1.3.3 Critical: Catg: Basic Process + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	Policies and procedures for initiating and terminating resuscitation are developed in conjunction with medical direction.	

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Criterion 5.1.3.4 Critical: Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	Policies and procedures guide staff in the handling of and the legal and regulatory requirements for clearly expired patients.	
Criterion 5.1.3.5 Critical: Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	Policies and procedures guide the transport of potential organ donors without self-sustaining vital signs prior to arrival in the emergency department setting.	
Criterion 5.1.3.6 Critical: Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	Transport occurs within a time frame to keep organs and tissue viable.	
Criterion 5.1.3.7 Critical: Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	The organisation supports patient and family choices to donate organs and tissues.	
Criterion 5.1.3.8 Critical: Catg: Basic Process + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	Staff are trained in the policies and procedures.	

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	The organisation's policies	
Critical:	and procedures regarding end-of-life care conform to its	
Catg: Basic Process + Patient Care	community's religious and	
Compliance	cultural norms and to any legal or regulatory	
NA NC PC C	requirements.	
Default Severity for NC or PC = 3 Serious		

5.1.4 Standard

The organisation has processes to assess and manage pain appropriately.

Standard Intent:

	Criterion	Comments
		Recommendations
Criterion 5.1.4.1	The organisation respects and supports the patient's	
Critical:	right to appropriate	
Catg: Basic Process + Patient Care	assessment and	
Compliance	management of pain.	
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 5.1.4.2	The organisation identifies	
Critical:	patients in pain during the assessment process.	
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 5.1.4.3	The organisation educates	
Critical:	health professionals in assessing and managing	
Catg: Basic Process + Efficiency	pain.	
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

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5.1.5 Standard

The organisation has a defined consent process and lists those categories or types of treatment and procedures that require specific informed consent.

Standard Intent: Informed consent may be obtained at several points in the care process. For example, informed consent can be obtained before the patient enters the organisation or before certain high-risk procedures or treatments.

Each organisation identifies those high-risk, problem-prone or other procedures and treatments for which consent must be obtained. The organisation lists these procedures and treatments and educates the staff to ensure that the process to obtain consent is consistent. Those who provide the treatments or perform the procedures develop the list collaboratively.

This consent process provides the information identified and documents the identity of the individual providing the information.

	Criterion	Comments
		Recommendations
Criterion 5.1.5.1 Critical: Catg: Basic Management + Legality Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious	The organisation has a clearly defined consent process described in policies and procedures.	
Criterion 5.1.5.2 Critical: Catg: Basic Process + Pat & Staff Safety Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	Policies include which healthcare providers may obtain consent.	
Criterion 5.1.5.3 Critical: Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	The organisation has listed those procedures and treatments that require separate consent.	

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Criterion 5.1.5.4	Medical direction leaders	
Critical:	approve the list.	
Catg: Basic Process + Efficiency		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 2 Moderate		

5.1.6 Standard

Consent is obtained consistent with the organisation's policies and procedures.

	Criterion	Comments
		Recommendations
Criterion 5.1.6.1	General consent is obtained	
Critical:	at the point of first contact.	
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 5.1.6.2	Information on the scope of	
Critical:	such consent is provided.	
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 5.1.6.3	Consent is obtained before	
Critical:	the use of blood and blood products.	
Catg: Basic Process + Patient Care	producto.	
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		
Criterion 5.1.6.4	Consent is obtained before	
Critical:	high-risk procedures and treatments.	
Catg: Basic Process + Patient Care		
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

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Criterion 5.1.6.5	The identity of the individual providing information on risks,	
Critical:	benefits and alternatives to	
Catg: Basic Process + Patient Care	the patient and family is noted	
Compliance	in the patient's record.	
NA NC PC C		
Default Severity for NC or PC = 3 Serious		
Criterion 5.1.6.6	Consent is documented in the	
Critical:	patient's record by signature or a record of verbal consent.	
Catg: Basic Process + Patient Care	or a record or verbar correction.	
Compliance		
NA NC PC C		
Default Severity for NC or PC = 4 Very Serious		

5.1.7 Standard

The organisation informs patients and families about its process to receive and act on complaints, conflicts and differences of opinion about patient care, and the patient's right to participate in these processes.

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 organisation and the patient, family or other decision-makers. These dilemmas may arise around issues of access, treatment or discharge. They can be especially difficult to resolve when the issue involves, for example, withholding resuscitative services or forgoing or withdrawing life-sustaining treatment.

The organisation has established processes for seeking resolutions to such dilemmas and complaints. The organisation identifies in policies and procedures those who need to be involved in the processes and how the patient and family participate.

	Criterion	Comments
		Recommendations
Criterion 5.1.7.1	Patients are aware of their	
Critical:	right to voice a complaint and the process to do so.	
Catg: Basic Process + Patient Care	The process to do so.	
Compliance		
NA NC PC C		
Default Severity for NC or PC = 3 Serious		

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Criterion 5.1.7.2 Critical: Catg: Basic Process + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	Complaints are reviewed according to the organisation's mechanism.	
Criterion 5.1.7.3 Critical: Catg: Basic Process + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	Policies and procedures identify participants in the process.	
Criterion 5.1.7.4 Critical: Catg: Basic Process + Efficiency Compliance NA NC PC C Default Severity for NC or PC = 3 Serious	Policies and procedures identify how the patient and family participate.	

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