

5. Patient and Family Rights

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.

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|--|--|
| 1.NAME OF HOSPITAL/CLINIC/FACILITY: | |
| | |
| 2. BASELINE/INTERNAL SURVEY INFORMATION: | |
| Post and position held: | ent: |
| | |
| 3. EXTERNAL SURVEY INFORMATION: | |
| Name of external surveyor: | |
| Date of external survey: | |
| GUIDE TO COM | PLETION OF FORM |
| N.B. Hospital staff are please to use BLACK ink a | t all times. The external surveyors are requested to |
| use RED ink at all times. | |
| Please circle the rated compliance with the criterio (Partially compliant), C (Compliant). | on, e.g. NA (Not applicable), NC (Non-compliant), PC |
| The default category affected is designated on the each criterion as follows: 1. patient and staff safety 2. legality 3. patient care 4. 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. moderate 3. serious 4. very serious | |
| | Documents Checked Surveyor: Surveyor: |

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5.1 Implementation of Patient Rights

5.1.1 Standard

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The organisation is responsible for providing processes that support patient and family rights during 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 provide direction to ensure that 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 staff are aware of and respond to patient and family rights issues, including their role in supporting patients' and families' rights to participate in the care process.

Admission to a healthcare organisation can be a frightening and confusing experience for patients, making it difficult for them to understand and act on their rights. Thus, the organisation prepares a written statement of patient and family rights and this is given to patients when they enter the organisation for care and is available throughout their stay, e.g. the statement may be posted 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.

Each patient brings his or her own set of values and beliefs to the care process. Some values and beliefs are commonly held by all patients and are frequently cultural and religious in origin. Other values and beliefs are those of the patient alone. All patients are encouraged to express their beliefs in ways that respect the beliefs of others.

Strongly-held values and beliefs can shape the care process and how patients respond to care. Thus, each care provider seeks to understand the care and services they provide within the context of the patient's values and beliefs. The organisation educates all personnel about the rights of patients and families. The educational process recognises that some personnel may hold values and beliefs that are different from the patients under their care. The educational process includes training each staff member how to identify patient values and beliefs and how to respect those values and beliefs in the care process.

| | Criterion | Comments |
|---|--|-----------------|
| | | Recommendations |
| Criterion 5.1.1.1 | The leaders of the | |
| Critical: | organisation work collaboratively to protect and | |
| Catg: Basic Process + Patient Care | advance patient and family | |
| Compliance | rights through an established framework. | |
| NA NC PC C | inamework. | |
| Default Severity for NC or PC = 4 Very Serious | | |

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| Criterion 5.1.1.2 Critical: Catg: Basic Process + Legality Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious | Patient and family rights are identified and documented in accordance with relevant and current laws, charters and regulations. | |
|--|---|--|
| Criterion 5.1.1.3 Critical: Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 4 Very Serious | Policies and procedures that guide and support patient and family rights in the organisation are implemented. | |
| Criterion 5.1.1.4 Critical: Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 3 Serious | Personnel are trained on the policies and procedures and their participative role in the implementation of patients' rights. | |
| Criterion 5.1.1.5 Critical: Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 3 Serious | Each patient is given information about his/her rights in a language that he or she can understand. | |
| Criterion 5.1.1.6 Critical: Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 3 Serious | Processes ensure that care is considerate and respectful of the patient's personal values and beliefs. | |

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5.2 Protection of Privacy, Person and Possessions

5.2.1 Standard

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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. Staff members 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 and/or employment and damage to personal or family relationships. Misuse can be by the staff of the organisation, family members or others not authorised to have access to the information.

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 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 5.2.1.1 | 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 5.2.1.2 | The patient's need for privacy | |
| Critical: | is protected when providing personal information. | |
| Catg: Basic Process + Patient Care | percena miernaden. | |
| Compliance | | |
| NA NC PC C | | |
| Default Severity for NC or PC = 4 Very Serious | | |

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| Critorian F.O.4.2 | The organisation respects | |
|---|---|--|
| Criterion 5.2.1.3 | | |
| Critical: D | patient health information as confidential. | |
| Catg: Basic Process + Patient Care | oo maa maan | |
| Compliance | | |
| NA NC PC C | | |
| Default Severity for NC or PC = 4 Very Serious | | |
| Criterion 5.2.1.4 | Patients receive information | |
| Critical: | on the organisation's level of responsibility for patients' | |
| Catg: Basic Process + Patient Care | possessions. | |
| Compliance | | |
| NA NC PC C | | |
| Default Severity for NC or PC = 3 Serious | | |

5.2.2 Standard

Patients are protected from assault.

Standard Intent: The organisation takes responsibility for protecting patients from physical assault by outsiders, other patients and the staff. This responsibility is particularly relevant to infants and vulnerable children, the elderly and others unable to protect themselves or signal for help. Each organisation identifies its vulnerable patient groups and establishes a process to protect the rights of individuals in those groups. Vulnerable patient groups and the organisation's responsibility may be identified in laws, charters or regulations. Comatose patients and patients with mental or emotional disabilities are also included. Such protection extends beyond physical assault to other areas of safety such as protection from abuse, negligent care, withholding of services or assistance in the event of a fire.

The organisation seeks to prevent assault through processes such as investigating individuals in the facility without identification, monitoring remote or isolated areas of the facility and quickly responding to those thought to be in danger of assault.

The staff understands their responsibilities in these processes.

| | Criterion | Comments |
|---|---|-----------------|
| | | Recommendations |
| Criterion 5.2.2.1 | The organisation has a | |
| Critical: | process to protect patients from assault. | |
| Catg: Basic Process + Patient Care | mem accaun | |
| Compliance | | |
| NA NC PC C | | |
| Default Severity for NC or PC = 4 Very Serious | | |

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| Criterion 5.2.2.2 Critical: | Remote or isolated areas of the hospital are monitored. | |
|---|---|--|
| Catg: Evaluation + Pat & Staff Safety | | |
| Compliance | | |
| NA NC PC C | | |
| Default Severity for NC or PC = 4 Very Serious | | |
| Criterion 5.2.2.3 | The organisation implements | |
| Critical: | processes to ensure that patients are not subjected to | |
| Catg: Basic Process + Patient Care | abuse from healthcare | |
| Compliance | professionals. | |
| NA NC PC C | | |
| Default Severity for NC or PC = 4 Very Serious | | |

5.3 Right to Health Education

5.3.1 Standard

Health education supports patient and family participation in care decisions and care processes.

Standard Intent: Every patient is offered the information and education he or she requires. Organisations may choose to appoint an education coordinator, an education committee or service, or simply work with all staff to provide education in a coordinated manner.

| | Criterion | Comments |
|--|---|-----------------|
| | | Recommendations |
| Criterion 5.3.1.1 | The organisation plans | |
| Critical: | education consistent with its mission, services and patient | |
| Catg: Basic Management + Efficiency | population. | |
| Compliance | | |
| NA NC PC C | | |
| Default Severity for NC or PC = 3 Serious | | |
| Criterion 5.3.1.2 | There is an appropriate | |
| Critical: | structure or mechanism for education throughout the | |
| Catg: Basic Management + Efficiency | organisation. | |
| Compliance | | |
| NA NC PC C | | |
| Default Severity for NC or PC = 3 Serious | | |

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5.4 Right to Treatment and to Refuse Treatment

5.4.1 Standard

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The organisation respects the rights of patients and families to refuse or discontinue treatment.

Standard Intent: 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 organisation 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 patient/family's right to refuse treatment may not apply where infectious and/or communicable diseases are involved. Also where such decisions compromise care for minors or other vulnerable individuals. Patients and families are given information on any care and treatment alternatives. Personnel are informed of their responsibility to implement and respect the choices of patients.

| | Criterion | Comments |
|---|--|-----------------|
| | | Recommendations |
| Criterion 5.4.1.1 | Patients and families are | |
| Critical: | informed about their rights to refuse or discontinue | |
| Catg: Basic Process + Patient Care | treatment. | |
| Compliance | | |
| NA NC PC C | | |
| Default Severity for NC or PC = 4 Very Serious | | |
| Criterion 5.4.1.2 | Patients are informed about | |
| Critical: | the consequences of such decisions. | |
| Catg: Basic Process + Patient Care | | |
| Compliance | | |
| NA NC PC C | | |
| Default Severity for NC or PC = 4 Very Serious | | |

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5.4.2 Standard

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The organisation respects patients' wishes and preferences to withhold resuscitative services and forgo or withdraw life-sustaining treatment.

Standard Intent: Decisions about withholding resuscitative services or forgoing or withdrawing life-sustaining treatment are among the most difficult choices facing patients, families, healthcare 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 5.4.2.1 | The organisation has | |
| Critical: | identified its position on withholding resuscitative | |
| Catg: Basic Management + Patient Care | services and forgoing or withdrawing life-sustaining | |
| Compliance | treatments. | |
| NA NC PC C | | |
| Default Severity for NC or PC = 3 Serious | | |
| Criterion 5.4.2.2 | The organisation's position | |
| Critical: | conforms to its community's religious and cultural norms | |
| Catg: Basic Management + Legality | and to any legal or regulatory | |
| Compliance | requirements. | |
| NA NC PC C | | |
| Default Severity for NC or PC = 3 Serious | | |
| Criterion 5.4.2.3 | Policies and procedures that | |
| Critical: | guide the processes for patients to make their | |
| Catg: Basic Process + Patient Care | decisions known to the | |
| Compliance | organisation and for modifying decisions during | |
| NA NC PC C | the course of care are | |
| Default Severity for NC or PC = 3 Serious | implemented. | |

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| Criterion 5.4.2.4 | Policies and procedures that | |
|---|---|--|
| Critical: | guide the organisation's response to patient decisions | |
| Catg: Basic Process + Patient Care | are implemented. | |
| Compliance | | |
| NA NC PC C | | |
| Default Severity for NC or PC = 3 Serious | | |
| Criterion 5.4.2.5 | The organisation guides | |
| Critical: | health professionals on the ethical and legal issues in | |
| Catg: Basic Process + Legality | carrying out such patient | |
| Compliance | wishes. | |
| NA NC PC C | | |
| Default Severity for NC or PC = 4 Very Serious | | |

5.5 Right to Voice Complaints

5.5.1 Standard

Republic of Botswana

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 lifesustaining 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 5.5.1.1 | There is a mechanism to | |
| Critical: | allow for the hearing of complaints and to act upon | |
| Catg: Basic Process + Patient Care | | |
| Compliance | | |
| NA NC PC C | | |
| Default Severity for NC or PC = 4 Very Serious | | |

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| Criterion 5.5.1.2 | Patients are aware of their | |
|---|--|--|
| Critical: | right to voice complaints and the processes by which to do | |
| Catg: Basic Process + Patient Care Compliance | so. | |
| NA NC PC C | | |
| Default Severity for NC or PC = 4 Very Serious | | |
| Criterion 5.5.1.3 | Complaints are reviewed | |
| Critical: | according to the organisation's mechanism. | |
| Catg: Evaluation + Patient Care | | |
| Compliance | | |
| NA NC PC C | | |
| Default Severity for NC or PC = 4 Very Serious | | |

5.6 Informed Consent

5.6.1 Standard

The organisation has a clearly defined process for obtaining informed consent.

Standard Intent: 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 organisation 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 designate 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.

| | Criterion | Comments |
|---|--|-----------------|
| | | Recommendations |
| Criterion 5.6.1.1 | Policies and procedures that | |
| Critical: D | guide the staff in the process of gaining informed consent | |
| Catg: Basic Process + Patient Care | are implemented. | |
| Compliance | | |
| NA NC PC C | | |
| Default Severity for NC or PC = 4 Very Serious | | |

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| Criterion 5.6.1.2 | High risk and problem-prone | |
|--|--|--|
| Critical: | procedures are identified and listed as requiring special | |
| Catg: Basic Process + Patient Care | consent. | |
| Compliance | | |
| NA NC PC C | | |
| Default Severity for NC or PC = 3 Serious | | |
| Criterion 5.6.1.3 | A note is made in the | |
| Critical: | patient's record when any individual, other than the | |
| Catg: Basic Process + Patient Care Compliance | patient, grants consent. | |
| NA NC PC C | | |
| Default Severity for NC or PC = 3 Serious | | |
| | | |
| Criterion 5.6.1.4 | General | |
| Criterion 5.6.1.4 Critical: | consent/acknowledgement of | |
| | consent/acknowledgement of admission requirements is obtained when patients enter | |
| Critical: | consent/acknowledgement of admission requirements is | |
| Critical: Catg: Basic Process + Patient Care | consent/acknowledgement of admission requirements is obtained when patients enter | |
| Critical: Catg: Basic Process + Patient Care Compliance | consent/acknowledgement of admission requirements is obtained when patients enter | |
| Critical: Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 3 | consent/acknowledgement of admission requirements is obtained when patients enter the organisation. Patients and families | |
| Critical: Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 3 Serious | consent/acknowledgement of admission requirements is obtained when patients enter the organisation. Patients and families acknowledge the scope of | |
| Critical: Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 3 Serious Criterion 5.6.1.5 | consent/acknowledgement of admission requirements is obtained when patients enter the organisation. Patients and families acknowledge the scope of such general consent/admission | |
| Critical: Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 3 Serious Criterion 5.6.1.5 Critical: | consent/acknowledgement of admission requirements is obtained when patients enter the organisation. Patients and families acknowledge the scope of such general | |
| Critical: Catg: Basic Process + Patient Care Compliance NA NC PC C Default Severity for NC or PC = 3 Serious Criterion 5.6.1.5 Critical: Catg: Basic Process + Patient Care | consent/acknowledgement of admission requirements is obtained when patients enter the organisation. Patients and families acknowledge the scope of such general consent/admission | |

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