INDUS	POLICY	IH.PRE.001 – PATIENT ANF FAMILY RIGHTS AND RESPONSIBILITIES		
	NABH Reference:	PRE 1 and 2		
	Issue Date :	30 th SEPTEMBER 2020	Review Date:	31 st AUGUST 2023 (as req)
Page 1 of 11	Revision No:	00	Version No:	03

POLICY ON PATIENT AND FAMILY RIGHTS AND RESPONSIBILITIES

1.0 Purpose

To assure that the basic rights of a human being for independence of expression, decision and action, concern for personal dignity and human relationships are preserved for all patients, and to define the responsibilities of patients seen at Indus Hospital.

2.0 Definitions & Abbreviations

- 2.1 OP: Out Patients
- 2.2 IP: In Patients
- 2.3 ER: Emergency

3.0 Responsibility -

All staff members of the Hospital in all Departments. All patients of the hospital

4.0 Scope

Hospital wide

5.0 Policy

The Management at Indus Hospital has enumerated a list of Patient Rights and ensures that these rights of patients are protected. A mechanism has also been devised to ensure that in case a right is violated, the same is documented and appropriate Redressal is done along with a Corrective and Preventive Action report (CAPA). Management and facility staff ensure that the patient is informed of their rights and responsibilities as per the policy statement; the information is made available in a printed format which is signed by the patient / attendant and placed in the patient file.

Patient responsibilities include those actions on the part of patients that are needed so that healthcare providers can provide appropriate care, make accurate and responsible care decisions, address patient's needs, and maintain a sound and viable healthcare facility.

MS NEELU AHLUWALIA	DR VANDANA SHARMA
PREPARED & ISSUED BY: QUALITY DEPARTMENT	APPROVED BY: DIRECTOR- ADMINISTRATIVE SERVICES

	POLICY	IH.PRE.001 – PATIENT ANF FAMILY RIGHTS AND RESPONSIBILITIES		
INDUS	NABH Reference:	PRE 1 and 2		
	Issue Date :	30 th SEPTEMBER 2020	Review Date:	31 st AUGUST 2023 (as req)
Page 2 of 11	Revision No:	00	Version No:	03

6.0 Procedure

6.1 PATIENT and FAMILY RIGHTS AND RESPONSIBILITY

- Patient and Family Rights and Responsibilities are documented displayed at reception areas and they are made aware of the same.
- Indus Hospital has documented Patient Rights and Responsibilities which have been formulated by the Management and approved in the Patient Experience Department Committee Meeting and *documented* in IH.PRE.001.
- These Rights and Responsibilities are *displaye*d at the reception area.
- The patients are *counselled and made aware* of their Rights and Responsibilities at the time of admission. A printed bilingual copy is given to them, which is signed by the patient / attendant.
- All staff interacting with patients are aware of Patient Rights and Responsibilities and The Patient Experience Department informs the patient, at the time of admission, that it is the intent of all employees of the hospital to protect and safeguard patient and family rights .

PROTECTION OF PATIENTS' RIGHTS.

The Hospital management (i.e. the Chairman, the COO, CFO and the Director –Clinical Services, Director – Administrative services & Unit Heads) ensure that the patients' rights are protected and redressal of patient and relatives Complaints is ensured

2. The staff is trained so that they can advise the patient to on the method of making a Complaint in case of violation of patient rights.

3. Training is provided to all staff to ensure that the rights are protected.

4. Staff is vigilant so that there is no violation of any patient right and in case a patient right is violated, the same is reported to Patient Welfare Department and corrective and preventive action taken within defined time as per Patient Complaint Redressal Process

MS NEELU AHLUWALIA	DR VANDANA SHARMA
PREPARED & ISSUED BY: QUALITY DEPARTMENT	APPROVED BY: DIRECTOR- ADMINISTRATIVE SERVICES

	POLICY	IH.PRE.001 – PATIENT ANF FAMILY RIGHTS AND RESPONSIBILITIES		
	NABH Reference:	PRE 1 and 2		
	Issue Date :	30 th SEPTEMBER 2020	Review Date:	31 st AUGUST 2023 (as req)
Page 3 of 11	Revision No:	00	Version No:	03

VIOLATION of PATIENT RIGHTS.

- 1. Indus Hospital has documented a list of violations and staff is trained to capture any such violation.
- 2. The Patients / family are also educated that they can report any patient and family right violation to the

Patient Experience Department staff

- 3. Root Cause Analysis and Corrective measures are documented in the register.
- 4. Preventive measures are taken by way of staff orientation and periodic training towards patient and family

rights.

LIST OF PATIENT VIOLATIONS

- SPECIAL PREFERENCES, SPIRITUAL and CULTURAL needs are not honored
- RESPECT and DIGNITY is compromised on the basis of Caste, Creed, and Nationality or PRIVACY during the examination, procedure, and treatment is compromised
- Patient/family experiences abuse, neglect, ,injury and/ or additional vulnerabilities form employees
- Breach of CONFIDENTIALITY with regards to patient's records and treatment
- Patient/ family's REFUSAL for TREATMENT and/ or will to exercise LAMA (Left Against Medical Advice) is denied
- Patient/ family's right to SEEK AN ADDITIONAL OPINION regarding clinical care is denied
- Inaccurate / inadequate information is given about various CONSENTS before treatment
- Patient/ family's not given information about PROCESS OF MAKING COMPLAINTS. Patient Harassment in case complaint is made
- Patient / family not updated about ESTIMATED COSTS prior to any treatment
- Patient / family denied ACCESS to his/her clinical records
- Patient / family denied information about treating doctor or treatment
- Patient / family denied not provided with sensitive / confidential information to patient and family

MS NEELU AHLUWALIA	DR VANDANA SHARMA
PREPARED & ISSUED BY: QUALITY DEPARTMENT	APPROVED BY: DIRECTOR- ADMINISTRATIVE SERVICES

	POLICY	IH.PRE.001 – PATIENT ANF FAMILY RIGHTS AND RESPONSIBILITIES		
INDUS	NABH Reference:	PRE 1 and 2		
	Issue Date :	30 th SEPTEMBER 2020	Review Date:	31 st AUGUST 2023 (as req)
Page 4 of 11	Revision No:	00	Version No:	03

6.2. PATIENT AND FAMILY RIGHTS

The patient and family rights are documented and displayed in the hospital near the reception area:

The patient rights are available in bilingual language the IPD patients.

The Patient's rights at Indus Hospital are as under -

- Right to SPECIAL PREFERENCES, SPIRITUAL and CULTURAL needs to be respected and honored
- Right to be treated with RESPECT and DIGNITY irrespective of Caste, Creed and Nationality and maintenance of PRIVACY during g examination, procedure and treatment
- Right to value and Right to PROTECTION against any abuse, neglect, injury and additional vulnerabilities
- Right to strict CONFIDENTIALITY of patient's records and treatment
- Right to REFUSE TREATMENT and/ or exercise LAMA (Left Against Medical Advice)
- Right to SEEK AN ADDITIONAL OPINION regarding clinical care
- Right to information about various CONSENTS to be given before treatment
- Right to information about MAKING COMPLAINTS about the quality of health service provided without fear of discrimination.
- Right to information about ESTIMATED COSTS prior to any treatment
- Right to ACCESS to his/her clinical records
- Right to receive information about name of Doctor, and information regarding plan of care, progress, treatment and healthcare needs in NON-TECHNICAL LANGUAGE form the DOCTOR
- Right to providing appropriate sensitive / confidential information to patient and family

MS NEELU AHLUWALIA	DR VANDANA SHARMA
PREPARED & ISSUED BY: QUALITY DEPARTMENT	APPROVED BY: DIRECTOR- ADMINISTRATIVE SERVICES

	POLICY	IH.PRE.001 – PATIENT ANF FAMILY RIGHTS AND RESPONSIBILITIES		
INDUS	NABH Reference:	PRE 1 and 2		
	Issue Date :	30 th SEPTEMBER 2020	Review Date:	31 st AUGUST 2023 (as req)
Page 5 of 11	Revision No:	00	Version No:	03

6.3 PATIENT AND FAMILY RIGHTS DETAILS

6.3.1 Patient and family rights include respecting values and beliefs, any special preferences, cultural needs and responding to requests with spiritual needs.

- > Patients are addressed with respect
- > Patient preferences are noted down such as dietary, worship requirements etc.
- > Patients are treated keeping in mind their spiritual and cultural needs and beliefs.

> For any action that needs to be taken during course of treatment which is in contradiction with these, prior consent is taken from the patient and /or family.Eg Sikh patient needs to be counseled in case of any surgery requiring shaving and preparation of parts. Also, in case any patient is on a fast for religious or spiritual reasons, he needs to be counseled and advised to take the required diet for better recovery.

> Post Death requirements of patients – where applicable – are also respected and honoured

6.3.2 Patient and family rights include respect for personal dignity and privacy during examination, procedures and treatment.

> Patient rights include respect for personal dignity and privacy during examination, procedures and treatment. Before doing any procedure it is ensured that the patient is not exposed. If any recordings or photographs are to be taken it is ensured that consent is taken and that the patient's identity is not revealed.

> Patient's right to dignity is honored scrupulously at Indus Hospital. There is provision in all care settings for curtains or mobile screens for the purpose of temporary shielding, side rooms for privacy for examining a patient, performing a procedure or carrying out any treatment.

> It is ensured that Patient is exposed just before actual procedure is to be done

> In case, the patient is a female and the examination is being done by a male doctor then at least 1 female attendant is present.

> Examination is always performed in a close room. If the examination is done in a general ward then a screen is used.

> In the Operation Theatre, in case of a female patient, a female nurse /female staff is always present even if she is not participating in the surgical procedures.

MS NEELU AHLUWALIA	DR VANDANA SHARMA
PREPARED & ISSUED BY: QUALITY DEPARTMENT	APPROVED BY: DIRECTOR- ADMINISTRATIVE SERVICES

	POLICY	IH.PRE.001 – PATIENT ANF FAMILY RIGHTS AND RESPONSIBILITIES		
INDUS	NABH Reference:	PRE 1 and 2		
	Issue Date :	30 th SEPTEMBER 2020	Review Date:	31 st AUGUST 2023 (as req)
Page 6 of 11	Revision No:	00	Version No:	03

6.3.3 Patient and family rights include protection from physical abuse or neglect.

> The staff involved in patient care and handling is monitored by senior staff and a female attendant is present with all female patients.

> Special care is taken in case of vulnerable patients (side rails for beds, belts in stretchers and wheel chairs, presence of attendants to prevent falls and injury)

6.3.4 Patient and family rights include treating patient information as confidential.

Definition:

Confidentiality means how the hospital staff treats private information once it has been disclosed to others or ourselves.

Confidential information furnished (to facilitate diagnosis and treatment) by the patient to a professional authorized by law to provide care and treatment is called *privileged communication*

GUIDELINES

Doctor-patient confidentiality is held to be one of the sacrosanct rights according to the Hippocratic Oath and it is codified in India in the form of the Code of Medical Ethics by the Indian Medical Council under the **Indian Medical Council Act, 1956**. This bases itself on the International Code of Medical Ethics.

That right is that a doctor can not divulge details of the patients being treated by him even after his death except in a court of law.

According to the researchers this right is extremely important as it gives legal remedy to people wronged by medical practitioners who have violated such an important right.

Exceptions associated with it:

However, there are certain situations where disclosure of personal health information is permitted, for example:

- during referral,
- > when demanded by the court or by the police on a written requisition,

> when demanded by insurance companies as provided by the Insurance Act when the patient has relinquished his rights on taking the insurance, and

> when required for specific provisions of workmen's compensation cases, consumer protection cases, or for income tax authorities,

disease registration,

MS NEELU AHLUWALIA	DR VANDANA SHARMA	
PREPARED & ISSUED BY: QUALITY DEPARTMENT	APPROVED BY: DIRECTOR- ADMINISTRATIVE SERVICES	

	POLICY	IH.PRE.001 – PATIENT ANF FAMILY RIGHTS AND RESPONSIBILITIES		
INDUS	NABH Reference:	e: PRE 1 and 2		
	Issue Date :	30 th SEPTEMBER 2020	Review Date:	31 st AUGUST 2023 (as req)
Page 7 of 11	Revision No:	00	Version No:	03

> communicable disease investigations,

> vaccination studies, or

> drug adverse event reporting.

"Circumstances in which the public interest would override the duty of confidentiality could, for example, be the investigation and prosecution of serious crime or where there is an immediate or future (but not a past and remote) health risk to others". <u>Mr. 'X' vs Hospital 'Z' on 21 September, 1998</u>

PROCEDURE to MAINTAIN CONFIDENTIALITY

• All patient-related information is treated as confidential or privileged information by the HCO. This is the duty of the organization. E.g. MTP or any infectious disease or privileged communication like Tuberculosis etc.

• Staff has been instructed and trained not to use patient information indiscriminately in areas where such confidentiality is likely to be breeched. Patient information should not be discussed where others can overhear the conversation (in hallways, on elevators, in the cafeteria, in restaurants, etc.). It is not okay to discuss clinical information in public areas even if a patient's name is not used. This can raise doubts among patients and visitors about our respect for their privacy E.g. in the cafeteria, lobby, lifts, corridors, counters etc.

• No information can be revealed to any other person, persons or organization without the prior consent of the patient e.g. patients with insurance.

• Also, the access to information is defined for various categories of staff.

• Confidential information such as Reactive Status including HIV status is not revealed without patient's permission. It shall not be written /pasted on the cover of the patient file etc.

- Other confidential status of patient's is also not displayed on patient file cover
- Name of patients are not put on the door of the room

MS NEELU AHLUWALIA	DR VANDANA SHARMA
PREPARED & ISSUED BY: QUALITY DEPARTMENT	APPROVED BY: DIRECTOR- ADMINISTRATIVE SERVICES

	POLICY	IH.PRE.001 – PATIENT ANF FAMILY RIGHTS AND RESPONSIBILITIES		
INDUS	NABH Reference:	ence: PRE 1 and 2		
	Issue Date :	30 th SEPTEMBER 2020	Review Date:	31 st AUGUST 2023 (as req)
Page 8 of 11	Revision No:	00	Version No:	03

• All patient files are kept under surveillance and after patient Discharge the files are kept in the MRD under lock and key and can only be retrieved by following appropriate protocol.

• ELECTRONIC MESSAGING

<u>MAILS</u>

If it is not absolutely necessary to include patients' names in electronic correspondences, then we should refrain from doing so

<u>FAX</u>

Certain types of information are prohibited by law from being faxed outside of an institution without appropriate written authorization, e.g., genetic test results, HIV information, and sexual assault counseling. All fax cover sheets should contain the standard warning that reads: "The information contained in this electronic message and any attachments to this message are intended for the exclusive use of the addressee(s) and may contain confidential or privileged information. If you are not the intended recipient, please notify me immediately and destroy all copies of this message and any attachments"

HAND HELD DEVICES

Many clinicians have health information stored or available on these hand-held devices. These should be password protected

• DISCARDING PATIENT FILES

Confidential papers should be appropriately disposed of, e.g., torn or shredded, when they are no longer needed as per hospital policy

6.3.5 Patient rights include refusal of treatment.

> The patients are given the choice of treatment.

> Patient rights include refusal of treatment and Leave against Medical Advice

> In this case, the treating doctor discusses all the available options and allows the patient to make an informed choice including the option of refusal.

> In case of refusal of treatment, the treating doctor explains the consequences of refusal of treatment and the same explanation is documented in the case sheet and in the LAMA form. This is counter signed by the patient or his attendant in case patient is unable to sign. In case the attendant signs, relationship must be defined.

> The explanation of the treatment is done in a language understandable to the patient.

MS NEELU AHLUWALIA	DR VANDANA SHARMA
PREPARED & ISSUED BY: QUALITY DEPARTMENT	APPROVED BY: DIRECTOR- ADMINISTRATIVE SERVICES

	POLICY	IH.PRE.001 – PATIENT ANF FAMILY RIGHTS AND RESPONSIBILITIES		
INDUS	NABH Reference:	rence: PRE 1 and 2		
	Issue Date :	30 th SEPTEMBER 2020	Review Date:	31 st AUGUST 2023 (as req)
Page 9 of 11	Revision No:	00	Version No:	03

6.3.6 Patient and family have a right to seek an additional opinion regarding clinical care.

> Patient, at his own request and expense, has the right to seek second opinion. The request is escalated to the Unit Head

> If patient requests, hospital staff is instructed to provide all details regarding qualification and experience of any particular physician. The qualification of a physician is also available on the Doctor's stamp

> In case of difference in opinion regarding treatment, the patient has the right to get himself / herself transferred to whom-so-ever he / she feels appropriate at appropriate place.

<u>6.3.7 Patient and family rights include informed consent before transfusion of blood and blood</u> <u>components, anesthesia, surgery, initiation of any research protocol and any other invasive/ high</u> <u>risk procedures / treatment.</u>

Patient rights include-

> Informed consent before anesthesia, blood and blood product transfusions, central line insertion and any invasive / high risk procedures / treatment.

- > Knowledge about the treatment proposed, the risk and benefits and the approximate cost.
- > Information about constraints with change of category of service.
- > Information about change of clinical condition of patient.

6.3.8 Patient rights include right to complain and information on how to voice a complaint.

Patient rights include information on how to voice a complaint – i e providing information about the hierarchy as to who to complain to about any deficiency of services

PATIENT COMPLAINTS AND REDRESSAL

There are 4 ways in which a patient/relative can lodge a Complaint

- > Complaint Register and Suggestion Box
- > Patients can call patient Welfare Officer or can Email on contact@indushospital.in
- Feedback form (OPD and IPD)
- > Complain to Patient Welfare Department

MS NEELU AHLUWALIA	DR VANDANA SHARMA
PREPARED & ISSUED BY: QUALITY DEPARTMENT	APPROVED BY: DIRECTOR- ADMINISTRATIVE SERVICES

	POLICY	IH.PRE.001 – PATIENT ANF FAMILY RIGHTS AND RESPONSIBILITIES		
	NABH Reference:	ce: PRE 1 and 2		
	Issue Date :	30 th SEPTEMBER 2020	Review Date:	31 st AUGUST 2023 (as req)
Page 10 of 11	Revision No:	00	Version No:	03

• A **'Complaints Register'** and a **'Suggestion Box'** is placed at the reception for the grievances of the patients or their families.

- The Manager Patient Welfare Department accesses these Complaints and gets them resolved
- Feedback from the patient is taken in **"Patient feedback form**" at the time of discharge.

• This is added to the patient's file and also uploaded in the hospital's 'Patient Feedback Analysis of software is done to assess which departments have the maximum/minimum complaints against them and which are the areas that require improvement

• **Patient experience Department** ensures that all complaints that are escalated to it are addressed as per protocol within defined time frames. (Refer SOP: Patient Welfare Department)

The Contact number for the PATIENT EXPERIENCE DEPARTMENT is displayed at all the receptions as well as in every patient room

6.3.9 Patient rights include information on the expected cost of the treatment.

> During admission estimated cost of treatment is explained to the patient.

- > The Tariff sheet at the reception gives the detailed breakup.
- > A copy of the Hospital Tariff Sheet is also included in the patient's file.
- > After admission, a breakup of the expense is given to the patient periodically especially high cost patients: Cath Lab, ICU.

6.3.10 Patient has a right to have an access to his / her clinical records.

This is in consonance with – CODE OF MEDICAL ETHICS laid down by the Medical Council of India and Statutory requirements.

As a policy, the hospital does not hand over the patient files to the patient.

Once the **patient is discharged** the Discharge summary is given to the patient along with the original lab reports.

However, in case a patient / family requires the copy of Clinical Records , they can be given after a form a request and approval . Photocopy of clinical records can be given only for the following reasons

1, In case of medico legal cases—required by the court

2. In case of some family dispute

3. for insurance claim purposes

A copy of the Clinical Records can be requested from the Medical records Department by filling an application form and depositing a fee of Rs 200/-

MS NEELU AHLUWALIA	DR VANDANA SHARMA
PREPARED & ISSUED BY: QUALITY DEPARTMENT	APPROVED BY: DIRECTOR- ADMINISTRATIVE SERVICES

	POLICY	IH.PRE.001 – PATIENT ANF FAMILY RIGHTS AND RESPONSIBILITIES		
	NABH Reference:	e: PRE 1 and 2		
	Issue Date :	30 th SEPTEMBER 2020	Review Date:	31 st AUGUST 2023 (as req)
Page 11 of 11	Revision No:	00	Version No:	03

6.3.11 Patient and family rights include information on plan of care, progress and information on their healthcare needs.

Patient and family are informed about the name, qualification of the treating doctor and the plan of care for the patient. Same is also documented on the patient file.

Patient and /or families are explained the course of treatment and in several cases for eg. Blood transfusion, high risk surgery consent is taken forms them.

Any change in treatment is also informed to the patient and/or relative

6.3.12 Patient rights include determining what information regarding their care would be provided to self and family.

The Hospital has defined the persons who are responsible for sharing sensitive / confidential information – Treating Consultant or his authorised team, Director – Clinical / Director – Administrative / Unit Head

6.4 The **PATIENTS AND THEIR FAMILIES ARE INFORMED OF THEIR RIGHTS** through display boards in the hospital. They are also informed about their rights by the Reception staff at the time of registration in the hospital in a language they can understand.

The patient rights are also available in bilingual language to the IPD patients. The same is signed by the patient/ relatives and attached in the patient file.

6.5 RESPONSIBILITY OF PATIENTS

In addition to certain rights of the patients they are also responsible for -

- 6.5.1 providing **accurate and complete information** about medical complaints, past illnesses, hospitalizations, medications, pain, and other matters relating to their health

- 6.5.2 following the treatment plan recommended by those responsible for their care
- 6.5.3 their actions if they refuse treatment or do not follow the healthcare team's instructions
- 6.5.4 seeing **that their bills are paid** as promptly as possible; following hospital rules and regulations
- 6.5.5 being considerate of the **rights of other patients** and hospital personnel
- 6.5.6 seeking information, and in the event they have questions, asking them.

7.0 Implementation

All Hospital Staff

All Patients

8.0 Attachments –

Nil

MS NEELU Neelusthumane	DR VANDANA SHARMA	
PREPARED & ISSUED BY: QUALITY DEPARTMENT	APPROVED BY: DIRECTOR- ADMINISTRATIVE SERVICES	