



The hospital implements processes to ensure that all staff members are aware of their responsibilities regarding patient and family rights and to respond to any concerns related to these rights.

The hospital uses a collaborative and inclusive process to develop patient care policies and procedures and includes patients and families in the process. The hospital has a process to allow patients to identify whom they consider to be family. This includes families who may not meet the traditional or cultural definition of family. Examples include the following:

- Common-law marriages or partnerships
- Unrelated caregivers
- Adopted or foster children
- Blended families

The hospital has a process to allow patients or their legal guardian or surrogate decision-maker to decide the following:

- If and to what extent family may be involved in care
- What information may be provided to the patient's family; for example, a patient may not want to share a diagnosis with their siblings or children, or a parent of a minor patient may not want to inform the minor patient of a terminal illness.
- Under what circumstances family or others may be involved in care or receive patient information; for example, a patient may want family involved from admission to discharge, or a patient may want family involved only if the patient requires surgery or other invasive diagnostic and therapeutic procedures.

## **Measurable Elements of PCC.01.00**

1. Hospital leaders work collaboratively to protect and to advance patient and family rights.
2. ⓐ Hospital leaders implement patient and family rights as identified in laws and regulations.
3. ⓐ Hospital leaders protect patient and family rights in relation to the cultural practices of the community or individual patients served.
4. Hospital leaders protect the patient's right to identify whom the patient wishes to participate in care decisions.
5. The hospital has a process to determine the patient's or family's preferences regarding what and when information is provided to the patient, family, or others.
6. All clinical staff are trained on how to support patient and family rights and their participation in care.

## **Standard PCC.01.01**

The hospital respects, protects, and promotes patient rights.

### **Intent of PCC.01.01**

Patients must understand their rights and responsibilities related to their care. The hospital has a responsibility to provide care that respects patient dignity, values, beliefs, and religious or spiritual preferences. The hospital prepares a written statement of patient and family rights and responsibilities, according to laws and regulations, that is available to patients when they are admitted as inpatients or registered as outpatients.

Patients deserve to be treated with respect and dignity. Patients may perceive a loss of respect or dignity due to increased need for assistance with various tasks, including feeding, toileting, movement, and personal hygiene.

The patient has the right to respectful and considerate care. Hospital staff members have a responsibility to recognize and respect the patient's dignity and personal worth. Each patient brings their own values and beliefs to the care process. Strongly held values and beliefs can shape the care process and responses to care. Some values and beliefs are common and may be 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. Staff seek to understand how the patient's values and beliefs impact care and services.

When a patient or family wishes to speak with someone about religious or spiritual needs or observe a spiritual or religious custom, the hospital has a process to respond to the request. The hospital prepares a written statement of patient and family rights and responsibilities, and it is available to patients and their families.

This written statement must be easily accessible to all patients and their families. Examples of this written statement include the following:

- An informational document given to patients during admission or registration
- A brochure given to patients during admission or registration
- A poster in admitting, registration, or patient waiting areas

The hospital must provide information about patient and family rights in a language that patients understand.

To do this, hospitals may do the following:

- Have written documents available in commonly used languages for the location.
- Display posters with commonly used languages.
- Offer translation services to explain rights and responsibilities for patients who do not speak commonly used languages for the location.

The hospital has a process to inform patients who cannot read their rights and responsibilities.

The hospital has a process to ask if patients have cultural, religious, or spiritual preferences that could impact their care and makes accommodations when safe to do so. Examples of these preferences include the following:

- Fasting or other dietary restrictions
- Restrictions related to blood transfusion or organ transplantation
- Prayer or worship times

Responses to patient requests related to religion or spirituality may be carried out by the following:

- On-site religious or spiritual staff
- Local or community resources
- Family-referred sources

## **Measurable Elements of PCC.01.01**

1. Information about patient rights and responsibilities is provided to each patient in a language the patient understands. (*See also* MOI.02.02, ME 3)
2. ⓐ The hospital's written policy on patient rights is available to staff. (*See also* SQE.01.06, ME 2)
3. The hospital treats the patient in a respectful manner that supports the patient's dignity.
4. The patient's spiritual and cultural beliefs, values, and preferences are respected.
5. The hospital responds to requests related to religious or spiritual support.

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## **Standard PCC.01.02**

The hospital protects patient privacy, confidentiality, and access to health information.

### **Intent of PCC.01.02**

Patients have a right to personal privacy and confidentiality. Breaches in privacy and confidentiality negatively impact the trust patients have in their care teams and create risks for patients. Patients and/or their surrogate have a right to access their own health information to understand the care and services they have received. Staff members providing care and services to patients should inquire about the patient's privacy needs and expectations related to the care or service. Although there are some common approaches to providing privacy for all patients, individual patients may have different or additional privacy expectations and needs. These