



Care of Patients (COP)

Overview

The most important responsibility of a health care organization and its staff is to provide safe and effective care and services to all patients. This requires effective communication, collaboration, and standardized processes to ensure that the planning, coordination, and implementation of care supports and responds to each patient's unique needs and goals.

Care may be preventive, palliative, curative, or rehabilitative and may include anesthesia, surgery, medication, supportive therapies, or a combination of these and is based on the assessment and reassessment of each patient. High-risk areas of care (including resuscitation, blood administration, organ and tissue transplantation) and care for high-risk or special needs populations require additional attention. Part of care delivery also includes identifying and reducing risk factors that could impact patient care such as risks associated with patients who may be suicidal, or at high risk for complications from a disease process or surgery.

Care for patients is provided by many disciplines and support staff. All individuals involved in patient care must have a clear role determined by licensure; credentials; certification; laws and regulations; an individual's particular skills, knowledge, and experience; and organization policies or job descriptions. Some care may be carried out by the patient, their family, or other trained caregivers. Additional support may also be provided by an appointed individual(s), such as a living donor advocate, who has knowledge about the care process and can independently inform patients on all considerations that could affect decision-making.

The delivery of care and services must be coordinated and integrated by all individuals caring for the patient. Working together with the patient and family, these individuals ensure that the following criteria are met:

- Based on assessment, care is planned to meet each patient's unique needs.
- The planned care is delivered to each patient.
- The patient's response to care is monitored.
- Planned care is modified when necessary, based on the patient's response.

Standards

The following is a list of all standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please see the next section in this chapter, Standards, Intents, and Measurable Elements.

Care Delivery for All Patients

COP.01.00 There is a uniform process for prescribing and completing treatment orders.

COP.01.01 An individualized plan of care is developed and documented for each patient.

COP.01.02 The provision of high-risk services is guided by professional practice guidelines, laws, and regulations.

Clinical Alarm System Management

COP.02.00 The hospital implements policies and procedures for safety of clinical alarm systems.

Recognition of Changes to Patient Condition

COP.03.00 Clinical staff are trained to recognize and respond to changes in a patient's condition.

Resuscitation Services

COP.04.00 Resuscitation services are available throughout the hospital.

Management of Patients at Risk of Suicide or Self-Harm

COP.05.00 The hospital has a process to identify and protect patients at risk for suicide and self-harm.

Food and Nutrition Therapy

COP.06.00 Food, nutrition products, and nutrition therapy are available to patients.

Pain Management

COP.07.00 Pain is managed effectively.

End-of-Life Care

COP.08.00 The hospital has a process to provide end-of-life care that addresses the needs of the patient and family and optimizes the patient's comfort and dignity.

Hospitals Providing Transplant Services

COP.09.00 The hospital informs patients and families about how to donate organs and other tissues.

COP.09.01 The hospital provides oversight for the process of organ and tissue procurement.

COP.09.02 The hospital's leaders provide resources to support the organ, tissue, and/or cell transplant program.

COP.09.03 The hospital identifies a qualified transplant program leader(s) and includes an interdisciplinary team that consists of clinical staff with expertise in the relevant transplant programs.

COP.09.04 There is a designated coordination mechanism for all transplant activities.

COP.09.05 The hospital complies with organ, tissue, and cell transplant responsibilities.

COP.09.06 The transplant program obtains informed consent specific to organ, tissue, and/or cell transplant from the transplant recipient candidate.

COP.09.07 The transplant program has documented protocols, clinical practice guidelines, or procedures for organ recovery and organ receipt to ensure the compatibility, safety, efficacy, and quality of human cells, tissues, and organs for transplantation.

COP.09.08 Clinical practice guidelines and clinical criteria guide the selection and care of organ, tissue, and cell transplant patients.

Transplant Programs Using Living Donor Organs

COP.10.00 Transplant programs that perform living donor transplantation adhere to local and regional laws and regulations and protect the rights of prospective or actual living donors.

COP.10.01 Transplant programs performing living donor transplants obtain informed consent specific to organ donation from the prospective living donor.

COP.10.02 Transplant programs that perform living donor transplants use clinical and psychological selection criteria to determine the suitability of potential living donors.

COP.10.03 Individualized patient care plans guide the care of living donors.