

- Racial/ethnic minorities
  - Women
  - Indigenous people
  - Scheduled Castes (SC), scheduled Tribes (ST)
- Sexual minorities

Hospitals can add or remove populations from the list as applicable to their scope of services and must speak to the list during survey. Unless the local environment is unstable and in constant turmoil, the hospital's vulnerable populations may not drastically change every year. Nonetheless, an annual risk assessment must be completed, as there are several factors that influence the vulnerability of populations, and in order to accurately determine the present state of vulnerability of populations, the risk assessment must be performed.

### **Measurable Elements of PCC.01.04**

1. The hospital includes the following sources, at minimum, when defining its vulnerable populations:
  - Predetermined list of widespread populations as applicable to the hospital's scope of services
  - Determined by results of the annual risk assessment
  - In accordance with laws and regulations
2. ⑩ The hospital's predetermined list includes the following vulnerable populations, as applicable to the hospital's scope of services:
  - Disabled and chronically ill
  - Socioeconomically disadvantaged
  - Elderly/frail
  - Children/adolescents
  - Racial/ethnic minorities
  - Sexual minorities
3. ⑩ The hospital performs a vulnerable population risk assessment, annually, at minimum, to identify the following:
  - Vulnerable populations the hospital serves
  - Risks associated with each vulnerable population
  - Specific resources needed to support the care, treatment, and services of these vulnerable populations, including community resources for continuity of care postdischarge
  - Staff education for select vulnerable populations, as determined by the hospital
4. ⑩ The hospital establishes a written policy and implements a process to identify how risks are managed for each vulnerable population. (See also PCI.07.00, ME 2; HRP.02.02, ME 3)

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## **Patient Experience**

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### **Standard PCC.02.00**

Patients and families are engaged in all aspects of their care, treatment, and services.

#### **Intent of PCC.02.00**

Patients engaged in their health care can make better, collaborative decisions with their providers. This leads to improved patient outcomes. Effective patient activation and engagement permits the patient to actively participate in their health care by collaborating with their health care providers. Examples of patient engagement include the following:

- Participating in decisions about care (accepting and refusing treatments)
- Asking questions and seeking information about care
- Requesting a second opinion

Patients and families need information about their medical condition to participate in making decisions about their care and to care for themselves after discharge. Health care providers inform patients about assessment and diagnostic findings, diagnoses, and the proposed care and treatment.

Patients have a right to be informed of the expected outcomes of the planned care and treatment. Patients must also be informed when an unanticipated event or outcome has occurred during their care or treatment.

Examples of unanticipated events include the following:

- Hospital-acquired infections
- Medication errors
- Pressure ulcers
- Postoperative infections

It is clear who will provide patients with the information about their care, including the following:

- Medical condition
- Planned care and treatment
- Expected outcomes
- Unanticipated events

Patients and families understand the decisions made about their care and how to participate in those decisions. Not all patients may want to know a confirmed diagnosis and prognosis or to participate in the decisions regarding their care. These patients are offered the option to include others in decision-making about their care.

The hospital has a policy about the process of seeking a second opinion. The hospital must not prohibit, prevent, or obstruct the patient's effort to seek a second opinion. The hospital participates in obtaining a second opinion by providing the patient or other health care provider with information about the patient's condition. The hospital must not withhold any information requested for a second opinion. The hospital is not expected to pay for a second opinion when requested by the patient.

A patient may designate another person(s) to receive information with them or instead of them in accordance with laws and regulations. The patient may also allow this person to make decisions about and provide consent for their care on their behalf. Examples include the following:

- Family member
- Spouse or partner
- Caregiver
- Friend
- Surrogate decision-maker

Information in the policy about seeking a second opinion may include the following:

- The process for obtaining and sharing patient information needed for the second opinion
- Whether an additional consent for release of patient information is required to share information for the second opinion
- Who is responsible for facilitating the request and any communication related to obtaining a second opinion
- Any information about additional payments related to obtaining a second opinion

## **Measurable Elements of PCC.02.00**

1. The hospital supports and promotes patient and family engagement in care processes and in decision-making.
2. The health care team informs patients and their family about medical conditions, any confirmed diagnosis, a prognosis, and the planned care and treatment(s) to encourage patient engagement and collaboration. (*See also* PCC.03.00, ME 1)
3. Patients are informed of any unanticipated outcomes that occurred during the course of their care and treatment. (*See also* MMU.07.00, ME 1)
4. The hospital permits a patient to seek a second opinion without compromising the patient's care.