

Intent of PCC.01.03

The hospital communicates its responsibility, if any, for the patient's possessions to patients and families as part of its efforts to ensure the safety and security of personal possessions. The hospital determines its level of responsibility for any or all of the patient's personal possessions brought into the hospital and implements a process to account for the possessions and to protect them from theft or loss. The hospital informs patients and their families about the hospital's level of responsibility for personal possessions and its process for protecting them. Examples of levels of responsibility include the following:

- Only being responsible for items locked in safes in patient rooms
- Only being responsible for patient possessions held by hospital security

The hospital has a process to store patient possessions across the organization and in various conditions.

Examples include the following:

- Emergency patients
- Same-day surgery patients
- Inpatients
- Patients unable to make alternative safekeeping arrangements
- Patients incapable of making decisions regarding their possessions

Measurable Elements of PCC.01.03

1. The hospital has determined its level of responsibility for patients' possessions. (See also FMS.04.00, ME 2)
2. Patients receive information about the hospital's responsibility for protecting personal possessions.
3. Patients' possessions are safeguarded when the hospital assumes responsibility or when the patient is unable to assume responsibility.

Standard PCC.01.04

The hospital identifies its vulnerable populations and the risks to those populations.

Intent of PCC.01.04

Identification of a hospital's vulnerable populations and their risk factors helps to develop, implement, and evaluate population-based interventions to address the health disparities for those populations. Vulnerable populations are individuals at greater risk due to disparities in physical, economic, and social health status and often have health conditions exacerbated by inadequate health care. The hospital's predetermined list includes vulnerable populations that are applicable to the hospital's scope of services, determined by evaluation of the annual risk assessment performed, and in accordance with local laws and regulations. Vulnerable populations must include identification of the applicable vulnerable subpopulations. Examples of subpopulations under the populations in the predetermined list in ME 2 include but are not limited to the following:

- Persons with disabilities or chronic illnesses
 - People living with HIV/AIDS
- Socioeconomically disadvantage (low-income, homeless, uninsured/underinsured)
 - Certain geographical communities
 - Internally displaced persons (IDPs)
 - Stateless persons
 - National minorities
 - Poor migrants, refugees, asylum-seekers
 - Prisoners
- Aged/elderly
- Children/youth
 - Child abduction ("code pink")
 - Child corporal punishment

- 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. ② 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. ② 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. ② 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)

Patient Experience

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