
	Quality Management Systems Procedure	
	Title: Patient's rights and responsibilities	
	Document Number- 002/QA/TVVP/2017	
	Issue Number- 01	
	Effective Date- 01. Dec.2017	
Review and Approved by: Smt. Karuna Vakati, IAS (Signed)		

Purpose:

This policy is designed to inform patients receiving health care services from TVVP employees of their rights and responsibilities. It is also designed to provide guidance to the employees involved in providing health care services to patients.

Policy:

It is the policy of TVVP hospitals to recognize and respect the rights of all patients and their families. Patients receiving health care services in TVVP Hospitals from the employees shall be informed of these rights.

Patients and families may bring to the notice of the RMO / Medical Superintendent, any instance of violation or perceived violation of these rights.



Scope:

This policy applies to all faculty, residents, students and employees who are involved, either directly or indirectly, in providing health care services to patients.

TVVP Hospital's responsibility is to acknowledge patient's rights and to respond to each patient with personal dignity and respect in a smoke free environment.

Description of the Process:

- Patient and their family should be informed about the services / care and govt provided benefits available at the hospital by displaying user-friendly signages.
- Display of patient's rights and model citizen charter at convenient places throughout the hospital in two languages (English and Telugu) as appropriate.
- Information of rights of patients shall be communicated to them and their families in a format and language that they understand, at the time of admission or enquiry through verbal communication and suitable hand-outs.
- Patient and their family should have the information about the care providers.
- Patient and patient's family should be informed about disease, care plan, alternative plans and possible outcomes as per hospital policy.
- Patient and their family should be educated about safe and effective use of medicines, and their potential side effects, diet and nutrition requirements, Immunization, prevention of infections, where applicable.
- Patient and their family should have the facility to access clinical records (to entitled personnel) and also have an access to hospital / organization's information as per right to information act.

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ACTIVITY AND RESPONSIBILITY:

S. No.	Procedural steps	Responsibility
1.	Display of user-friendly signage's at key areas of hospital	RMO
2.	Display of Posters on Patients' Rights&Responsibilities at key areas of hospital	RMO
3.	Patient information / visitor's information hand-book shall be provided at the time of admission.	Reception
4.	Staff education programs through regular training & Induction training for new recruits about patient rights & responsibilities.	NS & RMO
5.	On regular basis patient grievances for violation of their rights shall be escalated to the management. Corrective measures shall be amended in the policy changes.	RMO

Accessibility and availability:

No patient shall be denied service due to gender, race, color, religion, country / state origin, income status.

No patient shall be denied to get prescribed investigations, drugs and entitlements.

No patient shall be denied service due to lack of empanelment with Aarogyasri Healthcare Trust or any other public health insurance scheme.



Respect and Dignity:

The patient has the right to considerate, respectful care at all times and under all circumstances, with recognition of his personal dignity and worth.

Privacy and Confidentiality of patients:

The patient has the right, within the law, to personal and informational privacy, as manifested by the right to:

- ✓ Refuse to talk with or see anyone not officially connected with the hospital, including visitors; persons officially connected with the hospital but who are not directly involved in his / her care.
- ✓ Wear appropriate clothing and religious or other symbolic items, as long as they do not jeopardizing safety or interfere with diagnostic procedures or treatment.
- ✓ Be interviewed and examined in surroundings designed to assure reasonable privacy. It is the patient's right to wish to have a person of one's own gender



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present during physical examination, treatment, or procedure performed by a health professional; and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which the patient was asked to disrobe.

- ✓ Expect that any discussion or consultation involving his / her case will not be conducted in public and that individuals not involved in direct care will not be present without permission of the patient.
- ✓ Have his/ her medical record read only by individuals directly involved in treatment or monitoring of quality, and by other individuals only on authorization by the patient or that of his / her entitled representative.
- ✓ Patient education includes method of preventing infections. Patients are told about proper hygienic condition to be maintained, disposal of waste for avoiding infection and the result disease.
- ✓ Expect that all communications and other records pertaining to his / her care, including the source of payment for treatment, be treated as confidential.
- ✓ Expect that information given to concerned family members or significant other legally authorized person, be delivered in privacy and with due consideration of confidentiality.
- ✓ Respect patient's spiritual and religious beliefs in a polite manner without obstructing the ongoing treatment and in accordance with the hospital policies.

Activity and Responsibility:

S. No.	Activity	Responsibility
1.	Evaluation of psychosocial status depending upon the stability, counselling has to be planned	Treating doctor or his team member
2.	The comfortable language of the patient has to be chosen	Treating doctor or his team member
3.	Depending upon the medical advice the procedure or the disease & its estimated prognosis shall be explained.	Treating doctor or his team member
4.	Depending upon the disease pattern specific diet requirements & restrictions shall be informed.	Treating doctor or his team member
5.	Depending upon the need, immunization & local availability, along with the importance of proper immunization shall be informed.	Treating doctor or his team member
6.	Detail post discharge follow up schedules in prevention of further complications & disease progress should be explained.	Treating doctor or his team member
7.	Importance of ongoing treatment & importance	Treating doctor or his

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	of regular medication in controlling the disease shall be explained	team member
8.	Medicine Administration & Drug interaction, importance of time in dosage maintenance shall be explained	Treating doctor or his team member
9.	Importance of personal hygiene in maintaining good health & also infection control measures to prevent cross transmission shall be explained	Treating doctor or his team member
10.	Patients' rights & responsibilities shall be explained	Treating doctor or his team member

Involving patients in decision making process

1. Patient and their family should receive all information regarding disease and care plan.
2. Patient and their family have the right to accept or refuse the medical treatment.
3. Patient and their family should give informed consent before treatment begins.
4. Patient and their family should have the right to withdraw the consent and refuse treatment at any time.



Treatment cost (User charges, if applicable)

- a. To be provided with the rough estimate of bill amount.
- b. In case of planned hospitalization to be provided with interim bills except for packages.
- c. To get information of day to day hospital bills in accordance with the hospital policy

Confidentiality of information

- All information regarding patient (medical or non-medical) is ideally kept confidential except in instances where disclosure is required by law.
- Families also may be denied disclosure of some kinds of information unless consented to by the patient. This will not apply to minors, and individuals who are incapable of exercising rational decision making.
- Only those personnel have the right to access patient information, who are involved in the care of the patient or specifically authorized by the hospital.

Communication

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When the patient does not speak or understand the predominant language of the community, the hospital will make efforts to ensure that proper interpretation is done if it is possible to provide appropriate interpreter for the same.

Transfer and continuity of care

A patient may not be transferred to another facility unless he / she have received a complete explanation of the need for a transfer and the alternatives for a transfer, and unless the transfer is acceptable to the other facility. The patient has the right to be informed by the responsible clinician or his / her designee of any continuing healthcare requirements following discharge from the hospital.

If the patient is a paying patient (If applicable), the patient has the right to request and receive an itemized and detailed explanation of his / her finalized bill for services rendered by the hospital.

General Consent



General consent shall be taken from all patients being registered and admitted in the hospital. General consent must be obtained from an adult patient with decision-making capacity, or person legally authorized to consent on behalf of the patient. If consent was not obtained (for e.g. in case of unattended, unconscious patient), the reason must be documented in the patient's medical record.

General consent shall be taken in written with patients / patient's family member signature at the time of admission and as implied consent at the time of registration.

Definition - General Consent: consent to and authorize the attending clinician, other physicians and healthcare professionals who may be involved in care to provide such diagnosis, care and treatment considered necessary or advisable by clinician(s).

The purpose of obtaining a patient's general consent is to ensure that the patient is informed about the routine medical and nursing care that will be provided to the patient based on which he / she takes decision of getting registered and admitted in this hospital.

Scope of general consent includes consent for clinical consultation, admission, disclosure of information required for clinical management (under confidence), routine medical examination (physical examination, palpation, percussion, auscultation), routine lab and imaging investigations, general nursing care, diet and physiotherapy assessment and counselling.

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General consent is not an alternative to Informed Consent. Informed consent shall be taken in all situations as mentioned below.

Description of the Process:

- When a patient comes to a doctor for treatment of an ailment implies that he / she is agreeable to medical examination in the general sense. This is implied consent and would encompass physical examination (not intimate examination), palpation, percussion, auscultation and routine sonography.
- Written general consent with signature shall be obtained at the time of admission by the personnel who are admitting the patient.
- Consent shall be taken in a language understood by the patient / patient's family members.
- Components of general consent to treatment and release of information form shall be explained clearly to the patient and / or family member in the language understood by them.
- Name of the patient, family member, relationship of the family member and signature of the person giving consent shall be properly endorsed.
- The form shall be attached in patient's file
- In case of Medical Emergency consent need not be obtained. The reason shall however be documented in patient's medical file

INFORMED CONSENT



Patient and /or his or her family members are informed about risks, benefits, alternatives and as to who will perform the requisite procedure in a language they can understand.

Informed consent is a legal condition whereby a person can be said to have given consent based upon a clear appreciation and understanding of the facts, implications and future consequences of an action. In order to give informed consent, the individual concerned must have adequate reasoning faculties and be in possession of all relevant facts at the time consent is given.

Description of the Process:

Consent is to be given by

- The patient, unless he / she is a minor, under effect of alcohol or other sedative drugs.
- If patient is incapable of informed decision making, consent shall be obtained from next of kin / parent / guardian, as per law of the land.

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- In situations when there is no consensus amongst children of the patient, they are asked to nominate one of their siblings in writing with signatures of two witnesses. The informed consent is obtained from the nominated person.
- In case of unidentified patient in unconscious condition, treating doctor shall take a decision in life threatening circumstances.
- In life threatening situation, where no next of kin is available the MS / RMO will give permission for the procedures that needs to be done.

Patient's rights

- Patients must be given information, in a way that they can understand, to enable them to exercise their right to make informed decisions about their care.
- A patient has the right to give or withhold consent prior to examination or treatment.
- Patients must be allowed to decide whether they will agree to the treatment and they may refuse treatment or withdraw consent at any time.
- Minors and incompetent adult's rights regarding informed consent will be exercised through their parents or legal representative.
- The clinician performing a medical or surgical procedure on a patient is responsible for obtaining the patient's informed consent prior to the treatment or procedure.

Special Instructions:



A. Elements of Informed Consent

Informed consent is a process in which the clinician provides adequate information for the patient or patient's legal representative to make an informed decision on the proposed treatment, including medications or procedure.

- B.** Specifically, the clinician must disclose in a reasonable manner all significant medical information that the clinician believes is relevant and material to making an informed decision by the patient in deciding whether or not to undergo the procedure or treatment.

This information should include all of the following:

- a. The nature of the patient's condition;
- b. The proposed treatment, possible treatment alternatives, including no treatment;
- c. The benefits of the proposed procedure, as well as frequently occurring and significant risks of the proposed treatment and alternatives;
- d. The consequences of no treatment;

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- e. If applicable, the possible use in education and/or research of blood or tissue removed from the patient not needed for further medical care.
- f. The patient or patient's authorized representative should be given the opportunity to ask questions and receive additional information as requested. The patient should also be advised that it is not possible to predict or guarantee results.



C. Documentation

- a. If preoperative medication (sedation or pain management) is to be administered, informed consent or verification of informed consent must be obtained **prior** to the administration of such medication.
- b. The clinician must document in the medical record, on an approved hospital form when available, consent for all therapeutic and diagnostic procedures where disclosure of significant medical information, including significant and frequently occurring risks involved, would assist a patient in making an informed decision whether to undergo the proposed treatment or procedure. Such procedures include surgical and other invasive procedures, other treatments with significant risks, and transfusion of blood and/or blood products.
- c. The approved hospital forms must always be completed on all cases involving a procedure for which documented consent is required.

D. Exceptions

Certain recognized exceptions to informed consent include:

- a. **Medical Emergency.** A procedure which may otherwise require informed consent may be performed without obtaining prior informed consent in an emergency when the patient is incapacitated and cannot make an informed decision, AND the patient has a life or health-threatening situation requiring immediate treatment such that any delay in treatment would likely result in death, deterioration, or serious permanent impairment.
- b. **Patient's Lack of Capacity to Consent.** Patient is incapable or lacks the capacity to give consent. In these cases, suitable alternative procedures, including use of legal guardian/Hair where appropriate, should be initiated if no emergency exists.
- c. **Minor.** If the patient is under eighteen years of age, consent should be obtained and documented in the otherwise usual manner from the minor's parent or the minor's legal guardian. The specific facts and reasons the exception applies must be

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thoroughly documented in the medical record. These exceptions should not be made in lieu of appropriate consent process except under extraordinary circumstances.

E. Duration of Informed Consent

Informed consent may be considered to have continuing force and effect until the patient revokes the consent, or until circumstances change so as to materially affect the nature of, or the risks or benefits of, the procedure and/or the alternatives to the procedure to which the patient consented. For example, if a patient has been admitted for a specific treatment or procedure, the consent should be valid through the course of the admission unless the patient's condition or treatment changes significantly. In that event, the clinician should obtain a new informed consent. Generally, informed consent should be obtained and documented no longer than 60 days prior to a procedure, surgery, or treatment. After this time period, the informed consent should be re-obtained and re-documented by the clinician.

Revocation - A patient may revoke consent verbally or in writing. This should be communicated to the treating clinician and documented in the medical record.



F. Informed Consent for Continuing Therapy

Informed consent shall generally be obtained before each new procedure. However, patients in certain therapeutic programs involving a course of multiple treatments may consent to an entire course of routine therapy prior to the first treatment, and a single consent form may be signed for the entire course of treatment (not to exceed one year), if:

- a. The entire course of treatment is disclosed, consented to, and documented in accordance with this policy, and
- b. No material change occurs in:
 - i. the risks, benefits of and alternatives to the treatment;
 - ii. the mode of treatment;
 - iii. the patient's medical condition; or
 - iv. the patient's capacity to consent; and
- c. Patient does not revoke consent; and
- d. Consent is re-obtained and re-documented at least annually.

Examples of therapeutic programs covered by this exception include, but are not limited to the following: chemotherapy, repetitive blood or blood products transfusions; peritoneal dialysis, and hemodialysis; and plasmapheresis procedures.

G. Role of Registered Nursing Staff/ Residents in the Informed Consent Process

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The treating clinician has the duty to disclose all information relevant to the patient's decision and to obtain the patient's informed consent. The registered nurse/ resident should verify with the patient and/or by specific documentation of informed consent in the medical record that consent has been obtained by the clinician prior to the procedure or treatment.

In the event the nurse/ resident determines that informed consent has not been obtained or documented, the nurse will contact the treating clinician who will complete the consent process, speak with the patient, and/or provide specific documentation of the informed process which has previously taken place.



Informed consent from the patient / family is required whenever patient is undergoing any of the following procedures

- Transfusion of blood or any other blood product
- Ascites tapping / Abdominal paracentesis
- Thoracentesis
- OCD / Direct Laryngoscopy / Bronchoscopy / Cystoscopy / Colonoscopy / Sigmoidoscopy
- Bone marrow biopsy / aspiration
- Fine needle aspiration cytological studies (FNAC)
- CT guided or US guided FNAC
- CT scan with contrast & MRI
- Lumbar puncture
- Any surgical procedure
- Foley's catheterization
- Nasogastric tube insertion
- Intubation
- Immuno-therapy, intravenous or sub-cutaneous
- Abdominal, pleural or pericardial drainage and drainage tube insertion
- Central line placement
- For restraining the patient
- Organ Amputation

Voicing of complaint

- Patient and patient's family has a right to voice his / her complaint in case he / she feel aggrieved on Help line no: 040-39565339.
- Patient and patient's family has a right to receive feedback on action taken on complaints registered by them in the hospital.

Special notes:

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- Patients and patient's family feedback is welcomed at all times without affecting the care provided.
- TVVP Hospitals respect their patients and treats all on an equal platform.
- For any queries and concerns, or for lodging a complaint, Help line no: 040-39565339 can be contacted.

Grievance Redressal Mechanism:

The hospital shall protect the patient and family rights during care and maintain a redressal mechanism for grievance of patient and patient's family if any.

Activity and Responsibility:

S. No.	Activity	Responsibility
1.	Specific regular interaction with the patients to understand the problems / deficiencies.	Help Desk / nurse in charge
2.	Motivating patients / relative to be transparent in giving suggestions for improvement of services or addressing problems through Patient Feedback Forms / Suggestions Box.	Help Desk / nurse in charge
3.	Identification of grievance & concern department / personnel involved for the grievance.	HOD/RMO
4.	Evaluation of rectification measures & implementation.	HOD / RMO
5.	In case of irreversible human / mechanical errors, patient shall be provided with antidote / compensatory treatment.	HOD / RMO