



# HUTT CITY HEALTH CENTRES

2 / 5 Raroa Road, Hutt Central LH 5010, & 6D The Strand, Wainuiomata, LH 5014, Wellington NZ

Tel: 04 576 2009 Faxes: 04 566 7303/2281. EDI: huttcity E-mail: [reception@hchc.co.nz](mailto:reception@hchc.co.nz)

Website: [www.HuttCityHealthCentre.co.nz](http://www.HuttCityHealthCentre.co.nz)

## POLICY ON RESPECTING PATIENTS' RIGHTS

### Introduction

#### 1. Purpose:

The Code of Health and Disability Services Consumers' Rights (Code of Rights) establishes a number of patients' rights that all staff must respect.

The purposes of this policy are as follows:

- To inform staff of the rights patients have under the Code of Rights;
- To provide guidance to staff on how patients' rights can be respected; and
- To establish the Clinical Director as the person responsible for the oversight of this policy and for providing guidance to individuals.

#### 2. Scope:

This policy applies to all staff (including health professionals and non-health professionals), all contractors, and all health professionals who provide health services at the practice.

### Summary of Policy Statement

- The practice is committed to the implementation of the Health and Disability Code of Rights in daily delivery of health services.
- The practice will display a copy of the Health and Disability Code of Rights poster in the waiting room.
- The practice will make available pamphlets related to the Code of Rights and the Advocacy service.
- Hutt City Health Centres operate a continuous quality improvement philosophy with a patient centred approach.
- The practice staff will have appropriate ongoing training in relation to the Health and Disability Code.

## The Ten Rights of Patients in the Health and Disability Code

1. To be treated with respect including respect for personal privacy
2. Freedom from discrimination, coercion, harassment and exploitation
3. To be treated with dignity and independence
4. Services of appropriate standards
5. Effective communication
6. To be fully informed
7. To make your decision (informed choice & informed consent)
8. To be supported by another if wished
9. To participate or decline participation in teaching and research
10. To 'complain' / give feedback in order to help improve services

## Patients' Rights

### 1. The right to be treated with respect including respect for personal privacy

Patients must be treated with respect. This includes respecting patients' privacy, and treating patients in a way that takes into account their needs and values. It also includes taking into account a patient's cultural, religious and other beliefs. If staff are unclear about what this means they should discuss the matter with the practice manager.

A non-judgemental approach is required in all cases. Examining one's own feelings and possible prejudices and recognising them is the first step to treating everyone in a non-judgemental fashion. However care also needs to be taken that we are not victims of deceit or unreasonable requests in an attempt to be 'neutral'. Personal privacy will be achieved through the practice's privacy policies and procedures.

### 2. The right to freedom from discrimination, coercion, harassment and exploitation

Staff must not discriminate against patients, or harass patients, or coerce patients into doing things that they don't want to do. If you are unsure whether your actions might amount to discrimination, you must discuss the matter with the practice manager before you act. Patients will be treated based on clinical grounds regardless of race, gender, age, socioeconomic status or sexual orientation. If there are reasonable grounds to assume that the practice or its staff are being exploited by any particular patient then the appropriate response is not based on any particular characteristic of that individual but rather on the actual circumstances of the problem that has arisen. The Practice has a complaints officer who has the responsibility of monitoring, educating staff and dealing with any issue where discrimination in provision of service has taken place. All reasonable efforts to provide facilities for those with disabilities will be made by the practice. Such disabilities may include: impaired literacy, intellectual impairment, dementia, impaired hearing or vision or a physical handicap.

### 3. The right to be treated with dignity and independence

All patients need to be given the benefit of the doubt about their sincerity and genuineness unless there is good reason to believe that they are not acting in good faith. If that is suspected then the evidence for that conclusion needs to be strong and consideration should be given for documenting that. A way to

test whether any patient is not being treated with the appropriate dignity and state of independence is to consider:

- How your colleagues would treat this patient, or
- Whether your treatment is of a standard that you would wish for yourself or your family if you were that individual.

Through following these principles it is thought that all patients will be afforded the dignity and independence they are entitled to.

#### 4. The right to services of an appropriate standard

Patients must be treated with care and skill and in a manner that meets their needs. Health professionals must make sure that the treatment provided complies with current standards of care (including those standards set by organisations such as the Medical Council and the Nursing Council). Staff are also required to cooperate with colleagues and with other health providers to ensure that patients receive good quality care.

#### 5. The right to effective communication

Staff must communicate openly and honestly with patients and in a way that enables them to understand what they are being told. Effective honest communication is strived for by all staff for always and mechanisms for dealing with poor communication as evidenced by complaints or poor outcomes or significant adverse events are addressed in other policies (complaints management and significant events management). Details of translation services for as many languages as possible will be kept at the surgery. The patient may be required to cover the reasonable cost of any such services. Disabled patients with hearing difficulties or sight problems will need special consideration about how best to effectively communicate with them. E.g. written information or engaging a signer. Fax machines provide a possible solution to some communication problems.

This is part of effective communication and staff will be required to give as full an explanation as appropriate to patients regarding their health problems and possible treatment options as the context requires. There is a practice policy for informing patients of their test results. Patients may allow a nominated representative to receive health information about them-see Privacy Policy. Patients will be routinely given a copy of the practice information leaflet.

Where able staff will direct patients to sources of information or provide written material such as leaflets that are relevant to their health problem or disability. Patients must be given all the information that a reasonable patient would expect to receive to enable them to make an informed decision, including (but not limited to):

- an explanation of their condition and the treatment options available to them including information about the expected risks, side effects, benefits, and costs of each option;
- advice on the estimated time within which they will be treated;
- details of any proposed participation in teaching or research; and
- the results of tests and procedures.

In some cases this may require the practice to arrange an interpreter. If this appears necessary, staff should discuss the matter first with the practice manager.

## 6. The right to be fully informed

Patients must be given all the information that a reasonable patient would expect to receive to enable them to make an informed decision, including (but not limited to):

- an explanation of their condition and the treatment options available to them including information about the expected risks, side effects, benefits, and costs of each option;
- advice on the estimated time within which they will be treated;
- details of any proposed participation in teaching or research; and
- the results of tests and procedures.

It is the health professional who is to provide services to the patient who must obtain the patient's consent. The practice has a form for obtaining consent. This form should be tailored to the particular case. Details of specific and significant risks discussed must be recorded on the form.

Patients also have the right to receive a written summary of any information that has been provided to them if such a request is made.

## 7. The right to make an informed choice and give informed consent

The general rule is that a patient can only be treated if the patient has made an informed choice and has given his or her informed consent to the particular treatment. This general rule is subject to limited exceptions, the most common exception being where the patient is not competent (discussed below). Where there is any doubt, specific advice should be sought, in the first instance from the practice manager.

Patients are to be presumed to be competent to make an informed choice and give informed consent, unless there are reasons for believing that the patient is not competent. When a patient has diminished competence, the patient still has the right to make informed choices and give informed consent to the extent that the level of competence allows.

When a patient is not competent to make an informed choice or give informed consent, and there is no-one available to consent on the patient's behalf, staff can treat the patient if the treatment is in the patient's best interests, staff have taken steps to ascertain the patient's views, and either:

- staff believe that the patient would have consented to the treatment if he/she was competent given the views that the patient has expressed; or
- staff have not been able to ascertain the patient's views, but have taken into account the views of other suitable persons who are interested in the patient's welfare.

Patients have the right to give advance directives that address how the patient wishes to be treated in the event that the patient becomes incompetent. Such directives are likely to be binding on health practitioners, although it is recommended that specific advice is sought before doing so.

The patient's consent must be obtained in writing prior to providing the treatment if:

- the patient is participating in research;
- the procedure is experimental; or
- there is a significant risk that the patient will be adversely affected by the treatment.

Patients have the right to refuse treatment and to withdraw their consent to treatment. If this occurs the patient must not be treated. Where there is any doubt about the patient's competence to refuse treatment staff should discuss the situation with the practice manager.

Patients have the right to say who they would prefer to treat them. The practice must meet that preference where it is possible to do so.

The practice must not store, preserve, or use any body part or bodily substance that has been removed from a patient during a procedure without the patient's informed consent. There are some exceptions to this that relate to research and quality assurance programmes. Staff must obtain specific advice from the practice manager before storing, preserving or using body parts or bodily substances without the patient's consent. If necessary, the practice manager will obtain legal advice.

#### 8. The right to support

Patients have the right to have one or more support persons present during consultations, except if this is unsafe or might interfere with another patient's rights. If there is any doubt about whether the patient wants a support person to remain during treatment, the health professional responsible should ask the patient. In some cases it may be appropriate to have a private discussion with the patient to discuss the presence of the person. If the responsible health professional continues to be unsure the matter should be discussed with the practice manager.

#### 9. The right to participate or decline participation in teaching and research

Participation research is a patient's prerogative and will never be forced. Explicit informed consent will always be obtained where students are taught in the practice patients will be offered the choice of whether they wish the student to be present.

#### 10. The right to complain and give feedback

Patients have the right to complain about their treatment. If a complaint is received staff must follow the practice's complaints procedure. This requires staff to refer the complaint to the practice's complaints officer within 24 hours.

Complaints procedures are covered under Complaints Management Policy and Procedures. All staff will be aware of this policy. Under this policy all complaints will be documented in the practice minutes (a regular item on the agenda) and the process of the complaint documented and the outcomes and any actions required for the staff member or practice as a whole. Complaints will not compromise the care the patient is given.

### Patient Resources

The following resources are to be available to patients at all times:

- The Health and Disability Commissioner's Code of Rights poster is to be displayed in the waiting rooms of Hutt City Health Centres.
- The Health and Disability Commissioner's Code of Rights pamphlet is to be kept in the waiting rooms of Hutt City Health Centres.

- The Health and Disability Commissioner’s Advocacy Services pamphlet is to be kept in the waiting rooms of Hutt City Health Centres.
- Resources in languages other than English are to be made available to patients as appropriate. These resources can be found on the Health and Disability Commissioner’s website.

<http://www.hdc.org.nz/publications>

## Continuous Quality Improvement

The practice will operate on a continuous quality improvement philosophy in order to be always ready to correct errors if they occur and improve service where possible. Services will be provided tailored to the individual’s needs in a patient centred approach. Patients will be involved as much as possible in their care and decisions regarding their care. The practice will foster a team approach working together to achieve the best outcomes possible. Continuity of care is an important principle to strive for.

## Staff Training

- New staff will have adequate training to ensure they comply with the Code of Rights.
- Training will take place annually either by in house discussion or using external trainers.
- Appropriate standards are maintained through ongoing professional development and benchmarking against any minimum standards set by professional bodies such as the Medical Council and the Nursing Council, colleagues as well as setting one’s own standards high. All legal and professional and ethical standards will be adhered to.
- There will a staff training record which all staff training within and outside the practice will be recorded.

## Document Management

Version	Date	Author	Status and Changes
1.0	4 Feb 2011	P J Harrison	
1.1	Jul 2015	L M Blackmore	
FINAL	October 2015	A Harrison	Reviewed with minor editing

Next review date: July 2018

Responsibility of: Chief Executive