



STANDARDS OF CARE

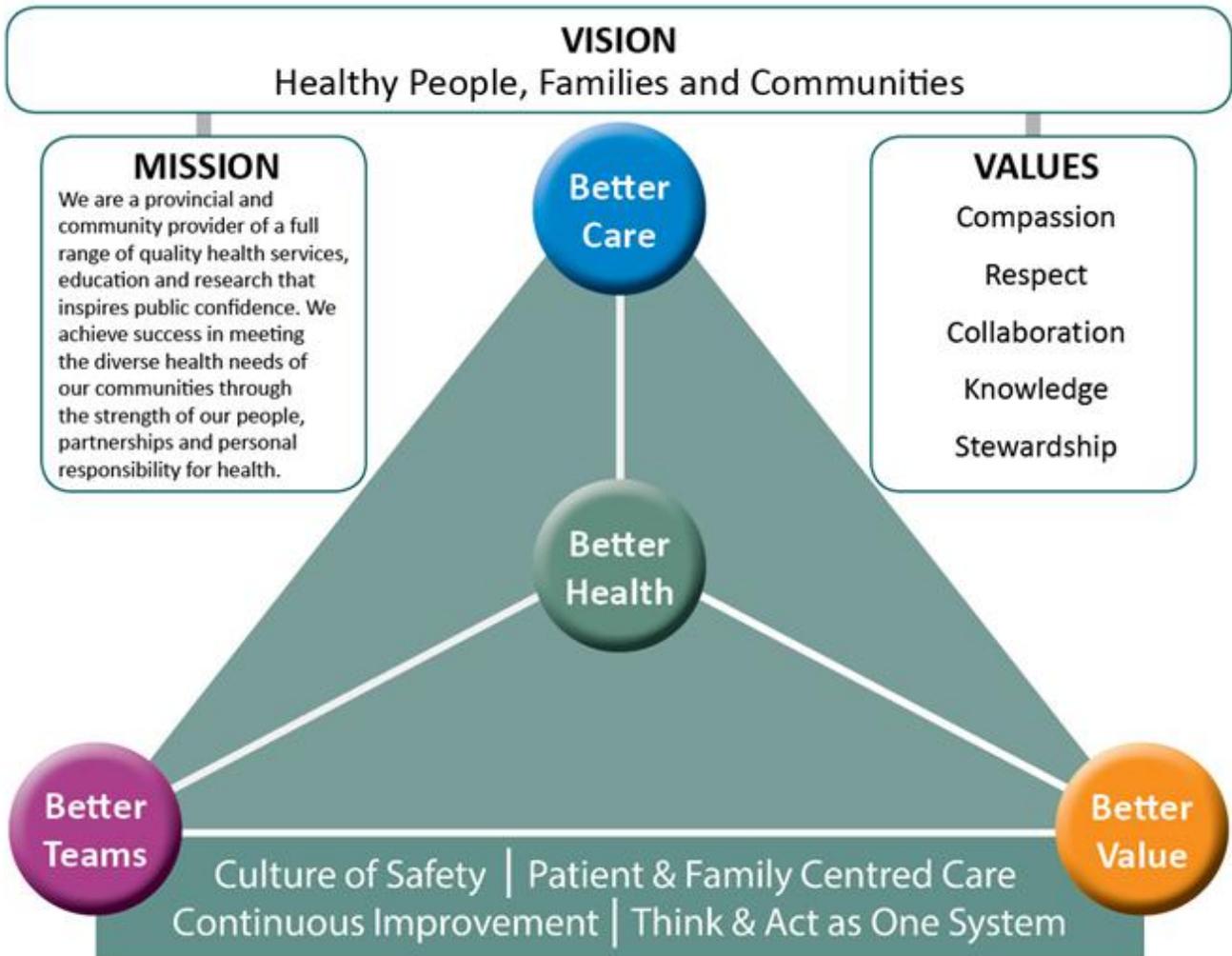
Approved by: Inter-Professional Clinical Quality Committee

Date: November 2015

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RQHR Strategic Framework



October 2013
5047-13 Medical Media Services - ddh



<http://www.rqhealth.ca/strategic-planning-business-intelligence/strategic-direction>

DEFINITIONS:

Patient – throughout this document is used to refer to patient/client/resident

Infection Prevention and Control: Hand Hygiene

Hand hygiene-Preventing the Spread of Infection:

Hand Hygiene is the most important thing that we can do to stop the transmission of infections. The RQHR is dedicated to ensuring those we serve receive safe and efficient care.

Health care providers are expected to follow standard hand hygiene methods. <http://rhdintranet/hsl/public/RQHRpolproman/618pol.pdf>

They are expected to wash their hands:

1. Before every contact with a patient.
2. Before an aseptic task, for example a bandage change or surgery. Aseptic means a task where sterile conditions are required.
3. After body fluid exposure.
4. After every contact with a patient.

“Need to know”

“Those who have a need to know will be informed regarding the Individual’s care. “ Generally, the *need-to-know* rule is satisfied within the health sector when we collect information from an individual to provide a health service, then share that information with those involved in delivering the next phase of the health service” (RQHR Privacy and Access Office, 2015)
Office of the Information and Privacy Commissioner (OIPC) - <http://www.oipc.sk.ca/Resources/HIPA%20Glossary%20-%20Blue%20Box.pdf>.

Patient & Family Centered Care:

Patient and family-centered care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among patients, families, and health care providers. It is founded on the understanding that the family plays a vital role in ensuring the health and well-being of patients of all ages. Patients and families define their “family” and determine how they will participate in care and decision-making. (Institute for Patient and Family Centered Care) <http://www.ipfcc.org/faq.html>

Required Organizational Practices (ROP)

The ROP statement from Accreditation Canada defines the expected practice. For example: Accountability for quality: The governing body demonstrates accountability for the quality of care provided by the organization.” <http://www.accreditation.ca/sites/default/files/rop-handbook-en.pdf>.

Professional Scopes of Practice:

Scope of Practice describes the procedures, actions and processes that a healthcare practitioner is permitted to undertake in keeping with the terms in his/her professional license. Professionals are held accountable to the Standards of Practice and Code of Ethics established by the regulatory bodies.

A profession’s scope of practice encompasses:

- The activities its practitioners are educated and authorized to perform.
- The overall scope of practice for the profession sets the outer limits of practice for all practitioners.
- The actual scope of practice of individual practitioners is influenced by the settings in which they practice, the requirements of the employer and the needs of their patients or clients.

Patients and families need a general understanding of scope of practice to know who is qualified to provide different kinds of healthcare services.

PATIENT'S RIGHTS AND RESPONSIBILITIES:

Standards	Criteria
1. The patient has the right to be treated in a considerate and respectful manner.	<p>As a patient, you can expect to:</p> <ul style="list-style-type: none"> 1.1 Know the full name and role of those involved in your care 1.2 Receive care in a welcoming and safe environment; one where cultural diversity is valued. 1.3 Have access to Patient Advocate Services to ask questions and express concerns about your healthcare experience.
2. The patient has the right to Privacy and Confidentiality.	<p>As a patient you can expect to:</p> <ul style="list-style-type: none"> 2.1 Have personal health information treated in confidence and used in a way that respects your wishes 2.2 Upon request, view or receive copies of your health care record, understanding the records may come from more than one location. 2.3 Request correction if it is perceived to be inaccurate or incomplete. 2.4 Receive relevant information about your health condition
3. The patient has the right to Safe Care and Treatment	<p>As a patient you can expect to:</p> <ul style="list-style-type: none"> 3.1 Receive all information necessary to give informed consent or refusal to proposed treatment, including knowing risks, alternatives, and cost implications, if any. 3.2 Be informed of unintended, unexpected and preventable events that result in harm during care.
4. The patient has the responsibility to be an active partner in care.	<p>As a patient you can expect:</p> <ul style="list-style-type: none"> 4.1 Provide information about past illnesses, allergic reactions to medication or food, and current health. 4.2 Bring all home medications when admitted to hospital to ensure an accurate and complete list is obtained for continuing medication orders. 4.3 Be aware of the risks and consequences of refusing treatment and/or leaving the hospital against medical advice.
5. The patient has the responsibility to respect others in the healthcare facility.	<p>As a patient you are expected to:</p> <ul style="list-style-type: none"> 5.1 Treat others during the healthcare experience with consideration and respect 5.2 Observe appropriate hospital rules, regulations and policies such as hand-washing. 5.3 Make arrangements for timely discharge

ADMISSION:

Standards	Criteria
<p>1. The patient will have access to information related to available health care resources and services in order to make a decision regarding entry into the health care system.</p>	<p>As a patient you can expect:</p> <p>1.1 Information to be accessible through appropriate technological means (e.g., telephone, internet, etc.).</p> <p>1.2 Health care and services to be universally accessible, without discrimination.</p> <p>1.3 Health care team members to be available to discuss your concerns and/or questions.</p>
<p>2. The patient can expect point of entry demographic data will be obtained in a timely, confidential manner, and be accessible for subsequent input entries.</p>	<p>As a patient you can expect:</p> <p>2.1 Basic demographic data to be obtained and documented.</p> <p>2.2 Health history and data to be obtained in a timely manner upon entry into the system.</p> <p>2.3 Information to be transmitted to other agencies, when you are referred or transferred and is based on the “need to know” (e.g., hospitals, home care, etc.).</p> <p>2.4 Health records from previous encounters with the facility to be available following entry into the system.</p> <p>2.5 Health care team to have access to your pertinent patient information, based on the “Need to Know”.</p>
<p>3. The patient can expect initiation of discussion with a healthcare provider in order to understand the patient’s perspective regarding his/her health and quality of life.</p>	<p>As a patient you can expect:</p> <p>3.1 To have discussions regarding alternatives, anticipated outcomes, and/or consequences through open, honest, and non-judgmental engagements.</p> <p>3.2 To have documentation in your health record that clarifies your priorities or concerns about your health situation.</p> <p>3.3 To have a discussion about Advanced Care Planning. http://www.rqhealth.ca/rqhr-central/files/ceac_1042.pdf</p> <p>3.4 That services offered and provided are acceptable to you.</p>
<p>4. The patient can expect appropriate interventions to allow for communication of important health information with health care providers to ensure safe care.</p>	<p>As a patient you can expect:</p> <p>4.1 To be identified properly.</p> <p>4.2 To be included in the health care team as a leader and expert in your own life.</p> <p>4.3 To work in partnership with the health care team to ensure that service is coordinated, communicated, and understood.</p> <p>4.4 Documentation that is consistent with RQHR Documentation and Communication Standards http://rhdintranet/launchpad/public/documentationstandards/546.pdf</p> <p>4.5 Your health record to be readily accessible while maintaining patient confidentiality.</p>

ASSESSMENT:

Standards	Criteria
<p>1. The patient can expect a comprehensive initial and ongoing holistic assessment by the practitioner that is comprehensive and emphasizes patient input.</p>	<p>As a patient you can expect:</p> <p>1.1 Assessments to be done through a private, confidential, and expeditious approach.</p> <p>1.2 To be informed of the need for and performance of continual assessments and the relevance of these assessments.</p> <p>1.3 An Admission Assessment and History to be completed within 24 hours of admission and placed on the chart as a permanent record, where applicable.</p> <p>1.4 An assessment of skin integrity and the potential for problems, by using the Braden Scale for Predicting Risk or Pressure Ulcer Risk Score (PURS).</p> <p>1.5 Assessments to be completed and documented as your condition changes, in accordance to area standards. Note: Assessments may be decreased in frequency or detail based on factors such as professional judgment, your condition, prognosis, and length of stay (e.g., awaiting placement or palliative care).</p> <p>1.6 The Best Possible Medication History (BPMH) will be obtained, using Pharmacy Information Program (PIP) and the medication reconciliation process at all transition points of care (admission, transfer and discharge).</p> <p>1.7 To have physical, emotional, spiritual, cognitive, developmental, environmental, social, and learning needs, as well as your beliefs about health and wellness assessed.</p> <p>1.8 Assessment data to be kept confidential, but accessible to you and other health care professionals involved in the patient's care.</p>
<p>2. The patient can expect appropriate data to be collected, organized, analyzed, and utilized, where appropriate, throughout the entire care process.</p>	<p>As a patient you can expect:</p> <p>2.1 Your information on health status to be collected, using assessment skills such as observation, health history interview, and physical assessment.</p> <p>2.2 Assessment data to be obtained from sources such as family/significant others/Proxy, health care team members, medical records, etc.</p> <p>2.3 The responsible use of existing health information systems to manage your health care and data.</p> <p>2.4 Your condition to be monitored and documented (e.g., lab and diagnostic tests, vital signs, weight, intake, output) based on your needs and condition.</p> <p>2.5 Relevant clinical data to be made available to interdisciplinary team members, including physicians and appropriate diagnostic services, other departments and other RQHR services involved in your care, based on the need to know.</p> <p>2.6 Relevant data with significant results to be reported to the appropriate services in a timely manner.</p> <p>2.7 Collaboration between members of the health care team, including you, to identify actual and potential health care needs (including learning requirements), strengths, capacities, and goals.</p>

CARE AND TREATMENT PLANNING:

Standards	Criteria
<p>1. The patient can expect current and potential needs to be identified and prioritized.</p>	<p>As a patient you can expect:</p> <p>1.1 To actively participate in the identification of preferred health outcomes as able (utilizing family, significant others, and/or Proxy as required).</p> <p>1.2 Your care plan to be based on initial and ongoing assessments; recommendations and written orders from members of your health care team.</p> <p>1.3 Interventions to be initiated by healthcare practitioners and/or in collaboration with other disciplines.</p> <p>1.4 Care to be prioritized according to your condition, needs, and personal preferences.</p> <p>1.5 Potential health problems or issues to be anticipated, including their consequences for you, and preventative measures taken.</p> <p>1.6 The care plan to have sufficient flexibility to accommodate your changing needs, priorities, and preferences.</p> <p>1.7 To have your current and potential needs addressed during multidisciplinary team conferences.</p> <p>1.8 To have your immediate needs identified and communicated among staff through ongoing communication.</p> <p>1.9 A patient-centered discharge plan, in accordance with RQHR policies and procedures, which is interprofessional in nature that includes referrals as necessary, and starts at admission.</p> <p>1.10 A prompt response to your concerns about the care process.</p> <p>Patient Advocate Services http://www.rqhealth.ca/search-results?q=patient%20advocate%20services</p> <p>Patient Advocate Services Brochure: http://www.rqhealth.ca/rqhr-central/files/ceac_0656.pdf</p>
<p>2. The patient can expect an individualized plan of care, identifying needs, expected outcomes, and interventions.</p>	<p>As a patient you can expect:</p> <p>2.1 Professional judgment and knowledge, as well as your input, to be used in developing the plan of care.</p> <p>2.2 To actively participate in the development of your care plan, with respect to your preferences and expressed needs (utilizing family, significant others, and/or Proxy as required).</p> <p>2.3 The care plan to reflect patient-centered, solution focused interventions, which capitalize upon your strengths and capacities.</p> <p>2.4 That priorities, goals, and expected outcomes are patient centered, observable, measurable, and time limited.</p> <p>2.5 Your care plan to address specific individual needs and responses, that may include, but are not limited to the areas of personal hygiene; elimination; nutrition; mobility; safety; teaching; observations and measurements; medication management; and psychosocial factors.</p> <p>2.6 Your care plan to be developed, documented, and evaluated by your practitioner on an ongoing basis.</p> <p>2.7 To actively participate in assisting to achieve your optimum level of health in situations of normal health, illness, injury, disability, or at the end of life.</p>

Standards	Criteria
<p>3. The patient can expect the individualized plan of care to be maintained in a current state.</p>	<p>As a patient you can expect:</p> <p>3.1 Your care plan to reflect changes in your health status/condition and preferences.</p> <p>3.2 Your care plan to have documentation of start, stops, and review dates related to interventions and outcomes (as per RQHR documentation standards).</p> <p>3.3 Your care plan to be reviewed and/or updated on an ongoing basis.</p>

INTERVENTIONS:

Standards	Criteria
1. The patient can expect that all interventions are consistent with the current care plan and that the care plan is individualized according to needs, RQHR standards, policies, and procedures.	As a patient you can expect: 1.1 Facilitated participation. 1.2 That established policies, procedures, and RQHR Professional Scopes of Practice will be followed. 1.3 The care provided is based on prioritized needs.
2. The patient can expect to be protected against physical and psychological injuries, including, but not limited to, accidents and infections.	As a patient you can expect: 2.1 A clean, mechanically safe environment that has adequate lighting and is free from clutter, hazards or danger, scents, and harassment. 2.2 To be identified properly. 2.3 That sharps are safely disposed. 2.4 To have concerns regarding your safety addressed in a timely manner and have actions taken to minimize real, or where possible, perceived risks to patients, staff, and visitors. 2.5 To be heard, respected and to remain fully informed of and understand your treatment. 2.6 Disclosure of adverse events when or if they occur. 2.7 Continuous quality improvement efforts, including audits of documentation and care components. 2.8 Access to Patient Advocate Services. http://www.rqhealth.ca/search-results?q=patient%20advocate%20services 2.9 Emergency equipment to be available and trained health care staff to intervene as necessary. 2.10 Adherence to professional standards and to the RQHR policies. 2.11 Practitioner adherence to RQHR Infection and Prevention Control policies. http://www.rqhealth.ca/service-lines/departments/infection-control 2.12 Practitioner adherence to RQHR occupational health and safety practices. 2.13 Use of the appropriate equipment (e.g., transfer equipment; personal protective equipment). 2.14 That all RQHR staff who identify a potential source of harm or injury that impacts other staff or patients will adhere to “Stop the Line” practices and procedure. http://www.rqhrlean.com/stop-the-line---patient-and-staff-safety.html
3. The patient can expect appropriate assessments, tests, and technological equipment to be used in care as required.	As a patient you can expect: 3.1 That relevant data with significant results is reported to the appropriate services. 3.2 To have your condition monitored through follow up of lab and/or diagnostic tests. 3.3 To be informed of your test results and their meaning/implications. 3.4 To have relevant information reported to the appropriate care provider.

INTERVENTIONS (continued):

Standards	Criteria
<p>4. The patient can expect to be involved in the implementation of care and to be assisted with planned interventions that deal with physiological and/or psychosocial responses to their current health status.</p>	<p>As a patient you can expect:</p> <p>4.1 To be encouraged to be as independent as possible, but to have assistance and/or specialized equipment provided as necessary.</p> <p>4.2 Consultation and collaboration with other health care team members to address health challenges, promote continuity of your care, and to assist you in accessing needed resources.</p> <p>4.3 To have procedures and interventions implemented safely and according to established policies and procedures.</p> <p>4.4 To be supported through role and developmental changes.</p> <p>4.5 To be supported in making informed choices.</p> <p>4.6 Multiple interventions to be managed simultaneously.</p> <p>4.7 To have appropriate referrals suggested/made for services available through the RQHR and the community.</p>
<p>5. The patient can expect that his/her privacy, dignity, and human rights will be respected and protected.</p>	<p>As a patient you can expect:</p> <p>5.1 To be treated in a welcoming, courteous, respectful, and supportive manner.</p> <p>5.2 To have your needs, individuality, values, and beliefs (including cultural and spiritual) recognized and incorporated into the care plan.</p> <p>5.3 Appropriate communication strategies to be used.</p> <p>5.4 To have staff members act as your advocate.</p> <p>5.5 To have your privacy protected during the delivery of care so that only members of the individual's health care team who have a "need to know" in order to provide a health care service will have access to your information.</p> <p>5.6 Adherence to the Health Information Protection Act (HIPA) legislation. http://www.rqhealth.ca/inside/privacy.shtml http://www.rqhealth.ca/rqhr-central/files/ceac_0706.pdf http://www.rqhealth.ca/rqhr-central/files/ceac_1030.pdf</p>
<p>6. The patient can expect interventions conducive to physical and emotional comfort.</p>	<p>As a patient you can expect:</p> <p>6.1 To receive prompt responses to stated or perceived discomforts with appropriate interventions.</p> <p>6.2 A care plan with sufficient flexibility to accommodate your changing needs and preferences.</p> <p>6.3 Environmental conditions to be controlled to promote adequate comfort, whenever possible.</p>

INTERVENTIONS (continued):

Standards	Criteria
<p>7. The patient can expect needs based education as identified by the patient and members of the health care team, respecting the patient's perspective, level of stress, understanding, readiness, and ability to learn.</p>	<p>As a patient you can expect:</p> <p>7.1 To be oriented to the service area on admission/transfer, respecting your preferences, condition, and time of day.</p> <p>7.2 To receive written, verbal, and/or audio-visual explanations and subsequent teaching reinforcement about your health status/conditions, tests, procedures, interventions, and medications.</p> <p>7.3 To receive information needed to manage your care after exiting the system.</p> <p>7.4 To have consultations/referrals made, as needed or ordered.</p> <p>7.5 To have access to general health promotion materials as needed or requested.</p>
<p>8. The patient can expect appropriate documentation on their health record, in accordance with RQHR Documentation and Communication Standards.</p>	<p>As a patient you can expect:</p> <p>8.1 Your care plan to be reviewed and revised, according to your needs, preferences, medical, and requirements.</p> <p>8.2 Appropriate documentation of revisions on care plan.</p> <p>8.3 Documentation to be concise, factual, accurate, and timely.</p> <p>8.4 Documentation on appropriate records to allow all health care team members to evaluate the outcomes of your treatment.</p>
<p>9. The patient can expect progress toward expected outcomes to be evaluated.</p>	<p>As a patient you can expect:</p> <p>9.1 The effectiveness of your care to be monitored.</p> <p>9.2 Evaluative data (including information from you, significant other(s), primary contact, and members of the health care team) to be collected and interpreted, as well as to have the findings summarized and documented.</p> <p>9.3 Results of the evaluation to be used to either discontinue, modify, or further individualize strategies in your care plan.</p> <p>9.4 To have areas of assistance identified and further consultation provided, as required.</p> <p>9.5 The practitioner to advocate for change where your optimum care is impeded.</p>

DISCHARGE AND FOLLOW-UP:

Standards	Criteria
1. The patient can expect a current assessment of function and/or condition.	<p>As a patient you can expect:</p> <p>1.1 An assessment of function at the time of discharge, documented on the appropriate form(s) and additional documentation on the health record, as required.</p>
2. The patient who requires ongoing care can expect the assessment and plan of care to be provided to the designated caregivers at the next point of entry.	<p>As a patient you can expect:</p> <p>2.1 The appropriate Inter-Agency Referral form to be sent with you or faxed to the next point of entry.</p> <p>2.2 Photocopies of appropriate test results and other reports to be sent to the next point of entry.</p> <p>2.3 A copy of the most current treatment regime to be sent to the receiving facility/agency.</p>
3. The patient can expect to receive a discharge care plan including appropriate follow-up, referral, and other pertinent instruction (e.g., information regarding resources/supply options).	<p>As a patient you can expect:</p> <p>3.1 To receive a completed Discharge Care Plan.</p> <p>3.2 To have needed equipment and supplies identified and requisitioned.</p> <p>3.3 To have available Client Education teaching materials provided.</p> <p>3.4 To have the Discharge Care Plan explained, with the provision of additional information and explanations.</p> <p>3.5 Family members, significant other(s), primary contact, or caregivers to be contacted for arrangement of transportation prior to your discharge or interagency transfer.</p>
4. The patient can expect confidentiality in the transfer of information to the next point of entry.	<p>As a patient you can expect:</p> <p>4.1 Adherence to RQHR policies related to release of information.</p>

REVIEW:

Standards	Criteria
<p>1. The patient can expect the care process and its component parts to be reviewed and revised as needed.</p>	<p>As a patient you can expect:</p> <p>1.1 A prompt response to concerns about your care process (concerns can be directed to staff, the Unit Manager, Patient Advocate Services and/or other members of the RQHR Management Team).</p> <p>1.2 Audits of documentation and care components as determined by the service.</p> <p>1.3 RQHR Standards of Care to be reviewed every 3 years by Clinical Quality & Professional Practice.</p> <p>1.4 Measurement of patient centered service through the use of service review evaluation tools, as per RQHR Accreditation.</p>
<p>2. The patient can expect that the RQHR Standards of Care will be used to guide practitioner practice and care delivery.</p>	<p>As a patient you can expect:</p> <p>2.1 That practitioners consistently demonstrate professional conduct and are accountable for their actions and decisions, including the outcomes they produce.</p> <p>2.2 That practitioner knowledge, skills, and judgment will be competently applied and enhanced through continuous learning.</p> <p>2.3 That practitioner practice is ethical and that systems and processes exist to help support the right decision.</p> <p>2.4 That practitioners safeguard the people, information, and resources entrusted to them.</p> <p>2.5 That professional practice is in accordance with RQHR policies, procedures, and Professional Scopes of Practice, as well as professional and ethical guidelines.</p> <p>2.6 That practitioners assist you in achieving your optimal level of care.</p>