



Non-hospital Medical and Surgical
Facilities Accreditation Program

ACCREDITATION STANDARDS

Person-centred Care

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Introduction

Person-centred care, also known as patient-centred care, puts the person/patient at the forefront of their health care, where their needs and preferences are considered, they retain control over their own choices and where patients are true partners in their decisions about their care.¹ With a growing body of evidence that it improves clinical and quality outcomes and patient experience, person-centred care is recognized provincially, nationally and internationally as a key dimension of quality care.² The four core principles for person-centred care in British Columbia are dignity and respect, information sharing, participation and collaboration.¹

In addition, clear expectations for the provision of culturally safe and anti-racist care for Indigenous patients in health-care facilities accredited by the Non-Hospital Medical and Surgical Facilities Accreditation Program are set out in the NHMSFAP *Indigenous Cultural Safety, Cultural Humility and Anti-racism* accreditation standard³ which is based on the CPSBC *Indigenous Cultural Safety, Cultural Humility and Anti-racism* practice standard.⁴

Person-centred Care

No.	Description	Reference	Risk	Change	Asmt.
PCC1.0	Person-centred Care				
PCC1.1	There is a shared understanding of the rights and responsibilities of patients.				
PCC1.1.1	<p>B Patient rights and responsibilities are defined in a patient charter or code.</p> <p>Guidance: The charter or code supports the principle of mutual respect and should identify the rights and responsibilities of patients. Patient rights should include their rights to privacy, dignity, respect (e.g. culture, beliefs, values and personal characteristics), personal safety, access to their health record, making decisions and choices and commenting or raising concerns about their care. Patient responsibilities may include providing accurate information that may be relevant to their care and behaviour expectations.</p>	2, 5, 9	B	NEW	F
PCC1.1.2	<p>B The patient charter or code is made publicly available.</p> <p>Guidance: The patient charter or code should be available on the organization’s website.</p>	5	B	NEW	F
PCC1.1.3	<p>B Patients are informed about their rights and responsibilities.</p> <p>Guidance: The patient charter or code should be reviewed with the patient as part of the admission process.</p>	2, 5	B	NEW	F

No.	Description	Reference	Risk	Change	Asmt.
PCC1.1.4	<p>B Mindfulness of patient rights is demonstrated by staff in their interactions with patients.</p> <p>Guidance: Demonstrating mindfulness may include but is not limited to confirming and verifying personal and health information in a manner that maintains patient privacy and confidentiality, asking about patient preferences regarding their culture, beliefs, identity and care, involving patients in their care, keeping them informed and respecting their choice(s).</p>	5	B	NEW	F
PCC1.2	A standardized and transparent approach to working through ethical dilemmas ensures inclusive, person-centred and culturally safe care.				
PCC1.2.1	<p>B There is a process for managing ethical dilemmas that arise in clinical practice.</p> <p>Guidance: The process should be documented and include the engagement of interested parties and the gathering information to understand the ethical issue(s), identifying and analyzing options while taking into account individual and organizational values, feasibility and ethical acceptability of the options and facilitating and evaluating a resolution which keeps the patient at the centre of care and which is inclusive, collaborative, transparent and culturally safe.</p>	5, 7	B	NEW	F
PCC1.2.2	<p>B There is a defined timeline for the resolution of ethical dilemmas.</p> <p>Guidance: The timeline should be outlined in the process, policy and/or procedures for managing an ethical dilemma</p>	5, 7	B	NEW	F
PCC1.3	Each patient is seen as an individual and an equal partner in making choices about their care, health and well-being.				

No.	Description	Reference	Risk	Change	Asmt.
PCC1.3.1	<p>B Staff receive education about person-centred care.</p> <p>Guidance: This education could include what person-centred care is, what it looks like at the frontline, and why it matters, seeing the patient as a person first with an identity, a history and a cultural and personal background, how the facility embeds person-centred care into its care delivery, review of various facility resources such as its patient rights and responsibilities charter/code, complaints management process, shared decision-making and informed consent processes.</p>	5, 8	B	NEW	F
PCC1.3.2	<p>B Mindfulness of patient preferences and patient choice is demonstrated by staff in their interactions with patients.</p> <p>Guidance: Demonstrating mindfulness may include but is not limited to inquiring about the person’s values, preferences, cultural and spiritual needs, how they want to be addressed, who they choose to have involved in their care or not (e.g. residents, fellows) and who they may want updated on their status (e.g. partner, child, friend) and what information may be shared and staff respecting and taking those preferences and choices into account.</p>	5	B	NEW	F
PCC1.3.3	<p>B Care and treatment information is openly shared with patients throughout their care journey.</p> <p>Guidance: Patients should be kept informed about their clinical status and progress, medications, what to expect next in their care journey and should be included in care and discharge planning. This supports patients in making informed choices when discussing options about their care and treatment.</p>	5	B	NEW	F

No.	Description	Reference	Risk	Change	Asmt.
PCC1.3.4	<p>B Patients are cared for holistically considering their physical, mental/emotional, spiritual and cultural needs.</p> <p>Guidance: This includes treating patients with respect and empathy, acknowledging their cultural, spiritual and/or gender identity, seeking to understand a patient’s unique experiences and incorporating their needs and preferences into their care such as access to spiritual care support and providing gender-neutral washrooms.</p>	3, 4, 5	B	NEW	F
PCC1.3.5	<p>B Care and treatment choices are respected.</p> <p>Guidance: Patients have the right to accept or refuse any advice, care or treatment, examination, test or procedure, to accept or refuse to take part in research and to accept or refuse the involvement of students, residents or fellows in their care and treatment.</p>	5	B	NEW	F
PCC1.3.6	<p>B Patients are supported to sustain and improve their health and well-being through education and guidance.</p> <p>Guidance: Patients and staff work together in supporting patients to achieve health and well-being goals that are meaningful to the patient such as healthy eating, physical activity, stress management, risk factor reduction strategies and getting better sleep. This could be outlined in the individualized clinical pathway or outlined in the facility’s patient education materials.</p>	5	B	NEW	F
PCC1.4	Clinical pathways or care plans promote safety and quality outcomes.				

No.	Description	Reference	Risk	Change	Asmt.
PCC1.4.1	<p>M Clinical pathways or care plans are prepared and documented.</p> <p>Guidance: Clinical pathways or care plans detail the essential steps in the patient’s continuum of care from preoperative, intraoperative to post-anesthesia care and discharge and outline expected progress and outcomes such as patient engagement, timelines and categories of care and interventions (e.g., managing pain, fluid balance, mobility). They may be for a surgical specialty, such as a clinical pathway for plastic surgery or a clinical pathway for orthopedic surgery. For more complex procedures, a clinical pathway or care plan for a specific procedure may be more appropriate. Clinical pathways or care plans may be located in a facility reference manual, e.g., policies, procedures and clinical pathway or care plan manual, or may be documented in the medical record.</p>	5	M	NEW	P, F
PCC1.4.2	<p>M Clinical pathways or care plans are based upon current clinical practice standards, guidelines and best practices.</p> <p>Guidance: Clinical pathways or care plans list the reference standards, protocols and/or guidelines adopted and/or used to the develop the organization’s clinical pathways or care plans.</p>	5, 6	M	NEW	P, F
PCC1.4.3	<p>M Clinical pathways or care plans are individualized to the patient needs and treatment goal(s).</p> <p>Guidance: This is based upon assessment of the patient, results of diagnostic testing as appropriate, and involves the patient in decision-making about their care, treatment options and preferences. A copy of the clinical pathway or care plan may be included in the medical record or the clinical care documentation may make reference to the pathway or plan, and any patient-specific individualization.</p>	5	M	NEW	F

No.	Description	Reference	Risk	Change	Asmt.
PCC1.4.4	<p>B Patients are involved in their care planning.</p> <p>Guidance: This could be observed through the care journey such during their admission process where the clinical pathway or care plan is reviewed with the patient and individualized.</p>	5	B	NEW	F
PCC1.4.5	<p>B Clinical pathways or care plans are updated throughout the patient’s care journey as their needs and treatment goal(s) are reassessed.</p>	5	B	NEW	F
PCC1.4.6	<p>B Progress notes in the medical record demonstrate that the clinical pathway or care plan is being followed.</p>	5	B	NEW	F
PCC1.4.7	<p>B Progress notes in the medical record demonstrate that patient progress towards meeting the clinical pathway or care plan goals is being monitored (reassessed) during their care journey.</p>	5, 9	B	NEW	F

References

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Revision history

Date	Revisions
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