



Non-Hospital Medical and Surgical
Facilities Accreditation Program

ACCREDITATION STANDARDS

Person-centred Care

Copyright © 2023 by the Non-Hospital Medical and Surgical Facilities Accreditation Program and the College of Physicians and Surgeons of British Columbia.

All rights reserved. No part of this publication may be used, reproduced or transmitted, in any form or by any means electronic, mechanical, photocopying, recording or otherwise, or stored in any retrieval system or any nature, without the prior written permission of the copyright holder, application for which shall be made to:

Non-Hospital Medical and Surgical Facilities Accreditation Program
College of Physicians and Surgeons of British Columbia
300-669 Howe Street
Vancouver BC V6C 0B4

The Non-Hospital Medical and Surgical Facilities Accreditation Program and the College of Physicians and Surgeons of BC has used their best efforts in preparing this publication. As websites are constantly changing, some of the website addresses in this publication may have moved or no longer exist.

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 College's Indigenous Cultural Safety, Cultural Humility and Anti-racism practice standard.⁴

Person-centred Care

No.	Description	Reference	Risk	Change
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. <i>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.</i></p>	2, 5, 9		NEW
PCC1.1.2	<p>B The patient charter or code is made publicly available. <i>Guidance: The patient charter or code should be available on the organization's website.</i></p>	5		NEW
PCC1.1.3	<p>B Patients are informed about their rights and responsibilities. <i>Guidance: The patient charter or code should be reviewed with the patient as part of the admission process.</i></p>	2, 5		NEW
PCC1.1.4	<p>B Mindfulness of patient rights is demonstrated by staff in their interactions with patients. <i>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).</i></p>	5		NEW
PCC1.2	A standardized and transparent approach to working through ethical dilemmas ensures inclusive, person-centred and culturally safe care.			

No.	Description	Reference	Risk	Change
PCC1.2.1	<p>B There is a process for managing ethical dilemmas that arise in clinical practice.</p> <p><i>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.</i></p>	5, 7		NEW
PCC1.2.2	<p>B There is a defined timeline for the resolution of ethical dilemmas.</p> <p><i>Guidance: The timeline should be outlined in the process, policy and/or procedures for managing an ethical dilemma</i></p>	5, 7		NEW
PCC1.3	Each patient is seen as an individual and an equal partner in making choices about their care, health and well-being.			
PCC1.3.1	<p>B Staff receive education about person-centred care.</p> <p><i>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.</i></p>	5, 8		NEW
PCC1.3.2	<p>B Mindfulness of patient preferences and patient choice is demonstrated by staff in their interactions with patients.</p> <p><i>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.</i></p>	5		NEW

No.	Description	Reference	Risk	Change
PCC1.3.3	<p>B Care and treatment information is openly shared with patients throughout their care journey.</p> <p><i>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.</i></p>	5		NEW
PCC1.3.4	<p>B Patients are cared for holistically considering their physical, mental/emotional, spiritual and cultural needs.</p> <p><i>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.</i></p>	3, 4, 5		NEW
PCC1.3.5	<p>B Care and treatment choices are respected.</p> <p><i>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.</i></p>	5		NEW
PCC1.3.6	<p>B Patients are supported to sustain and improve their health and well-being through education and guidance.</p> <p><i>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.</i></p>	5		NEW
PCC1.4	Clinical pathways or care plans promote safety and quality outcomes.			

No.	Description	Reference	Risk	Change
PCC1.4.1	M Clinical pathways or care plans are prepared and documented. <i>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.</i>	5	M	NEW
PCC1.4.2	M Clinical pathways or care plans are based upon current clinical practice standards, guidelines and best practices. <i>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.</i>	5, 6	M	NEW
PCC1.4.3	M Clinical pathways or care plans are individualized to the patient needs and treatment goal(s). <i>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.</i>	5	M	NEW
PCC1.4.4	B Patients are involved in their care planning. <i>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.</i>	5		NEW
PCC1.4.5	B Clinical pathways or care plans are updated throughout the patient's care journey as their needs and treatment goal(s) are reassessed.	5		NEW
PCC1.4.6	B Progress notes in the medical record demonstrate that the clinical pathway or care plan is being followed.	5		NEW

No.	Description	Reference	Risk	Change
PCC1.4.7	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.	5, 9		NEW

References

1. British Columbia Ministry of Health. The British Columbia patient-centered care framework [Internet]. Victoria (BC): Government of British Columbia; 2015 [cited 2023 Nov 14]. 5 p.
2. Australian Commission on Safety and Quality in Health Care. Patient-centred care: improving quality and safety through partnerships with patients and consumers [Internet]. Sydney (AU): Australian Commission on Safety and Quality in Health Care; 2011 [cited 2023 Nov 14]. 104 p.
3. College of Physicians and Surgeons of British Columbia, Non-Hospital Medical and Surgical Facilities Accreditation Program. Accreditation standards: Indigenous cultural safety, cultural humility and anti-racism [Internet]. Vancouver: College of Physicians and Surgeons of British Columbia; 2023 Jun 15 [cited 2023 Nov 30]. 7 p.
4. College of Physicians and Surgeons of British Columbia. Practice standard: Indigenous cultural safety, cultural humility and anti-racism [Internet]. Vancouver: College of Physicians and Surgeons of British Columbia; 2022 Feb 25 [updated 2022 May 6; cited 2023 Nov 30]. 4 p.
5. International Society for Quality in Health Care External Evaluation Association. Guidelines and principles for the development of health and social care standards. 5th ed. Version 1.1. Geneva (CH): International Society for Quality in Health Care External Evaluation Association; 2022 Mar. 60 p.
6. Busse R, Klazinga N, Panteli D, Quentin W, editors. Improving healthcare quality in Europe [Internet]. Brussels (BE): European Observatory on Health Systems and Policies; 2019. Chapter 12, Clinical pathways as a quality strategy; [cited 2023 Nov 14].
7. Provincial Health Services Authority, PHSA Ethics Service. PHSA ethical practice guide [Internet]. Vancouver (BC): Provincial Health Services Authority; 2022 Apr [cited 2023 Nov 20]. 19 p.
8. Berntsen GR, Chetty M, Ako-Egbe L, Yaron S, Phan P, Curran C, Canfield C, Lachman P. Person-centred care systems: from theory to practice [Internet]. Geneva (CH): International Society for Quality in Health Care External Evaluation Association; 2022 [cited 2023 Nov 20]. 54 p.
9. College of Physicians and Surgeons of British Columbia. Practice standard: medical records management [Internet]. Version 4.3. Vancouver: College of Physicians and Surgeons of British Columbia; 2014 Sep 1 [revised 2022 May 6; cited 2023 Nov 21]. 7 p.