Patient and Family Rights (PFR)

Changes to the PFR Chapter

Standard	Change	Explanation
PFR.1.1	Renumbered	Moves requirement from ACC.1.3 (4th edition)
PFR.1.2	Renumbered; Requirement change	Renumbers and combines requirements of PFR.1.1 and PFR.1.1.1 (4th edition); rewords standard and MEs to clarify requirements
PFR.1.3	Renumbered; Requirement change	Renumbers and combines requirements of PFR.1.2 and PFR.1.6 (4th edition); incorporates PFR.1.6, MEs 1 and 3 (4th edition), into new PFR.1.3, ME 3 to streamline and clarify requirements
PFR.1.4	Renumbered	Moves requirement from PFR.1.3 (4th edition)
PFR.1.5	Requirement change	Combines PFR.1.4 and PFR.1.5 (4th edition) and revises MEs to consolidate and clarify requirements
PFR.2	No significant change	Adds minor revisions to intent and MEs to clarify expectations regarding the hospital's support of the patient's right to seek a second medical opinion
PFR.2.1	Requirement change	Combines PFR.2.1 and PFR.2.1.1 (4th edition) and revises MEs to consolidate and clarify requirements
PFR.2.2	Requirement change	Combines PFR.2.2 and PFR.2.3 (4th edition) and revises MEs to consolidate and clarify requirements
PFR.2.3	Requirement change	Combines and renumbers PFR.2.4 and PFR.2.5 (4th edition) and revises MEs to consolidate and clarify requirements
PFR.4	Renumbered	Renumbers PFR.5 (4th edition)
PFR.5	Renumbered; Requirement change	Renumbers PFR.6.3 (4th edition) and adds an ME on informing patients and families about tests and treatments that require informed consent
PFR.5.1	Renumbered; Requirement change	Renumbers PFR.6 (4th edition) and adds two MEs regarding patients learning about the informed consent process in a manner and language they understand and uniform recording of informed consent
PFR.5.2	Renumbered; Requirement change	Combines and renumbers PFR.6.4 and PFR.6.4.1 (4th edition) and removes two MEs
PFR.5.3	Renumbered	Moves requirement from PFR.6.1 (4th edition)
PFR.5.4	Renumbered	Moves requirement from PFR.6.2 (4th edition)

Standard	Change	Explanation
PFR.6	Renumbered; Requirement change	Moves requirement from PFR.10 (4th edition), revises intent for clarity, and adds two MEs to further emphasize the need to ensure patient and family rights regarding organ and tissue donation
PFR.6.1	Renumbered; Requirement change	Moves requirement from PFR.11 (4th edition), revises intent for clarity, and removes and adds MEs to clarify requirements regarding organ and tissue procurement

Note: This table lists changes to requirements in this chapter only. Requirements that were in this chapter in the 4th edition of this manual and are now contained either in their entirety or in part in another chapter of this 5th edition are listed in that chapter's "Changes" table.

The following standard appeared in this chapter of the 4th edition standards but was deleted from this edition (listed with 4th edition numbers): PFR.4.

Note: Some standards require the hospital to have a written policy or procedure for specific processes. Those standards are indicated by a Ⓟ icon after the standard text.

Standards, Intents, and Measurable Elements

Standard PFR.1

The hospital is responsible for providing processes that support patients' and families' rights during care. Ⓟ

Intent of PFR.1

The hospital leadership is primarily responsible for how a hospital will treat its patients. Thus, leadership needs to know and to understand patient and family rights and their hospital's responsibilities as identified in laws and regulations. Leadership then provides direction to department/service leaders who ensure that staff throughout the hospital assume responsibility for protecting these rights. To effectively protect and to advance patient rights, leadership works and seeks to understand their responsibilities in relation to the community served by the hospital.

The hospital respects the right of patients, and in some circumstances the right of the patient's family, to have the prerogative to determine what information regarding their care would be provided to family or others, and under what circumstances. **For example**, the patient may not wish to have a diagnosis shared with family.

Patient and family rights are a fundamental element of all contacts among a hospital, its staff, and patients and families. Thus, policies and procedures are developed and implemented to ensure that all staff members are aware of and respond to patient and family rights issues when they interact with and care for patients throughout the hospital. The hospital uses a collaborative and inclusive process to develop the policies and procedures, and includes patients and families in the process. (*Also see* COP.9)

Measurable Elements of PFR.1

- ❑ 1. Hospital leadership works to protect and to advance patient and family rights.
- ❑ 2. Hospital leadership understands patient and family rights as identified in laws and regulations and in relation to the cultural practices of the community or individual patients served.
- ❑ 3. The hospital respects the right of patients, and in some circumstances the right of the patient's family, to have the prerogative to determine what information regarding their care would be provided to family or others, and under what circumstances.
- ❑ 4. All staff are knowledgeable about patient rights and can explain their responsibilities in protecting patient rights.

Standard PFR.1.1

The hospital seeks to reduce physical, language, cultural, and other barriers to access and delivery of services.

Intent of PFR.1.1

Hospitals frequently serve communities with a diverse population. Patients may be aged, have disabilities, speak multiple languages or dialects, be culturally diverse, or present other barriers that make the process of accessing and receiving care very difficult. The hospital has identified those barriers and has implemented processes to eliminate or to reduce them for patients seeking care. The hospital also takes action to reduce the impact of these barriers on the delivery of services. (*Also see* COP.1, PFE.2.1, and GLD.12)

Measurable Elements of PFR.1.1

- ❑ 1. The department/service leaders and staff of the hospital identify the most common barriers in its patient population.
- ❑ 2. The department/service leaders develop and implement a process to overcome or limit barriers for patients seeking care.
- ❑ 3. The department/service leaders develop and implement a process to limit the impact of barriers on the delivery of services.

Standard PFR.1.2

The hospital provides care that is respectful of the patient's personal values and beliefs and responds to requests related to spiritual and religious beliefs.

Intent of PFR.1.2

Each patient brings his or her own set of values and beliefs to the care process. Some values and beliefs are commonly held by all patients and are frequently cultural and religious in origin. Other values and beliefs are those of the patient alone. All patients are encouraged to express their beliefs in ways that respect the beliefs of others.

Strongly held values and beliefs can shape the care process and how patients respond to care. Thus, each health care practitioner seeks to understand the care and services he or she provides within the context of the patient's values and beliefs.

When a patient or family wishes to speak with someone related to religious or spiritual needs, the hospital has a process to respond to the request. The process may be carried out through on-site religious staff, local sources, or family-referred sources. The process to respond is more complex; **for example**, when the hospital or country does not officially "recognize" and/or have sources related to a religion or belief for which there may be a request.

Measurable Elements of PFR.1.2

- ❑ 1. Patients' values and beliefs are identified.
- ❑ 2. Staff provide care that is respectful of the patient's values and beliefs.
- ❑ 3. The hospital responds to routine as well as complex requests related to religious or spiritual support.

Standard PFR.1.3

The patient's rights to privacy and confidentiality of care and information are respected. Ⓟ

Intent of PFR.1.3

Patient privacy, particularly during clinical interviews, examinations, procedures/treatments, and transport, is important. Patients may desire privacy from other staff, from other patients, and even from family members. Also, patients may not wish to be photographed, to be recorded, or to participate in accreditation survey interviews. Although there are some common approaches to providing privacy for all patients, individual patients may have different or additional privacy expectations and needs according to the situation, and these expectations and needs may change over time. Thus, as staff members provide care and services to patients, they inquire about the patient's privacy needs and expectations related to the care or service. This communication between a staff member and his or her patient builds trust and open communication and does not need to be documented.

Medical and other health information, when documented and collected, is important for understanding the patient and his or her needs and for providing care and services over time. This information may be in paper or electronic form or a combination of the two. The hospital respects such information as confidential and has implemented policies and procedures that protect such information from loss or misuse. The policies and procedures reflect information that is released as required by laws and regulations.

Staff respects patient privacy and confidentiality by not posting confidential information on the patient's door or at the nursing station and by not holding patient-related discussions in public places. Staff are aware of laws and regulations governing the confidentiality of information and inform the patient about how the hospital respects their privacy and the confidentiality of information. Patients are also informed about when and under what circumstances information may be released and how their permission will be obtained.

The hospital has a policy that indicates if patients have access to their health information and the process to gain access when permitted.

Measurable Elements of PFR.1.3

- ❑ 1. Staff members identify patient expectations and needs for privacy during care and treatment.
- ❑ 2. A patient's expressed need for privacy is respected for all clinical interviews, examinations, procedures/treatments, and transport.
- ❑ 3. Confidentiality of patient information is maintained according to laws and regulations. (*Also see* MOI.2 and MOI.7)
- ❑ 4. Patients are requested to grant permission for the release of information not covered by laws and regulations.

Standard PFR.1.4

The hospital takes measures to protect patients' possessions from theft or loss.

Intent of PFR.1.4

The hospital communicates its responsibility, if any, for the patient's possessions to patients and families. When the hospital takes responsibility for any or all of the patient's personal possessions brought into the hospital, there is a process to account for the possessions and to ensure that they will not be lost or stolen. This process considers the possessions of emergency patients, same-day surgery patients, inpatients, those patients unable to make alternative safekeeping arrangements, and those incapable of making decisions regarding their possessions. (*Also see* FMS.4.1)

Measurable Elements of PFR.1.4

- ❑ 1. The hospital has determined its level of responsibility for patients' possessions.
- ❑ 2. Patients receive information about the hospital's responsibility for protecting personal belongings.
- ❑ 3. Patients' possessions are safeguarded when the hospital assumes responsibility or when the patient is unable to assume responsibility.

Standard PFR.1.5

Patients are protected from physical assault, and populations at risk are identified and protected from additional vulnerabilities.

Intent of PFR.1.5

The hospital is responsible for protecting patients from physical assault by visitors, other patients, and staff. This responsibility is particularly relevant to infants and children, the elderly, and others unable to protect themselves or to signal for help. The hospital seeks to prevent assault through such processes as investigating individuals in the facility without identification, monitoring remote or isolated areas of the facility, and quickly responding to those thought to be in danger of assault.

Each hospital identifies its at-risk patient groups (such as children, disabled individuals, the elderly) and establishes processes to protect the rights of individuals in these groups. Vulnerable patient groups and the hospital's responsibility may be identified in laws and regulations. Staff members understand their responsibilities in these processes. Children, disabled individuals, the elderly, and other identified populations at risk are protected. Comatose patients and individuals with mental or emotional disabilities are also included. Such protection extends beyond physical assault to other areas of safety, such as abuse, negligent care, withholding of services, or providing assistance in the event of a fire. (*Also see* FMS.4.1 and FMS.7)

Measurable Elements of PFR.1.5

- ❑ 1. The hospital develops and implements a process to protect all patients from assault.
- ❑ 2. Vulnerable populations that are at additional risks are identified.
- ❑ 3. The hospital develops and implements a process to protect vulnerable populations from other safety issues.
- ❑ 4. Remote or isolated areas of the facility are monitored.
- ❑ 5. Staff members understand their responsibilities in the protection processes.

Standard PFR.2

The hospital supports patients' and families' rights to participate in the care process. Ⓟ

Intent of PFR.2

Patients and families participate in the care process by making decisions about care, asking questions about care, requesting a second opinion, and even refusing diagnostic procedures and treatments. When a patient requests a second opinion, it is expected that the hospital will not prohibit, prevent, or obstruct a patient who is seeking a second opinion, but rather, the hospital will facilitate the second opinion by providing the patient with information about his or her condition, such as test results, diagnosis, recommendations for treatment, and the like. The hospital must not withhold this information if a patient requests it for a second opinion. The hospital is not expected to provide and pay for a second opinion when requested by the patient. Policies address the patient's right to seek a second opinion without fear of compromise to their care within or outside the hospital.

The hospital supports and promotes patient and family involvement in all aspects of care. All staff members are trained on the policies and procedures and on their role in supporting patients' and families' rights to participate in the care process. (*Also see* COP.7.1, ME 5)

Measurable Elements of PFR.2

- ❑ 1. The hospital supports and promotes patient and family participation in care processes.
- ❑ 2. The hospital facilitates a patient's request to seek a second opinion without fear of compromise to his or her care within or outside the hospital.

- ❑ 3. Staff members are trained on the policies and procedures and their role in supporting patient and family participation in care processes.

Standard PFR.2.1

Patients are informed about all aspects of their medical care and treatment.

Intent of PFR.2.1

For patients and families to participate in care decisions, they need basic information about the medical conditions found during assessment, including any confirmed diagnosis, and on the proposed care and treatment. During the care process patients also have a right to be told of the outcomes of the planned care and treatment. In addition, it is important that they be told of any unanticipated outcomes of the care and treatment, such as unanticipated events during surgery or with prescribed medications or other treatments.

Patients and families understand that they have a right to this information and who is responsible for telling them. Patients and families understand the type of decisions that must be made about care and how to participate in those decisions. In addition, patients and families need to understand the hospital's process to obtain consent and which care processes, tests, procedures, and treatments require their consent.

Although some patients may not wish to personally know a confirmed diagnosis or to participate in the decisions regarding their care, they are given the opportunity and can choose to participate through a family member, friend, or a surrogate decision maker.

For patients, it should be clear who will provide them with the information about their medical condition, care, treatment, outcomes, unanticipated events, and the like.

Measurable Elements of PFR.2.1

- ❑ 1. Patients are informed of their medical conditions and any confirmed diagnosis.
- ❑ 2. Patients are informed of the planned care and treatment(s).
- ❑ 3. Patients are told when informed consent will be required and the process used to give consent.
- ❑ 4. Patients are informed about the expected outcomes of care and treatment.
- ❑ 5. Patients are informed about any unanticipated outcomes of care and treatment.
- ❑ 6. Patients and families are informed about their right to participate in care decisions to the extent they wish.

Standard PFR.2.2

The hospital informs patients and families about their rights and responsibilities to refuse or discontinue treatment, withhold resuscitative services, and forgo or withdraw life-sustaining treatments. Ⓟ

Intent of PFR.2.2

Patients, or those making decisions on their behalf, may decide not to proceed with the planned care or treatment or to continue care or treatment after it has been initiated. Some of the most difficult decisions related to refusing or withdrawing care are related to decisions about withholding resuscitative services or forgoing or withdrawing life-sustaining treatment. These decisions are difficult not only for patients and families, but for health care professionals and the hospital as well. No single process can anticipate all the situations in which such decisions must be made. For this reason, it is important for the hospital to develop a framework for making these difficult decisions. The framework

- helps the hospital identify its position on these issues;

- ensures that the hospital's position conforms to its community's religious and cultural norms and to any legal or regulatory requirements, in particular when legal requirements for resuscitation are not consistent with the patient's wishes;
- addresses situations in which these decisions are modified during care; and
- guides health professionals through the ethical and legal issues in carrying out such patient wishes.

To ensure that the decision-making process related to carrying out the patient's wishes is applied consistently, the hospital develops policies and procedures through a process that includes many professionals and viewpoints. The policies and procedures identify lines of accountability and responsibility and how the process is documented in the patient's record.

The hospital informs patients and families about their rights to make these decisions, the potential outcomes of these decisions, and the hospital's responsibilities related to such decisions. Patients and families are informed about any care and treatment alternatives.

Measurable Elements of PFR.2.2

- ❑ 1. The hospital has identified its position on withholding resuscitative services and forgoing or withdrawing life-sustaining treatments.
- ❑ 2. The hospital's position conforms to its community's religious and cultural norms and any legal or regulatory requirements.
- ❑ 3. The hospital informs patients and families about their rights to refuse or to discontinue treatment and the hospital's responsibilities related to such decisions.
- ❑ 4. The hospital informs patients about the consequences of their decisions.
- ❑ 5. The hospital informs patients about available care and treatment alternatives.
- ❑ 6. The hospital guides health professionals on the ethical and legal considerations in carrying out patient wishes regarding treatment alternatives.

Standard PFR.2.3

The hospital supports the patient's right to assessment and management of pain and respectful compassionate care at the end of life.

Intent of PFR.2.3

Pain is a common part of the patient experience, and unrelieved pain has adverse physical and psychological effects. A patient's response to pain is frequently within the context of societal norms and cultural and religious traditions. Thus, patients are encouraged and supported in their reporting of pain.

Dying patients have unique needs that may also be influenced by cultural and religious traditions. Concern for the patient's comfort and dignity guides all aspects of care during the final stages of life. To accomplish this, all staff members are made aware of patients' unique needs at the end of life. These needs include treatment of primary and secondary symptoms; pain management; response to the patient's and family's psychological, social, emotional, religious, and cultural concerns; and involvement in care decisions.

The hospital's care processes recognize and reflect the right of all patients to assessment and management of pain and the assessment and management of a patient's unique needs at the end of life. (*Also see* COP.7)

Measurable Elements of PFR.2.3

- ❑ 1. The hospital respects and supports the patient's right to assessment and management of pain.
- ❑ 2. The hospital respects and supports the patient's right to assessment and management of the dying patient's needs.

- ❑ 3. The hospital's staff understand the personal, cultural, and societal influences on the patient's experiences with pain.
- ❑ 4. The hospital's staff understand the personal, cultural, and societal influences on the patient's experiences with death and dying.

Standard PFR.3

The hospital informs patients and families about its process to receive and to act on complaints, conflicts, and differences of opinion about patient care and the patient's right to participate in these processes. Ⓟ

Intent of PFR.3

Patients have a right to voice complaints about their care and to have those complaints reviewed and, when possible, resolved. Also, decisions regarding care sometimes present questions, conflicts, or other dilemmas for the hospital and the patient, family, or other decision makers. These dilemmas may arise from issues of access, treatment, or discharge. They can be particularly difficult to resolve when the issues involve, **for example**, withholding resuscitative services or forgoing or withdrawing life-sustaining treatment.

The hospital has established processes for seeking resolution of such dilemmas and complaints. The hospital identifies in policies and procedures those who need to be involved in the processes and how the patient and family participate. (*Also see* SQE.11)

Measurable Elements of PFR.3

- ❑ 1. Patients are informed about the process for voicing complaints, conflicts, and differences of opinion.
- ❑ 2. Complaints, conflicts, and differences of opinion are investigated by the hospital.
- ❑ 3. Complaints, conflicts, and differences of opinion that arise during the care process are resolved.
- ❑ 4. Patients and families participate in the resolution process.

Standard PFR.4

All patients are informed about their rights and responsibilities in a manner and language they can understand.

Intent of PFR.4

Admission as an inpatient or registration as an outpatient to a health care hospital can be frightening and confusing for patients, making it difficult for them to act on their rights and to understand their responsibilities in the care process. Thus, the hospital prepares a written statement of patient and family rights and responsibilities that is given to patients when they are admitted as inpatients or registered as outpatients to the hospital and is available each visit or throughout their stay. **For example**, the statement may be posted in the facility.

The statement is appropriate to the patient's age, understanding, and language. When written communication is not effective or appropriate, the patient and family are informed of their rights and responsibilities in a language and manner they can understand.

Measurable Elements of PFR.4

- ❑ 1. Information about patient rights and responsibilities is provided in writing to each patient.
- ❑ 2. The statement of patient rights and responsibilities is posted or otherwise available from staff at all times.
- ❑ 3. The hospital has a process to inform patients of their rights and responsibilities when written communication is not effective or appropriate.

General Consent

Standard PFR.5

General consent for treatment, if obtained when a patient is admitted as an inpatient or is registered for the first time as an outpatient, is clear in its scope and limits.

Intent of PFR.5

Many hospitals obtain a general consent (rather than rely on implied consent) for treatment when the patient is admitted as an inpatient to the hospital or when the patient is registered for the first time as an outpatient. When a general consent is obtained, patients are given information on the scope of the general consent, such as which tests and treatments are included under the general consent. Patients are also given information about those tests and treatments for which a separate informed consent will be obtained. The general consent notes if it is likely that students and trainees will participate in care processes. The hospital defines how a general consent is documented in the patient's record.

Measurable Elements of PFR.5

- ❑ 1. Patients and families are informed as to the scope of a general consent, when used by the hospital.
- ❑ 2. The hospital has defined how a general consent, when used, is documented in the patient record.
- ❑ 3. Patients and families are informed about which tests and treatments require informed consent. (*Also see* PFR.5.1)

Informed Consent

Standard PFR.5.1

Patient informed consent is obtained through a process defined by the hospital and carried out by trained staff in a manner and language the patient can understand. Ⓟ

Intent of PFR.5.1

One of the main ways that patients are involved in their care decisions is by granting informed consent. To consent, a patient must be informed of those factors related to the planned care required for an informed decision. Informed consent may be obtained at several points in the care process. **For example**, informed consent can be obtained when the patient is admitted for inpatient care in the hospital and before certain procedures or treatments for which the risk is high. The consent process is clearly defined by the hospital in policies and procedures. Relevant laws and regulations are incorporated into the policies and procedures.

Patients and families are informed as to which tests, procedures, and treatments require consent and how they can give consent (**for example**, given verbally, by signing a consent form, or through some other means). Education by hospital staff is provided to patients and families as part of the process of obtaining informed consent for treatment (**for example**, for surgery and anesthesia).

Patients and families understand who may, in addition to the patient, give consent. Designated staff members are trained to inform patients and to obtain and to document patient consent. (*Also see* PFR.5, ME 3 and GLD.18)

Measurable Elements of PFR.5.1

- ❑ 1. The hospital develops and implements a clearly defined informed consent process.
- ❑ 2. Designated staff are trained in the process.

- ❑ 3. Patients learn about the process for granting informed consent in a manner and language that the patient understands.
- ❑ 4. Patients give informed consent consistent with the process.
- ❑ 5. There is a uniform recording of informed consent.

Standard PFR.5.2

Informed consent is obtained before surgery, anesthesia, procedural sedation, use of blood and blood products, and other high-risk treatments and procedures. Ⓕ

Intent of PFR.5.2

When the planned care includes surgical or invasive procedures, anesthesia, procedural sedation, use of blood and blood products, or other high-risk treatments or procedures, a separate consent is obtained (*also see* ASC.3, ASC.3.3, ASC.5.1, and ASC.7.1). This consent process provides the information identified in PFR.5.3 and documents the identity of the individual providing the information. (*Also see* COP.8.5 and COP.9.1)

Not all treatments and procedures require a specific, separate consent. Each hospital identifies those high-risk, problem-prone, or other procedures and treatments for which consent must be obtained. (*Also* see COP.3) The hospital lists these procedures and treatments and educates staff to ensure that the process to obtain consent is consistent. The list is developed collaboratively by those physicians and others who provide the treatments or perform the procedures. The list includes procedures and treatments provided on an outpatient basis and inpatient basis.

Measurable Elements of PFR.5.2

- ❑ 1. Consent is obtained before surgical or invasive procedures.
- ❑ 2. Consent is obtained before anesthesia and procedural sedation.
- ❑ 3. Consent is obtained before the use of blood and blood products.
- ❑ 4. The hospital has listed those additional procedures and treatments that require separate consent.
- ❑ 5. Consent is obtained before the additional and/or other high-risk procedures and treatments.
- ❑ 6. The identity of the individual providing the information to the patient and family is noted in the patient's record.

Standard PFR.5.3

Patients and families receive adequate information about the illness, proposed treatment(s), and health care practitioners so that they can make care decisions.

Intent of PFR.5.3

Staff members clearly explain any proposed treatment(s) or procedures to the patient and the family. The information provided includes

a) the patient's condition;
b) the proposed treatment(s);
c) the name of the person providing the treatment;
d) potential benefits and drawbacks;
e) possible alternatives;
f) the likelihood of success;
g) possible problems related to recovery; and
h) possible results of nontreatment. (*Also see* PFR.5.2)

Staff members also inform the patient of the name of the physician or other practitioner who has primary responsibility for the patient's care or who is authorized to perform procedures or treatment(s). Frequently, patients have questions about their primary care practitioners' experience, length of time with the hospital, and the like. The hospital needs to have a process to respond when patients request additional information about their primary care practitioners.

Measurable Elements of PFR.5.3

- ❑ 1. Patients are informed of elements a) through h) in the intent as relevant to their condition and planned treatment.
- ❑ 2. Patients know the identities of the physicians or other practitioners responsible for their care.
- ❑ 3. The hospital develops and implements a process to respond to a patient's request for additional information on the practitioner responsible for his or her care.

Standard PFR.5.4

The hospital establishes a process, within the context of existing law and culture, for when others can grant consent.

Intent of PFR.5.4

Informed consent for care sometimes requires that people other than (or in addition to) the patient be involved in decisions about the patient's care. This is particularly true when the patient does not have the mental or physical capacity to make care decisions, when culture or custom requires that others make care decisions, or when the patient is a child. When the patient cannot make decisions about his or her care, a surrogate decision maker is identified. When someone other than the patient gives consent, that individual is noted in the patient's record.

Measurable Elements of PFR.5.4

- ❑ 1. The hospital develops and implements a process for when others can grant informed consent.
- ❑ 2. The process respects law, culture, and custom.
- ❑ 3. Individuals, other than the patient, granting consent are noted in the patient's record.

Organ Donation

Note: The following standards are intended to be used in situations in which organ or tissue transplantation will not occur but during those times when patients request information about organ and tissue donation and/or when organ or tissue donation may occur. When organ or tissue donation and transplantation are performed, the standards for organ and tissue transplant programs (found in COP.8 through COP.9.3) apply.

Standard PFR.6

The hospital informs patients and families about how to choose to donate organs and other tissues.

Standard PFR.6.1

The hospital provides oversight for the process of organ and tissue procurement. Ⓕ

Intent of PFR.6 and PFR.6.1

The shortage of available organs for transplant has encouraged many countries to develop procedures and systems to increase that supply. In some countries, laws determine that everyone is a donor unless specified otherwise (which is considered presumed consent). In other countries, explicit consent for organ donation is required. The hospital is responsible for defining the process of obtaining and recording consent for cell, tissue, and organ donation in relation to international ethical standards and the manner in which organ procurement is organized in their country. The hospital has a responsibility to ensure that adequate controls are in place to prevent patients from feeling pressured to donate.

The hospital supports the choice of patients and families to donate organs and other tissues for research or transplantation. Information is provided to patients and families on the donation process and the manner in which organ procurement is organized for the community, region, or nation (such as a national or regional organ procurement agency or network).

The shortage of organs for transplant has resulted in questionable practices in the procurement and transplantation of organs. The practice of inducing vulnerable individuals or groups (such as illiterate and impoverished persons, undocumented immigrants, prisoners, and political or economic refugees) to become living donors, organ trafficking (the buying and selling of organs over black market trade), the harvesting of organs without consent from executed prisoners or dead patients, and transplant tourism are inconsistent with ensuring organ donor and recipient safety.

Oversight for the process of organ and tissue procurement includes defining the donation process that is consistent with laws and regulations, respecting the community's religious and cultural values, ensuring ethical practices, and identifying requirements for consent. Hospital staff are trained on the donation process that supports patient and family choices. Staff are also trained in the contemporary concerns and issues related to organ donation and availability of transplants. The hospital cooperates with other hospitals and agencies in the community responsible for all or a portion of the procurement, banking, transportation, or transplantation process. (*Also see* COP.9)

Measurable Elements of PFR.6

- ❑ 1. The hospital supports patient and family choices to donate organs and other tissues.
- ❑ 2. The hospital provides information to patients and families on the donation process.
- ❑ 3. The hospital provides information to the patient and family on the manner in which organ procurement is organized.
- ❑ 4. The hospital ensures that adequate controls are in place to prevent patients from feeling pressured to donate.

Measurable Elements of PFR.6.1

- ❑ 1. The hospital defines the organ- and tissue-donation processes and ensures that the process is consistent with the region's laws and regulations and its religious and cultural values.
- ❑ 2. The hospital identifies consent requirements and develops a consent process consistent with those requirements.
- ❑ 3. Staff are trained in the contemporary issues and concerns related to organ donation and the availability of transplants.
- ❑ 4. The hospital cooperates with relevant hospitals and agencies in the community to respect and to implement choices to donate.