

1. Patient Centric Hospital

Patient centricity should be defined as 'Putting the patient first in an open and sustained engagement of the patient to respectfully and compassionately achieve the best experience and outcome for that person and their family'.

Assessment criteria for Patient Centric Hospital

1. Respecting, protecting and promoting patient and family rights

- a) Patient and family rights are displayed prominently in a bilingual language and they are made aware of their rights and responsibilities.
- b) Provision of safe environment free from all forms of Physical Injury, abuse and neglect.
- c) Confidentiality of patient records is maintained and patient can have access to his/her clinical records as per hospital policy
- d) To receive information on Diagnosis, Plan of Care, Prognosis, Medications, Progress during hospitalization, / treatment, post discharge care etc.
- e) To be explained about proposed care including diagnostic tests performed, associated risks, alternatives, possible complications, any modification regarding plan of care & expected results of treatment
- f) Patients and family are involved in decision-making regarding care and treatment
- g) To know expected & revised cost of treatment in writing
- h) To give informed consent before transfusion of Blood/ Blood products, Anesthesia, Surgery initiation of any research protocol, any invasive/ high risk procedure etc.
- i) To request for a second opinion from another physician
- j) To refuse treatment/ procedure under consent, get discharged on request after being explained about consequences of such refusal
- k) To give feedback for improvement of Quality of care and services

2. Effective Communication

- a) There is provision for facilitating communication with the patients/families/staff.
- b) The organization has identified special situations where enhanced communication with patients and/or families would be required and same is done effectively.
- c) The organization implements information, education and communication programme for infection prevention and control activities for the patients and family.
- d) Staff is trained in healthcare communication techniques.
- e) The organization implements standardized hand-over communication during each staffing shift, between shifts and during transfers between units/departments.
- f) The ambulance(s) has a proper communication system.
- g) The patient and/or family members are provided proper counselling under documentation and when appropriate multidisciplinary counselling is provided.

3. Patient satisfaction

- a) Patient satisfaction is measured using objective means and feedback into the system with demonstrable improvement. **Trend Analysis carried out over last 2 years reviewed to show improvement**

4. Patient Reported Outcome Measures (PROM)

- a) The organization has a mechanism to capture patient reported outcome measures by use of a questionnaire
- b) The percentage of patients who died as a result of surgery (surgical mortality rates) is captured and analysed by the organization
- c) The rate of surgical complications is captured and analysed by the organization
- d) Hospital-acquired infections are captured and analysed by the organization

5. Patient reported experience measure

- a) The organization has a mechanism (questionnaire) to measure the impact of the process of the care on the patient's experience e.g. communication, timeliness of assistance, discharge etc.

6. Patient safety and National/IPSGS

- a) The organization has documented and implemented safety programme which includes fire and non-fire safety.
- b) There is system in place to provide safe and secure environment to patients including vulnerable group
- c) The organization has implemented national/international patient safety goals
- d) The staff are aware of national/international patient safety goals

7. Risk Management

- a) Established and documented Risk Management plan is in place that includes Risk identification, analysis, prioritization, risk reduction and risk alleviation for both clinical (e.g. Medication errors) and non-clinical (patient fall etc.) risks.