

HEALTH AND DISABILITY CODE OF RIGHTS AND ADVOCACY

Purpose	This document outlines the policy related to the implementation of the Health and Disability Code of Rights Consumers' Rights Regulation 1996.
Scope	All Staff
Policy	This policy will ensure that all members of the practice team will understand their responsibilities for the implementation of the Health and Disability Code of Rights. Every provider is subject to the duties of the HDC Code of Health and Disability Services Consumers' Rights Regulation 1996, and every provider must take action to inform the consumers of their rights and enable consumers to exercise their rights.
Responsibilities	<ul style="list-style-type: none">• The practice will display a copy of the Health and Disability Code of Rights poster in the waiting room.• The practice will make available pamphlets related to the Code of Rights and the Advocacy Service.• The practice staff will have appropriate ongoing training in relation to the Health and Disability Code and Advocacy Service.• Every consumer has the rights of the Health and Disability Code of Rights Consumers' Rights Regulation 1996.

All patients with the following disabilities (this list is not exhaustive and discretion to add to this list is encouraged) will have their records set up with appropriate READ codes (Classifications) and an Alert set up in the PMS system. This will be done on an opportunistic basis and based on prior staff knowledge.

The goal is to ensure all patients in the practice population will have the appropriate and accurate disability information and consideration of their needs can be given so they can participate in their care according to their needs.

- Hearing impaired
- Vision impaired
- Mobility problem
- Intellectual impairment including dementia
- Literacy difficulties
- Language difficulties

A list of organisations and resources will be available within the practice and/or available electronically and added to as required that provide assistance to people with disabilities.

The Ten Rights of Patients in the Health and Disability Code

Right 1 To be treated with respect including respect for personal privacy.

A non-judgemental approach is required in all cases. Examining one's own feelings and possible prejudices and recognising them as the first step to treating everyone in a non-judgemental fashion. However care also needs to be taken that we are not victims of deceit or unreasonable requests in an attempt to be 'neutral'. Personal privacy will be achieved through the practice's privacy policies and procedures.

Right 2 ***Freedom from discrimination, coercion, harassment and exploitation.***

Patients will be treated based on clinical grounds regardless of race, gender, age, socio-economic status or sexual orientation.

If there are reasonable grounds to assume that the practice or its staff are being exploited by any particular patient then the appropriate response is not based on any particular characteristic of that individual but rather on the actual circumstances of the problem that has arisen.

The Practice has a complaints officer who has the responsibility of monitoring, educating staff and dealing with any issue where discrimination in provision of service has taken place.

All reasonable efforts to provide facilities for those with disabilities will be made by the practice. Such disabilities may include: impaired literacy, intellectual impairment, dementia, impaired hearing or vision or a physical handicap.

Right 3 ***To be treated with dignity and independence.***

All patients need to be given the benefit of the doubt about their sincerity and genuineness unless there is good reason to believe that they are not acting in good faith. If that is suspected then the evidence for that conclusion needs to be strong and consideration should be given for documenting that. A way to test whether any patient is not being treated with the appropriate dignity and state of independence is to consider;

- a) How your colleagues would treat this patient or
- b) Whether your treatment is of a standard that you would wish for yourself or your family if you were that individual.

Through following these principles it is thought all patients will be afforded the dignity and independence they are entitled to.

Right 4 ***Services of appropriate standards.***

Appropriate standards are maintained through ongoing professional development and benchmarking against any minimum standards set by professional bodies such as the Medical Council and the Nursing Council, colleagues as well as setting one's own standards high. All legal and professional and ethical standards will be adhered to.

The practice will operate on a CQI (continuous quality improvement) philosophy in order to be always ready to correct errors if they occur and improve service where possible. Services will be provided tailored to the individual's needs in a patient centred approach. Patients will be involved as much as possible in their care and decisions regarding their care. The practice will foster a team approach working together to achieve the best outcomes possible. Continuity of care is an important principle to strive for.

There will a staff training record which all staff training within and outside the practice will be recorded. New staff will have adequate training to ensure they comply with the Code of Rights. Training will take place annually either by in house discussion or using external trainers.

Right 5 ***Effective Communication***

Effective honest communication is strived for by all staff for all and mechanisms for dealing with poor communication as evidenced by complaints or poor outcomes or significant adverse events are addressed in other policies (complaints management and significant events management).

Details of translation services for as many languages as possible will be kept at the surgery. The local DHB offers a free interpreter service for general practices. Disabled patients e.g. with hearing difficulties or sight problems will need special consideration about how best to effectively communicate with them. E.g. written information or engaging a signer. Fax machines and Texting provide a possible solution to some communication problems.

Right 6 To be fully informed.

This is part of effective communication and staff will be required to give as full an explanation to patients regarding their health problems and possible treatment options as the context requires. There is a practice policy for informing patients of their test results. Patients may allow a nominated representative to receive health information about them. All new patients will be routinely given a copy of the practice information leaflet. This is available at reception.

Where able staff will direct patients to sources of information or provide written material such as leaflets that are relevant to their health problem or disability. Patients must be given all the information that a reasonable patient would expect to receive to enable them to make an informed decision, including (but not limited to):

- an explanation of their condition and the treatment options available to them including information about the expected risks, side effects, benefits, and costs of each option;
- advice on the estimated time within which they will be treated;
- details of any proposed participation in teaching or research; and
- the results of tests and procedures.

It is the health professional who is to provide services to the patient who must obtain the patient's consent. The practice has a form for obtaining consent. This form should be tailored to the particular case. Details of specific and significant risks discussed must be recorded on the form.

Patients have the right to ask questions and to receive honest and accurate answers to their questions, including questions about:

- the identity and qualifications of the person who will be treating them;
- how to obtain a second opinion; and
- the results of research.

Patients also have the right to receive a written summary of any information that has been provided to them if such a request is made.

Right 7 To make your decision (informed choice & informed consent)

Staff are trained to be aware of the concept of the need to be as patient centred as possible appropriate to each set of circumstances that arises, and the medical staff attempt to act as examples of this. Patients are assumed to be competent to make an informed choice and give informed consent unless there is good reason to think otherwise. Hence, decisions will hopefully be made with patients in an informed way and consent given freely. The practice has a consent form for more non routine treatment or more significant and invasive procedures for patients to sign.

When a patient has diminished competence, the patient still has the right to make informed choices and give informed consent to the extent that the level of competence allows.

When a patient is not competent to make an informed choice or give informed consent, and there is no-one available to consent on the patient's behalf, staff can treat the patient if the treatment is in the patient's best interests, staff have taken steps to ascertain the patient's views, and either:

- staff believe that the patient would have consented to the treatment if he/she was competent given the views that the patient has expressed; or
- staff have not been able to ascertain the patient's views, but have taken into account the views of other suitable persons who are interested in the patient's welfare.

Right 8 To be supported by another if wished.

At all times patients are free to have any support person they wish to have as long as it does not detract from the effectiveness of the consultation and clinical outcomes, or compromise the rights of another patient. Where this may be the case the patient will be advised of this and given

the choice as to whether to have the support present still. Furthermore there will be freely available material and posters displayed about the advocacy services available. The patient may need to be asked in private whether they wish to have a support person present with them or not.

Right 9 To participate or decline participation in teaching and research

Participation in research is a patient's prerogative and will never be forced. Explicit informed consent will always be obtained where students are taught in the practice. Patients will be offered the choice of whether they wish the student to be present.

Right 10 To "complain"/give feedback in order to help improve services.

- 1) Every consumer has the right to complain about a provider in any form appropriate to the consumer.
- 2) Every consumer may make a complaint to -
 - a) The individual or individuals who provided the services complained of; and
 - b) Any person authorised to receive complaints about that provider; and
 - c) Any other appropriate person, including -
 - i. An independent advocate provided under the Health and Disability Commissioner Act 1994; and
 - ii. The Health and Disability Commissioner.
- 3) Every provider must facilitate the fair, simple, speedy, and efficient resolution of complaints.
- 4) Every provider must inform a consumer about progress on the consumer's complaint at intervals of not more than 1 month.
- 5) Every provider must comply with all the other relevant rights in this Code when dealing with complaints.
- 6) Every provider, unless an employee of a provider, must have a complaints procedure that ensures that
 - a) The complaint is acknowledged in writing within 5 working days of receipt, unless it has been resolved to the satisfaction of the consumer within that period; and
 - b) The consumer is informed of any relevant internal and external complaints procedures, including the availability of -
 - i. Independent advocates provided under the Health and Disability Commissioner Act 1994; and
 - ii. The Health and Disability Commissioner; and
 - c) The consumer's complaint and the actions of the provider regarding that complaint are documented; and
 - d) The consumer receives all information held by the provider that is or may be relevant to the complaint.
- 7) Within 10 working days of giving written acknowledgement of a complaint, the provider must, -
 - a) Decide whether the provider -
 - i. Accepts that the complaint is justified; or
 - ii. Does not accept that the complaint is justified; or
 - b) If it decides that more time is needed to investigate the complaint, -
 - i. Determine how much additional time is needed; and
 - ii. If that additional time is more than 20 working days, inform the consumer of that determination and of the reasons for it.
- 8) As soon as practicable after a provider decides whether or not it accepts that a complaint is justified, the provider must inform the consumer of -
 - a) The reasons for the decision; and
 - b) Any actions the provider proposes to take; and
 - c) Any appeal procedure the provider has in place

Telecom Services for special needs:

www.nzrelay.co.nz

www.language.co.nz

www.disabilityresource.org.nz for raised chair or elephant legs to raise current a chair

www.adhb.govt.nz-interpreting services

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 Authorised: Carol Ennis	Date: 17 th November 2016
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