Working together
www.rcis.ro

Revista de cercetare și intervenție socială

ISSN: 1583-3410 (print), ISSN: 1584-5397 (electronic)

Selected by coverage in Social Sciences Citation Index, ISI databases

PATIENT'S RIGHTS AND COMMUNICATION IN THE HOSPITAL ACCREDITATION PROCESS

Luminita VALCEA, Diana BULGARU-ILIESCU,
Stefan Lucian BURLEA, Anamaria CIUBARA

Revista de cercetare și intervenție socială, 2016, vol. 55, pp. 260-270

The online version of this article can be found at:

www.rcis.ro, *www.doaj.org* and *www.scopus.com*

Published by:

Expert Projects Publishing House

expert projects publishing

On behalf of:

„Alexandru Ioan Cuza" University,

Department of Sociology and Social Work

and

Holt Romania Foundation

REVISTA DE CERCETARE SI INTERVENTIE SOCIALA

is indexed by ISI Thomson Reuters - Social Sciences Citation Index

(Sociology and Social Work Domains)

Working together
www.rcis.ro

Patient's rights and communication in the hospital accreditation process

Luminita VALCEA[1], Diana BULGARU-ILIESCU[2],
Stefan Lucian BURLEA[3], Anamaria CIUBARA[4]

Abstract

The aim of the study is to analyze how the patient's rights are respected in Romanian hospitals and how important is communication for the medical staff. During this study, we have analyzed the results of an application form with 152 indicators, from Reference no. 6 "Patient's rights and communication", from Accreditation Standards, used by The National Authority of Quality Management in Healthcare, in 146 Romanian hospitals, from a total of 433 medical units. The study revealed that there are some recurrent problems related to patient's rights and communication, such as: access in hospitals of people with disabilities, aspects related to informed consent, or communication between medical staff and patients or caregivers.

Keywords: patient's rights, communication, management, quality in healthcare, hospitals, evaluation.

Introduction

As a rule, the communication between physicians and patients, between professionals (especially physician-physician, physician-nurse) is recognized as being very important for the quality of the medical care. A large number of studies showed that effective communication improves the results of the health treatment, the quality of the medical care and even the physicians' satisfaction (Yoon *et al.*,

[1] University of Medicine and Pharmacy "Gr.T. Popa", Department of Legal Medicine, Iasi, ROMANIA. E-mail: luminita.valcea@gmail.com

[2] University of Medicine and Pharmacy "Gr.T. Popa", Department of Legal Medicine, Iasi, ROMANIA. E-mail: bulgarudiana@yahoo.com

[3] University of Medicine and Pharmacy "Gr.T. Popa", Department of Dental Medicine, Iasi, ROMANIA. E-mail: lucianburlea@yahoo.com (Corresponding author)

[4] University "Dunarea de Jos", Department of Psychiatry, Galati, ROMANIA. E-mail: anamburlea@yahoo.com

2016; Miller-Matero *et al.*, 2016). The results of the studies revealed that communication can have a good influence not only on the emotional state of the patient, but, also, on his symptoms, functional status and physiological and pain control (Moira, 1995). Generally, the medical care is, fundamentally, a communication action, between physician- patients and, sometimes, caregivers, who debate about patients' health, decide which are the best actions and create a plan in order to implement these measures (Street, 2013). The *patient-centered medical* care is considered the main element of quality in healthcare. Focusing on the patient means that healthcare providers and the system where they activate can deliver medical care in order to match the patients' needs, their values and preferences (Saha & Beach, 2011). The communication abilities are a vital component of medical care. The patient-centered communication has a great influence on the treatment adherence, patient's satisfaction and management of the disease (Street & De Haes, 2013). Several researches showed that a good patient-centered communication improves the clinical result on diabetes management, hypertension management and cancer management (Levinson, Lesser & Epstein, 2010). Effective physician-patient communication improves when the doctor is trying to understand the patient's perspective, including his believes, his point of view, his fears, worries and, especially, when the physician can share his understanding with the patient (Van Dalen, 2013). Today, the number of healthcare organizations is increasing, concerned with efficient delivery of high-quality, safe health care (European Patients Forum, 2015). Prioritizing safety has led to recognition of the importance of implementing quality management systems and developing a culture of safety (Kristensen *et al.*, 2015).

According World Health Organization, the quality is a step that should guarantee to each patient the harmonization of diagnostic and therapeutically act that can provide the best results in terms of health, according to the state of medical science, at the best cost, for the same result with the small iatrogenic risk for the patient's satisfaction (World Health Organisation, 2006). Patients should be informed and empowered by involving them in their own safety process. They should be informed about the patient safety standards, best practices and/or safety measures in place, and also about how they can find accessible and comprehensible information on how to make complaints and suggestions for the Health system recovery (Council Recommendation on Patient Safety, 2009). The goal of the access to healthcare and quality is to contribute to the Health systems improving, to enable equitable access to sustainable and high-quality healthcare designed and delivered to meet patients' and informal careers' needs at all levels of care, embracing innovation in all its forms (Romanian Government, 2008).

In fact, in Romania, physicians are focusing on the medical care; they don't consider communication as important as the medical treatment. Another issue is related to their lack of time for all the patients. Taking into consideration that the number of the Romanian doctors is insufficient, the time allocated to each patient

is reduced. Another aspect is related to communication training. So far, there was no focus on communication trainings for continues medical education. To this situation it contributes the poor education regarding communication in the medicine universities. Until recently, medicine universities didn't have in their curricula the discipline "Communication between physician and patient". Nowadays, this discipline exists, but it is optional and, usually, for only one semester during the second year of study.

This aspect is not corrected after graduation because, usually, medical courses are focused on medical aspects, not on communication. Patient's rights in Romania are regulated by Law 46/2003. The law includes the following main rights: Patients have the right to health care of the highest quality that the society can afford financially. The patient has the right to be respected as a human person, without any discrimination. The patient has the right to be informed about health services and how to use them. The patient has the right to be informed about his health, medical interventions proposed, potential risks of each procedure, the existing alternatives to the proposed procedures, including the default of treatment and non-compliance with medical recommendations, as well as on the details of the diagnosis and prognosis (Romanian Government, 2003). Until 8 years ago, there was no concern of the Romanian institutions regarding the quality of medical care.

The process of hospital accreditation began in 2009 in Romania. In 2008 it was established The National Commission for Hospital Accreditation (CONAS), with the aim of continuously improving the quality of hospital services by developing and updating standards and procedures for the hospitals accreditation, according to the changes in this area, to the commitments of The Romanian Government and The European Union standards. From 2008 until 2015 - the year when the institution was officially reorganized - CONAS main attributes were: the evaluation and accreditation of Romanian hospitals (Romanian Government, 2006).

In 2015, the institution was officially reorganized as The National Authority of Quality Management in Healthcare, with attribution regarding quality, evaluation and accreditation of all medical units. The National Authority of Quality Management in Healthcare is a public institution, directly subordinate to The Romanian Government (Romanian Government, 2015). The first cycle of hospitals accreditation that included all medical units with bed - 433 (public and private) ended recently. At present, the institution prepares for the second cycle of accreditation. Every hospital accreditation is available for 5 years. During this 5 years period, the representatives of The National Authority of Quality in Healthcare must survey the situation in all hospitals and check if their recommendations for the discovered problems were put into practice.

The National Authority of Quality in Healthcare promotes quality in healthcare among patients, by several participation to conferences organized by patient

organizations. A number of representatives of patient organizations are members of The Board of National Authority of Quality in Healthcare that is the leading body of the organization. The evaluation and the accreditation of the hospitals (public or private) are voluntary, patients decide if they want to be treated in an accredited medical unit, or in a hospital without accreditation. In order to enroll in the process of evaluation, the hospitals must have a quality management structure which ensures the quality of medical care (The order of Ministry of Health no. 975/2012).

The patient's rights and communication represent the Reference no. 6 from the "Accreditation Standards" – first edition, the tool used by The National Authority of Quality Management in Healthcare, for the hospital evaluation. "The Accreditation Standards" – first edition - contained 11 References that referred to organization management, information management, human recourses management, the environment care, quality of medical care, the patient's rights and communication with the medical staff, the prevention and risk management, management of nosocomial infections, transfusion safety.

Reference no. 6 integrates the following standards: The strategic plan of the institution has included stipulations related to patient rights; The right to health care is provided without discrimination; patient and family are informed about the accommodation terms; Patient information is adapted to his understanding; the plan of treatment and investigation is based on the patient's informed consent; Granting care must respect the privacy and dignity of the patient; Patient's right on confidentiality and privacy must be respected; The patient is provided with all the medical and paramedical services needed; The institution has provided a system for receiving and solving patients complaints and: The institution's policy is that to the patient's rights be respected, the patient to be informed and educated (Standard of Accreditation – first edition). Each standard has criteria and indicators (qualitative and quantitative).

Methodology

From all the hospitals that have been *evaluated* for the accreditation process, by The National Commission for Hospital Accreditation, and then, by The National Authority of Quality in Healthcare in the last 6 years, we have chosen a cluster of 146 hospitals, which means 30% of Romanian medical units with beds. The cluster included all kind of hospitals: general, emergency, clinical, monodisciplinary ones – for example Hospital for Pulmonology or for chronicle patients, county/city/public hospitals (with several owners: Ministry of Health, Ministry of Defense, etc, private owners, etc). The hospitals were localized across the all country, in all regions.

We have analyzed for each hospital from the cluster, a number of 152 relevant indicators included in the Accreditation Standards – first edition –-from Reference no. 6 – "Patient's rights and communication". The objective of the study was to understand the relation between the quality of medical care and patient's rights and communication, to find out how the patients' rights are respected, to discover the main problems related to this aspects, to notice how could be effective the communication between physician and patient.

From 146 hospitals studied, 123 are public and 23 are private.

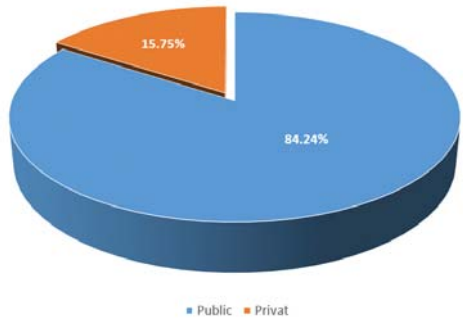

Figure 1. Public and private hospitals analyzed

Referring to the hospital type, a number of 65 hospitals are monodisciplinary, 52 are general ones, 23 are emergency hospitals and 6 are hospitals for chronic patients.

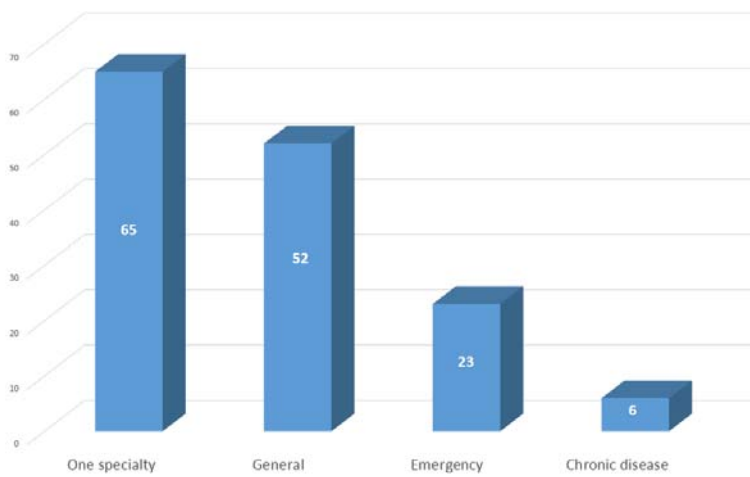

Figure 2. Hospitals repartition from specialty point of view

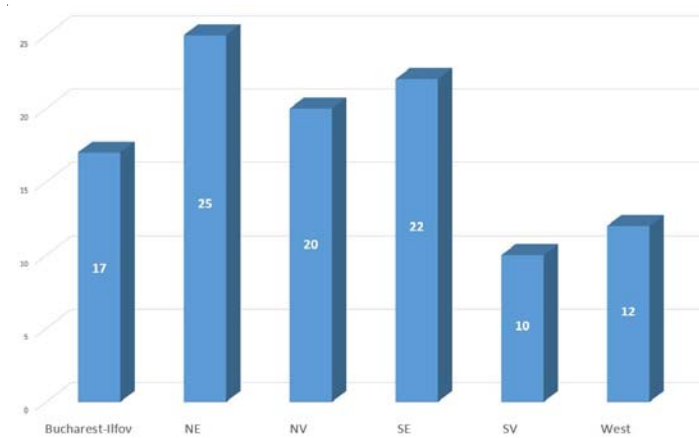

Figure 3. Regional hospitals repartition

Data collection

The data was collected during the evaluation visit of independent experts of The National Authority of Quality in Healthcare during the period 2014-2016.

Results

From a number of 163 indicators (48 quantitative indicators, 115 qualitative indicators), included in the Reference no. 6 “Patient’s rights and communication” from Accreditation Standards, a number of 152 relevant indicators were analyzed. The 152 indicators analyzed indicators were grouped in 4 main categories: the patient’s access in hospitals, the information and communication with patient and caregivers, informed consent and rules who helps patients during internment period and post internment. The results of the reference no. 6 “Patient’s rights and communication” applied in the region: Bucharest – Ilfov Region - 76.73% - 98.44%, Center Region 71.18% - 98.40%, North-East Region76.40% - 99.49%, North – Vest Region 64.19% - 98.02%, South Region 74.78% - 98.33%, South – East Region 61.58% - 98,81%, South-West Region 77.05% - 97.07%, West Region 73.56% - 93.55%. The results of analyze that we made of the Reference no. 6 “Patient’s rights and communication” from the Accreditation Standards is in the next table.

Table 1. Qualitative indicators for patient's rights and communication in hospitals

Category	Problem	Number of hospital
The patient's access in hospitals	the lack of toilets for people with disabilities	91
	indoor access ramps for people with disabilities	52
	showers cabins	32
	the illumination system or other way to stop other people's access during the medical consultation	23
	protocol for taking care of major emergency Cased, simultaneously	16
	elevators for access to each floor of the hospital	15
	parking places for people with disabilities	15
	analysis regarding the patient's refuse to be hospitalized, in the last 12 months	14
	outdoor ramps for disabled persons	12
The information and communication with patients and caregivers	defined spaces (separating walls, curtains) around the bed from the hospital rooms	52
	hospital equipment having different colors for categories of employees	47
	involvement of caregivers in caring for certain categories of patients	41
	conventions with sign language interpreters and having a specific language for deaf-blind people	41
	contract/convention with authorized translators for the patients who don't talk Romanian language	31
	special indications regarding the way the evaluation of patient's satisfaction questionnaire must me fulfilled in the cases of children-patients or patients with lack of discernment capacity, temporarily or permanently)	29
	areas for praying, for different confessions	28
	the way the medical staff addresses to the patient, kindness, availability	22
	hospital equipment with different colors for each medical section	22
	non-stop program for the spaces where the clothes are store	22
	questions about patient's rights being respected, contained in the satisfaction questionnaire	21
	costs of accommodation and meals for caregivers posted	21
	written information about medical staff	20
	indications about the place where the evaluation questionnaire can be applied	19
	the indicator "medium period of waiting" for the cases presented in the emergency room	18
	defined spaces (separating walls, curtains) in the consultation room from the ambulatory	17
	visiting program posted	16
	rules about the closed areas for the public	15
	special diets for respecting religious practices	13
	asking patient's opinion about increasing the quality of medical service in the evaluation questionnaire	13
	satisfaction questionnaire for caregivers, displayed	13
	information desk or reception	12
	procedure or conduit behavior in case of patient in detention	11
	conditions for the access of patient's family, displayed	11
	the costs of diverse medical services, displayed	10

Category	Problem	Number of hospital
Informed consent	contact details of caregivers (family) registered contact details of caregivers (family) registered	68
	the consent or the refuse regarding finding some infectious disease, written on the observation paper	39
	consent obtained separately, for each medical procedure	38
	sign consent regarding the respect of hospitals rules	25
	the alternative of treatment proposed to the patient, written in the observation form	25
	procedure for keeping confidentiality regarding HIV patient	19
	specials consents regarding visiting and small maneuvers realized by the medical staff in clinical training	19
	the lack of discernment documented in the observation form	16
	special procedure for obtaining the consent of legal representative of the patient who can't manifest his own will	16
	response letters sent to the patients or hospitals who asked medical data's about a patient	16
	special consent form for the experimental/testing procedures	16
	list, with the procedures that need patient consent form	15
	special consent form regarding the patients participation in the process of clinical education process	14
	procedure for patient to be informed about the risks of refusing the treatment	13
	information and consent form adapted for people under 18 years	13
	consent form for patient for ICU, with information regarding infectious, cardiac and vascular risk	10
Rules which helps patients during hospitalization and post hospitalization	existing protocols with authorized organizations for social and medical care	76
	special areas, in the special areas, in the hospital, for organizations authorized e hospital, for organizations authorized	41
	questions regarding patient's identity (first name, last name, personal number, etc), in the questionnaire of patients satisfaction evaluation	29
	waiting lists and contact data for chronic patients	27
	special rules regarding conditions of receiving and treating without discrimination the patients with physical liability, with the purpose of human's and society's safety	26
	institutional rules for the relationship with patient organizations	26
	list of services for home treatment	19
	list of organizations which provide home care	19
	list of organization which provide social services	17

Discussion

The analyze revealed that there are some problems related to patient's rights and communication, who often repeat, like accessibility of the people with disabilities, or aspects related to the informed consent. Despite the fact that in the past few years we have made important progresses regarding the access of disabled persons inside public buildings, generally and inside medical units in particular, this is still a problem (62% of analyzed hospitals don't have toilets adapted for disabled persons). In many hospitals, the problem is solved outside, the patients can come inside the hospitals, but they can't move inside everywhere they need, because of the lack of indoor ramps and because the bathrooms and toilets are not adapted to the disabled persons (35% don't have interior access ramps for the disabled persons). Another problem is the lack of special parking places for disabled persons near the hospital entrance. Usually, the hospitals are old and built in crowded areas, so parking spaces for people with disabilities were not designed.

Issues related to the patient's intimacy were, also, discovered. The reason is that most hospitals are old and, usually, crowded (35% of hospitals don't have defined spaces (separating walls, curtains) around the bed from the hospital rooms). The way that medical staff addresses to the patient were, also, a problem for a large number of hospitals (15% of hospitals have problems related to the way the medical staff is addressing to patients). The reason is related to the fact that they don't have enough time, but, also, that the kindness and availability are missing. Another issue is related to the detailed consent form, including the information about the risk in case of denial of the treatment.

The medical staff is aware of the importance of informed consent. Usually, the problem is that the patient is signing the form without really understanding the consequences of the medical care, or the consequences of the health care denial, of the next steps, etc. The physician's explanations are usually brief and sprinkled with many medical terms (46% of hospitals don't have details of caregivers in the observation form, 26% of hospitals don't have informed consent for each procedure, 9.5% don't have informed consent for new procedures, 13% of hospitals don't have a special procedure for the patients that refuse treatment, 36.5% don't have an alternative to the treatment written in the observation form).

The satisfaction questionnaire is usually applied because it has to, but not as a real tool for improving quality of services. A relevant example is that in some hospitals, the questionnaire doesn't include a question about how to improve the quality of the medical act. All this facts show the lack of preoccupation of health professionals to involve patient in the process of decision making. This behaviour could explain why the patients and caregivers consider more and more the failure as malpraxis.

Conclusion

The results showed that are some important problems related to patient's rights and communication. Based on this analyze, we will try to improve communication (with all aspects: physician – patient communication, communication between professionals and communication with the public, media, etc.) and compliance of patient's rights. The National Authority of Quality Management in Healthcare prepared a second edition of Accreditation Standards, which has only 3 references; one is "*Patients rights and communication*". The importance of communication is well known. The new edition of Accreditation Standards followed every ISqua principals.

The focus of this second edition is the survey of the quality, mainly regarding the patient's safety (Standards of Accreditation, second edition). It is strongly recommended for hospitals managers that medical staff (physicians and nurses, in particular) to follow medical communication courses. Another recommendation is related to the importance of the informed consent from two points of view: the first one is related to a better understanding of the patient of his own medical care, in order to collaborate for better results. The second one is addressing to physicians and is related to the legal aspects of the informed consent and the problems that physicians can have if they don't apply for each different situation.

Another recommendation for the hospitals managers is to realize a protocol for medical communication, which would be very useful for medical units, with simple and applicable rules. A proposal will be made to The Romanian Ministry of Health regarding the simplification and standardization of satisfaction evaluation questionnaire. Regarding the issue of access for disabled persons, a special note will be made to all hospitals owner (medical units have different type of owner, that can be Ministry of Health, Ministry of Defense, Ministry of Transportation, County Council, etc.). A proposal was, also, made for the organization of the Ethics Council within each hospital.

References

ANMCS (2014). *Standards of Accreditation*, Bucuresti, www.anmcs.gov.ro

European Council (2009). *Recommendation of 9 June 2009 on patient safety, including the prevention of healthcare associated infections* (2009/C 151/01).

European Patients Forum (2015). *Briefing Paper on Patient Safety with a focus on the role of patients and families.* European Patients Forum, http://www.eu-patient.eu/whatwedo/Policy/Patients-Safety/.

Kristensen, S., Hammer, A., Bartles P., Sunol, R., Groene, O., Thomson, C.A., Arah Onyebuchi A., Kutaj-Wasikowska, H., Michel, P., Wagner, C. (2015). Quality management and perception of teamwork and safety climate in European Hospital. *International Journal for Quality in Health Care, 27*(6), 499-506.

Levinson, W., Lesser, S.S., & Epstein, M.R. (2010). Developing Physician Communication Skills for the Patient-Centered Care. *Health Affairs*, *29*, 1310-1318.

Miller-Matero, L.R. Dykuis, K.E., Albujoq, K., Marten, K., Fuller, B.S., Robinson, V., & Willens, D.E., (2016). Benefits of integrated behavioral health services: The physician perspective. *Families, Systems, & Health*, *34*(1), 51-55.

Ministry of Health (2012). *The Order of Ministry of Health no. 975/2012 regarding the organisation of medical quality management structure within the hospitals of Ministry of Health and public authorities*; Official Monitor, 689/05.10.2012.

Moira, S.A. (1995). Effective physician-patient communication and health outcomes: a review. *Canada Medical Association Journal*, *152*(9), 1423-1433.

Romanian Government (2003). The Law 46/2003 of patients' rights; Official Monitor, No. 70/03.02.2003.

Romanian Government (2006). The Law no. 95/2006 regarding reform in healthcare, Official Monitor, No. 372/28.04.2006.

Romanian Government (2008). *Decision no. 1148/2008 regarding the componence, attributes and the organisation of National Commission of Hospitals Accreditation*.

Romanian Government (2015). *Decision no. 629/2015 regarding the structure, organization and the function of The National Authority of Quality Management in Healthcare*, Official Monitor no. 619/14.08.2015.

Saha, S., & Beach, M.C. (2011). The impact of patient-centered communication on patients decision making and evaluation of the physicians: A randomized study using video vignettes. *Patient Education and Counseling*, *84*(3), 386-392.

Street, L.R. Jr., & De Haes, H.C. (2013). Designing a curriculum for communication skills from a theory and evidence-based perspective. *Patient Education and Counseling*, *93*(1), 27-33.

Street, L.R.Jr. (2013). How clinician-patient communication contributes to health improvement: modeling pathways from talk to outcome. *Patient Education and Counseling*, *92*(3), 286-291.

Van Dalen, J. (2013). Communication skills in context: Trends and perspectives. *Patient Education and Counselling*, 92(3), 292-295.

World Health Organisation (2006). *The Quality of care, a process for making strategic choices in health systems*, World Health Organisation.

Yoon, J.D., Daley, B.M., & Curlin, F.A: (2016). The Association between a Sense of Calling and Physician Well-Being: A National Study of Primary Care Physicians and Psychiatrists. *Academic Psychiatry* (2016), 1-7; doi: 10.1007/s40596-016-0487-1.