

MRSA Action UK final amendments to Core healthcare association infection related information for patients (Patients' 'Bill of Rights')

The Department of health have consulted with patient groups on a Patients; Bill of Rights. This is still to be agreed. MRSA Action UK have played a major role in developing the proposal, and look forward to the Department of Health's response to the final submission.

These principles/information themes are intended to go forward for inclusion within the Department's communication 'toolbox' approach – designed to help form the content of a local information framework, which Trusts can use to;

- ensure patients and the public have access to the HCAI-related information they require
- increase public and patient confidence, that hospitals provide clean and safe care.

Key underlying principles are that -

- Patients must be informed that all NHS bodies have a general duty to protect patients, staff and others from HCAI, as prescribed in The Code of Practice for the Prevention and Control of Health Care Associated Infections, with effect from 1 April 2007
- Patients must always be provided with full and sufficient information to facilitate informed choice as to their healthcare
- The care and safety of patients must never be compromised under any circumstances
- Patients have a role to speak up and to challenge unsafe practice, and the right to expect any challenge to be acted upon

Core principles:

- 1 To be provided, prior to admission, (when listed for an operation/procedure, or admitted for one via Accident and Emergency), with a clear statement of the NHS Trust's policy regarding admission, transfer and movement of patients between departments and the discharge of patients in their care.
- 2 To be provided, prior to admission, with clear information on any measures which a patient might reasonably take before admission to assist in the prevention and control of healthcare associated infections.
- 3 To be provided, prior to and on admission, information that there are legal rights for patients' protection during their stay in hospital and during their continuing care in the community, with particular attention drawn to the Hygiene Code, effective from 1 April 2007. Reasonable adjustment to be made for those with communication impairments and those who speak a language other than English.
- 4 To be treated in a clean and safe environment with minimal risk of exposure to healthcare associated infections.

- 5 To be treated in a dignified manner, which avoids stigmatisation, observes the right to privacy and confidentiality and which recognises best practice and safety of all patients, visitors and staff.
- 6 To be provided with clear and precise information relating to potential risk of contracting a healthcare associated infection. This must include local 'signposting' to information sources, such that patients and the public can always access up to date local data.
- 7 To receive confirmation of the Trust's compliance, with the NHS "*Saving Lives*" programme, '*Certificate of Commitment*' to consistent and reliable healthcare and patient safety, by implementing best practice and the duties set out in the Hygiene Code.
- 8 To be informed of potential risk factors (including 'side effects'), that relate to the medication/antibiotics prescribed during the stay in hospital and/or at the time of discharge.
- 9 That every patient is encouraged to raise with staff, hand-hygiene compliance. In particular, patients have a right to regard it 'legitimate', to ask a clinician to wash their hands prior to treatment/contact.
- 10 Safety is a priority. In the event that a patient contracts an infection, they must be made aware of the NHS grievance procedure. Specifically Trusts must use Root Cause Analysis to ensure learning and prevent future infections.
- 11 Patients shall have the right to participate in the planning of their healthcare. This right includes the opportunity to discuss care pathways, including care pathways for MRSA, C.Difficile or any other healthcare associated infection, should the need arise.
- 12 If a patient who enters a healthcare setting is unconscious or comatose or is unable to communicate, the healthcare provider must make reasonable efforts to notify either a family member (preferably next of kin) or a person designated in writing by the patient as the person to contact in an emergency that the patient has been admitted to the hospital. The healthcare provider shall inform the family member or designated person of the proposed care plan and the likely outcomes of care.
- 13 And in conclusion to provide a safe environment that meets not only the patients' physical needs but emotional ones too. This means:
 - getting good treatment in a comfortable, caring and safe environment, delivered in a calm and reassuring way;
 - having information to make choices, to feel confident and to feel in control;
 - being talked to and listened to as an equal;
 - being treated with honesty, respect and dignity

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