SAIDEEP
HEALTHCARE & RESEARCH PVT. LTD.

PRE

Chapter Book

SAIDEEP
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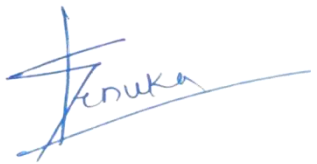
Annual Documents adequacy & Change Requirements Review

Sr. No	SOP /Doc No	Documents Name	Issue No	Rev. No	Review Date	Change	Rev. No	Revision Date	Reason for Change	Amendment
1	SDH/PRE/1.A	Patient and family rights and responsibilities are documented, displayed and they are made aware of the same	1	2	1-JAN-25	No Any change review completed	2	1-JAN-26	No Any change review completed	No Any Amendment History
2	SDH/PRE/1.B	Patient and family rights and responsibilities are actively promoted	1	2	1-JAN-25	No Any change review completed	2	1-JAN-26	No Any change review completed	No Any Amendment History
3	SDH/PRE/4.A	The organization obtains informed consent from the patient or family for situations where informed consent is required	1	2	1-JAN-25	Amended as per 6th edition	2	1-JAN-26	No Any change review completed	No Any Amendment History
4	SDH/PRE/4.D	The organization describes who can give consent when a patient is incapable of independent decision making and implements the same	1	2	1-JAN-25	No Any change review completed	2	1-JAN-26	No Any change review completed	No Any Amendment History
5	SDH/PRE/7.C	The organization redress patient complaints as per the defined mechanism	1	2	1-JAN-25	No Any change review completed	2	1-JAN-26	No Any change review completed	No Any Amendment History
6	SDH/PRE/8.A	Communication with the patients and/or	1	2	1-JAN-25	No Any change	2	1-JAN-26	No Any change	No Any Amendment History

		families done effectively				review completed			review completed	
7	SDH/PRE/8.B	The organization shall identify special situations where enhanced communication with patients and/or families would be required	1	2	1-JAN-25	No Any change review completed	2	1-JAN-26	No Any change review completed	No Any Amendment History
8	SDH/PRE/8.C	Enhanced communication with the patients and/or families is done effectively	1	2	1-JAN-25	Amended as per 6th edition.	2	1-JAN-26	No Any change review completed	No Any Amendment History

Original Date	**Effective Date**	**Next date of revision**	**Issue NO**
01 Nov 21	**01 JANUARY 2026**	**01 JANUARY 2027**	**1**

Reviewed & Prepared By	**Recommended By**	**Approved By**
Mrs. Renuka Sonawane	**Dr. H. Kalgaonkar**	**Dr. S. S. Deepak**
Quality Coordinator	**Quality Head**	**Chairman & Managing Director**
		

INTRODUCTION

Ensuring Patient Rights and ensuring patient and family educations are key aspects of providing patient oriented quality care in a hospital environment.

POLICIES

Patient Rights and Responsibilities Documentation and Display

The patient's rights and responsibilities are well protected in the institution. The policies are well documented. Pamphlets are made available in English and Marathi for all patients who come to the hospital. It is made available at the reception counter and also in front of all OPDs'.

Staff Awareness & Training on Patient Rights

All employees are made to read and understand what are the patients' rights and responsibilities and they are insisted to practice it.

This is one of the key topics for the In-service Training program. The staffs are oriented to the Patient's rights and responsibilities. All the institutional leaders see to it that is well protected and ardently followed by the employees too.

Reporting and Monitoring of Violation of Patent Rights

There are also suggestion boxes available for the patients. The patient feedback form is another key indicator for the patient satisfaction. Any patient or patients' relative can lodge a complaint there, which shall be taken up by the Medico Social Worker.

Any violation of patient rights noted by staff or reported to them are raised through the Incident management System and analyzed and CA/PA ensured by the Quality Management team.

Spiritual and Cultural Needs

Patients are allowed to perform prayers in the respective places where they are admitted as long as it does not disturb the patient adjacent to them. Our institution respects all the spiritual and cultural needs of the patients and allows them to follow it without causing any disturbance to the other patients or treating personnel. It respects the non-believers too.

Dignity and Privacy during Examination, Procedures and Treatment

<u>During the examination of a patient it is ensured that</u>

a) There is adequate privacy for history taking, examination, conducting small procedures. When a lady patient is examined by a male doctor, a lady attendant is always made available with.

Neglect and Abuse Protection

All staff is trained to ensure prevention of abuse and neglect of patients and guests and any deviations noted are reported through incident management system for action and analysis

Confidentiality of Patient Information

All patient information shall be treated confidential and shall not be discussed with all.

Patient and Family Right to Refusal of Treatment

The hospital respects the right of patient and family to refuse treatments and do not in any way pressurize or intimidate them for accepting any line of treatment without their understanding and express consent.

Also the patients are explained in detail about the preventive aspects of their illness in the local language or with an interpreter if they do not understand it. The nursing students and medico social workers also are a part of the programme, where they explain the preventive strategies to the patient in OPD with posters and placards.

Patient and Family Right to Refusal of Treatment

The hospital respects the right of patient and family to obtain additional opinion regarding clinical care and where possible facilitate same with issue of copies of PMR, diagnostics tests, referral letters etc as applicable.

Informed Consent

The hospital has developed and implemented detailed policy for obtaining informed consent of patient and family before blood transfusions, anesthesia, surgery, invasive and high risk procedures / treatments and initiation of research protocols

Standard Reference

PRE 1 & 2

Annexure – Patient & Family Rights & Responsibilities Statement

PATIENTS RIGHTS

- Patient has the right to receive treatment irrespective of their type of primary and associated illnesses, socio- economic status, age, gender, sexual orientation, religion, caste, cultural preferences, linguistic and geographic origins or political affiliations.
- Right to be heard to his/her satisfaction without the doctor interrupting before completion of narrating their entire problem and concerns.

- Right to expect from the doctor to write the prescription legibly and explain to the patient on the details on dosage, dos & don'ts & generic options for the medicines.
- Right to be provided with information and access on whom to contact in case of an emergency

- Right to personal dignity and to receive care without any form of stigma and discrimination.
- Privacy during examination and treatment
- Protection from physical abuse and neglect
- Accommodating and respecting their special needs such as spiritual and cultural preferences.
- Right to confidentiality about their medical condition
- Patients and/ or their family members have the right to receive complete information on the medical problem, prescription, treatment & procedure details.
- Documented procedure exists for obtaining Informed consent from patient and/or ther family.
- To be educated on risks, benefits, expected treatment outcomes and possible complications to enable them to make informed decisions, and involve them in the care planning and delivery process.
- Patients have the right to request information on the names, dosages and adverse effects of the medication that they are treated with.
- Patients or their authorized individuals have the right to request access and receive a copy of their clinical records.
- Patients have the right to complete information on the expected cost of treatment.
- Patients have the right to information on hospital rules and regulations.
- Information on organ donation.
- Patient has the right to seek a second opinion on his/her medical condition.
- Right to information from the doctor to provide the patient with treatment options, so that the patient can select what works best for him/her.

- Patient has the right to justice by lodging a complaint through an authority dedicated for this purpose by the healthcare provider organization or with government health authorities.
- Patient has the right to a fair and prompts hearing of his/her concern.
- Patient has the right to appeal to a higher authority in the healthcare provider organization and insist in writing on the outcome of the complaint.
- Patients have the right to know what kind of treatment they are getting.
- Patients have the right to get equal quality of health care services.
- Patients have the right to get discharge summary after their inpatient care.

PATIENT ANAG FAMILY RESPONSIBILITIES

- The patients should give their Name and details in the registration.
- In patents should have one bystander at the time of admission and that need to be till their discharge.
- Do not misuse or damage facilities which are provided by the hospital.
- Don’t bring plastic carry bags inside the hospital.
- Don’t smoke or drink inside the hospital campus.
- Patient should keep their belongings safely, if anything loss, hospital authorities are not responsible.
- Don’t misbehave to the hospital staff.
- To be punctual for all the appointments.
- Following the treatment plan recommended by those responsible for their care.
- Inform and bring to the doctor’s notice if it has been difficult to understand any part of the existences of challenges in complying within the treatment.

- To participate intelligently in medical care by actively involving in the prescribed do-at-home activities.
- To maintain healthy habits and routines that contributes to good health, and takes responsibility for my health.
- To make sincere effort in understanding therapies this includes the medicines prescribed and their associated adverse effects and other compliances for effective treatment outcomes.
- Not to ask for surreptitious bills and false certificates, and/or advocate forcefully by unlawful means to provide with one.
- To inform the doctor if unhappy and to discuss with him regarding the same.
- To respect the doctors and medical staff providing care.
- To abide by the hospital rules.
- To bear the agreed expenses of the treatment that is explained in advance and to pay the bills on time.

AMENDMENT HISTORY

Sl No	Current Revision			Nature of Change
	Edition No	Revision No.	Date	
1	01	00	1 Oct 2019	First issue as per NABH Hospital Accreditation Standards – 4th Edition
2	01	00	1 Nov 2020	Minor Revisions, updating Doc No. and updating for compliance as per NABH Hospital Standards 5th Edition
3	01	01	1 Jan 2022	No changes.
4	01	02	1 Jan 2025	Amended as per the 6th Edition.
5	01	02	1 Jan 2026	1 Jan 2025

	SAIDEEP HOSPITAL HOSPITAL POLICIES	Doc No	SDH/PRE/04
		Issue No	01
		Rev No.	02
		Date of Issue	1 Jan 2026
		Pages	1
	POLICY: INFORMED CONSENT		

1. PURPOSE

To ensure that informed consent is obtained as a **process of communication** prior to delivery of care, in compliance with statutory requirements and NABH PRE 4 standards.

2. SCOPE

Applicable to:

- All invasive and high-risk procedures
- Blood and blood component transfusion
- Anaesthesia and sedation
- Dialysis and recurring therapeutic procedures
- Research and high-risk interventions
- Any procedure requiring statutory consent

3. DEFINITIONS

3.1 Informed Consent

A voluntary agreement given by a competent patient after receiving adequate information regarding the **procedure, risks, benefits, alternatives, and consequences of refusal**.

3.2 Valid Consent

Consent is valid when:

- Patient has capacity
- Adequate information is provided

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Quality Head		Dr. S.S. Deepak Chairman & Managing Director	

- Decision is voluntary

4. POLICY STATEMENTS

4.1 Identification of Procedures Requiring Consent

The hospital shall maintain a **documented list of procedures requiring informed consent**, including but not limited to:

- Surgical procedures
- Invasive diagnostics/interventions
- Anaesthesia/sedation
- Blood transfusion
- Dialysis
- ICU interventions (ventilation, central lines, etc.)
- High-risk OPD/day care procedures
- Statutory procedures (MTP, THOTA, etc.)

4.2 Timing and Witness Requirement

- Informed consent shall be obtained **prior to the procedure**.
- Each consent form shall be:
    - Signed by the patient / legally authorised representative
    - Signed by the treating doctor
    - Witnessed by at least one person

- The witness shall confirm that:
    - Information was explained
    - Patient appeared to understand and consent voluntarily

4.3 Validity of Consent

4.3.1 General Rule

- Consent is **procedure-specific and time-bound**(1 month for all procedures)
- Fresh consent shall be obtained if:
    - Procedure changes
    - Additional procedure is planned
    - Significant time lapse occurs
    - Change in treating doctor (if materially relevant)

4.3.2 Dialysis-Specific Consent

For patients undergoing **maintenance haemodialysis / peritoneal dialysis**:

1. A **comprehensive informed consent** shall be obtained:
    - At initiation of dialysis therapy
    - Valid for a **maximum period of 6 months**
2. The consent shall include:
    - Nature of dialysis

- Risks (infection, hypotension, vascular access issues, etc.)
- Alternatives (conservative management, transplant)
- Long-term implications

3. **Mandatory Revalidation:**
   - Fresh comprehensive consent shall be obtained:
     - Every **6 months**, OR
     - Earlier if:
       - Clinical condition changes
       - Modality changes (HD ↔ PD)
       - New complications arise
4. **Session-wise Consent Confirmation:**
   - For every dialysis session:
     - An endorsement **/ confirmation signature** shall be obtained
     - This confirms:
       - Willingness to undergo that session
       - No new refusal or concerns
5. Documentation:
   - Long-term consent
   - Session consent

4.4 Content of Consent

Each informed consent shall mandatorily include:

- Name of the procedure
- Name of the performing doctor (Names: if more than one)
- If the performing doctor is under training (Name of the supervising doctor)
- Risks and complications
- Benefits
- Alternatives
- Consequences of refusal
- Possibility of additional procedures
- Language:
    - Explained in a language understood by the patient
    - Interpreter details documented (if applicable)

4.5 Responsibility for Taking Consent

- Consent shall be obtained by:
    - The doctor performing the procedure, OR
    - A member of the treating team knowledgeable about the procedure
- Final responsibility remains with:
    - Primary treating consultant

Nurses/technicians shall not obtain informed consent for procedures.

4.6 Consent in Incapacitated Patients :

1. Consent shall always be obtained from the patient, if:
    - Patient is conscious
    - Has decision-making capacity
    - Is above legal age

No surrogate consent is permitted for a competent adult

2. If patient is incapable (unconscious / cognitively impaired):

Consent shall be obtained in the following order:

1. Spouse
2. Adult children
3. Parents
4. Siblings
5. Legal guardian consent shall be obtained where applicable under law.
6. In life-threatening emergencies where:
    - Patient is incapacitated
    - No surrogate is available

Treatment may proceed based on:

- Decision of treating doctor + one more clinician

5. All such decisions shall be:

- Clearly documented
- Justified in clinical record

4.7 Special Situations

4.7.1 Emergency

- Treatment may proceed without consent if delay risks life
- Documentation mandatory

4.7.2 Refusal of Treatment

- Must be:
  - Documented
  - Signed by patient
  - Countersigned by doctor

4.7.3 Statutory Consents

Separate consent formats shall be used for:

- MTP Act
- Transplantation (THOTA)
- PNDT compliance

4.8 Consent for HIV Testing (NACO Compliance)

1. HIV testing shall be conducted only after:
   - Obtaining specific informed consent

- Providing pre-test counselling

2. General consent at admission shall not be considered valid for HIV testing.
3. The consent process shall include:
   - Purpose of testing
   - Confidentiality assurance
   - Right to refuse
4. Post-test counselling shall be provided for:
   - All reactive and non-reactive results
5. HIV status shall be:
   - Treated as strictly confidential information
   - Disclosed only as per statutory norms
6. Exceptions (where separate consent may not be required):
   - As per national guidelines (e.g., blood screening, court order)

4.9 Consent for Use of Restraints (ICU / Emergency / Psychiatry)

1. Physical or chemical restraints shall be used only when absolutely necessary:
   - To prevent harm to patient/self/others
   - To facilitate life-saving treatment
2. Prior consent shall be obtained from:
   - Patient (if competent), OR

- Surrogate decision-maker

3. In emergency situations:
   - Restraints may be applied immediately for patient and staff safety
   - Consent shall be obtained retrospectively at earliest
4. The consent shall include:
   - Reason for restraint
   - Type of restraint
   - Expected duration
   - Risks involved
5. Safeguards:
   - Regular monitoring
   - Documentation of need
   - Periodic review and early removal
6. Restraint use shall comply with:
   - Ethical standards
   - Patient dignity and safety

4.10 Consent for Examination of Assault / Sexual Violence Victims

1. Examination of assault/rape survivors shall be conducted only after obtaining informed consent.
2. Consent shall be:

- Procedure-specific, including:
  - Medical examination
  - Forensic evidence collection
  - Photography (if applicable)

3. The survivor has the right to:
   - Refuse examination (fully or partially)
   - Withdraw consent at any stage
4. Police requisition does not override patient consent
5. For minors:
   - Consent shall be obtained from parent/legal guardian
   - Assent of minor shall be considered wherever possible
6. In life-threatening situations:
   - Emergency treatment shall not be delayed
7. Documentation:
   - Consent form (MLC-specific)
   - Detailed recording of refusal (if any)
8. Examination shall be conducted:
   - With dignity
   - Preferably by trained personnel
   - With presence of female attendant (where applicable)

5. PROCEDURE

1. Explain procedure to patient/family
2. Allow time for questions
3. Confirm understanding
4. Obtain written consent
5. Ensure witness signature
6. File in medical record
7. Re-consent if required (as per policy triggers)

6. DOCUMENTATION

- Standardized printed consent forms (approved formats)
- If no standard printed format is available, a handwritten consent is obtained
- Dialysis:
    - Long-term consent (6 months)
    - Session-wise consent record

7. MONITORING

- Monthly audit of:
    - Completeness

- Timeliness
- Validity (including dialysis consent expiry tracking)

- Indicators:
  - % procedures with valid consent

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		Issue No	01
		Rev No.	02
		Date of Issue	1 Jan 2026
		Pages	13
	POLICY: INFORMED CONSENT		

Reference:

1. NABH Accreditation Standards for Hospitals, 6th Edition – PRE 4 a, 4 d

Sl. No	Current Revision			Nature of Change
	Edition No	Revision No.	Date	
1	01	00	1 Oct 2019	First issue as per NABH Hospital Accreditation Standards – 4th Edition
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Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Quality Head		Dr. S.S. Deepak Chairman & Managing Director	

Purpose:

To provide a mechanism this identifies and addresses patient/visitor complaints in a timely and efficient manner.

To improve the delivery of quality healthcare services and protect patient health and safety by ensuring complaint is reviewed/investigated, tracked and trended.

To provide a mechanism through which every patient complaint is reviewed by an administrator, responding on an individual basis, and that a feedback and appeal mechanism is available to the complainant.

Definition:

Patient complaint – a formal, written or verbal grievance that is filed by a patient, or on behalf of a patient who is incapable of doing so themselves, when a patient issue cannot be resolved promptly by present staff.

Policy:

1. Patient compliant is received through suggestion/complaint boxes, direct verbal or written reporting or via phone.
2. All patient complaints, written or verbal (including telephone complaints), and regardless of point or origin, are forwarded to Medical Administrator.
3. Every effort will be made to resolve the situation/complaint by the Hospital management team for the department involved; if needed the Medical Administrator can be contacted for assistance.
4. If resolved at that time, and no further action is indicated, the complaint is not considered a formal complaint.

5. If the complaint presents apparent issues of legal liability or media involvement, the Managing Director is notified immediately and he calls for a management committee meeting immediately
6. All complaints alleging the release of protected information will be shall be dealt with at most diligence

7. In all routine cases or complaints once logged, and reviewed by the Medical Administrator is routed to referred as appropriate for investigation, follow-up and decision.

8. All complaints shall be immediately reviewed for the purpose of risk assessment, need for urgent intervention, administrative awareness of complaint issues pending investigation for appropriate routing and follow-up oversight.

9. Operational complaints shall be immediately reviewed by the Hospital Management team

10. All complaints received shall be addressed and the proceedings shall be documented with Quality department.

Reference:

1. NABH Accreditation Standards for Hospitals, 6th Edition – PRE 7 C

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		Issue No	01
		Rev No.	02
		Date of Issue	1 Jan 2026
		Pages	1
	POLICY: COMMUNICATION WITH PATIENTS & FAMILIES		

Effective Communication Policy

The hospital ensures that communication with patients and/or families is **effective, patient-cantered, and measurable**, adhering to structured communication principles.

Core Standard: 7 C's of Effective Communication

All communication shall be:

1. **Clear** – easily understood, no jargon
2. **Correct** – factually accurate
3. **Complete** – all relevant information shared
4. **Concise** – no unnecessary complexity
5. **Concrete** – specific, not vague
6. **Coherent** – logically structured
7. **Courteous** – respectful and empathetic

Additional Communication Models

To standardize communication, the hospital employees are expected to adopt:

1. Teach-Back Method (Mandatory for Patient Education)

- Patient is asked to repeat understanding
- Ensures comprehension, not just delivery

2. AIDET Model (For routine interactions)

- **A**cknowledge
- **I**ntroduce
- **D**uration
- **E**xplanation
- **T**hank

3. SBAR (Internal clinical communication)

- Situation
- Background
- Assessment
- Recommendation

This ensures consistency across clinical teams

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Quality Head		Dr. S.S. Deepak Chairman & Managing Director	

Five Strategies for Effective Patient Education

The hospital shall implement:

1. **Assess patient's literacy and understanding level**
2. **Use simple, non-medical language**
3. **Use visual aids / demonstrations where possible**
4. **Confirm understanding using teach-back method**
5. **Provide written/printed instructions for reinforcement**

Implementation

- Communication shall occur at:
  - Admission
  - During treatment
  - At significant change
  - At discharge
- Interpreter support:
  - Documented when used
- Documentation:
  - Key communication recorded in case sheet

Evidence

- Case records
- Patient education notes
- Feedback forms
- Discharge summaries

Identification of Special Communication Situations Policy

The hospital identifies and maintains a **defined list of situations requiring enhanced communication**.

Identified Situations

- Breaking bad news (death, terminal illness)
- End-of-life discussions
- ICU critical updates
- Medico-legal cases
- Communication with relatives of deceased patient
- Aggressive / violent patients or attendants
- **Disputes regarding billing charges**
- **Denial / limitation of health insurance claims**
- Language barriers
- Low literacy patients
- Consent refusal situations
- Clinical complications/adverse events

Implementation

- List shall be:
  - Displayed in clinical areas
  - Included in training modules
- Staff shall:
  - Identify such situations proactively
  - Escalate to senior clinician when required

Enhanced Communication Process Policy

Enhanced communication shall be conducted using structured communication models.
Standard Method: SPIKES Protocol

1. S – Setting up the interview
2. P – Perception assessment
3. I – Invitation to share information
4. K – Knowledge sharing
5. E – Empathy
6. S – Summary and strategy

Implementation

- Conducted by:
  - Consultant / Senior doctor
- Environment:
  - Private setting
  - No interruptions
- Documentation:
  - Key discussion points recorded
- Support:
  - Counsellor / nurse may be present

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	POLICY: COMMUNICATION WITH PATIENTS & FAMILIES		

Prevention of Unacceptable Communication Policy

The hospital ensures **respectful, ethical, and non-discriminatory communication**, with **additional safeguards for vulnerable patients**.

Unacceptable Communication Includes:

- Disrespectful or rude behaviour
- Discrimination (gender, religion, socioeconomic status)
- Breach of confidentiality
- Misleading or incomplete information
- Coercion or intimidation

Protection of Vulnerable Patients

Special care shall be taken for:

- Elderly patients
- Children / neonates
- Critically ill / ICU patients
- Patients with mental health conditions
- Victims of abuse / assault
- Socioeconomically disadvantaged patients

Controls

- Code of conduct enforced
- Staff sensitization training
- Chaperone policy where applicable
- Confidentiality safeguards

Action on Violation

- Incident reporting
- Investigation
- Disciplinary action
- CAPA implementation

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Quality Head		Dr. S.S. Deepak Chairman & Managing Director	

Monitoring of Communication Effectiveness Policy

The hospital monitors communication effectiveness using **defined indicators and audit mechanisms**.

Monitoring Mechanisms

1. Patient feedback forms
2. Complaint analysis (PRE 7 linkage)
3. Documentation audits
4. Training compliance
5. Patient education effectiveness checks

Review Mechanism

- Monthly review by Quality team
- CAPA initiated for gaps

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar Quality Head		Dr. S.S. Deepak Chairman & Managing Director	

Reference:

1. NABH Accreditation Standards for Hospitals, 6th Edition – PRE
2. 8 a,b,c,d e

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