



AZIENDA
OSPEDALIERO
UNIVERSITARIA



Santa Maria
della Misericordia
di Udine

CHARTER OF PATIENTS' AND FAMILIES' RIGHTS AND RESPONSIBILITIES



SERVICE CHARTER

The Patients' and Families' Rights and Responsibilities Charter was defined by the Azienda Ospedaliero-Universitaria "Santa Maria della Misericordia" of Udine (AOU) in implementation of the constitutional right to health care, and of the specific rights established by law and implied by ethical common sense, based on the citizen's daily experience.

The Charter of Rights was drawn up on the basis of information obtained directly from the citizens through qualitative surveys and information obtained by analyzing the complaints lodged by the citizens concerning issues they viewed as being most important.

The Charter of Rights confirms the organization's willingness to provide citizens with services that meet their expectations.

RIGHTS

Citizens accessing the AOU's services are guaranteed the safeguard of their rights, divided into the following six categories:

- Respect of the individual's dignity and rights
- Observance of quality and appropriateness standards in care and services
- Right to information
- Right to safety and privacy
- Right to comfort
- Protection of rights

1. Respect of the individual's dignity and rights

- the individual's dignity is respected, the individual is not unjustifiably addressed on familiar terms or by the name of his/her illness;
 - care is provided by taking into account the individual's overall needs, without discrimination on the basis of social status, financial resources, culture, or religion;
 - assistance is provided to establish contacts with pastoral and spiritual services;
- caregivers are always gracious, humane, and polite, also in case of error or omission;
- no unjustified constriction is applied;



- meaningful family and social relations may be maintained also after visiting hours.

2. Observance of quality and appropriateness standards in care and services

- waiting lists for elective hospitalization are established according to illness severity-based criteria and information about one's ranking on such lists is made available;



- from admission to discharge, care is provided in a careful and competent manner, according to protocols reflecting updated scientific knowledge and, if applicable, continuity of care is planned;
- care and treatment are provided in the ways and times dictated by the plan of care;



- inpatients may receive the visit of their family doctor, knowing that exchanges of information between the family doctor and the hospital physicians are encouraged to ensure continuity of care after discharge;
- at discharge, patients are provided with written information concerning the outcomes of tests and the suggested therapy, with a first cycle of medications, and with the follow-up plan of care, if applicable;
- in case of fragile patient, at discharge all the necessary services required to ensure continuity of care are already activated;
- the team delivering care meets appropriateness standards in terms of number, qualification, and professional skills, at all times of the year;
- the bureaucratic procedure that needs to be fulfilled in order to access care is streamlined, thus eliminating the need to stand in unnecessary queues, having to go through several front desks before being able to receive the requested health service, or having to deal with long waiting times.

3. Right to information

- information about the hospital, the health services provided (working hours, location, etc.), and access to such services;
- possibility to obtain information about the job profile and functional role of caregivers, for objective reasons;





- readiness of caregivers to listen to patient's description of symptoms and experiences which can contribute to better outline the patient's clinical conditions;
- based on the information received, also concerning possible discomfort resulting from treatment, possibility to express informed consent or dissent for services, treatments, or interventions;
- right to grant/deny authorization for experiments;
- information about alternative tests and treatments, even if executable elsewhere;
- information about one's personal health conditions provided in an exhaustive and understandable manner with regard to diagnosis, suggested treatment, associated risks, possible alternatives, and prognosis;
- guaranteed access to information without language or cultural barriers;
- information about the reasons for postponed treatments or prolonged hospitalization, if applicable;
- medical records are written in a clear, readable, and exhaustive manner, and copies can be made readily available at discharge.

4. Right to safety and privacy

- confidentiality of information regarding the patient's illness and protection of the patient's privacy are ensured in every circumstance;
- the patient's decision not to inform anyone of his/her hospitalization is respected;



- patient may specify the names of the persons who are allowed to receive clinical information concerning the patient;
- patient's privacy is protected during the performance of medical examinations, diagnostic exams and medical treatments in general;
- the care that is delivered meets the International safety standards adhered to by the AOU;
- patient is informed of relevant risks and protected from radiations during radiology exams;
- procedures are defined and implemented to avoid mistaking identities during medical confirmations, examinations, interventions, and in all relevant records;
- specific procedures are implemented to check the safety and functioning of all facilities, equipment, and installations;
- respect of smoking ban is ensured in all indoor premises;
- patients are accepted and receive care in accommodation facilities that are safe and functional, and where specific plans are implemented to reduce and monitor risk factors, prevent accidents, and maintain overall safety conditions;
- leaflets and signs provide appropriate information concerning the risk prevention measures that must be implemented in the hospital facilities and environments;
- personal safety is protected against risks and damages

associated with hospital facilities and environments, in compliance with the requirements set forth in the risk prevention and emergency plans;

- hospital staff provides appropriate support and help in case of emergency or critical situations and is continuously trained on what to do in such cases.



5. Right to comfort

- absence of architectural barriers and availability of functional and functioning elevators;
- specific protocols are defined and implemented to ensure that all premises and materials comply with hygienic rules;
- diet and food are varied, of good quality, hygienically safe, and meet the patient's specific illness-related nutritional needs;
- appropriate waiting areas are available for patients awaiting examinations, treatment, or medical consultations;
- alarm bells are present at each bedside and calls are attended to in a timely manner.

6. Protection of rights

- possibility to lodge complaints and receive adequate and timely feedback on the outcome of the complaint;
- possibility to be represented by patient protection organizations in case of faults or violations committed by caregivers or administrative staff.



RESPONSIBILITIES

The AOU firmly believes that the patient is at the center of the healthcare system, and therefore its services are organized accordingly. For this system to function at its best, patients too, must adopt a responsible conduct. In other words, citizens have rights but also responsibilities.

Citizens accessing the hospital have responsibilities, divided into the following three categories:

- Rules of coexistence in hospital
- Respect for the caregivers' work
- Respect for the premises, furnishings, and equipment
- Compliance with the organization's safety rules



1. Rules of coexistence in hospital

- a responsible conduct must be adopted at all times, respecting the rights of the other patients, avoiding disturbing or creating inconvenience to other citizens, or hindering the caregivers' activities;

- inpatient visiting hours must be respected to ensure the normal course of nursing and medical activities and to favor a peaceful and restful environment for the other patients, also avoiding crowding;
- wait for your turn;
- refrain from smoking.



2. Respect for the caregivers' work

- collaborate with hospital staff to facilitate the correct fulfillment of healthcare activities;
- promptly inform about the decision not to use a given service, not to be hospitalized, not to undergo surgery or any other treatment, so as to avoid unnecessary allocations of resources;
- inform caregivers of any medication being taken regularly and follow the prescription orders scrupulously;
- refrain from wandering off or taking personal initiatives without the permission of the staff in charge of managing the unit;
- respect the dignity of the caregivers.

3. Respect for the premises, furnishings, and equipment

- maintain the premises, furnishings, and equipment in their good conditions, without soiling them, respecting their functionality, mode of employment, reporting any malfunction and leaving all maintenance operations to the competent staff.



4. Compliance with the organization's safety rules

- comply with the safety indications present in the Unit and specified in the informative material provided upon admission and on the posters present in every Unit;
- report to staff any situation which become a source of danger, so that the competent staff can implement appropriate measures or alert the first response service;
- in case of emergency, scrupulously follow the instructions provided by the staff and envisaged in the relevant emergency plans;
- avoid adopting . a behavior that is inappropriate for emergency situation: do not decide independently what conduct to adopt, but follow the staff's instructions which comply with the organizations' safety rules.



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www.aou.udine.it

Ufficio Relazioni con il Pubblico

Tel. +39 0432 552796/97/98 - Fax +39 0432 552799 - E-mail: urp@aoud.sanita.fvg.it

Azienda Ospedaliero-Universitaria Santa Maria della Misericordia di Udine

Piazzale S. Maria della Misericordia, 15 - 33100 Udine - Italia

Ospedale Informa: +39 0432 554440 - Fax: +39 0432 559892