

Tarikh: 13 September 2023



**POLISI HAK PESAKIT DAN KELUARGA
(POLICY PATIENT AND FAMILY RIGHTS)
HOSPITAL QUEEN ELIZABETH II**

**UNIT KESELAMATAN
DAN KESIHATAN PEKERJAAN**

HOSPITAL QUEEN ELIZABETH II

BERKUAT KUASA MULAI: 14 SEPTEMBER 2023

No. Rujukan: HQE2/Q(DOK.DLMN)/05



**POLISI HAK PESAKIT DAN KELUARGA
(POLICY PATIENT AND FAMILY RIGHTS)**

HOSPITAL QUEEN ELIZABETH II

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PENGARAH HOSPITAL

DIKEMASKINI PADA : 13 SEPTEMBER 2023

	HOSPITAL QUEEN ELIZABETH II	
	NAMA DOKUMEN	POLISI HAK PESAKIT DAN KELUARGA
	NO. DOKUMEN	HQE2/Q(DOK.DLMN)/05
	ISI KANDUNGAN	
		No. Siri : 02
		Muka Surat 4 dari 19

ISI KANDUNGAN

PINDAAN DAN KEMASKINI	3
ISI KANDUNGAN	4
1. PENGENALAN	5
2.1 CARTA ORGANISASI JAWATANKUASA	6
2.2 TERMA RUJUKAN	7
3. LIST OF PATIENT AND FAMILY RIGHTS HQE II	8
4. DESCRIPTION AND IMPLEMENTATION OF THE PATIENT AND FAMILY RIGHTS HQE II	9-12
5. LAMPIRAN	13
5.1 POLICY OF INFORMED CONSENT HOSPITAL QUEEN ELIZABETH II	13-14
5.2 CARTA ALIR "INFORMED CONSENT" – KES ELEKTIF	15
5.3 CARTA ALIR "INFORMED CONSENT" – KES KECEMASAN	16
5.4 CARTA ALIR "INFORMED CONSENT"– KES DI BAWAH UMUR	17
5.5 SENARAI POLISI-POLISI YANG BERKAITAN	18

	HOSPITAL QUEEN ELIZABETH II	
	NAMA DOKUMEN	POLISI HAK PESAKIT DAN KELUARGA
	No. Siri : 02	
	NO. DOKUMEN	HQE2/Q(DOK.DLMN)/05
PENGENALAN		

1. PENGENALAN

Hospital Queen Elizabeth II (HQE II) is one of the four tertiary hospitals in Kota Kinabalu, Sabah. We provide various specialty treatment and referral centre for all 23 hospitals in the state including Hospital Lawas, Sarawak and Hospital Wilayah Persekutuan Labuan.

In order to give a quality, according to standard and safe care, our service must be patient centered service. Our management and all category of staffs understand every patient is unique, with his/her own needs, values and beliefs and religion. All our healthcare service providers need to establish confidence, trust and clear communication with patients and family members so that our treatment plan and care will be accepted and practiced by our patients. At the same time, we as healthcare providers need to understand and protect each patient's and family's cultural and psychosocial beliefs and religion. We also understand and recognize that outcomes of patient care are safer and much improved when patients and their families participate in care, decisions and process in a way that meet their expectations. By establishing the above needs, our service will be holistic and caring to all.

In order to achieve and maintain the above standard of quality service, Patient And Family Rights Policy has been developed, applied and practiced in our daily caring service to patient and family members/relatives. The following is the list of HQE II Patients And Family Rights which need to be made known to all patient and family members/relatives as well as adhered and applied by all service providers of HQE II.

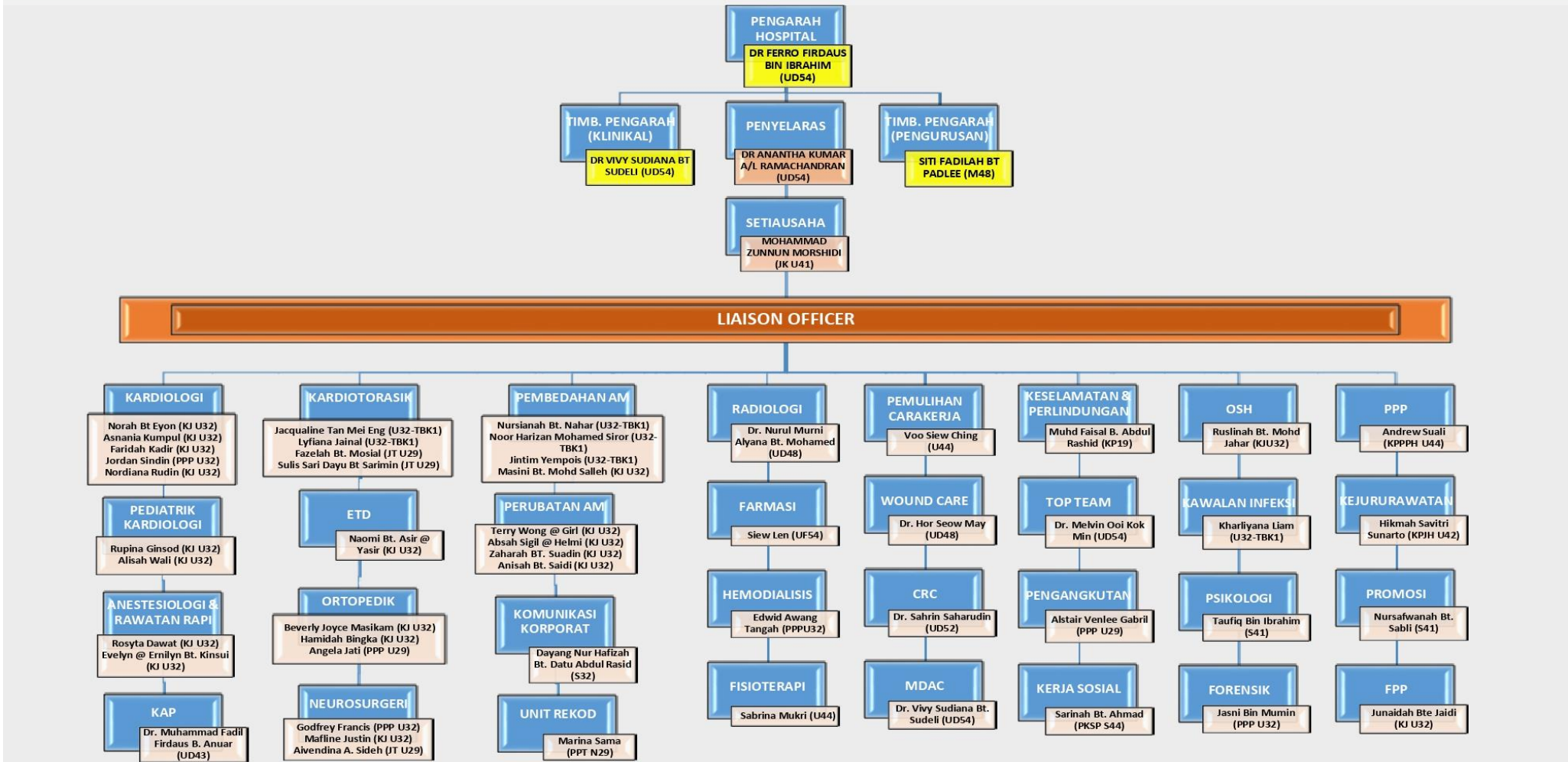


HOSPITAL QUEEN ELIZABETH II

NAMA DOKUMEN	POLISI HAK PESAKIT DAN KELUARGA	No. Siri : 02
NO. DOKUMEN	HQE2/Q(DOK.DLMN)/05	Muka Surat 6 dari 19
CARTA ORGANISASI		

2.1 CARTA ORGANISASI JAWATANKUASA

CARTA ORGANISASI JAWATANKUASA HAK PESAKIT DAN KELUARGA, HQE II





HOSPITAL QUEEN ELIZABETH II		
NAMA DOKUMEN	POLISI HAK PESAKIT DAN KELUARGA	No. Siri : 02
NO. DOKUMEN	HQE2/Q(DOK.DLMN)/05	Muka Surat 7 dari 19
TERMA RUJUKAN		

2.2 TERMA RUJUKAN

TERMA RUJUKAN JAWATANKUASA HAK PESAKIT & KELUARGA HOSPITAL QUEEN ELIZABETH II

- ❖ Seorang yang kompeten (memahami keperluan, nilai budaya, psikologi dan kepercayaan spiritual/agama pesakit dan keluarga serta membangunkan keyakinan, kepercayaan dan komunikasi yang jelas dengan pesakit), berintegriti (telus dalam membuat penilaian, pengumpulan dan pelaporan data), bersikap profesional (sentiasa objektif dalam memberi serta menerima pandangan).
- ❖ Seorang yang berkebolehan membawa warga hospital bekerjasama dalam pelaksanaan dan pengamalan polisi hak pesakit dan keluarga serta polisi-polisi yang berkaitan.
- ❖ Menghadiri setiap mesyuarat perbincangan/ pembentangan keputusan analisa audit kajian di peringkat hospital seperti yang diarahkan.

TANGGUNGJAWAB PENYELARAS

1. Bertanggungjawab menyelaras, merancang, mengurus dan menilai polisi dan aktiviti serta keperluan amalan hak pesakit dan keluarga di HQEII berasaskan undang-undang dan peraturan-peraturan sedia ada.
2. Berfungsi memantau dan memberi sokongan terhadap jaminan kualiti amalan dan kepatuhan polisi hak pesakit dan keluarga serta polisi-polisi yang terkait.
3. Mengadakan Mesyuarat Jawatankuasa Hak-Hak Pesakit & Keluarga HQE II secara berkala untuk membincangkan isu dan tindakan penambahbaikan dalam pelaksanaan.

TANGGUNGJAWAB SETIAUSAHA

1. Memastikan minit mesyuarat didokumentasikan dengan sempurna dan dimaklumkan kepada semua ahli jawatankuasa.
2. Bertanggungjawab mengendalikan pengumpulan data, analisa data dan pelaporan data berkaitan audit kajian amalan hak pesakit dan keluarga.
3. Membantu membuat analisa audit dan pencapaian aktiviti/ program jawatankuasa bagi hospital serta analisa faktor ketidakcapaian dan pelan tindakan penambahbaikan yang berkaitan.
4. Bertindak bersama-sama penyelaras JK sebagai satu pasukan.

TANGGUNGJAWAB LIAISON OFFICER (LO)


1. Seorang yang patuh terhadap saranan / pandangan / keputusan Penyelaras Jawatankuasa berkaitan aktiviti-aktiviti berkaitan hak pesakit dan keluarga di HQE II.
2. Membantu dalam membentuk serta membentangkan draf polisi di peringkat hospital untuk komen dan cadangan penambahbaikan berdasarkan keperluan dan amalan hak pesakit dan keluarga di HQE II selaras dengan undang-undang dan peraturan-peraturan sedia ada.
3. Memastikan polisi lengkap yang telah disahkan agar diedarkan, dibaca dan diamalkan oleh seluruh anggota di jabatan/unit/wad masing-masing.
4. Bertanggungjawab melaksanakan polisi serta aktiviti amalan hak pesakit dan keluarga seperti yang diperlukan / diarahkan oleh Pengarah Hospital / Penyelaras JK.
5. Membantu dalam melaksanakan tanggungjawab memantau dan membincangkan pencapaian secara berkala (audit mengikut keperluan) serta menangani semua isu hak-hak pesakit di HQEII.
6. Berfungsi memastikan pengumpulan data mengikut keperluan rujukan yang telah ditetapkan.
7. Bertindak bersama-sama penyelaras JK sebagai satu pasukan.
8. Bersedia menjadi auditee semasa aktiviti-aktiviti audit dijalankan.

JK Hak Pesakit & Keluarga HQE II
Kemaskini: September 2023

	HOSPITAL QUEEN ELIZABETH II	
	NAMA DOKUMEN	POLISI HAK PESAKIT DAN KELUARGA
	No. Siri : 02	
	NO. DOKUMEN	HQE2/Q(DOK.DLMN)/05
LIST OF PATIENT AND FAMILY RIGHTS HQE II		

3. LIST OF PATIENT AND FAMILY RIGHTS HQE II

- 3.1 Right to access to relevant information on all services provided by HQE II.
- 3.2 Right for access to safe and medically appropriate treatment. regardless of race, culture, sex or source of payment.
- 3.3 Right for an interpreter if language barrier exists.
- 3.4 Right for safety of possessions and belongings.
- 3.5 Right for safe environment away from physical injuries/abuse/negligent care.
- 3.6 Right for considerate, respectful, privacy and confidential medical health care.
- 3.7 Right to know the identity of respective medical practitioners and healthcare providers servicing the patient.
- 3.8 Right to get updated information about investigations, diagnosis, treatment and progress including after discharge care and continuity of care and the rights to second opinion.
- 3.9 Right to participate in making informed decisions concerning care including the rights to refuse proposed treatment, experimental care, participation in research projects and the rights to leave service against medical advice (AOR).
- 3.10 Right for appropriate counseling prior to being granted discharge from this hospital against medical advice.
- 3.11 Right for information of applicable and relevant rules, regulations and policies applied by HQE II during providing service.
- 3.12 Right for pain management where appropriate.
- 3.13 Right to know and get advice on the approximate cost or treatment prior to the provision of care.
- 3.14 Right for information regarding financial and other assistance that may be available.
- 3.15 Right for receipt and examination of an itemized statement of all charges.
- 3.16 Right for information on responsibilities of patients and family while in HQE II premises.
- 3.17 Right for humane, respectful and compassionate care at end of life.
- 3.18 Right for grievance through complaints and opinion about care and right to participate in the processes.
- 3.19 Right for access to health promotion information to facilitate their treatment and health.
- 3.20 Right for information to what test, procedures and treatments require consent, how they can give consent and who other than patient can give consent.
- 3.21 Right for provision of relevant information on the procurement, donation process and transplantation process of organ.

	HOSPITAL QUEEN ELIZABETH II	
	NAMA DOKUMEN	POLISI HAK PESAKIT DAN KELUARGA
	NO. DOKUMEN	HQE2/Q(DOK.DLMN)/05
		No. Siri : 02
		Muka Surat 9 dari 19
DESCRIPTION AND IMPLEMENTATION OF THE PATIENT AND FAMILY RIGHTS HQE II		

4. DESCRIPTION AND IMPLEMENTATION OF THE PATIENT AND FAMILY RIGHTS HQE II

4.1 Patient And Family Right (3.1)

- 4.1.1 List of services provided by HQE II has been exhibited in appropriate areas in the premise of HQE II for patients and family members viewing and for their information.
- 4.1.2 Updated organizational chart of HQE II department, unit and wards levels with photo and name of heads in charge have been put up in appropriate areas for the patients and family members knowledge.
- 4.1.3 Type of service and treatment that will be provided in respective wards, clinics or units relevant to patients treatment plan will be informed and documented in orientation forms.

4.2 Patient And Family Right (3.2)


- 4.2.1 Before providing safe and medically appropriate treatment, all patients and relevant next of kin have to be interviewed and documented particulars regarding their biodata i.e: name, identification no, race, sex, religion, cultural beliefs, nationality, source of income and other relevant data during first visit and updated continuously during subsequent visits as necessary.
- 4.2.2 Religions, cultural, choice of diet and patient's personal values will be taken note and documented in orientation process of relevant wards/clinics/units and considered during provision of care.
- 4.2.3 List of updated contact number/person of respective religion beliefs/support centres and public/social transportation agencies available in relevant wards/clinics/units.
- 4.2.4 Patient/next of kin has to give consent for any photographs of whole/part of body or for interview recordings. This standard consent form (refer to Appendix 1) available in all wards/clinics/units.

4.3 Patient And Family Right (3.3)

- 4.3.1 All language of patient/family members will be respected and allowed to be spoken.
- 4.3.2 An appropriate interpreter will be made available to patient/family member whenever needed in order treatment plan and service provided clearly understood and accepted by patient/family member.

4.4 Patient And Family Right (3.4)

- 4.4.1 All patients who need or request for their possessions and belongings to be kept safely during the course of any treatment/service will be provided.
- 4.4.2 All possessions and belongings with permission of patient/next of kin will be taken, documented in standard procedure (refer to Appendix II : Policy On Safekeeping And Return Of Patients' Belongings)and kept safely till appropriate time to be given back.
- 4.4.3 All unconscious patients and brought in death cases possessions and belongings will be taken, documented in standard form (refer to Appendix II) and kept safely till appropriate time to be given back.


	HOSPITAL QUEEN ELIZABETH II	
	NAMA DOKUMEN	POLISI HAK PESAKIT DAN KELUARGA
	No. Siri : 02	
	NO. DOKUMEN	HQE2/Q(DOK.DLMN)/05
DESCRIPTION AND IMPLEMENTATION OF THE PATIENT AND FAMILY RIGHTS HQE II		

4.5 Patient And Family Right (3.5)

- 4.5.1 Safety of HQE II environment from theft, fire and other danger and safety all equipments monitored and maintained through presence of valid security guards in appropriate areas, environmental officer and OSHA officers of HQE II.
- 4.5.2 Regular meetings of above various safety units are carried out to address issue and take actions to maintain safety to all patient in HQE II.
- 4.5.3 Maintenance of safety of environment and equipments are done according to standard laws and regulations.
- 4.5.4 Scheduled visiting hours to HQE II are displayed in appropriate areas for patient/family/ relatives knowledge.
- 4.5.5 Valid passes are provided to family members and relatives who need to be with patient in ward or visit after visiting hours and monitored through Policy On Caretakers And Visitors After Visiting Hours (Appendix III).
- 4.5.6 All health providers and staffs must display appropriate and valid identity during working hours. Disciplinary actions taken to those do not comply.
- 4.5.7 Medication error and treatment mishaps are monitored through Hospital Drug Committee and Incidence Report Committee. Meetings are held regularly to monitor situations and take appropriate corrective actions.
- 4.5.8 All in patients are provided with wrist band with their particulars written. The wrist band only be cut off by HQE II staff upon discharge.
- 4.5.9 Fall prevention plan is in place, the incidence monitored regularly and prevention action taken appropriately.
- 4.5.10 Policy on risk identification and handling high risk patients according to Malaysian Patient Safety Goals is adhered to and monitored regularly.
- 4.5.11 Evacuation and Disaster plan updated regularly, drill carried out and put into action during condition warrants or emergencies.
- 4.5.12 Special lanes are in place for easier and faster access to service for patients with physical or mental disabilities children, elderly, pregnant ladies or other vulnerable groups.
- 4.5.13 Safe friendly toilets are available for disabled patients and family members.

4.6 Patient And Family Right (3.6)

- 4.6.1 All medical and other health information either in paper form or electronic form or both are confidential.
- 4.6.2 Any release of patient information to other authorities or relevant parties has to be done with signed consent of the patient/authorized next of kin except when ordered by court of law or the release of such information warranted necessary in situation endangering others or public such as in communicable diseases.
- 4.6.3 All documented medical records are handled and kept safe according to Medical Record Rules And Regulations.
- 4.6.4 Patient's dignity and moral are given priority and handled with care during treatments and procedures.
- 4.6.5 Consultations, examinations and procedures are done in well secured area to maintain privacy.

	HOSPITAL QUEEN ELIZABETH II	
	NAMA DOKUMEN	POLISI HAK PESAKIT DAN KELUARGA
	NO. DOKUMEN	HQE2/Q(DOK.DLMN)/05
	No. Siri : 02	
DESCRIPTION AND IMPLEMENTATION OF THE PATIENT AND FAMILY RIGHTS HQE II		

4.7 Patient And Family Right (3.7/3.8/3.9/3.10)

- 4.7.1 All medical practitioners and health providers HQE II are trained to inform/display their identity to patient/next of kin before providing service/care.
- 4.7.2 All medical practitioners are trained to continuously inform and update patient/next of kin regarding diagnosis of illness, results of investigations, treatment plan, prognosis and continuity of care after discharge.
- 4.7.3 All patients/family members are informed about right for second opinion about treatment to patients' illness.
- 4.7.4 Prior to starting any plan of treatment and from time to time during process of treatment, patient/family member are allowed to participate in making decisions on informed choices of treatment.
- 4.7.5 Patient/next of kin are informed about right to refuse treatment or change. treatment plan. The patient's/next of kin decision will be documented and respected after given needed counseling by qualified personnel.
- 4.7.6 Patient can request and allow to discharge against medical advices (AOR) after appropriate counseling about the possible risks of the decision. Patient are informed that one can return any time to HQE II for treatment even though signed AOR form. Standard AOR form (refer to Appendix IV) are available in all wards, clinics and Accident And Emergency Department (A&E).
- 4.7.7 HQE II has Ethical Committee/Advisory Board on developing, monitoring application and updating the policy on withholding resuscitation.
- 4.7.8 Next of kin and family member given proper counseling regarding the status of the patient before withholding resuscitation. A standard "No Active" resuscitation form used (refer to Appendix V)

4.8 Patient And Family Right (3.12)


- 4.8.1 HQE II is towards achieving pain free hospital status.
- 4.8.2 All patients are given appropriate pain management according to protocol and policy of pain management stated in Pain Free Hospital 2nd Edition 2018.

4.9 Patient And Family Right (3.13/3.14/3.15)

- 4.9.1 Health care charge of HQE II is based on Akta Fi.
- 4.9.2 Relevant charges are displayed in appropriate areas of hospitals for public to take note.
- 4.9.3 Patient/family members are given orientation regarding charges of treatment prior to provision of care.
- 4.9.4 Patient/family members who have financial difficulties are referred to Welfare Unit for assistance.
- 4.9.5 All patient/next of kin are given receipt and itemized statement of all charges.

4.10 Patient And Family Right (3.11/3.16)

- 4.10.1 Patient/next of kin are given orientation and given advice to follow the rules and regulations of hospital.
- 4.10.2 Patient/next to kin are advised to comply to treatment plan as agreed after explanation.
- 4.10.3 Patient/next to kin are advised not to use abusive words, not to threaten or cause harm to health care providers or other patients.

	HOSPITAL QUEEN ELIZABETH II	
	NAMA DOKUMEN	POLISI HAK PESAKIT DAN KELUARGA
	NO. DOKUMEN	HQE2/Q(DOK.DLMN)/05
	No. Siri : 02	
DESCRIPTION AND IMPLEMENTATION OF THE PATIENT AND FAMILY RIGHTS HQE II		

- 4.10.4 Patient/next of kin are advised to use all facilities provided with proper manner, not to litter and not to cause vandalism or destruction.
- 4.10.5 Patient/next of kin are advised not to abscond during treatment.

4.11 Patient And Family Right (3.17)

- 4.11.1 All dying patient are given respectful and compassionate care according to policy on end of life care (Refer to Appendix VI).
- 4.11.2 Religious and cultural beliefs of patient/next of kin/family members are valued during the care of dying patients.
- 4.11.3 Next of kin/family members are given assistance in contacting religious beliefs/support centers.

4.12 Patient And Family Right (3.18)

- 4.12.1 HQE II respect patient/family members right to voice their complaints and the process to do so.
- 4.12.2 All complaints are manage based on policy on grievance mechanism HQE II.
- 4.12.3 Patient charter is displayed in appropriate areas for patient/family members knowledge and awareness.

4.13 Patient And Family Right (3.19)


- 4.13.1 HQE II has regular and continuous documented health promotions at various levels to promote healthy lifestyles to patients/family members.
- 4.13.2 Health promotion activities are done through electronics media, brochures, pamphlets and regular exhibitions on various health issues and healthy lifestyles.

4.14 Patient And Family Right (3.20)

- 4.14.1 HQE II requires patient/next of kin give informed consent before any particular treatments or procedures.
- 4.14.2 All medical practitioners and healthcare providers adhere to policy of informed consent. (Please refer to Appendix VII, Policy of Informed Consent)

4.15 Patient And Family Right (3.21)

- 4.15.1 HQE II has established policy on organ procurement, donation process and transplantation process based on National Policy on Organ Transplantation, Ministry Of Health.
- 4.15.2 All promotion, creating awareness and activities on organ procurement, donation progress and transplantation process are done and monitored by Organ Donation And Transplantation Committee HQE II.

	HOSPITAL QUEEN ELIZABETH II	
	NAMA DOKUMEN	POLISI HAK PESAKIT DAN KELUARGA
	NO. DOKUMEN	HQE2/Q(DOK.DLMN)/05
	LAMPIRAN	
		No. Siri : 02
		Muka Surat 13 dari 19

5. LAMPIRAN

5.1 POLICY OF INFORMED CONSENT HOSPITAL QUEEN ELIZABETH II

"Informed Consent"

DEFINISI

Seorang pesakit yang telah diberitahu mengenai sebarang jenis pembedahan dan prosedur yang akan dijalankan ke atas diri pesakit. Ini tidak termasuk 'Consent' untuk kes penyelidikan.

OBJEKTIF

Mendapatkan persetujuan yang sah dan bertulis daripada pesakit sendiri atau waris yang sah bagi pesakit di bawah umur (berumur di bawah 18 tahun) dan pesakit yang menghadapi masalah tahap kekeliruan atau masalah mental.

JENIS PROSEDUR


- 1) Pembedahan *Major/Minor*
- 2) Semua Prosedur '*Invasive*'
- 3) Transfusi darah
- 4) *Anaesthesia*
- 5) EEG
- 6) '*Post Mortem*'
- 7) Lain-lain prosedur/ rawatan yang berisiko tinggi - Contoh CT Scan/ MRI/ Prosedur yang menggunakan kontras.

KELAYAKAN UNTUK PEMBERIAN "*INFORMED CONSENT*"

1. Pesakit atau waris yang akan menandatangani borang keizinan pembedahan mestilah berada dalam tahap tidak dipengaruhi sebarang ubatan atau minuman keras ,berumur 18 tahun dan ke atas.
2. Pengamal Perubatan Berdaftar mestilah menerangkan dengan jelas prosedur atau pembedahan yang akan dijalankan kepada pesakit atau waris didokumenkan di dalam Nota Perawatan Pesakit.
3. Pesakit atau waris memahami prosedur atau pembedahan yang akan dijalankan dan komplikasi yang mungkin berlaku.
4. Borang keizinan pembedahan hendaklah ditandatangani tanpa pengaruh mana-mana pihak.
5. Borang keizinan pembedahan hendaklah ditandatangani sebelum ubatan pra-pembedahan diberi dan sekurang-kurangnya sehari sebelum pembedahan dijalankan ke atas pesakit.
6. Dalam keadaan kecemasan, di mana waris pesakit tidak dapat dihubungi, dua orang pakar perubatan hendaklah bersetuju dan menandatangani borang keizinan pembedahan dan disaksikan oleh seorang pegawai perubatan berdaftar.

Sekiranya pesakit :-

1. Dibawah umur (18 tahun) atau tidak mempunyai tahap kesedaran penuh maka ibu bapa atau waris yang sah hendaklah menandatangani borang keizinan pembedahan tersebut.

	HOSPITAL QUEEN ELIZABETH II	
	NAMA DOKUMEN	POLISI HAK PESAKIT DAN KELUARGA
	NO. DOKUMEN	HQE2/Q(DOK.DLMN)/05
	LAMPIRAN	
		No. Siri : 02
		Muka Surat 14 dari 19

2. Buta huruf, pesakit boleh menurunkan cap jari tangan samaada kiri atau kanan dan ditanda dengan simbol 'X' serta ditulis ibu jari yang digunakan untuk cop borang keizinan pembedahan.
3. Mengalami masalah mental, waris yang sah atau pegawai yang telah diberi mandat oleh undang-undang/polisi dalam sesebuah institusi boleh menandatangani borang keizinan pembedahan tersebut sekiranya ketiadaan waris. (Waris perlu mengemukakan dokumen pengesahan waris)
4. Di bawah umur tetapi sudah berkahwin, maka pesakit atau waris yang sah berhak untuk menandatangani borang keizinan pembedahan tersebut.

"Validity" :-

Borang keizinan pembedahan adalah sah digunakan dalam masa 2 minggu. Walau bagaimanapun borang keizinan yang terbaru ditandatangani adalah menjadi keutamaan dan pesakit atau waris berhak meneruskan atau membatalkan keizinan pembedahan tersebut pada bila-bila masa.

Penjawat yang boleh mendapatkan tandatangan:-

Pengamal Perubatan yang mempunyai nombor pendaftaran tetap dari "*Malaysian Medical Board*"

Kategori :-

1. Pegawai Perubatan Pakar
2. Pegawai Perubatan

Pegawai Perubatan siswazah tidak boleh 'menandatangani borang *'Consent'* melainkan kes-kes kecemasan yang melibatkan *'Life and Death'*. Perlu didokumentasikan di dalam nota kes pesakit dan perlu di *'Counter Sign'* kemudian oleh Pegawai Perubatan / Pakar Perubatan yang merawat.



Malaysian Medical Council Guideline:


CONSENT FOR TREATMENT OF PATIENTS BY REGISTERED MEDICAL PRACTITIONERS

Duration of validity of Consent

For an acceptable standard of care, the consent for an invasive procedure has to be taken before the procedure.

The consent obtained in the above manner is valid as long as the patient's condition remains the same. Should there be a change in the nature and clinical course and presentation of the illness for which the consent had initially been obtained, then a new consent must be obtained from the patient.

If during this period there is a change in the circumstances or condition of the patient requiring a review of the procedure initially planned, for which consent had been taken, then it is incumbent on the practitioner to obtain a fresh consent.

	HOSPITAL QUEEN ELIZABETH II		
	NAMA DOKUMEN	POLISI HAK PESAKIT DAN KELUARGA	No. Siri : 02
	NO. DOKUMEN	HQE2/Q(DOK.DLMN)/05	Muka Surat 15 dari 19
LAMPIRAN			

In instance when a patient from whom consent had been taken for a particular procedure, and the procedure is delayed or postponed, including and especially when an in-patient is discharged home, a new consent has to be taken before undertaking the procedure, examination, surgery, or treatment, as the circumstances or the disease condition may have changed during that period or the patient may not remember the details of the consent.

It sometimes is the practice of convenience in many healthcare facilities that consent is taken when the patient is being seen in the clinic by the practitioner, and while scheduling the procedure or treatment, which may be in a week's time or later. In such instances, when the patient is seen on admission at the time before the surgery, it is best to remind him/her about the proposed procedure, surgery, treatment or examination and salient points in the consent form previously signed by the patient, or take a new consent. Nothing should be taken for granted.

	HOSPITAL QUEEN ELIZABETH II		
	NAMA DOKUMEN	POLISI PERUBATAN TRANSFUSI	No. Siri : 00
	NO. DOKUMEN	HQE2/JPT(DOK.DLMN)/02	Muka Surat 8 dari 36
LAMPIRAN			

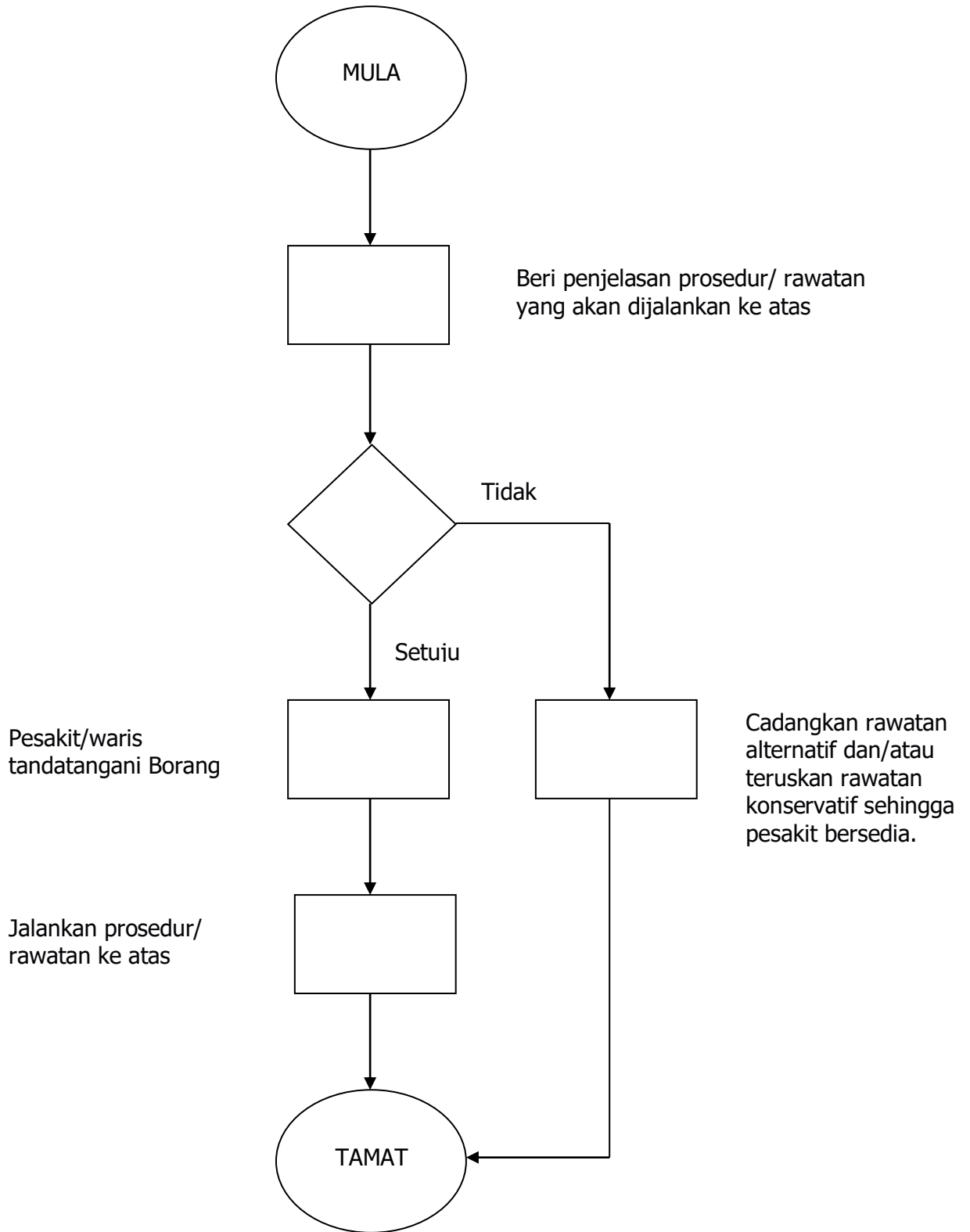
CONSENT UNTUK TRANSFUSI

- 3.1.1 Semua pesakit wajib diberikan *informed consent* sebelum transfusi dijalankan.
- 3.1.2 Pegawai perubatan bertanggungjawab menerangkan kepada pesakit indikasi, kebaikan, risiko dan alternatif lain serta memastikan pesakit diberi peluang untuk bertanya dan memahami informasi tersebut sebelum mengambil sebarang bentuk rekod kebenaran transfusi. Rekodkan hasil perbincangan termasuk keputusan oleh pesakit di dalam rekod perawatan pesakit (RPP).
- 3.1.3 Sekiranya pesakit tidak dapat memberi *consent secara* langsung (pesakit koma, di bawah umur atau sebagainya) maka kebenaran perlu diperolehi daripada ahli keluarga terdekat. Tetapi sekiranya dalam keadaan kecemasan di mana tidak ada kesempatan mendapatkan *consent* atas keadaan yang mengancam nyawa maka keputusan transfusi boleh dibuat oleh dua orang pakar perubatan berdaftar. Dokumentasi lengkap perlu dinyatakan di dalam RPP. (Rujuk Lampiran 1- Contoh Borang *Consent*)
- 3.1.4 Borang persetujuan pemindahan darah atau komponen darah sah diguna pakai sepanjang tempoh pesakit berada di wad bagi setiap kali memasukkan pesakit ke wad.



HOSPITAL QUEEN ELIZABETH II		
NAMA DOKUMEN	POLISI HAK PESAKIT DAN KELUARGA	No. Siri : 02
NO. DOKUMEN	HQE2/Q(DOK.DLMN)/05	Muka Surat 16 dari 19
LAMPIRAN		

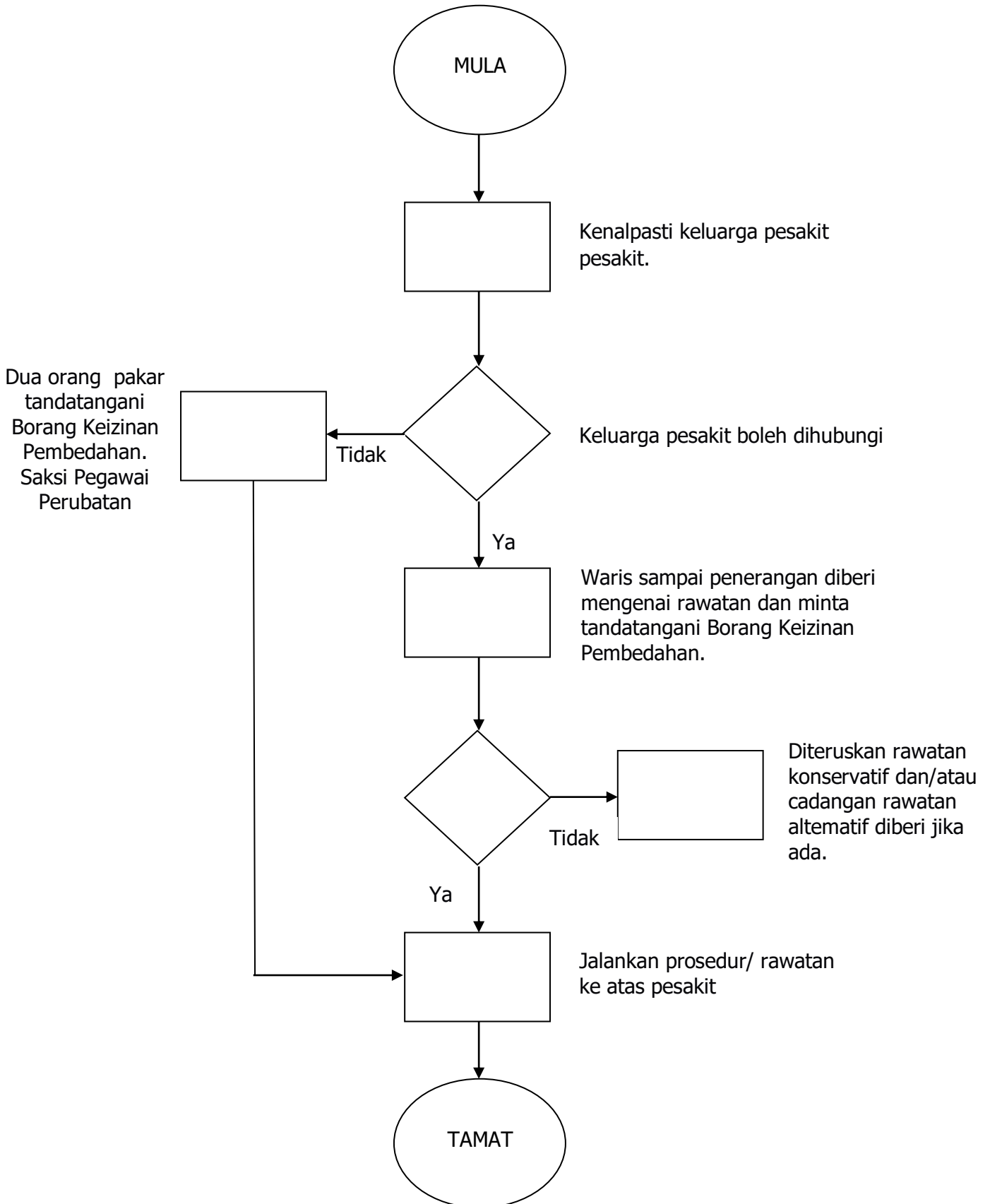
5.2 CARTA ALIR "INFORMED CONSENT"- KES ELEKTIF





HOSPITAL QUEEN ELIZABETH II		
NAMA DOKUMEN	POLISI HAK PESAKIT DAN KELUARGA	No. Siri : 02
NO. DOKUMEN	HQE2/Q(DOK.DLMN)/05	Muka Surat 17 dari 19
LAMPIRAN		

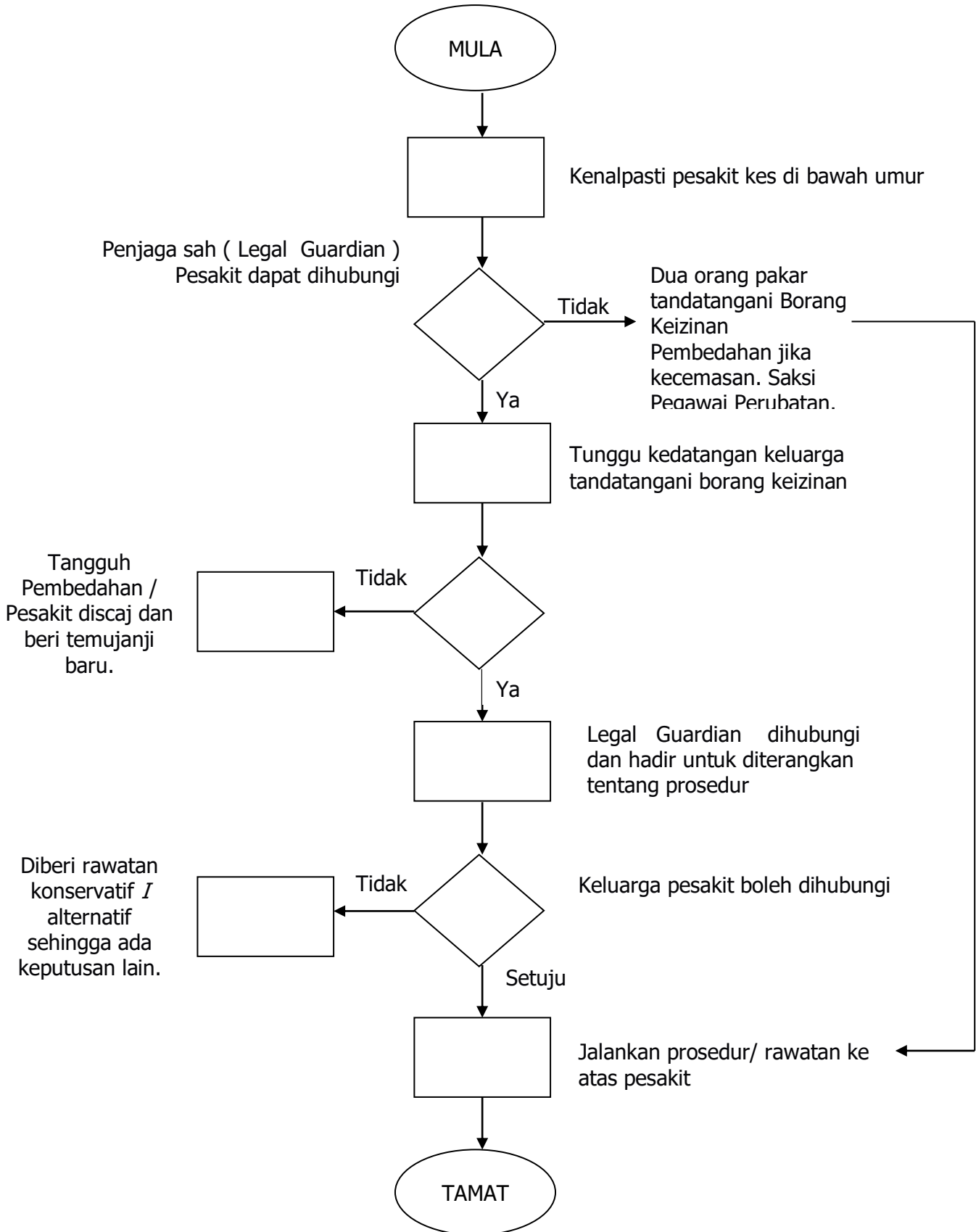
5.3 CARTA ALIR "INFORMED CONSENT"- KES KECEMASAN






HOSPITAL QUEEN ELIZABETH II		
NAMA DOKUMEN	POLISI HAK PESAKIT DAN KELUARGA	No. Siri : 02
NO. DOKUMEN	HQE2/Q(DOK.DLMN)/05	Muka Surat 18 dari 19
LAMPIRAN		

5.4 CARTA ALIR "INFORMED CONSENT"—KES DI BAWAH UMUR



	HOSPITAL QUEEN ELIZABETH II	
	NAMA DOKUMEN	POLISI HAK PESAKIT DAN KELUARGA
	NO. DOKUMEN	HQE2/Q(DOK.DLMN)/05
	LAMPIRAN	
		No. Siri : 02 Muka Surat 19 dari 19

5.5 SENARAI POLISI-POLISI YANG BERKAITAN

BIL	POLISI
1	Polisi Hak Pesakit & Keluarga
2	Polisi Pengurusan Harta & Wang Tunai Pesakit
3	Polisi Pelawat/ Peneman Pesakit Di Hospital
4	Polisi Waktu Melawat Pesakit
5	Polisi Pas Pelawat & Pas Penjaga
6	a) Pelan Tindakan Bencana (Dalaman)
	b) Pelan Tindakan Bencana (Luaran)
7	Polisi "No Active Resuscitation"
8	Polisi "End Of Life"
9	Polisi "Patient Privacy & Dignity During Care & Treatment"
10	Polisi & Prosedur Penilaian Risiko
11	Polisi Pengurusan Pesakit Tanpa Identiti
12	<i>Polisi Protection & Provision Of Priority Care For Children, Disabled Individuals, The Elderly And Vulnerable Group</i>
13	Polisi Operasi <i>Clinical Research Centre</i>
14	Polisi Pendermaan Organ
15	<i>Policy On Management Of Multidiscipline Patient – Multidisciplinary Team Working</i>
16	Garis Panduan Pengurusan Aduan Awam KKM