



MINISTRY OF HEALTH
OF THE CZECH REPUBLIC



PATIENT GUIDE

GUIDE FOR IMPROVING PATIENT SAFETY

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OVERVIEW OF TERMS

Acute care – a kind of healthcare where the patient is treated for an urgent disease or injury, usually for a short period, to avoid a serious deterioration of a health condition or to reduce the risk of a serious deterioration of a health condition (Section 5 (1) b) of Act No. 372/2011 Coll., on Healthcare Services and the Conditions of their Provision (Act on Healthcare Services), as amended).

Outpatient care – a form of healthcare that does not require hospitalization or access to a bed in a healthcare facility, provides diurnal care and is provided by primary care physicians or specialists. In the event of a disease, the patient usually first refers to a primary care physician, i.e. a general practitioner for adults, general practitioner for children and youth, dentist or gynecologist, with whom they must first register.

Patient safety – protecting the patient from unnecessary harm or potential harm associated with the provision of healthcare services.

Quality and Safety Certificate – is issued in line with Section 105 of the Act on Healthcare Services to confirm that the healthcare facility is competent to render high-quality and safe healthcare and that it has in place a functioning and efficient system to assess performance and continually improve the quality of the healthcare and safety of patients.

Canistherapy – therapy that uses the positive effects of a dog on human health, while health is defined by the WHO as a state of mental, physical and social well-being.

Long-term inpatient care – healthcare that is provided to chronically ill and non-self-sufficient persons, it usually follows acute or follow-up care. It can be provided in an inpatient medical facility or in the patient's home environment, in which case it is long-term home care, which mainly includes nursing, rehabilitation or palliative care. Long-term care is provided to patients, whose health condition cannot be substantially improved by medical care and worsens without continuous care, especially nursing. Maximum care is provided by nursing specialists, including nutrition monitoring and rehabilitation care within the scope of rehabilitation nursing (positioning, practicing daily activities to maintain or increase patient self-sufficiency).

Volunteering in healthcare – a conscious, freely chosen activity for the benefit of others, provided in the health service system by citizens without claiming a financial reward. Volunteering in healthcare is not a substitute for the professional activity of healthcare workers and is organized with respect to compliance with rules for the quality and safety of the provided healthcare services.

Home care – healthcare delivered in the patient's own social environment (according to the Act on Healthcare Services). The patient's own social environment means the patient's home or a place substituting the patient's own home (e.g. a facility rendering social services). Home care consists of nursing care, therapeutic and rehabilitation care, or palliative care. A visiting service is also provided in the patient's own social environment (see Section 10 of the Act on Healthcare Services). Artificial ventilation and dialysis may also be provided in the patient's own social environment (see Section 10 (2) of the Act on Healthcare Services)

Accompaniment of a hospitalized child – a close person accompanying a child during hospitalization, most often the child's guardian (usually the child's parent), or a person authorized by the guardian (e.g. grandparent, adult sibling or other relative) on the choice of which the child and its legal guardian ideally agree. The accompanying person provides practical and emotional support for the child in the hospital and his/her presence must not be conditioned by payment for additional or extra services.

Spiritual care – Non-medical care provided to patients, healthcare professionals and visitors to address their personal, existential, spiritual, ethical and moral issues and needs.

Education of citizens and patients – education of the patient to a more independent approach to diseases, in which he/she assumes a greater part of the responsibility for health. Education includes information that patients should know during the provision of healthcare services, even after being released into their own social environment or after being transferred to another healthcare facility.

External evaluation of quality and safety of healthcare services – the process to assess by predetermined evaluation standards the level of quality and safety of healthcare services; the evaluation is conducted by an independent body (a natural person or legal entity) different from the healthcare provider, licensed to deliver such services (Section 98 (3) of the Act on Healthcare Services).

Game specialist – not yet common in our hospitals and not yet legally enshrined, but in many countries a full member of the nursing team who, together with healthcare professionals and other assisting professionals who come in contact with children in the hospital, looks for effective ways to eliminate the possible negative impact of hospitalization on children and their loved ones. His/her main work tool is a wide-ranging game, which he/she uses not only to fill the leisure time of hospitalized children, but also to detect the less conspicuous signals of possible anxiety, stress or uncertainty. The game is also very important in the individualized preparation of children for examination and therapeutic interventions. The work of professionally-trained game specialists has been shown to reduce hospitalization time, speed up recovery, reduce the use of depressant medication, facilitate treatment, and contribute to the good and open communication between the children, their companions and hospital staff.

Indicator - an indicator of the quality and safety of the services rendered.

Health-related infections – are diseases or pathological conditions caused by infectious *agents* (most commonly pathogenic micro-organisms – bacteria, viruses) or their products (e.g. toxins), resulting from a stay in a healthcare facility or exposure to healthcare procedures or treatments (nosocomial infections).

Patient informedness – fulfills the right of the patient to be informed by the health service provider of his/her state of health and of the proposed medical treatment (Section 31 of the Act on Healthcare Services), in particular the information needed in order for patients to decide, prior to initiating a diagnostic or treatment procedure, whether they agree to it.

Internal audit – Is an internal process of an audit, during which the healthcare provider objectively assesses the quality and safety of its services. In accordance with section 47 (3) (b) of the Act on Healthcare Services, the healthcare provider is also obliged to have in place an internal quality and safety assessment system to provide for the quality and safety of the rendered healthcare services. “Minimum standards” have been prepared for implementing the system and published in the Czech Ministry of Health Bulletin No. 16/2015.

Continuous quality improvement – a management approach including continuous efforts to improve processes in the delivery of healthcare services in line with the patients' needs.

Crisis Intervention Service – the therapeutic management of a client in crisis through short psychotherapy by direct contact with a healthcare professional who has experience with crisis intervention. This includes the basic measures provided to those close to the patient/bereaved, who exhibit symptoms of acute stress reaction. The support is aimed at alleviating acute problems of persons in difficult life situations, usually in a short time frame from the occurrence of the event, or immediately after. Their intervention may be followed by psychological, psychiatric, or psychotherapeutic care, etc.

Healthcare quality – The level of delivery of healthcare services.

Inpatient care – if required by the nature of the disease, the primary care physician, emergency admission physician or outpatient specialist will recommend treatment to the patient at an inpatient care facility, or arrange his/her admission. Acute standard, acute intensive, follow-up and long-term care is provided in healthcare facilities. The Act on Healthcare Services defines inpatient care as healthcare which cannot be provided in an outpatient manner and the patient's hospitalization is requisite for its provision. Inpatient care must be provided as part of non-stop operation.

Follow-up inpatient care – healthcare provided to patients who have been diagnosed with a basic diagnosis, have a stabilized health condition or have managed a sudden illness or sudden worsening of chronic illness and whose health requires the completion of a diagnostic program, aftercare, or the provision, in particular, of medical rehabilitation care.

Hospital – a medical facility providing inpatient healthcare.

Adverse events (AE) – are events or circumstances that resulted, or could have resulted, in a patient's bodily injury, and which could have been avoided. Cases of only psychical or socioeconomic damage caused to the patient, as well as cases of damage caused to a healthcare provider or the healthcare provider's worker are also considered to be adverse events. The unexpected deterioration of a patient's health condition resulting in permanent damage caused to the patient or in his/her death is also considered to be an adverse event. Furthermore, adverse events are such events or circumstances that resulted, or could have resulted, in a patient's bodily injury, and in the case of which it is not yet known whether or not they could have been avoided.

Guardianship of a person – a situation in which an adult needs the help of another person to protect his/her rights and carry out his/her duties. This is a person who is not able to act independently on his/her own. The reason for this situation is a mental disorder caused, for example, by mental illness, age, health condition, etc. This situation is regulated by law (Act No. 89/2012 Coll., Civil Code, as amended, and Act No. 292/2013 Coll., on special court proceedings, as amended).

Guardian – is a court-appointed representative of (in particular) a natural person restricted in legal capacity. His/her job is to maintain contact with the ward, care about him/her, care for his/her health, ensure the fulfillment of his/her rights and protect his/her interests. The guardian represents the ward in the legal acts he/she is not able to perform according to the court. The extent of the guardian's rights and obligations shall be determined by the court. Even people who are limited in their legal capacity can act independently in everyday life and do not need the guardian's permission.

Close person – a direct relative, sibling and spouse or partner under another law governing registered partnership (hereinafter referred to as the “partner”); other persons in a family or similar relationship (e.g. parent and stepchild, child and foster parent, carer, a person in charge of a child, guardian and ward, spouses regardless of gender, etc.) are treated as persons close to one another if

harm suffered by one of them was reasonably perceived by the other as harm suffered by oneself. In-laws are also considered close persons (i.e. one spouse and relatives of the other spouse, even after the termination of the marriage by the death of one spouse) or persons who live together permanently, i.e. they form a life partnership regardless of sex which is not limited in time; they typically share a common household (Section 22 of the Civil Code).

Person authorized to perform the quality and safety assessment of health services – the external evaluation of the quality and safety of healthcare services is carried out through an evaluation team set up by a person authorized to perform quality and safety assessments. The Ministry of Health provides the authorization to perform evaluations based on compliance with all legal requirements. This external evaluation is voluntary and leads to the obtainment of a certificate. For a current list of entities authorized to assess the quality and safety of healthcare services go to http://www.mzcr.cz/kvalitaabezpeci/dokumenty/seznam-opravnnych-osob_7596_29.html.

Persons with disabilities – persons with long-term physical, intellectual, mental or sensory disabilities which, when faced with various barriers, may prevent their full and effective participation in society on an equal basis with others.

Palliative care – care which serves the purpose of alleviating suffering and maintaining the quality of life of a patient suffering from an incurable disease.

Nursing service – is a field or out-patient service rendered to persons with decreased self-sufficiency due to age, chronic disease or disability, and to families with children who are in a situation that requires the help of another natural person. The service provides the following basic activities in a defined period in persons' households and in social service facilities: assistance with usual care for oneself, assistance in personal hygiene or providing the conditions for personal hygiene, providing food or assistance in the provision of food, assistance in housekeeping, mediating contact with the social environment (this is not a part of healthcare services). The nursing service is provided according to Section 40 of Act No. 108/2006 Coll., on Social Services, as amended.

Provider of healthcare services – is understood as being a natural person or a legal entity authorized to provide healthcare services in the manner pursuant to the Act on Healthcare Services.

Prevention – measures to prevent an undesirable occurrence, e.g. a disease. Primary prevention prevents or substantially reduces the emergence of a disease (typically vaccination), secondary prevention limits the development of a disease (typically the detection of breast or colon cancer).

Primary care – coordinated comprehensive healthcare, provided mainly by health professionals at the level of the citizen's first contact with the health system and on the basis of long-term continuous access to the individual; it is a set of activities related to health promotion, prevention, investigation, treatment, rehabilitation and nursing. These activities are provided as close as possible to the patient's social environment and respect his/her bio-psycho-social needs. It includes general practitioners, general practitioners for children and youth, outpatient dentists, outpatient gynecologists and home care agencies.

Prognosis – a forecast or estimate of a patient's health condition according to available information.

Screening – A method to identify early forms of diseases or deviations from the standard in a given population, conducted in the form of tests.

Nurse – a general nurse or pediatric nurse according to Act No. 96/2004 Coll. on Conditions of the Acquisition and Recognition of Qualifications for the Pursuit of Non-medical Healthcare Professions and for Activities related to the Provision of Healthcare and on amendments to some related acts (Act on Non-medical Healthcare Professions), as amended, which performs activities in accordance with Decree No. 55/2011 Coll., on the Activities of Healthcare Workers and other Professional Workers, as amended.

Social service – an activity or a set of activities (according to Act No. 108/2006 Coll., on Social Services, as amended) providing for assistance and support to persons in order to provide for their social inclusion or prevent their social exclusion. Every person is entitled to receive free basic social consultancy on how to resolve or prevent his/her adverse social situation. An adverse social situation is understood as a weakened or lost ability due to age, poor health, social crisis, as well as habits and ways of life resulting in a conflict with society, a socially disadvantaged environment, rights and interests endangered by another person's criminal conduct, or on other serious grounds.

Social services in healthcare institutions – social services (according to Section 52 of Act No. 108/2006 Coll., on Social Services, as amended) delivered to persons who no longer require bed care in an institution, but who cannot, due to their health, manage without another natural person's help, and therefore they cannot be discharged from a healthcare institution until help from their loved ones or other natural persons, or field or outpatient social services are secured for them, or until they are placed in a social service institution. The service includes the following basic activities: providing accommodation, providing food, assistance during personal hygiene or providing conditions for personal hygiene, assistance with usual care for oneself, mediating contacts with the community, social therapeutic activities, activation assistance, assistance in claiming rights, justified interests and accomplishing personal matters.

Standard – A recommended procedure expressing the required level of care.

The Convention on Human Rights and Biomedicine – an international convention of the European Council on the protection of human rights and human dignity with regard to the application of biology and medicine.

IHIS CR – the Institute of Health Information and Statistics of the Czech Republic.

WHO – [World Health Organization](#).

Legal representative – a person authorized to [legally act](#) in the name and on behalf of another person, and this authorization, unlike other types of representation, arises directly from [law](#). Legal representation applies to cases where individuals are not fully legally competent due to being underage. The most typical example is the legal representation of [by their parents](#) or adoptive parents (adopters). Legal representation in the Czech Republic is currently regulated in particular by the [Civil Code](#).

Health Literacy – health literacy is part of general education and refers to people's knowledge, motivation and competence to acquire, understand, evaluate and apply health-relevant information in order to assess and make decisions regarding healthcare, disease prevention and health promotion in everyday life to maintain or improve the quality of life throughout the life cycle.

Healthcare – a set of activities and measures conducted on natural persons to prevent, reveal and remove diseases, disorders or health conditions, maintain, restore or improve health and functional conditions, maintain and prolong life and alleviate suffering, assist with reproduction and delivery, assess health conditions, perform professional medical examinations according to Act No. 65/2017 Coll., on Health Protection against the Harmful Effects of Addictive Substances, as amended, and preventive, diagnostic, therapeutic, rehabilitation, nursing or other medical procedures performed by healthcare professionals.

Healthcare services – healthcare provided by healthcare professionals and activities of other professional workers performed in direct relation to providing healthcare, consulting services to assess the therapeutic procedure, handling the body of the deceased, Emergency Medical Services, medical transportation services, urgent care patient transportation, blood collection or transfusion health services and/or specific health services according to Act No. 373/2011 Coll., On Specific Health Services, as amended, and anti-alcohol and anti-toxic detention services (Section 2 of the Act on Healthcare Services and also Act No. 65/2017 Coll., on Health Protection against the Harmful Effects of Addictive Substances, as amended).

Medical facility– premises designed to provide healthcare services, such as a private clinic, hospital, pharmacy, etc.

Healthcare workers – workers defined by Act No. 95/2004 Coll., on Conditions for Obtaining and Recognizing Professional Qualifications and Specialized Qualifications for the Medical Profession of a Doctor, Dentist and Pharmacist, as amended, and Act no. 96/2004 Coll., On Conditions of Acquisition and Recognition of Qualification for the Pursuit of Non-medical Healthcare Professions and for Activities related to the Provision of Healthcare and on amendments to some related acts (Act on Non-medical Healthcare Professions), as amended.

NOTES

[illegible]

01/

WHAT IS PATIENT SAFETY?



Do you feel safe in a health facility? If not, go directly to the second question: “Can I influence it somehow?” The correct answer is: “Yes, I can influence it significantly!”

Safety is a feeling accompanying us when we are in a familiar environment, where no danger is present, where others understand and support us.

We generally do not arrive at a health facility in good spirits. We are sick, have troubles, feel pain and are worried. We ourselves can often facilitate healthcare professionals' help to be truly effective and safe. By:

- being well informed,
- knowing what is going on with us,
- knowing and understanding what we can decide on,
- checking what we can and are able to check.

Foreign study:

Patients suffer harm in as many as 10% of hospitalizations!

02/

TEN PRINCIPLES FOR PATIENT SAFETY



1. IDENTIFICATION

Healthcare professionals strive to provide adequate care to the patient. Still, confusion can occur. This risk can be avoided by using so-called ID bracelets, marking places to be operated directly on the patient's body before surgery, and other safety measures. If the patient is conscious, he/she should check whether or not the particular procedure (e.g. drug administration, examination) is intended for him/her.

Keep mentioning your identity whenever you are not sure whether you have been correctly identified – when a medication is administered to you, a prescription is written up, when you are being examined, during any procedures. Before general anesthesia, ask for assurance that the staff knows who you are and what surgery you are undergoing. Ask about specific confusion prevention methods in your hospital. Be cautious in particular when you receive intermediary care from a person who does not know you. If you have allergies to medication or food, repeat this information to healthcare professionals and inquire whether this is recorded in your medical records.

Remember that you are required to prove your identity by means of an identity card if the provider or healthcare professional through whom the provider provides you with a healthcare service asks you to do so, and also to show your health insurance card. In the case of a foreigner, the identity shall be demonstrated by a travel document or any other identity card.



As soon as you have submitted all the necessary documents, you will be issued an identification bracelet, which is an essential prerequisite for safe identification at any time during your hospitalization.

Attention! If you are given a different medication than that which you are used to, inquire with your doctor. Not only are you entitled to this information, but you can also prevent the unintended confusion of drugs. If you are addressed by another name or do not understand the name you are being addressed by, make sure it is really you.

2. KNOW YOUR MEDICAL CONDITION

Healthcare professionals will ask about your health condition, i.e. what diseases, operations or examinations you have had in the past, what medication you currently take, what diseases occur in your family, whether a close relative of yours (e.g. parents, siblings, grandparents) had or has, for example, cancer, high blood pressure, myocardial infarction or a stroke.

You should always have answers to those questions prepared; you can make notes on p. .

3. WARN WHENEVER NECESSARY

Report any changes, any discomfort; do not be afraid to ask for help. If you have any limitations or problems healthcare professionals should know about, actively inform them (e.g. allergy, pain, fainting, a sight disorder, hearing disorder, diet restriction, pacemaker, increased bleeding, etc.).

4. FOLLOW THE RULES

The health professionals' main objective is your recovery. All activities are conducted and recommendations given in order for you to feel safe in the healthcare facility and be spared from ambient disturbance. That is why rules have been prepared and should be followed.

The rules are posted in visible places in departments or outpatient office waiting rooms.

If you cannot find the rules, known as internal regulations, ask the staff for them. The rules are usually available during admission to the hospital, and patients sign an agreement to follow them. Rules regulate e.g. the visiting regime, smoking, specific restrictions or recommendations. If you have any individual requirements, consult the staff. However, certain rules, such as patience when waiting in an outpatient office, or timeliness, cannot be regulated.



5. ASK

It is never good to be silent! Do not be afraid to ask – your health is at stake! You are entitled to receive understandable information. Among other things, you can also help healthcare professionals this way and remind them in case they forget anything.

Ask whenever you do not understand something; in particular, if you need to make a decision regarding surgery or a demanding procedure. You are entitled to a second opinion. Do not be afraid to ask for it (see also “What Rights do You Have?” on p. 32).

6. EDUCATE YOURSELF

In addition to technical publications, many health organizations (e.g. medical societies or nurses organizations) also publish texts for patients. There are many printed prospects and brochures that describe diseases or contain information about treatment. Ask your doctor what literature or other source of information he/she would recommend for you. Patient associations (see “Important Contacts”, p. 112) also intensively deal with patient education. Such information can also be found on the website of the Ministry of Health of the Czech Republic (hereinafter the “MoHCR”) where you can find a lot of data and links to health institutions: www.mzcr.cz.

Attention! Not all electronically available information is scientifically verified and up to date.

Seek information about all aspects of your health, also when you are healthy. You can find a lot of information thanks to which you will be able to prevent diseases or complications. It is in your best interest to study the available sources about your disease. Thus, you can make better decisions and better understand healthcare professionals. You can also protect your rights and meet your obligations in a better way.



7. HELP REDUCE THE INCIDENCE AND SPREAD OF INFECTIONS

When staying in a hospital, carefully follow the principles of personal hygiene; it is even more important than in everyday life (careful and frequent hand washing, showering). Observe respiratory etiquette (respiratory protection when coughing and sneezing). Be considerate of your surroundings (other patients and medical staff).

If you, your surroundings or other persons become contaminated (soiled) with bodily fluids (e.g. during the handling of a urinary catheter, diarrhea, wound leakage, coughing, etc.), ask your medical staff for help immediately to effectively reduce the risk of transmission of infection.

Ensure the safe disposal of infectious waste as much as possible. If you are unsure of the correct procedure, ask the medical staff for help.

See also “Hospital Infections”, p. 75.

8. TAKE NOTES

Patients often do not recall all the important information when speaking with a doctor. Especially patients with an extensive medical history can have problems remembering all their troubles, diseases in the past, dates of procedures and medication.

It is a good idea to make prior notes of what you want to tell your doctor. Take notes also when speaking to your doctor and medical staff, in particular when they inform you what to do, where to go for an examination, what you should and should not eat, etc. The relevant forms to be filled in can be found on p. 50.

9. HAVE SOMEONE TO ACCOMPANY YOU

The patient often feels more secure if he/she is accompanied by a person whom they trust, a relative or other close person.

It is your right for the person accompanying you to be present during all procedures, except for those where his/her health could be at risk or where hygienic requirements do not permit it (e.g. X-ray, operating theatre, etc.) or where the provision of healthcare services could be disrupted. The person appointed by you may also accompany you to the doctor's office and speak to your doctor instead of you or together with you.

10. DO NOT BE AFRAID

It is sometimes difficult to ask questions, and it is sometimes difficult to provide some information. When the patient approaches healthcare services actively, he/she helps both him/herself and the healthcare professionals. Nothing is more valuable than human health; therefore, it is good to ask questions and seek and verify information.

Do not be afraid to ask a staff member whenever you need anything. Report any worsening of your condition immediately. It is necessary for the doctor to know all the drugs you take, including the "self-prescribed" ones, or the ones you stopped taking in the past because of their adverse effects. Do not be afraid to also share the kind of information you do not share with pleasure. You should realize your doctor is not your judge. If you conceal bad habits that affect your health, such as smoking, the excessive consumption of alcohol, salt, sugar, etc., the doctor cannot correctly set an examination or therapeutic regimen for you. The doctor works with and uses the information you share with him/her; do not forget that you cannot build a good house based on distorted blueprints...

03/

QUALITY AND SAFETY OF HEALTHCARE SERVICES PROVIDED

MONITORING OF PATIENT SATISFACTION

The patient's opinion on the quality and safety of delivered healthcare services is very valuable for the MoHCR; that is why an online survey has been launched on the MoHCR website to monitor patient satisfaction and experience with the healthcare they receive.

Via this survey, you can anonymously assess your GP or outpatient specialist who provided healthcare to you during the past 12 months.

The online form allows the general public to express their opinions and share their experience with healthcare in a comfortable manner from their homes and without time constraints.

The survey you fill in will serve to support the quality of healthcare.

The online survey of patient satisfaction is available at www.mzcr.cz.

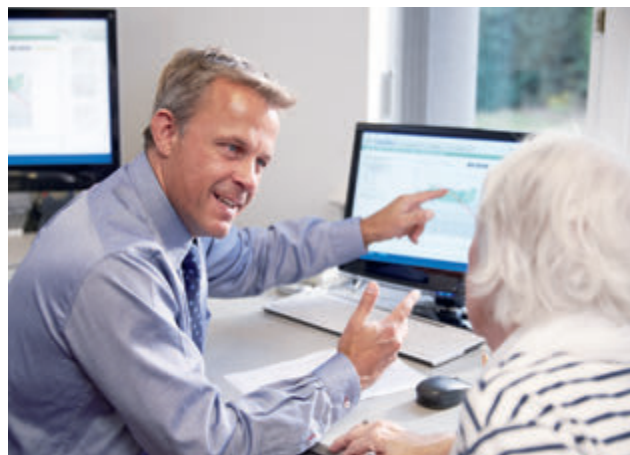
The monitoring of patient satisfaction in the case of individual providers of inpatient and diurnal healthcare is established in a similar manner. Patients assess the quality of care using an anonymous electronic or printed questionnaire, with a printed form commonly distributed evenly throughout the healthcare facility. Patients who are unable to complete the questionnaire on their own (e.g. because of injuries to the upper limbs) have several options to provide feedback on the care provided. One possibility is to ask the attending nursing staff who can help fill in the questionnaire according to the patient's wishes directly at his/her bedside. Questionnaires are usually available in printed form in freely accessible places at inpatient workplaces (i.e. in common rooms, canteens, etc.). Similarly, there is a box available at these places where the completed questionnaire can be submitted. The patient can take the questionnaire on his/her own or it can be actively offered by the staff prior to discharge. Another possibility is that, upon discharge, the patient is provided the address to a website where he/she can fill in the questionnaire on his/her own at home and send it electronically for processing. Such feedback provides an opportunity for inpatient and diurnal healthcare providers to identify their shortcomings and implement swift corrections.

SECTORAL SAFETY TARGETS

Since 2010, the MoHCR has been implementing measures to ensure the safety of patients and quality of healthcare. The measures include Sectoral Safety Targets (SST), which are based on an analysis of the most risky processes in healthcare and on WHO and EU recommendations. The purpose of SST is to reduce the most common risks in the delivery of healthcare. For healthcare providers, this means they have guidelines showing correct procedures in, e.g. the identification of all patients (patient identity), the ordering, storing and administration of higher-risk medicinal products, preventing falls of patients, hand hygiene, communication with the patient, preventing bedsores, etc.

You should also be attentive to whether you are addressed by your correct name, what medications you were given, whether you understood what the doctor or nurse told you, for example, before

a procedure or examination, regarding medication, prior to discharge, etc. More on SST can be found on the Quality and Safety Portal of the Ministry of Health of the Czech Republic at the link http://www.mzcr.cz/KvalitaABezpeci/obsah/resortni-bezpecnostni-cile-_2922_29.html.



PATIENT RIGHTS SUPPORT UNIT

The Patient Rights Support Unit has been operating at the Ministry of Health of the Czech Republic since 1 July 2017. The unit is dedicated to the systematic involvement of patients in management and processes in healthcare. It focuses primarily on supporting and collaborating with patient organizations as legitimate patient representatives.

Its main tasks include involving patients' representatives as agents both within and outside the Ministry of Health of the Czech Republic in the management and processes relating to patients' rights, information and education, and support for the activities of patient organizations.

The unit organizes regular meetings with patient organizations, which are mainly used to inform about current topics and establish cooperation. It operates the Patient Council, which is a permanent advisory body to the Minister of Health, composed of representatives of patient organizations, acting as an intermediary of the voice of patients at the Ministry, and its working groups, thanks to which patients, through their representatives, are involved in the decision-making processes or in developing new concepts at the Ministry. It also mediates the representation of patients in working groups of the Ministry.

Up-to-date information on meetings for patient organizations, meetings of the Patient Council and its working groups can be found on the web portal <https://patientskeorganizace.mzcr.cz/>. The web portal also contains a database of patient organizations.

HEALTH LITERACY

In many countries, health literacy has become an important part of health policy. Health literacy means understanding invitations for examinations, information leaflets, medical staff instructions, basic orientation in the healthcare system and knowledge of the symptoms of common diseases. In order to increase and develop the health literacy of the population, the Institute for Health Literacy was established in the Czech Republic.

More information on the activities of the Institute for Health Literacy can be found at www.uzg.cz.

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LIFE-SAVING INFORMATION



MEDICAL RESCUE SERVICE – EMERGENCY LINE 155 (OR THE COMMON EUROPEAN EMERGENCY TELEPHONE NUMBER 112)

Emergency number 112

You can use the 112 emergency number to call for rescue services in all EU Member States. It is available from both landline and mobile phones.

It is free throughout the EU. It allows for the localization of the caller. Line 112 is intended for any person who is in an emergency situation in the European Union and some other countries and needs emergency assistance from rescue or security forces (firefighters, police, paramedics). You can make calls from any phone, even if you don't have credit or a SIM card, or there is limited signal at the location.

When and how to call 155:

155 – national emergency number for solving health problems (ambulance)

Call medical rescue services whenever you experience or witness a sudden and unexpected health problem, serious injury, or an event that will probably result in serious damage to health. It is also a good idea to call 155 when you are not quite sure how serious the patient's condition is. Line operators are trained health professionals who can help you resolve the situation.

The Emergency Rescue Services telephone number throughout the Czech Republic is 155, and can be dialed from any public telephone network (including mobile networks) without a prefix; the call is free.

What you should state:

The emergency operator will ask you questions to assess your emergency call and determine the level of urgency so that an adequate emergency crew can be dispatched. Try to keep calm and answer the questions clearly. You will be asked:

- **To specify the place of the event:** the address where the affected person is (it is imperative to name the town, street and house number). To specify the nearest orientation point, if the event occurred outdoors (lake, church, restaurant, camp, etc.). In a city, do not forget to specify the floor and apartment number. You can also state the kilometer of the road in the case of an event on a railway, road or river to identify the location, and in the case of railroad crossings their number. You can also specify the GPS coordinates. Indicate also the place where you will be waiting for the arrival of the emergency team.
- **What exactly happened:** the extent of the damage or injury, the number of participants in the accident.
- **The condition of the injured person:** is he/she conscious, breathing, bleeding, what are the signs of his/her problem?
- **Identity of the injured person:** what is his/her name, approximate age, whether you know him/her – does he/she take any medication, has he/she been treated for any disease?

What to do before the ambulance comes:

In the case of life-threatening conditions, the operator will remain on the line until the ambulance arrives. He/she will give you advice on how to correctly perform life-saving steps on the spot. Follow these instructions, you can save a human life.

Carefully monitor the affected person's condition until healthcare professionals arrive. If the quality of his/her consciousness or breathing changes, or if you have any other uncertainties, do not hesitate to call 155 again. The operator will instruct you on how to give first aid to the affected

What ambulance crew will come to you:

An ambulance crew will arrive to the site – they are always skilled health professionals trained to deliver pre-hospital urgent care. This can be an ambulance crew of the following type:

- **RMA – rapid medical assistance:** a three-member crew in a large ambulance vehicle, including a physician, paramedic or specialized nurse, and the ambulance driver.
- **RHA – rapid health assistance:** a two-member crew in a large ambulance vehicle, including a paramedic or specialized nurse, and the ambulance driver.
- **RV – rendez-vous group:** a two-member crew in a small ambulance car, including a physician and paramedic or specialized nurse.
- **ARS – air rescue service:** the medical part of the helicopter crew includes a physician and a paramedic.

Which crew will be sent to the site is decided by the operation center according to the information on the patient's health condition.

When to contact your GP, or the medical emergency service:

If the problem is of a long-term character, without any unusual sudden worsening.

In the case of banal viral or bacterial diseases (e.g. flu, cold, tonsillitis, etc.).

If a patient needs to be prescribed their usual medication, please note that the ambulance only addresses the acute deterioration of a patient's health and does not carry or prescribe common medication.

For future need, it is a good idea to find out which healthcare facility in your vicinity offers medical emergency services and write down the telephone number.

Do not confuse the emergency service with the medical on-call service and medical transportation service.

Do not call the emergency service if life or health is not in acute danger. Do not use the emergency service as free transportation to the hospital.

AN AMBULANCE IS NOT A TAXI!

FIRST AID PRINCIPLES

First aid is a set of simple and effective measures to **preserve the life** or the **health** of people who suffered an injury or a sudden health disorder. All of us should be able to give basic first aid to the injured person and observe the basic principles of first aid.

Even in cases where life is not at direct risk, good quality first aid is important. The patient is relieved from pain and will be calmer, his/her blood loss will be lower, recovery will be shorter, and the probability of complications will decrease.

The obligation to provide the necessary assistance to a person who is at risk of death or who is showing signs of a serious health disorder or other serious illness, if it can be done without danger to oneself or others, is stipulated by law and therefore applicable to everyone: by failing to provide first aid, you may be committing a crime – see [Section 150 of Act no. 40/2009 Coll., the Criminal Code, as amended](#).

Attention! Everybody is obliged to give first aid according to his/her knowledge and skills, if it is possible to do so without causing serious harm to oneself or others.

If blood circulation stops in a human body, only several minutes remain to preserve life. Brain cells without oxygen begin to die very quickly within 3-5 minutes. Only immediate and good quality, even if non-professional, resuscitation can partially make up for the affected person's life functions, so that he/she can survive.

IF YOU SUSPECT THAT BLOOD CIRCULATION HAS STOPPED:

In case of an adult:

- immediately call 155,
- put the person on a flat and firm surface,
- rhythmically push down the lower part of the sternum with stretched arms to the depth of at least 5cm (in an adult) and then release, the frequency should be at least 100x per minute (indirect heart massage).

If available, use an automated external defibrillator – AED. AED locations are marked as follows:

For children under 8 years of age:

- start with five breaths,
- continue with 30 chest compressions, followed by two breaths,
- press down in the middle of the chest (to about 1/3 of the front-back chest diameter),
- compression frequency of 100 to 120 per minute,
- if the basic vital functions are not resumed within one minute of complete resuscitation, call 155.



Breathing and circulation often stops in children due to an inhaled foreign body or liquid. As a first measure, you can use so-called expulsion maneuvers (do them quickly and without useless repetitions, immediately follow up with resuscitation – an attempt to restore vital functions):

- a blow between the shoulder blades (with the person standing or lying, a baby or newborn laid on your forearm).
- Heimlich maneuver (embrace from behind and compress the epigastrium)

Calling an ambulance:

- Call the free number 155 (or 112).
- Follow the operator's instructions, never hang up first (a trained operator will decide whether to send an ambulance or go through so-called phone-assisted first aid or urgent resuscitation with you).
- After you call emergency, be available to answer the phone from which you called – in case more information or contact data is needed.
- When waiting for the ambulance, try to make finding the patient as easy as possible for them (go out to the entry road, switch on the light, open the door, etc.).

Remember! No aid is the worst aid!

EMERGENCY SERVICE

Workplaces that provide you with medical services outside normal working hours are ready to help you to resolve an acute health problem and to be present in the case of a sudden illness of the registered general practitioner. No recommendation is required; every patient can request an examination. Simpler cases are handled by the medical emergency service (MES), more complicated

cases requiring urgent care are addressed by designated outpatient hospitals. Larger hospitals tend to have a workplace called urgent care – emergency. This workplace is able to take care of patients with a sudden deterioration of health and ensure hospitalization.

Currently, insured persons or their legal guardians are obliged to pay the healthcare provider a regulation fee [amounting to CZK 90](#) for the medical emergency service or dental emergency service, while services delivered during the provider's regular office hours are not considered emergency services.

Medical Emergency Service (MES)

A workplace that you can contact with a health problem outside normal working hours. It treats patients without an apparent threat to vital functions. MES treatment should be followed by a check-up with the GP in the short term in order to assess the success of the recommended procedure, possibly adjusting and supplementing it.

Urgent hospital care (emergency)

An emergency workplace of a higher type. Urgent care is a specialized, non-stop facility that provides intensive acute care to patients with sudden severe health disabilities and those at direct risk to life. Patients can contact it directly, but it is preferably intended for the reception of patients brought by the emergency medical service with a sudden deterioration of their health condition of both a traumatic and non-traumatic nature. These workplaces are usually very overloaded. To ensure that each patient receives a timely assessment of his or her health, these workplaces are equipped with a reception desk that sets the order of patients in cooperation with doctors on duty and sorts patients according to the urgency, intensity and expertise of care required. Organizationally, both types of emergency workplaces in large hospitals can be interconnected and can have various names (e.g. joint admission, central admission, acute care, etc.).

Both types of emergency workplaces are designed to deal with sudden health problems such as circulatory failure, breathing failure, stroke, heart attack, sudden pain, asthma attack, sudden abdominal disease, injuries, poisoning, etc. Patients who come to the emergency room with long-term complaints that are not a sudden serious health disability or a direct threat to life thus wait for an examination for a very long time, because those whose health condition requires urgent care are always treated sooner. For this reason, too, it is not recommended to use emergency services to deal with health problems that can be resolved within the standard office hours of the registered doctor or outpatient specialist.

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WHAT RIGHTS DO YOU HAVE?



THE RIGHT TO CHOOSE A HEALTH SERVICE PROVIDER (MEDICAL FACILITY)

This subject is described in detail in chapters “Your Registered Provider (Doctor)”, “Your Hospital” and “Discharge from Hospital”. These rights are based on applicable law:

The Act on Healthcare Services and Act No. 48/1997 Coll., on Public Health Insurance and on amendments to certain related acts, as amended (hereinafter the “Act on Public Health Insurance”).

THE RIGHT TO INFORMATION ABOUT YOUR HEALTH

Your doctor is obliged to tell you all about your health. He/she is obliged to provide you in an understandable manner with information about your examination results, therapeutic options and their risks, alternatives, and a prognosis of your disease (how your disease will probably develop). You have the right to appoint a person(s) who may be informed about your health, during admission to the provision of healthcare or at any time thereafter. You can change the appointed person(s) at any time. The names of persons appointed by you will be included in your medical records.

Healthcare professionals have the duty of confidentiality by virtue of law. That means they can provide information about your health condition only to you, to the persons appointed by you and to the persons listed in the Act on Healthcare Services (for other possibilities of breaching the obligation of confidentiality see Section 51 of the Act on Healthcare Services).

Healthcare professionals only provide information within the scope of their competencies!

If information is given over the phone, the persons' identity can be verified through a password or code. In this case, you will receive a code number when you are admitted to a bed care hospital, or you will be asked to enter your own password. It is then up to you to whom you provide this code or password. Information will be given to the person who provides this code. Verifying the caller's identity can also be performed using so-called check questions. What form of identity verification for persons receiving information is used depends on the healthcare provider. Information may be given via telephone on the basis of knowledge of the code and at the same time only to persons designated under the previous paragraph, i.e. via a double check.

You can also find a similar password setting with outpatient care providers, including your registered doctor.

THE RIGHT TO FORBID PROVIDING INFORMATION ABOUT YOUR HEALTH TO ANYBODY

You can also forbid information about your health to be given to any person(s), both during admission to healthcare services or at any time thereafter. This prohibition will be included in your medical records and can be revoked at any time.

However, this prohibition does not apply to persons who are entitled to review medical records under the conditions stipulated by law, even without the patient's consent (Section 65 (2) of the Act on Healthcare Services).

THE RIGHT TO PROVIDE CONSENT TO THE PROVISION OF HEALTHCARE SERVICES

This issue is stipulated by the Act on Healthcare Services.

You can receive healthcare only if you agree with it. Healthcare can only be provided to you without your consent in the cases stipulated by law, e.g. in emergency care, when the patient's condition does not allow him/her to give consent, or treatment ordered on the grounds of an infectious disease to protect the population, or in the case of anti-alcohol and anti-toxic detention services.

More information about the duty to undergo treatment of an infectious disease to protect the population can be found in Act No. 258/2000 Coll., on Public Health Protection and on amendments to some related acts, as amended. The obligation to undergo an examination and stay in an anti-alcohol and anti-toxic detention station is regulated by Act No. 373/2011 Coll., on Specific Health Services, as amended.

FREE AND INFORMED CONSENT

The patient must be fully informed and instructed by the doctor about the healthcare services to be delivered; only then can the patient give his/her consent or disagree with a therapy or procedure. However, a patient may also refuse to provide information about his/her health, unless it is necessary in the interest of protecting health, and only to the extent necessary.

Your consent to the provision of healthcare services or hospitalization must be provided of your free will and without coercion.

Informed consent form:

- implied (consent is granted differently than using words, it is a factual behavior from which consent can be deduced, e.g. nodding as a sign of consent or other way of expressing consent arising from the circumstances),
- oral (to be recorded in medical records),
- written (after having been informed by a healthcare professional about the proposed medical procedure and potential risks and having received answers to all questions, the patient signs an informed consent form).

Informed consent is a manifestation of the patient's decision to accept the proposed care. It is by no means a guarantee of successful treatment. The signing of informed consent does not exempt healthcare professionals from their liability for errors in rendered healthcare. Whether oral or written informed consent is required is determined either by law (e.g. it requires a written form to interfere with the integrity of a person if a part of the body that cannot be recovered is to be separated) or the health service provider.

The patient him/herself may also request the written form of informed consent and the healthcare service provider is obliged to provide it.

It is a relatively long text; in any case, it must be understandable also for non-professionals. The healthcare professional must inform you about the purpose and character of delivered healthcare and every medical procedure, including their potential consequences, alternatives and risks. Healthcare professionals should always take into account the patient's current health condition, his/her age and mental capacity, and they should provide information accordingly.

Take the time you need and read the informed consent.

If you are admitted to a hospital, you should expect that medical and nursing students will be present. In this type of hospital you will therefore also have an opportunity to provide your consent to your medical records being reviewed by students undergoing the practical part of their studies (they also have the non-disclosure duty as regards any information relating to delivered healthcare services). You can also refuse their presence at any time during hospitalization. You should know, however, that in this case your consent could provide students with valuable experience and practical knowledge they could not acquire in the classroom. You still have the right to disagree, and nobody can dissuade you from your opinion. However, you must provide attending staff members with this information.

You can refuse any medical procedure. In such a case you will be asked to sign an “AMA form”, which contains information about possible consequences that could occur if the procedure is not performed; this document will form a part of your medical records.

You should have sufficient time and peace to sign the informed consent. It is not acceptable that a written informed consent form describing surgery or other medical procedures is given to you, for example, in the hallway by a nurse who demands your signature. **The patient must always be informed about the proposed surgery by a doctor**; he/she must not be forced to sign the informed

consent. The patient is also always entitled to ask the doctor additional questions, and the doctor has the duty to answer the patient in a clear manner, including, for example, an explanation of professional terminology. If the patient refuses to sign, but he/she still demands a medical procedure or surgery, this information is recorded in his/her medical records.

You can revoke at any time your prior consent (unless the procedure has already begun and its termination would be risky for you).

There are situations, however, when healthcare is delivered without the patient's consent. For example, there are situations where there is an imminent threat to life and the patient's medical condition does not allow the patient to give his or her consent.

RIGHT TO REFUSE TREATMENT

This basic right of the patient is logical, because who else but you should decide about your body. Remember this whenever you are to undergo a medical procedure and make sure you have sufficient information to decide calmly and freely. Similarly to the preceding cases, exceptions exist, where the patient cannot or is not able to refuse, e.g. a serious health condition with unconsciousness. Exceptions should be explained to the patient where this is possible in view of their medical condition.

For these cases, the Act stipulates persons whose consent is a condition for the provision of healthcare (Section 34 of the Act on Healthcare Services).

RIGHT TO MAKE A PREVIOUSLY EXPRESSED WISH

If a patient becomes unable to consent or disagree with the provision of healthcare services and the manner of their provision, he/she may provide his/her consent or disagreement in advance (hereinafter referred to as a "previously expressed wish"). The provider shall take into account the previously expressed wish of the patient, if available, provided that at the time of the provision of the healthcare services a foreseeable situation has occurred to which the previously expressed wish relates and the patient's health condition does not allow him/her to express new consent or disagreement.

Only such a previously expressed wish will be respected if it was made on the basis of written information provided to the patient concerning the consequences of his/her decision by a general practitioner with whom the patient is registered or by another healthcare practitioner in the field of healthcare and relating to the previously expressed wish.

The previously expressed wishes must be made in written form and must be provided with the patient's notarized signature. Part of the previously expressed wish is a written instruction from the attending physician who wrote down the previously expressed wish with the patient. The patient may also make a previously expressed wish relating to the provision of health services provided by that provider upon admission into care by the provider or at any time during his/her hospitalization. A wish expressed in this way is recorded in the patient's medical records.

The record shall include in particular:

- patient identification (name, surname, birth certificate number),
- identification of the doctor who is making the record (name, surname, workplace, doctor's identification number),
- detailed instruction of the patient on the consequences of their decision,
- the date and time the record was made,
- the patient's signature,
- signature of the doctor who made the record,
- signature of a witness.

Previously expressed wishes need not be respected by the healthcare service provider if:

- since the time it was expressed, there has been such a development in the provision of the healthcare services covered by this wish that the patient can reasonably be expected to give their consent,

A previously expressed wish cannot be respected:

- if it requires such practices that result in an active cause of death,
- if its fulfillment could endanger other persons,
- if such medical procedures, the interruption of which would lead to an active cause of death, were initiated at a time when the provider did not have the previously expressed wish available.

Previously expressed wishes may not be exercised in the case of minors or patients whose legal capacity is limited so that they are incapable of assessing the provision of healthcare services or the consequences of their provision. See Section 28 (3) e) point 2 of the Act on Healthcare Services.

The reasons for not respecting a previously expressed wish are recorded by the attending physician in the medical records kept on the patient.

RIGHT TO CHOOSE A HEALTH INSURANCE COMPANY

Your health insurer to whom you pay monthly premiums for your health insurance buys healthcare services for you from healthcare providers that are the insurer's contracting partners. Healthcare providers then charge the health insurer you have chosen for the care delivered to you. The health insurer also pays all healthcare providers (non-contracted ones also) for necessary and urgent care delivered to patients whose life and health were at risk. If you are dissatisfied with your health insurer's services, you can change your insurer at two times a year, i.e. as of 1 January or 1 July; whereas a twelve-month interval between the change must be adhered to.

Attention! When changing the health insurance company it is necessary to comply with the legal deadlines and the application for a new insurance company must be submitted at least three months before the required deadline.

Once a year, upon the insured person's request, the health insurance company is obliged to provide in writing the data on healthcare paid for this insured person in the last twelve months (the so-called personal account statement). If your personal account statement contains discrepancies, please notify your health insurance company immediately in order to investigate the matter.

For more information, see the Act on Public Health Insurance.

RIGHT TO CHANGE YOUR DOCTOR

You have the right to change the healthcare provider with whom you are registered. You can do this once every three months (Section 11 of the Act on Public Health Insurance) – see chapter "Your Registered Provider (Doctor)", p. 49.

RIGHT TO RECEIVE FREE HEALTHCARE SERVICES

Act No. 48/1997 Coll., on Public Health Insurance, as amended, stipulates the cases when the patient is entitled to healthcare services without direct payment.

You can only receive free healthcare if the healthcare provider you have chosen has a contract with your health insurer. It also depends what procedures are covered by the contract. If your doctor demands a fee from you, you should always ask beforehand what the fee is for and whether or not the procedure or service you require is covered by your health insurance.

In cases of so-called necessary and urgent healthcare (life- and health-saving care), any doctor, i.e. also one who does not have a contract with your health insurer, must treat you.

The healthcare service provider is obliged under the Act on Healthcare Services:

- to inform you about the price of delivered healthcare services not covered or only partially covered by public health insurance, before such services are delivered, and give you a receipt for the paid healthcare services, unless another regulation stipulates otherwise,
- to prepare a price list of healthcare services not covered or only partially covered by public health insurance, and display it in such a way that the list is available to you; this does not apply to pharmacy service providers.

RIGHT TO LODGE A COMPLAINT

If you are not satisfied with the healthcare you receive, you can complain to the appropriate healthcare service provider (e.g. through a hospital director, quality manager, or directly to a doctor if he/she is also the healthcare service provider – e.g. a GP). If you are not satisfied with its processing, you can contact the locally competent regional authority (this is the regional authority in whose administrative district the medical facility in which the healthcare services are provided is located). You should include the reasons why you are not satisfied with the handling of the complaint by the provider. You can also file a complaint against a specific doctor, dentist or pharmacist with the Czech Medical Chamber, the Czech Dental Chamber or the Czech Chamber of Pharmacists (e.g. for the unethical performance of the medical profession) or contact your health insurance company (especially regarding unjustified reimbursement for care).

Hospitals are required to have a complaint procedure on their website. The provider is obliged to process your complaint within thirty days from the date of its receipt. In justified cases, this period may be extended by a further 30 days.

A complaint can be filed on the patient's behalf by a person appointed to do so by the patient. In the case of a patient with limited legal capacity, a guardian may do so. If the patient has died, the right to complain passes on to his/her close persons.

If you believe all the preceding steps were not sufficient, you can initiate a civil action.

THE RIGHT TO A SECOND OPINION

Even if you trust your doctor, you may wish to hear another doctor's opinion in certain situations (e.g. a serious disease, a major surgery is planned, etc.). You are legally entitled to consultancy services from another healthcare provider or other healthcare professional – known as a second opinion ([Section 28 \(3\) \(c\) of the Act on Healthcare Services](#)).

You also have the same right in the case of care delivered by other health professionals, such as physiotherapists, clinical psychologists, or nurses.

This does not apply in the event of urgent care, or to persons in detention, imprisonment or persons in security detention.

CHILDREN'S RIGHTS

- In the provision of health services, a child has the right to the continuous presence of a legal guardian or a person appointed by the legal guardian, a foster parent or another person to whom the patient has been entrusted by decision of the court or another authority, in accordance with other legal regulations and the internal rules of the healthcare facility, provided that such persons do not interfere with the provision of healthcare services.
- The child has the right to be hospitalized along with the person accompanying him/her. The admission and placement of the person accompanying the child is, however, decided on by the healthcare provider. The stay of the person accompanying a child under 6 years of age is covered by the child's health insurer. The stay of the person accompanying a child over 6 years of age is only covered by health insurance with the reviewing physician's consent. It is not guaranteed, however, that the person accompanying a child will be given a bed in the same ward in which the child is hospitalized. The physician's decision whether or not the accompanying person will be admitted to a bed does not restrict the child's right to the uninterrupted presence of the accompanying person, nor the accompanying person's right to be with the child. An accompanying person not admitted to hospitalization also has the right to stay in the hospital with a child under the age of 18 years in accordance with the hospital's operating rules. Visiting hours, if written out for the ward, do not apply for parents. A parent is not a visit to their child, but remains their legal guardian during hospitalization.
- A child under 15 is entitled to be hospitalized with children, separately from adult patients, at least in separate rooms.
- The child has the right to be informed about the healthcare delivered in a manner adequate to his/her age and level of understanding. Care should be taken during contact and communication with the child with regard to his or her intellectual and emotional maturity, and it is also necessary to take into account his/her opinion. The child has the right to express his/her opinion in any situation and has the right to assume that this opinion will be taken into account by those around him/her ([Section 35 of the Act on Healthcare Services](#)).

RIGHTS OF THE CHILD'S LEGAL GUARDIANS

- Legal guardians have the right to be fully informed about what is going on with their child, to review the child's medical records, make extracts or copies, etc. This right can only be limited in the cases defined by the law – e.g. in the case of urgent care, when informing would pose a risk for the child's health or life, or in the case of a grounded suspicion that the child was abused or tortured.

- Upon discharge, request a discharge report, including a proposal of further therapy for the registered doctor; ask whether a checkup is necessary if the child feels well or if the child's health condition worsens. Upon discharge, the child, similarly to an adult, is entitled to three days' medication or, in justified cases, for a longer period of time if necessary.

RIGHTS OF PERSONS WITH DISABILITIES

Disabilities include not only long-term physical disabilities, but also intellectual, mental or sensory disabilities.

- You have the right to everything that a non-disabled person is entitled to – see the previous chapter; in particular, you have the right to respect, dignity, consideration and privacy,
- you have the right, in the provision of medical services, to have your guardian (if any) or the person designated by the guardian present,
- if you have limited legal capacity, you may require the guardian not to be present in the provision of healthcare services if he/she is a person who is torturing or otherwise abusing or neglecting you, for the purpose of performing an examination to confirm or rule out the signs of such a suspicion,
- you have the right to be heard and to be provided with information about your state of health, even if you are limited in legal capacity, if your state of health so permits, and you have the right to oppose the proposed healthcare services,
- you have the right, if your intellectual disability makes it difficult for you to make a decision, to have your supporting person present (see Section 45-48 of the Civil Code),
- you have the right to be represented by a member of the household in cases where intellectual disability prevents you from deciding independently whether to approve the proposed medical procedure, if this representation is approved by the court and your representative demonstrates this to the healthcare service provider (see Section 49-54 of the Civil Code),
- you have the right to be represented by a guardian if you have been restricted in your legal capacity in the extent of healthcare decisions; the guardian has the right to information about your state of health, the right to grant free and informed consent on your behalf (this does not affect your right to be heard, if your state of health so permits, or your right to express genuine and serious disapproval of the provision of healthcare services); the guardian also has the right to consult your medical records and make extracts or copies thereof, has the right to be informed that a restraint has been applied to you in the provision of inpatient care (e.g. strapping – see Section 39 of the Act on Healthcare Services), and has the right to file a complaint for you against the healthcare service provider,
- if you have been admitted to a healthcare facility without consent (involuntary hospitalization), you have the right to have your healthcare service provider explain to you your legal status, why you were hospitalized without your consent and what legal options are available, including the right to choose a proxy or a trustee; you have the right to choose a trustee completely informally; a person you trust and one who is able to defend your rights,
- If you are blind, deaf or have any other sensory disorder, you can choose the method of communication you prefer. You have the right to receive information about your health and further therapy in an understandable and clear manner, always upon admission to care and then during any change. If your legal capacity is limited or if you are underage, you still have the right to ask questions and your legal representative or guardian also has this right:

- the doctor and healthcare professionals are obliged to respect your way of communication and use it to communicate with you; always make sure you know what therapy was delivered to you and what therapy is planned next,
- If you use a guide dog or an assistance dog because of your disability, you can demand to have your dog with you; it is always necessary, however, to respect the internal rules and limitations of the facility.

In general, it is important to communicate both with doctors and other healthcare professionals and inform them as soon as possible about your troubles.

A patient with a physical disability

- Has the right to be transported by an ambulance along with the necessary equipment on which he/she is dependent and which he/she must always have at his/her disposal, unless it impedes the immediate provision of a healthcare service [\(to the transport of compensation aids, for more information see p. \)](#).
- During longer examinations and treatments it is necessary to take into account the time for using the toilet.
- When this person is in a medical facility, all barriers that prevent his or her normal movement must be removed from the room and surrounding area where he/she moves around.
- When serving meals, it must be ensured that a patient who is unable to consume food and drink independently can benefit from the services of an assistant.

A deaf patient

- The deaf patient has the right to choose a means of communication that suits him/her and the provider is obliged to ensure the availability of this form.
- A patient turned deaf is usually able to read and write and therefore has the right to communicate in writing with the provider's representatives. At the same time, however, he/she is also entitled to request communication through an interpreter.
- It may happen that a patient deaf from birth cannot read or write and does not understand the written word. Such a patient always has the right to request communication through an interpreter.
- In the case of deaf persons, the interpreter is considered as assistant to both sides of the communication. He/she is not considered a person who does not have the right to acquaint himself/herself with confidential information about the patient; in this case it is a form of compensation for the patient's disability. He/she serves as a mediator of treatment and its progression, helping both parties explain all the details in order to have a proper understanding of the course of treatment and the reactions of the deaf patient in order to avoid errors in drug dosing.

A blind patient

- Has the right to firstly be addressed by his/her name with a handshake that replaces the patient's eye contact and to hear the healthcare professional introduce him/herself.
- During examination and treatment, he/she has the right to the necessary explanation of the action to be taken and a brief description of the instruments used. The person explaining speaks directly to the blind patient.
- No belongings of the blind patient should be moved without informing him/her of the change.
- It is necessary to respect the fact that a blind person with a guide dog has access to medical facilities.

- During a longer stay with the provider, the patient must be acquainted with the orientation situation of the room, the position of furniture in the room and the possibility to call for emergency assistance.
- When leaving the room, it is advisable to inform the blind patient that the person is leaving the room.

Ageriatric patient

- Has the right to respect for his/her identity, to not to be regarded as infantile and to be addressed by his/her name or academic title, without any familiarities.
- He/she has the right to the protection of dignity and avoidance of underestimation.
- He/she has the right to respect for his/her slowness, possible deterioration of some of his/her cognitive functions, to the repetition of important information as many times as necessary for the patient to understand the message safely, and an explanation on the use of medication. Everything should be provided in writing.
- During hospitalization, he/she has the right to treatment that supports and maintains self-sufficiency.

A patient with dementia

- Has the right to non-underestimation, dignity, and a reduction of disturbances.
- Information should be given very clearly and in short sentences, omitting technical terms, phrases, ironic remarks.
- If the patient does not understand, he/she has the right to receive information via another formulation.

A patient with an autism spectrum disorder

- He/she has the right to be accompanied during all examinations and procedures.
- The companion or personal assistant is not considered a person that cannot be unaware of the patient's treatment procedure and medical condition.
- The degree of assistance of the other person depends on the severity of the patient's disability.
- The representative of the provider is not entitled to prevent the assistant from providing assistance to the patient if the assistant does not interfere with the medical procedure, or exclude him/her completely from the course of treatment or medical procedure.

A patient with a neurodegenerative disease and movement control disorder

- Has the right to an extended time for all activities, according to his/her current condition and possibilities.
- He/she has the right to understand locomotive fluctuations (variations in the conditions). A completely mobile patient suddenly turns into a person who can barely make any movements.
- He/she has the right to be treated as a mentally healthy person, although he/she speaks incomprehensibly, at varying strengths and tempos, cannot complete any questionnaire due to impaired legibility of writing, cannot perform two or more tasks simultaneously (even if one is manual and the other is listening, or answering questions), and his/her gestures and facial expressions are limited to almost none.

RIGHT TO CONSULT MEDICAL RECORDS

Each health service provider is required to maintain and retain the medical records of its patients in accordance with legal regulations (in particular the Act on Healthcare Services and the Medical Documentation Ordinance). The provider may maintain medical records in paper or electronic form, or a combination of both.

Medical records have many functions – they comprehensively describe what happened to you and when, what medications you were administered, what adverse events you had (see “Overview of Terms”, p. 6), etc. Only authorized persons can make medical records, and only within the scope of their competencies (i.e. a nurse can only write down certain information in your medical records, your attending physician has much broader competencies).

Keeping your medical records is a necessary part of the care you receive. Medical documentation must meet basic requirements such as conclusiveness, truthfulness, legibility, and must be continuously updated. Incorrect data may be supplemented or corrected at the patient's request.

[Do you know you have the right to be acquainted with the information in your medical records kept regarding your therapy? If the medical records contain data that you do not consider to be true, notify the attending physician.](#)

In addition to the healthcare professionals' duty to let you review your medical records (in the presence of the healthcare provider's employee), you can also ask for an extract from, or copy of, your records, or make an extract or copy yourself. The price list for copies made by the provider should be publicly accessible, while the price of the copy corresponds to the amount of reasonably incurred costs for its creation and at the same time the payment for its sending. Read it before you request a copy or extract in writing. It is not possible to charge for the consultation of medical documentation. Similarly, there is no charge if copies are made by the patient himself/herself through his/her own technical means (camera, mobile phone). The healthcare provider will make the copy or extract within 30 days from the submission of your request.

The provider shall only make an extract from the medical records for the persons referred to in the first sentence if that it is more efficient than a copy, upon agreement with the authorized person.

[The healthcare services provider is obliged to inform you](#) that healthcare professionals who are acquiring the competence to pursue the profession of healthcare professional or another professional may be involved in the provision of healthcare services, including the consultation of medical records. However, you may prohibit the presence of these persons during the provision of healthcare services and consultation of medical records.

In addition to yourself, your record may be reviewed by [the person you have appointed to receive information about your health and by persons who are expressly appointed to do so by virtue of law.](#)

In the case of a minor or person limited in legal capacity, this is the legal representative (parent), or guardian. Access to the medical records of a patient who has died, including the right to make copies,

shall be available to bereaved persons or persons designated by the patient during his/her lifetime to be informed of his/her health condition, unless the patient has forbidden the provision of information to these people. In such a case, information may only be given to these persons if it is in the interest of and only to the extent necessary to protect their health or the health of others. These persons also have the right to know the result of an autopsy, if performed.

RIGHT TO THE PROTECTION OF PERSONAL DATA

Handling of personal data of patients and legal representatives

For a number of years, the Czech Republic has legally determined the handling of the personal data of patients and their legal representatives, whether it be common data, such as name, address or telephone number, or sensitive data, i.e. information in particular about the disease and the course and results of treatment.

In May 2018, EU Regulation 2016/679 on the protection of individuals with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/C (the General Data Protection Regulation), known as GDPR, came into force. This Regulation imposes obligations on personal data administrators and gives some new rights to data subjects. Checking compliance with GDPR in the Czech Republic is in the hands of the Office for Personal Data Protection. In connection with GDPR, Act No. 110/2019 Coll., on the Processing of Personal Data, was adopted, which repealed the previously valid Act No. 101/2000 Coll., on the Protection of Personal Data. In the health sector, as mentioned above, this brings new obligations to personal data administrators, which are all healthcare service providers, i.e. both large hospitals and outpatient healthcare service providers. Patients' rights are also extended.

What are the guiding principles of GDPR and common mistakes?

GDPR in the health sector complements other legislation (e.g. the Health Services Act and the Medical Documentation Ordinance) or other important documents (e.g. accreditation standards through which the healthcare facility demonstrates the quality and safety of care provided).

GDPR does not mean the general confidentiality and deletion of personal data. Nor does it mean that, under GDPR, you may refuse to provide some of your personal information to a doctor, that you may refuse to wear identification bracelets, etc.

Healthcare professionals very carefully consider which of your data is needed for both prevention and treatment, and it is in the interest of each patient to accurately and completely provide this data. Czech legislation imposes the provision of relevant data upon the patient. Healthcare professionals are trained to work with personal data, not only in terms of confidentiality, but also in terms of the length of their recording, in terms of their protection in computers, etc.

GDPR brings some new rights for patients and legal guardians, but their application in healthcare has certain limitations with regard to special legislation in the Act on Healthcare Services:

- In particular, you have the right to know what personal data (whether obtained with or without the consent of the data subject) is processed by the healthcare provider and how. This can often be learned from the website or by directly asking the staff.

- Right of access to personal data.
- If an error or incompleteness is detected in your personal data, you have the right to have the provider correct or supplement incomplete personal data without undue delay. Corrections in medical documentation are governed by special regulations in the Act on Healthcare Services.
- Right of erasure or, in other words, 'right to be forgotten'. For health reasons, this right is very limited in the healthcare sector, because the authorization to process personal data, including the length of time it may be processed in connection with the provision of healthcare services or for statistical purposes, stems from the Act on Healthcare Services and the Medical Documentation Ordinance. It is in the interest of the patient that his/her medical records are complete and can be used for further treatment and, for example, to deal with alleged or actual errors of the staff.
- Other rights – the right to the limitation of processing, notification of erasure or correction, right of transfer, right of objection, right of the data subject not to be subjected to automated decision-making, including profiling, the right to lodge a complaint with the supervisory authority, right to effective judicial protection against the supervisory authority or administrator, the right to be represented by a non-profit entity, organization or association, and the right to compensation – are more special, but if necessary, healthcare professionals or the data protection provider (see below) will inform you about them.

The person responsible for processing personal data must be identified for each healthcare provider. In large hospitals, the special position of a Data Protection Officer, who is professionally involved in GDPR and who can provide you with additional information, is legally established. Contact details can be found on the website.

The website of the Ministry of Health (https://www.mzcr.cz/legislativa/obsah/implementace-gdpr_3805_11.html) publishes methodologies for implementing the rules of GDPR. Further explanations can be found on the website of the Supervisory Authority - the Office for Personal Data

MANDATORY CONFIDENTIALITY OF HEALTHCARE WORKERS

Every healthcare professional is obliged to respect the confidentiality of information he/she learnt in connection with care delivered to you, your health, hospitalization, diagnosis, prognosis. Even the fact alone that a patient is treated by a certain doctor or in a certain healthcare facility is confidential. In addition to the patient, the doctor also may lawfully inform the persons appointed by the patient about the nature of his/her disease and necessary procedures.

How information can be obtained over the phone is described in more detail on p. 34.

If you want someone else to be informed about your health, you must give your written consent.

A sample informed consent of the patient to hospitalization and appointment of persons who may be informed about the patient's health can be found in "Annexes" on p. 120.

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06/ OUTPATIENT CARE



YOUR REGISTERED PROVIDER (DOCTOR)

YOU CAN CHOOSE HIM/HER

Anyone can choose their registered outpatient care provider which accepts the patient into care in order to provide primary outpatient care in the field of a general practitioner, general practitioner for children and youth, dentistry, and gynecology and obstetrics. If the provider has more doctors in these fields, you have the right to register with a specific doctor.

The purpose of primary outpatient care is to provide preventive, diagnostic, therapeutic and assessment care and consultations, and also coordination and follow-up of the health services provided by other providers.

In addition to work in their offices, general practitioners and practitioners for children and youth also visit the patients who cannot come to their offices.

If you are not satisfied with the care you receive from your registered doctor, you can change him/her every three months.

YOU CAN WRITE DOWN IMPORTANT INFORMATION FOR YOUR DOCTOR HERE:

Personal data

First name:

Last name:

Address:

Phone number:

Email:

Age:

Blood group:

I am:

☐ a smoker

☐ a non-smoker

I suffer from (diseases, troubles):

-
-
-
-

I have (medical devices):

☐ a pacemaker

☐ a steel implant

☐ an A-V shunt

☐ a cochlear implant

☐ Other - please specify:

Parents, if alive, age, chronic diseases. If deceased, at what age they died and from what disease.

.....
.....

What diseases they had:

Father:

Mother:

WHAT SHOULD YOUR DOCTOR KNOW ABOUT YOU?

Date of birth:
Weight:
Height:
Blood group:
What I am vaccinated against:
Infectious diseases in the past:
 In childhood:
 Other:

Allergies: medication, iodine, pollen, insect bites, food allergy, other – which, fill in:

Number of children:
Number of deliveries/miscarriages (for women):
Date of first menstruation:
Menopause:

What diseases I have/had:

1
2
3
4

Surgeries I have undergone:

.....
.....

Dates and reasons of the most recent hospitalizations:

1
2
3
4
5

Medication I use and how frequently:

1
2
3
4
5
6

REMEMBER

Your doctor should have a contract with your health insurer. If you are not satisfied with the care you receive from your registered doctor, you can change him/her every three months. Changing your doctor is not difficult. Visit the new doctor you have chosen and ask whether you can be registered with him/her.

However, there are legal exceptions where the doctor may refuse to admit you into care.

This includes the following reasons:

- in case he/she does not have a contract with your health insurer,
- if his/her tolerable workload is exceeded, patient admission is hindered by operational reasons, personnel reasons or the medical or technical equipment of the healthcare facility,
- the distance from your place of residence would not allow the doctor to perform a visiting service (in the case of a GP).

You can be registered only with one general practitioner, one dentist and one gynecologist at a time. When registering, you will fill in the “Registration Sheet”, which consists of two sheets (the first sheet remains with the doctor as a medical document, the second one will be kept by you). You must sign both sheets. The doctor will inform the respective health insurer about new patient registration. The preceding registration with your original registered doctor will automatically expire with the new registration.

If you change your doctor, inform your original registered doctor about the change. Your new registered doctor will ask for information from your medical records, which is important in order to continue your healthcare.

Frequent changes of the registered doctor are not recommended. The continuity of your care could be at risk.

The original medical records are required to be retained by the original physician, who must keep them for at least ten years from the time the patient transfers to another provider, and then he/she is authorized to shred them (however, the patient is entitled to obtain a copy of his/her medical records from the original provider).

Therefore, the original provider is not obliged to make a complete extract or a copy of the medical documentation, but to perform this operation to the extent necessary to ensure continuity of other medical services provided to the patient.

Your doctor should be accessible from your place of residence and his/her office hours should suit you.

DO YOU HAVE TO REGISTER WITH A GENERAL PRACTITIONER?

You are not required to register, but refusal to register with a doctor is not recommended. The Act on Public Health Insurance stipulates that the reimbursement of many medical procedures is linked only to the registered physician – e.g. regular preventive examinations, complex entry examinations, home visits of seriously ill patients and patients with poor mobility, etc. Without registration, all of this might not be covered by public health insurance.

The procedures mentioned above (except for the visiting service) apply also to the registered dentist and registered gynecologist.

What do you need to register with a new doctor?

- Your health insurance card,
- An identity document (ID card, passport or driving license),
- A list of medications you currently take,
- Findings from the past, medical reports from specialists, or hospital discharge reports, if you have any.

It is very important that your registered doctor always receive all reports you are given by other doctors. Otherwise, his/her information about your health can never be complete.

You can take notes on your visits to other doctors on p. 55.

DO YOU HAVE PROBLEMS FINDING A REGISTERED DOCTOR?

If you cannot find a registered doctor to take care of you, contact your health insurer that is obliged in accordance with the Act on Public Health Insurance, as amended, to provide you with adequate care through its contracting healthcare providers. You can also find registration options on the website of the Association of General Practitioners and the Czech Dental Chamber, where lists of doctors who currently accept new patients are posted (see “Important Contacts” on p. 112 for more information).

Remember that it is your health insurer to whom you send your money for your healthcare.

YOUR MEDICAL SPECIALIST

Your registered doctor cannot resolve all medical issues. If a specialized examination, such as a cardiology or orthopedic examination, is needed, the registered doctor will refer the patient to an outpatient specialist. Along with a recommendation, the registered doctor will also send the specialist a written justification and important health information, including the results of already conducted tests and information about delivered therapy. Also in this case, the patient has the right to freely choose an outpatient specialist.

Write down the information provided by your specialist on p. 55.

You can also come for a specialized examination without a recommendation from your registered doctor. However, there are legal exceptions when the doctor may refuse to take you into care, for more information see p. 52.

It is recommended, however, to not omit your registered doctor; you should always consult him/her first. Naturally, there are situations to see a specialist first, if you have a specific or sudden problem – e.g. a surgeon, neurologist, cardiologist, etc. Do not forget to inform your registered doctor about the results of your visit to a specialist and show him/her the written medical report.

WHY ARE YOU SEEING THE DOCTOR?

What is the reason of your visit? Do you have any acute complaint, are you there for a checkup, preventive examination, to get a prescription or certificate? Prepare a clear explanation of why you are seeing the doctor and tell the nurse. This is particularly important if you suspect you have an infectious disease.

PAIN

Pain is the most common reason to see a doctor. Explain to your doctor where you feel pain, as well as the nature and intensity of the pain. Try to determine the intensity of your pain. Try to determine the intensity according to this scale: 0 = none, 1 = mild, 2 = medium, 3 = strong, 4 = very strong, 5 = unbearable. This scale of pain is a useful aid that helps doctor, for example, monitor the intensity of pain in the same patient over time.

Therefore, if pain is your main complaint, it will be a good idea to study this issue in more detail. Your doctor will help you with it. The nature of the pain can be stinging, biting, burning, pulsing, pressing, unconfined, intermittent, permanent, etc.

ELEVATED TEMPERATURE, FEVER

Medicine defines fever as a condition of **bodily temperature above 38°C**. The dangerous limit for the body is above 40°C – the critical limit is above 41°C.

NOTES

Appointment on:

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With the doctor; name and specialization:

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Reason:

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Prescribed medication:

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Response to medication and the result:

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NOTES

Appointment on:

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With the doctor; name and specialization:

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Reason:

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Prescribed medication:

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Response to medication and the result:

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NOTES

Appointment on:

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With the doctor; name and specialization:

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Reason:

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Prescribed medication:

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Response to medication and the result:

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My registered general practitioner/My registered general practitioner for children and youth

First name, last name:

Phone number:

Visiting hours:

My registered dentist

First name, last name:

Phone number:

Visiting hours:

My registered gynecologist

First name, last name:

Phone number:

Visiting hours:

My attending specialist, field

First name, last name:

Phone number:

My attending specialist, field

First name, last name:

Phone number:

My hospital

name:

Phone number:

Emergency (medical emergency service)

Name and address of the healthcare facility:

Phone number:

EXAMPLE OF A PATIENT MEDICATION CARD

| | | | |
|--|--------|----------|--------|
| First name: | | | |
| Attending physician | | Contact | |
| | | | |
| Contact person designated by the patient | | Contact | |
| | | | |
| Medicine | Dosage | Medicine | Dosage |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Warnings (e.g. diabetes, epilepsy, hypertension, etc.) | | | |
| | | | |

Note: List only the medication you are actually taking.

07/ YOUR HOSPITAL



YOU CAN CHOOSE IT

Every patient has the right to choose the hospital (see “What Rights Do You Have?”, p. 32) they want to be hospitalized in. Catchment according to the patient's domicile does not in principle apply in Czech health law.

The patient, however, does not have the right to choose a hospital to be taken to by Emergency Medical Services. The target provider of acute inpatient care is the closest available acute inpatient care provider that is able to professionally ensure the provision of healthcare to the patient according to the severity of the health condition or a direct threat to life. The ambulance service brings the patient to the nearest suitable medical facility – i.e. where they can help him/her with an acute health problem.

Often, the distance from your home is not a deciding factor. It is much more important that you go where they can effectively help you.

HOW TO DECIDE?

Similarly to when buying certain consumer goods or deciding on a major investment, you should pay adequate attention also to the selection of a healthcare facility; you should not merely settle for the nearest one. Indeed, health is your most valuable asset. Your general practitioner can surely recommend you a hospital with which he/she has good experience. However, do not rely uncritically only on recommendations given by other people; seek as much information about potential healthcare providers as you can for yourself. The internet is a good source of information; find out whether your selected facility has a website and what is posted on it.

Another way to make sure that a healthcare provider provides quality healthcare services is the fact that they hold or at least are applying for a quality and safety certificate. The certificate is awarded by an authorized person, providing that the hospital meets predetermined assessment standards and quality and safety indicators. The Ministry of Health of the Czech Republic shall decide on the granting of the authorization to perform the Quality and Safety Assessment. The requirements to be met by a person authorized to carry out quality and safety assessments are based on the applicable legislation.

[This issue is subject to the Act on Healthcare Services.](#)

[A link to an updated list of persons authorized to evaluate the quality and safety of rendered healthcare services can be found in the chapter "Important Contacts", p.112.](#)

The hospitals holding quality and safety certificates meet very high requirements for good and safe care for patients, they have in place quality and safety improvement programs and quality indicators, they monitor patient satisfaction, various risk areas, etc. As a result, they can detect potential deficiencies or risks and then take corrective actions.

Information from people you know who have stayed in the hospital could also be useful. You can also visit in person the hospital you chose to see whether the premises are clean and tidy, or how staff members behave when you ask for some information. Ask other patients about their experience with the facility.

Another way to know whether the priority of a hospital is quality and safe care of the patient, but also of its staff, is whether the healthcare facility is a member of the National Network of Hospitals and Healthcare Facilities in the Czech Republic. This network associates healthcare facilities that participate in the World Health Organization's international program – Health Promoting Hospitals & Health Services (abbreviated as HPH). It is a worldwide and recognized program that encourages hospitals to place a greater emphasis on health promotion and disease prevention and not just on diagnostic and treatment services alone. It focuses not only on the management of healthcare facilities and system measures, but mainly focuses on patients, healthcare staff and the environment in which health services are provided.

Several hospitals have been involved in this project in the Czech Republic. Seven of these hospitals

have received an internationally recognized certificate declaring their active participation in the HPH research project, which assessed the level of compliance with international health promotion standards. The Czech Republic was the first country in the world to complete this project and these hospitals became important representatives of the high level of healthcare services in the Czech Republic.

A list of these hospitals and their results can be found on the Quality and Safety Portal of the Ministry of Health of the Czech Republic.

Another way to find out whether a health service provider has increased interest in its patients (and employees) is by its active participation in the global non-smoking hospital program. The aim is to make every medical facility non-smoking. Moreover, according to Act No. 65/2017 Coll., on Health Protection against the Harmful Effects of Addictive Substances, smoking and the use of electronic cigarettes in medical facilities and in areas related to its operation are prohibited. Smoking is only possible in a separated smoking area in a closed psychiatric ward or other addiction treatment facility. The law also prohibits the sale of tobacco products, electronic cigarettes, etc. in medical facilities and premises related to its operation. However, the non-smoking hospital program has a broader scope than just setting bans on smoking. The purpose of the non-smoking hospital program is to help the hospital management systematically and methodically lead the healthcare facility to a truly non-smoking “status”, based on a managed self-assessment. Therefore, the essence of the program is the process that leads to this goal. It is summarized in forty points in ten topics and each year the hospital evaluates what it has achieved. It is mainly the support of management, the establishment of a working group, a ban on the sale of tobacco products in the hospital, mapping the prevalence of smoking among staff, training staff in short intervention in patients, offering the intensive treatment of tobacco addiction to staff and patients, non-smoking areas of the hospital and lastly, an offer of nicotine patches for smokers dependent on nicotine in closed non-smoking areas (especially psychiatry or detox wards).

Detailed information on non-smoking hospitals can be found on the Quality and Safety Portal of the Ministry of Health of the Czech Republic:

http://www.mzcr.cz/QualityABezpecei/dokumenty/nekuracke-nemocnice-_14766_3778_29.html.

Patient organizations that have sufficient experience with your diagnosis can also be a good source of information for you.



WHAT TO BRING WITH YOU TO THE HOSPITAL

- Identity card and insurance card, or a travel document in the case of foreigners,
- older records concerning your disease (copies of medical reports); doctors will be more quickly and better informed about your health,
- other medical paperwork (pre-surgery examinations, X-rays, recommendation to hospitalization, certificate of incapacity for work, if already issued)
- a list of medication you are currently taking, or your medications in their original packages (you can make notes on p. 50, 59),
- a list of medication to which you had allergic reactions in the past,
- toiletries, pajamas or leisure clothing, nonskid or other safe slippers,
- medical devices (walking aids, aids compensating sensory limitations, glasses, hearing aids, crutches, sticks, braces, etc.),
- medicines you must always carry – asthma spray, inhalation medicines, special medicines, etc.,
- batteries for hearing aids, for mobile phones.

WHAT NOT TO TAKE WITH YOU

- Large amounts of cash and valuables, jewelry, credit cards, expensive electronic items,
- weapons, alcohol, tobacco, narcotics and psychotropic substances.

The healthcare provider guarantees for brought-in items, but only those which are usually brought to hospital. You should not expect that the provider would assume responsibility for large amounts of cash and valuables, unless you store them in safes designed for that purpose.

[Do you know whether flowers may be brought into the hospital?](#)

Hygienic rules do not allow flower bouquets and/or plants in pots in intensive acute-care wards (where patients are treated in case of sudden failure or sudden or suspected deterioration of basic vital functions) and in surgical wards.

ADMISSION TO THE HOSPITAL

Mostly, the patient is admitted based on his/her registered doctor or outpatient specialist's recommendation. Naturally, situations occur when you must acutely come to a hospital without a doctor's recommendation. The admitting doctor will inform you about the reason for admission and the plan of healthcare during hospitalization. He/she will examine you and ask you about your current health condition, why exactly you came to the hospital, and what diseases you had in the past.

After the doctor collects all the necessary data and information, it is time for your questions. Ask all the questions you want.

The admitting nurse will take you to your room, introduce you to the operation of the ward and verify the information already obtained about you (drug, food or other allergies, medicines used). At the same time, he/she will ascertain risks related to nursing care (the risk of falling, risk of pressure sores, pain, what you can manage in terms of self-service, etc.). If you have a special diet, you can ask for a meeting with a nutritional therapist (diet nurse).

In healthcare facilities you can find several methods of patient identification, most frequently using [so-called identification bracelets](#). If you are given such a bracelet by a medical staff member, do not remove it for the duration of your hospitalization.

ID bracelets contain important data about the patient; their checking by attending medical staff members reduces the risk of confusing patients during examinations and procedures or when allocating test results to the respective patient's records. They are very important during diagnostic or therapeutic procedures outside the patient's "home" ward (i.e. the ward to which the patient belongs); they are also very useful when identifying disoriented or confused patients, e.g. after the administration of medication, etc.

Patients' clothes are stored either in a cloakroom or in wardrobes directly in patient rooms, depending on the practice in every hospital. If your hospital uses the cloakroom option, ask for and carefully check the receipt, including the description of your clothes. If such data is missing, you cannot claim lost or damaged clothes. The nurse will also offer you the possibility to store your valuables in a hospital safe and will issue a confirmation of receipt.

WHAT SHOULD YOU INFORM HEALTHCARE PROFESSIONALS ABOUT?

You should always inform healthcare professionals about any medication, food or other allergies you suffer from. If a staff member changes, it is better to inform them again. Furthermore, provide health professionals true information about your state of health, including information on infectious diseases, on healthcare services provided by other providers, on all medicines used (prescribed by doctors as well as over-the-counter medicines used for self-medication), including the use of addictive substances and other facts relevant to the provision of healthcare services, food supplements and meals.

If you are taking SOS medicines that you need to keep with you (such as nitroglycerin, Ventolin, etc.), always tell your nursing staff!

It is important for staff members to know to what extent you are able to attend to yourself (walking, personal hygiene, eating, getting up, using the toilet, dressing, etc.). Indicate your other limitations, habits, and needs so that the nursing staff will know to provide assistance if you need it, or provide an interpreter (a charged service paid by the patient) or spiritual care.

WHAT ARE YOU NOT ALLOWED TO DO AND WHAT ARE YOUR RESPONSIBILITIES WHILE STAYING IN HOSPITAL?

If the patient has agreed with the healthcare services, he/she is obliged to observe the proposed individual therapy and follow the healthcare facility's internal rules.

If you do not respect the health professionals' instructions, you grossly breach the health facility's internal rules and your therapy may be prematurely terminated.

Smoking and selling tobacco products and serving and selling alcoholic beverages is prohibited in healthcare facilities (Sections 3, 8 and 11 of Act No. 65/2017 Coll., on health protection against the harmful effects of addictive substances). That is why you should respect the smoking ban on hospital premises, with the exception of places designated for smoking. Also, respect the prohibition on alcohol and other addictive substances during hospitalization. Based on a decision by the attending physician, the patient is obliged to undergo, in justified cases, an examination to determine whether or not s/he is under the influence of alcohol or other addictive substances.

Give the healthcare professional true information about your current health condition, including information on infectious and contagious diseases, on healthcare services provided by other providers, on the use of medicinal products, including the use of addictive substances, and other facts essential for the provision of healthcare services.

Please respect the “no animal” rule, which does not apply to assistance or guide dogs or to canistherapy (therapy using dogs).

If you bring a mobile phone to the hospital, please respect the ban on using mobile phones near some apparatuses or services. Please be considerate of others when talking on the phone.

One of the obligations is also to pay the provider for the cost of the health services provided that are not covered or are only partially covered by public health insurance or other sources, provided to the patient with his/her consent.

ACCOMMODATION IN A HOSPITAL

If you want to take advantage of above-standard conditions, for example, in the case of room amenities, or single room accommodation, ask your inpatient care provider whether they provide such possibilities at the medical facility. Above-standard rooms are usually one-bed rooms equipped with TV sets, sometimes with refrigerators or an internet connection, and private bathrooms. The staff should give you an official price list.

If you did not order above-standard accommodation and if no standard room is available, no fee for above-standard accommodation will be charged. If there is no other alternative to the service, it cannot be considered above-standard.

WHEN A CHILD GOES TO THE HOSPITAL

As a legal guardian, you can do a lot for your child's hospitalization well before he/she is admitted to the hospital. The sense of security you give your child with your strong and supportive presence is essential. In the case of planned hospitalization, pay attention to the choice of hospital – conditions for accompanying parents often vary greatly from one facility to another. If there is no time to choose a hospital or if your child is awaiting hospitalization at a specific recommended specialist workplace, find out what the facility offers to patients and their attendants and clarify what is important to you and your child. The European Charter for Hospitalized Child Rights, developed by the European Association for Children in Hospital, the so-called EACH Charter, can serve as a practical aid and guide (<https://www.each-for-sick-children.org/each-charter/introduction-each-charter-annotations>, Czech translation: <http://www.detivnemocnici.cz/charter>). This document summarizes and reminds us in ten points what needs to be remembered when children are hospitalized – regardless of their age. Unlike other similar documents that have the character of an ethical recommendation, the EACH Charter is linked to the Convention on the Rights of the Child and its principles are therefore binding.

The child's stay in the hospital cannot be taken lightly: the potential negative effects of hospitalization may appear even months after the end of hospitalization, may make treatment and convalescence more difficult or possibly require a further stay in hospital, or even complicate all future contact with healthcare facilities.

Pay great attention to pain relief, such as the possibility of administering a local anesthetic if your child is in need of needle-based procedures (blood collection, vaccination...).

Always take care of your child's safety when staying at the hospital together with the child. Remember that the child must not be left unattended; always report your departure from the child to the nurse.

Communicate your child's needs and seek the best possible solution together with the staff – you share the same interest: that your child feels as good as possible.

Even in the Czech Republic, some children's departments already use specially trained game specialists whose job is not only to fill the child's free time, but especially to act as “guides to hospitalization and treatment” for the small patient and his/her relatives – their aim is to eliminate the possible negative impacts of everything the child encounters in the hospital. The work of game specialists also includes individualized preparation for examinations and therapeutic procedures.

WHAT IS IMPORTANT TO KNOW WHEN ACCOMPANYING YOUR CHILD WHILE IN HOSPITAL

During your stay at the ward it is necessary to cooperate with the medical staff and respect their instructions. As an accompanying person, you must follow the ward schedule and the hygiene and anti-epidemic regime of the ward. This is in the interest of the health of your child and other child patients.

If the child is to undergo a diagnostic-therapeutic procedure that requires controlled zones with a special hygienic anti-epidemic regime (all operating theaters with adjoining rooms, including the

delivery room for caesarean section, procedure theaters and their amenities) accompanying persons are prohibited from entering these zones. The accompanying person may accompany the child to the point of entry into the controlled zone, where he or she shall hand over the patient to trained personnel who are knowledgeable in the care for the child patient and shall treat the child with utmost consideration throughout the child's stay in this zone, while adhering to all the ethical rules of medical professionals, and shall take full responsibility for the child.

The reasons for no entry of accompanying persons to controlled zones are as follows:

- hygienic anti-epidemic and safety reasons: these are areas with the highest demands for cleanliness of the environment, which require changing into specific clothing, but especially correct behavior and movement in these areas, adherence to specific hygienic procedures;
- operational reasons: there are medical devices in the zones requiring proper handling (tools, medical equipment...) and the stay of an untrained person could increase the probability of malfunction/damage/failure of their function; such a change in the function of medical devices may also result in the postponing of the procedure;
- socio-ethical reasons: operating and procedure rooms are locations where demanding professional procedures are performed requiring an extraordinary focus of the anesthesiology team, the operating team and other authorized persons on the performed activity with the sole aim of ensuring maximum patient safety and optimum outcome.

WHAT TO BRING TO THE HOSPITAL?

Before planned hospitalization, ask your registered practitioner for children and youth or consult the hospital's website regarding what documents and necessary personal items should be brought to hospital for a child patient. When a child is admitted, his/her legal guardian's ID card and the child's health insurance card will be required. In case the person accompanying the child is hospitalized along with the child, also his/her health insurance card.

Remember to take with you the child's healthcare and vaccination card to every doctor.

COURSE OF HOSPITALIZATION

PATIENT'S CONSENT TO HOSPITALIZATION

In case you are to receive inpatient care, you will be asked for your [written consent to hospitalization](#) (consent to hospitalization does not replace free and informed consent to the provision of healthcare, individual interventions, etc.). If you refuse to give your consent in spite of an adequate explanation, your attending doctor will ask you for a written statement. Without his/her consent, the patient may only be hospitalized in the cases stipulated by the law. Those include, for example, a health condition requiring urgent care, when the patient is not able to give his/her consent.

You will be provided a copy of the written consent form upon request.

A sample informed consent of the patient to hospitalization can be found in the chapter "Annexes" on p. 120.

DISCUSSION WITH THE SURGEON

Your surgeon (the physician performing surgery) will explain to you the reasons for surgery and alternative options, incl. potential risks. He/she should also tell you how long you are expected to stay in hospital after your operation, the course of hospitalization after your operation, and when you are expected to return to work, or what limitations you will have in your usual way of life. In case the surgery is to cause you any limitations or if you will then need further treatment or medication, you should be informed prior to surgery. Ask whether a non-surgical alternative solution exists and what the advantages of the solution offered to you in the hospital are. The physician is also obliged to explain to you all the risks and alternatives of the procedure you are to undergo.

In order to prevent confusion regarding the patient, the procedure and the side in surgical procedures, the site of the procedure is marked in the hospital. You may be asked to participate in this labeling and you should undergo a so-called safety procedure to verify the correct identification of the patient, procedure, surgical area, instruments and implants, and the numbing agents prior to the procedure.

Whatever your procedure, it is very important to always confirm your identity, report your full name, surname, year of birth and allergies. Keep in mind that preparations are made to operate on the correct limb, in the correct place.

INFORMED CONSENT TO SURGERY

As already mentioned above, take your time to decide. Consult your loved ones and if you do not understand something, ask for an explanation. If you do not agree with the surgery, you can refuse it. You also have the right to verify with another specialist whether the procedure is really necessary (see "What Rights Do You Have?", p. 32). If, however, your life is at risk and you are unconscious or you cannot give your consent with healthcare because of other reasons, a life-saving procedure can be performed without your consent.

AUTOTRANSFUSION

It is the process of blood collection before a surgery wherein several blood units (1 unit = 500ml of blood) are collected from a patient, if his/her health allows so, and later during the surgery the patient receives his/her own blood back. Naturally, blood should be taken before the surgery at an appropriate time so that its expiration time is not exceeded. Collection usually begins 2 to 3 weeks before the surgery. The shortest time for blood collection before surgery is 4 days.

Autotransfusion offers the advantage of reducing or even eliminating transmissions of serious infectious diseases (AIDS, hepatitis, etc.) and eliminating the formation of antibodies against red blood cells.

DISCUSSION WITH THE ANESTHESIOLOGIST

Before surgery, the patient must always have a discussion with the anesthesiologist. He/she will ask you about your past and current diseases, medications you take, allergies, alcohol, smoking, drugs, your previous anesthesia (complications during anesthesia, difficult intubation, allergy to anesthetics, nausea after anesthesia, etc.), previous application of blood derivatives and any complications. The informed consent to anesthesia is also a valid part of medical records.

Again, ask anything you want to know, e.g. what anesthesia options exist and which one is the best for you. You can also consult with the anesthesiologist your pain management after the procedure.

It is very important for you to fully inform about your potential use of narcotic drugs and psychotropic substances. That is because such substances can react strongly with the selected anesthesia and increase the risk of complications.

PATIENT WAITING AND ORDERING TIMES FOR MEDICAL PROCEDURES

According to the law you are entitled to good and available healthcare just like any other person insured under the public health insurance scheme in the Czech Republic.

Under the Act on Public Health Insurance, health insurance companies are obliged to provide insured persons the availability of covered services in terms of location and time. Local availability means a reasonable distance between the location of the provision of covered services in relation to the permanent address or the place of residence of the insured person and is expressed in full minutes. Temporal availability means ensuring the provision of urgent and acute covered services within a time limit corresponding to their urgency. Scheduled covered services are provided within a period which is medically justifiable and is based on an objective medical assessment of the insured's current state of health, medical history, and the likely course of his/her illness, pain or the nature of the illness. The travel and waiting time limits for the availability of scheduled covered services are set [by Government Decree No. 307/2012 Coll., on the Local and Temporal Availability of Health Services](#).

If the waiting time is too long, ask your health insurer for an explanation. When waiting for your procedure, however, you should never be superseded by another patient. The exception is if another patient's health worsens, and he/she needs to be given priority.

You can easily find out whether your hospital is fair and open in this area. Look at their website. Some hospitals post e-calendars where you can check your position (mostly an allocated code or number) and follow the possible date of your operation. Some hospitals use written planning calendars. The date of your operation should not change, if it has been allocated to you, unless a reason appears on your part. Waiting times can differ according to the type of procedure or healthcare provider performing the procedure.

MEDICATION IN THE HOSPITAL

Do not forget to write down a list of medication you have been taking on p. 50, 59. During your hospitalization, the administration of all medication, also that not associated with your current hospitalization, is the responsibility of the medical staff members.

All medication will be prescribed to you during your hospitalization by your attending doctor and administered by a nurse. If you have been taking medication for a specific disease, bring it to the hospital and give it to a nurse in your ward upon admission.

- Do not take any medication – not even that which you commonly take at home (both prescription and over-the-counter drugs) without the knowledge of healthcare professionals. Remember that medication prescribed to you can be adversely affected by “self-prescribed” medication!
- Some food supplements or infusions (tea) from medicinal plants (e.g. St. John's Wort) are recommended not to be taken with certain medicines, so do not continue to use these products while in hospital, or consult your doctor.
- Medication can be administered by an accordingly qualified healthcare professional – in particular, the doctor and nurse. Medication should be administered by the nurse from its original package directly in the room.
- Ask what medication you receive.
- Ask why you receive the medication.
- You are entitled to be informed about the medication prescribed to you and about its adverse effects, if any. Ask your attending doctor for the information.

Just like with any other medical procedure, you have the right to disagree with the administration of medication. It will, however, be a case of an “AMA release”, as already mentioned on p. 36.



MEALS IN THE HOSPITAL

A correct and balanced diet is very important for the good physical condition and resistance of your body. Only a patient with good nutrition can recover quickly, his/her wounds heal more easily and he/she is more resistant to potential complications (infections, bedsores).

If you do not have any nutritional limitations, a basic diet is appropriate for you; in most health facilities this corresponds to number 3. It is a rational diet designed to prevent deterioration of nutritional status during hospitalization. Other, so-called therapeutic diets, are prescribed by the physician based on dietary restrictions caused by a disease to assist in the treatment or prevention of specific ailments or diseases.

If your dietary restriction due to a therapeutic diet is significant, your meals may differ from your usual diet. If you need to know more about your diet or if its composition does not suit you, you are free to contact the nutritional therapist. A nutritional therapist is a healthcare professional who can help you adjust your diet or give advice in the situations listed below. [If you have a reduced appetite, are losing weight or your clothing feels loose, tell your attending physician or nutritional therapist.](#) If the nutritional therapist is not present at your department, you can ask for consultation from your attending physician or nursing staff.

If special meals are required due to religious or customary restrictions, please notify of this fact in advance so that the hospital has time to provide you with adequate meals (halal, kosher, etc.).

[A nutritional therapist can help you in the following situations:](#)

- the need for help with an unsatisfactory diet or food choice, taking into account the necessary dietary restrictions,
- the need for advice when planning meals after being released for home care in order to meet dietary restrictions as well as individual taste preferences,
- addressing a deteriorated state of nutrition, loss of appetite or other digestive problems by adjusting the diet or performing other interventions,
- the prescription of artificial nutrition by a physician, in which case a nutritional therapist explains how to use it properly and possibly combine it with a diet. For artificial nutrition ingested orally, he/she will help you to choose a suitable flavor.

If you have any food with you, you should put it in a refrigerator designed for this purpose. Unless your food is placed in the refrigerator in its original packaging with a best-by date, medical staff members may discard it after 24 hours. Always consult your attending physician or nutritional therapist about the type of food brought in. Remember, it is not a good idea to supplement or replace the diet prescribed to you with your own meals without prior consultation.

Some hospitals also offer above-standard meals as part of above-standard conditions. If you wish to make use of above-standard accommodation options, ask whether those options are offered immediately upon your admission to the hospital.

WHO IS TAKING CARE OF YOU?

- Every health professional taking care of you should be visibly identified with his/her first name, surname, position and the workplace to which he/she belongs. They should introduce themselves during the first contact with you. If they do not do so, ask them to.

- In the ward, your attending physician takes care of you. He/she should see you every day, speak to you, examine you, explain to you your further treatment, plan examinations and/or further therapy.
- Your attending physician reports to the head of the ward. You can meet him/her during the grand rounds, which usually take place once or twice a week. In addition to your attending physician, you will be taken care of by doctors on duty during afternoons, nights and weekends. The attending physician in the ward can also ask for a consultation by another specialist, i.e. a consulting doctor.
- A nurse works closely with the attending physician in the ward; he/she must introduce him/herself at the beginning of the shift. The nurse reports to the head nurse or matron. You can speak to them if you have any comments on nurses' work.

OTHER HEALTHCARE PROFESSIONALS

- **Physiotherapists** usually come to the ward to help patients during their recovery and rehabilitation. They can recommend suitable physical exercise before and after the procedure to relieve your problems with the locomotor system, etc.
- **A speech and language therapist** treats communication disorders. Speech and language therapy includes all disorders, from minor ones, such as the incorrect pronunciation of a single phone, to serious speech disorders or complete speechlessness (e.g. in facial nerve paralysis).
- **Occupational therapist** – occupational therapy is a medical method involving the beneficial effects of work, sports and various activities on human health. The objective of occupational therapy is to provide, through meaningful activities, disabled (physically or mentally) people with as high a quality of life as possible. An occupational therapist will help you resolve practical issues associated with reduced or lost self-sufficiency in the activities you cannot do without.
- **Social worker in healthcare or social worker** – the healthcare social worker will help you and your family relieve or eliminate the adverse social consequences of your disease. He/she will offer you professional social consultancy and assistance with your problems in the social area. You can ask the social worker questions about welfare benefits, pension benefits, benefits in the system of assistance in material need, or benefits and advantages for disabled people, and care allowance. He/she will help you to ensure appropriate follow-up bed care (e.g. medical rehabilitation care, palliative care) or residential social services, as well as ensure appropriate care provided in your own social environment (e.g. a nursing service or home care).
- **Psychiatrist, psychologist, priest** – your mental well-being is an important part of your therapy; do not underestimate it. Many diseases develop as a result of prolonged mental stress; discussions with a professional or priest could help in certain health conditions.
- **Nutritional therapist** – a nutritional therapist carries out preventive care activities in the field of clinical nutrition and specific nursing care aimed at satisfying nutritional needs. In collaboration with a physician, he/she is involved in medical and diagnostic care in the field of clinical nutrition.
- **Students and interns** – persons who are qualified to pursue the profession of a healthcare or other professional may participate in the provision of healthcare services.

Your attending nurse or doctor will mediate individual contact with these services.

Volunteers are a suitable supplement of the spectrum of services in some healthcare facilities. They usually take care of the patients' leisure time (reading, interviewing, accompaniment for walks), their psychological harmony (music activities, art and creative workshops, theater performances), they can provide assistance not requiring vocational education, canistherapy and others. However, they by no means substitute the work of nurses and assisting staff. A volunteer in a healthcare facility does not have access to the patient's medical records, he/she does not need to know the patient's diagnosis. Necessary information on the patient's restrictions and needs is provided by authorized personnel. Volunteers are trained for their activities and they have a non-disclosure duty. You can meet volunteers both in large and small hospitals, in various wards both for children and for adult patients. You can identify volunteers by their name-tags with photos; they often wear colored clothes (a vest or T-shirt) with the text "Volunteer". You can find out about the possibility of utilizing the services of the volunteer program in the department from the website, information brochures or from medical staff. The volunteer coordinator is responsible for the volunteer program in the hospital.

For more detailed information about volunteer programs in healthcare go to http://www.mzcr.cz/odbornik/obsah/dobrovolnik-ve-zdravotnictvi_2921_3.html.

PATIENT MOBILITY

Lower physical activity during hospitalization (e.g. after a surgery, a bedridden patient) can quickly cause a muscular mass loss and subsequently reduce your mobility. Physical inactivity also increases the risk of falls.

Patients with reduced mobility require special care. There must be sufficient space between the beds to allow personnel to operate, to move the patient and to handle equipment, material and beds.

Ask for special bed equipment. Sideboards are good for your safety – you will feel safer in the bed. Hospital beds are usually fitted with bars, auxiliary bed trays or signaling devices to call the nurse. The bed height can also be adjusted according to your preference.

[Ask for assistance if you are not sure you can manage yourself.](#)

ACTIVITY REGIMEN IN THE HOSPITAL

Your attending doctor can determine an individual activity regimen for you during your hospitalization, which you should observe. The options are:

- Strict bed rest (hygiene, bowel movements, eating in bed)
- Walking only near the bed and to the bathroom
- Walking only in the room
- Walking only in the ward
- Walking within the hospital premises

For your own sake, follow the activity regimen prescribed by the nursing staff. It is an important part of the prevention of falls and complications resulting from them. Before you stand up, make sure it is safe for you.

The patient can also leave the hospital for a [so-called leave](#). Leave will be decided by a competent healthcare professional depending on your health condition.

FALLS

Unfortunately, falls are a frequent complication of hospitalization. What are the most frequent causes of falls in a hospital?

- Patients often do not want to bother nurses and ask for help when getting up from bed (most falls occur when the patient goes to the bathroom).
- Not respecting instructions.
- The bed is too high; the patient's feet do not touch the floor.
- Slippery or wet floor.
- Poorly lit corridor.
- Confined space between beds.
- Obstacles in the way – bedside tables, chairs, walking-frames, etc.
- Inappropriate shoes.
- Weakness due to the loss of muscle strength, dizziness, pain, condition after general anesthesia, balance-affecting medication.
- Faintness.

Wear slippers with non-skid soles in the hospital, do not walk in socks only, do not walk in the dark. Pay attention to whether warning signs are placed in the corridor when the floor has been wiped (only one half of the corridor is always being wiped), and ask about this measure. Do not hesitate to ask the staff for assistance.

[Prevent falls and injuries.](#)

INFECTION IN A HOSPITAL

During your stay in hospital there is a risk of developing [healthcare-associated infections](#). In the European Union, such infectious complications arise in about one in every twenty patients admitted to hospital. The most common are urinary tract infections in patients with an introduced urinary catheter, bloodstream infections with an introduced vascular catheter, infections in the surgical wound after surgery, airway inflammation, or diarrhea. Their occurrence can be effectively reduced by targeted preventive measures, but not completely excluded.

If you experience symptoms while you are in hospital that may be related to an infectious complication (especially fever, chills, signs of inflammation or pus in the wound after surgery, redness or pain at the site of vascular catheter introduction, rapid breathing, shortness of breath and cough, a burning or cutting sensation during urination, or diarrhea), tell the nurse or doctor taking care of you immediately.

If you develop an infectious complication during hospitalization, or if any significant microbe potentially dangerous to you or your environment is found, follow the instructions of the medical staff to effectively treat the infectious disease but also to ensure your own safety, and the safety of other patients, medical staff and your loved ones.

Where specific measures are required to prevent the transmission of infectious agents, this circumstance must not restrict the availability of the medical care needed to treat your underlying disease (e.g. when transferred to another ward or other healthcare facility providing acute, follow-up or other type of inpatient care, if your health condition requires so).

Adherence to simple procedures, especially [hand hygiene](#) (washing or disinfection), is essential for the effective prevention of healthcare-associated infections. Medical staff must rigorously perform hand hygiene when providing healthcare (especially before and after contact with the patient, before aseptic procedures, after contact with bodily fluids, after contact with the patient's environment). You and your loved ones must also take care to wash your hands during hospitalization (after using the toilet, before eating, after being soiled by bodily fluids, etc.). In certain situations, medical staff may ask you to use appropriate protective equipment (a face mask, protective coat, etc.).

Your bed should always be clean. If it gets soiled (e.g. with blood, urine, stool, mucus, wound leaking fluid, etc.), ask the medical staff to change the bedding immediately.

Sometimes a potentially dangerous infectious disease that occurs in the general population (e.g. influenza during a flu epidemic, some viral diarrhea, some dangerous infections imported in connection with traveling to high-risk areas of the world) may be introduced into the hospital. Weakened, hospitalized patients and other persons present in the hospital (healthcare and other workers, visitors, etc.) may be at risk. If you come to a hospital with symptoms of an infectious disease (fever, headache, muscle and joint pain, cough and shortness of breath, rash, diarrhea, unusual mucosal bleeding, etc.), inform the medical personnel immediately. Be sure to point out other important circumstances (travel, contact with sick people in your family or elsewhere in your area).

DISCHARGE FROM HOSPITAL

If you are not able to do without another person's assistance because of your health, you can be discharged from one-day or inpatient care only after the person expected to provide this assistance is informed sufficiently in advance.

If a patient for whom no further care is ensured is to be discharged from the hospital, the provider should inform in time the municipal authorities at the patient's permanent residence; if the patient's permanent residence is in Prague, the Prague City Hall should be informed; a similar rule applies to underage patients whose social situation in their families is serious (Section 47 of the Act on Healthcare Services). The municipality in question may, through its social workers, provide the patient or his/her loved ones with information on suitable, locally available social services, such as



nursing care, nursing homes, retirement homes, as well as information on the conditions for applying for care allowance, from which these services can be paid by the patient. Some hospitals have a social worker who is also able to provide this information.

[Did you know that you should see your general practitioner, or practitioner for children and youth in the case of children, within 3 days from discharge from hospital?](#)

Upon discharge from the hospital, the patient can request a copy of his/her discharge report, which contains information about his/her treatment, surgery, follow-up regimen, checkups, etc., and take it home. You have the right to request that the discharge report prepared by the attending physician include information relating to post-discharge nursing care.

Remember, if you are given a voucher for a medical or orthopedic aid, it is valid for 90 days from the date of issue (inclusive), unless the physician stipulates otherwise with regard to your health or the nature of the medical aid.

MEDICATION “FOR HOME”

Upon discharge, the nurse will prepare medication for you based on the prescription by your doctor, which should last you until you see your GP, i.e. for three days, or in justified cases for a longer necessary period. If you do not receive the medicine in the original unopened package, each type of medicine should be packed separately and the packaging should be labeled with the name of the medicinal product, including its strength and information on how to use and store it. You will also be given medical aids covered by your health insurance, if you need them.

Make sure you know how to use the medications for home and check whether your medications are correctly labeled. See your GP or respective specialist as soon as possible, on the third day from discharge from the hospital at the latest, and ask for a prescription and about further therapy.

DISCUSSION WITH A DOCTOR DURING DISCHARGE

It is very important that you pay appropriate attention to the discussion with your doctor during discharge from the hospital.

- Ask all questions you need about your further regimen.
- What new medication you will take, how to use it and whether your GP can prescribe it.
- What to do and who should be contacted if you develop health problems.
- What your follow-up care will be like, when you are expected to come for a checkup.
- Enquire about the mutual intolerance of medication you take.
- Enquire about food and drinks you should avoid because of the medication you take.
- Enquire about special physical activity or regimen measures you should observe.

INVOLUNTARY HOSPITALIZATION

Hospitalization of the patient without his/her consent is only possible for reasons expressly stipulated by law. One of these is the situation when he/she endangers him/herself or others in an imminent and serious manner and shows signs of a mental disorder or suffers from one, or is under the influence of an addictive substance. Involuntary hospitalization constitutes a serious interference with the rights of the patient and can therefore only be implemented if the threat to the patient or his/her surroundings cannot be averted in any other way.

The health service provider is obliged to notify a court of the patient's involuntary hospitalization within 24 hours. The court must decide within seven days of the commencement of hospitalization whether the involuntary hospitalization was in accordance with the law or not (the so-called detention proceedings).

If this has happened, the next stage of the proceedings begins, when the court decides within three months on the basis of an expert opinion on whether further detention of the patient in the medical facility is admissible, and for how long. If the court decides on further admissibility of the patient's detention in a medical facility, it may do so for a maximum period of one year. Then a new examination must be performed and possibly a new court decision on further hospitalization taken.

PATIENT OMBUDSMAN – PATIENT RIGHTS DEFENDER

This position is represented in a number of hospitals. The role of Patient Ombudsman on all levels is to be an advisor and guide for patients in case they are not sure what rights they have, and help them or their close persons in case they suspect their rights were breached. All your suggestions serve hospitals and the Ministry as important feedback to improve their work.

NOTES

[illegible]

08/

SOME SPECIAL TYPES OF HEALTH SERVICES

MEDICAL TRANSPORTATION SERVICE

The health insurance company covers [the patient's transportation](#) to/from the health facility to the place of his/her habitual residence or to a social institution of the patient's health does not allow for the usual means of transportation without the use of the medical transport service. [It will be decided on by the attending physician according to the patient's health condition](#). Patient transportation can only be reimbursed from health insurance on the basis of a completely and correctly completed [Health Transportation Order](#) form, filled in by the physician requesting the transportation. The return order is completed by the physician who provided the medical care, again after assessing whether medical transportation is necessary for medical reasons.

In the case of planned check-ups, the medical transportation order is issued by the attending physician of the provider who decided on the check-up. However, there may be situations where the doctor does not issue the order for objective reasons – for example, if you are invited to a check-up after a longer period of time, so that a change in your health and hence the indication for transportation cannot be excluded. In this case, you should contact your GP to assess your current state of health, and he/she will issue a medical transportation order if the transportation is indicated for medical reasons. However, the return order is completed by the physician who provided the medical care if you were not in the care of non-medical healthcare workers (e.g. physiotherapy, X-ray). In this case, the GP will give you a medical transportation order for the outbound and return journey.

The doctor may also indicate [transportation for the person accompanying the patient](#) – however, he/she must verbally state the reason for transportation via an ambulance on the medical transportation order form (if the attending physician indicates the accompanying of the insured person, the health insurance company which pays the insured person's transportation also covers the transport of the accompanying person, to the same extent as the insured person's transportation). An accompanying person is understood to be an accompanying person who is not a member of the vehicle crew and whose presence is necessary in view of the patient's medical condition for follow-up care and examinations, in particular due to the need to provide information (if information cannot be obtained otherwise, e.g. via a medical report).

If your condition requires [only transportation assistance](#), this is fully within the responsibility of the transportation service team. Professional supervision and assistance during transportation, including the handover of the patient to the health service provider, is then provided by the second crew member within the scope of his/her qualifications. If your attending physician does not offer you a medical transportation service, but you feel that you are not able to transport yourself, you can ask your doctor for it. If the attending physician does not find the ambulance transportation covered by the public health insurance to be justified, you can make use of ambulance transportation upon agreement with the medical transportation service [as a self-payer](#).

Remember that when transporting a patient in an ambulance, the carrier is not obliged to transport [compensatory aids](#) (e.g. a wheelchair) unless the vehicle is adapted. The responsibility of the carrier is the professional loading and unloading of the patient, which is ensured by the crew using the statutory equipment of the ambulance (stretcher, transport chair). In the case of a person mainly relying on a wheelchair for disabled persons for moving around, and for health reasons a medical transportation service is indicated, the health insurance company shall pay the [transportation expenses to another transporter](#) if it provides such transportation through a means of transport specially modified for the transportation of persons in a wheelchair for disabled persons. This is also decided by the attending physician, who may issue a medical transport order.

Attention! If you choose to travel to a more distant hospital or healthcare facility (i.e. of your health insurance company's contractual provider), only transportation in the amount equivalent to the distance to the nearest contractual provider who is able to provide the required reimbursable service shall be reimbursed by public health insurance, and you will pay the difference to the medical transportation service.

If you opt for [transportation by a private vehicle](#) (driven by another person and under conditions that are the same as for ambulance transportation), your travel costs will be reimbursed if your doctor approves such transportation. However, it also applies here that it shall be paid by the health insurance company only in the amount corresponding to the distance to the nearest contractual provider capable of providing the required reimbursable service.



HOME CARE

When your discharge is being planned, discuss with your attending doctor whether you will need home (a nurse's) care. At the end of your hospitalization, if your health requires home care, your attending doctor will recommend it. This recommendation follows up on hospitalization and it is valid for fourteen days. After 14 days, further home care can be recommended by your GP.

[Home care can therefore be indicated:](#)

- by a health service provider – for a period of fourteen days following hospitalization,
- by a general practitioner indefinitely,
- by a physician-specialist – in terminal patients.

If a doctor prescribes home care, the care is fully covered by the health insurance company and is usually provided by general nurses. You can choose your home care provider.

The service can be used if your current situation does not allow you to regularly visit your health facility and you need, in particular:

- health checkups – blood pressure, glycemia, etc.,
- the administration of both injection and non-injection medications (insulin, painkillers, blood thinners, etc.),
- treatment of chronic wounds and skin defects (leg ulcers, bedsores, post-operation wounds),
- to prevent bedsores,
- to take care of hydration (water supply), monitor intake and losses of water,

- to administer infusion therapy (pain management, hydration),
- activation, both physical and mental,
- sampling of blood and other biological materials,
- nursing rehabilitation,
- permanent catheter care (an indwelling urinary catheter), short-term catheter, stoma care, application of enema.

Your GP can also recommend a visit by a specialist/surgeon, dermatologist, urologist, etc. in your home, which is good mainly for handicapped patients or patients in terminal stages of disease.

HOW TO REQUEST SPA MEDICAL REHABILITATION CARE?

Spa care must always be recommended by the attending physician, the proposal is submitted by the general practitioner or the attending physician during hospitalization and is subject to approval by the health insurance reviewing physician. The proposal shall include at least two spas intended for the treatment of the disease. Approval or non-approval of the proposal is in full competence of the relevant health insurance company; the Ministry of Health is not authorized to assess the decisions of the reviewing physician.

The decisive factor in the application for spa care is the assessment of the state of health by the general practitioner or the attending physician according to the given disease, taking into account the benefits and risks of the specific spa medical rehabilitation care.

In general, spa care can be provided to children and adults in groups of cancer, circulatory, digestive, digestive, metabolic, endocrine, respiratory, nervous, musculoskeletal, urinary, mental, skin and gynecological diseases.

Specific conditions for the use of spa medical rehabilitation care are set out in Section 33 and Annex 5 of the Act on Public Health Insurance and Decree No. 2/2015 Coll., on setting professional criteria and other requirements for the provision of spa medical rehabilitation care, as amended.

Spa care is provided as a complex medical stay where all costs are covered by the public health insurance or as a contributory medical stay where the services covered by the public health insurance are examinations and treatment. The patient pays for his/her stay and meals, but these must be provided at the healthcare provider's health facility (not at a hotel or guesthouse).

There is no entitlement to spa treatment, it always ensues from the current state of health and is one of the components of the healthcare provision system. Another option is, if necessary, care in a rehabilitation institute or rehabilitation ward of hospitals, or possibly specialist outpatient care. In case of doubt, we recommend that you consult your general practitioner or your attending physician for treatment options. In the case of complications with placement in a spa facility, the problem should be solved primarily by the health insurance company.

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**MEDICINAL PRODUCTS
AND MEDICAL DEVICES**

MEDICINAL PRODUCTS AND A WARNING ON THE MAJOR DIFFERENCES BETWEEN THEM AND SOME OTHER PRODUCT CATEGORIES ON THE MARKET

In the Czech Republic, a large number of products are sold for which the purpose is to positively influence the human body and help its proper functioning (for example, medicinal products or medical devices). In practice, medical devices, food supplements and cosmetics are often mistaken for medicinal products. To understand the basic difference between these products, we will give a very brief description of these categories.

Medicinal products are not ordinary products (or commercial items) and their handling is subject to the specific regime and conditions laid down by the legislation of the Czech Republic and the European Union, and simultaneously, agreements under international law, the main purpose of which is to protect public and individual health through the provision of quality, safe and effective medicines. A medicinal product is a substance or combination of substances presented as having therapeutic or preventive properties in the event of human or animal disease, or a substance or combination of substances that can be used in or administered to humans, or used in animals or administered to animals, either to restore, modify or affect physiological functions through pharmacological, immunological or metabolic action, or to make a medical diagnosis. Before they are placed on the market, medicinal products are subject to a marketing authorization procedure which assesses the quality, safety and efficacy of the product in the defined therapeutic or preventive indications. The State Institute for Drug Control (hereinafter “SIDC”) is responsible for placing safe and high-quality medicinal products on the market in the Czech Republic, Šrobárova 48, 100 41 Prague 10, e-mail: sukl@sukl.cz, www.sukl.cz, tel.: 272 185 111).

A medical device is an instrument, apparatus, equipment, software, including software designed by its manufacturer for a specific use for diagnostic or medical purposes and necessary for the proper use of a medical device, material or other item specified by the manufacturer for use in humans for the purpose of

- a) the diagnosis, prevention, monitoring, treatment or alleviation of a disease,
- b) the diagnosis, monitoring, treatment, alleviation or compensation of an injury or disability,
- c) the examination, replacement or modification of the anatomical structure or physiological process, or birth control.

Medical devices do not achieve their principal intended function in or on the human body by pharmacological, immunological or metabolic effects, but their function may be enhanced by such effects. Entities which intend to market medical devices in the Czech Republic must comply with their legal obligation to register. The registration of the entity is followed by a notification of the medical device that these entities are placing on the market in the Czech Republic. Registration and notification is performed at the SIDC through the Registry of Medical Devices RZPRO (www.rzpro.cz).

A food supplement is **food** intended to supplement a normal diet and which is a concentrated source of vitamins and minerals or other substances with a nutritional or physiological effect contained in

the food separately or in combination, and intended for direct consumption in small measured quantities. It follows from the above that food supplements are foodstuffs and are therefore subject to the relevant provisions of food law. In practice, this means that an entity producing, importing or marketing a food supplement (in whatever form – e.g. mail order, online shop, etc.) is considered to be a food business operator with all the resulting consequences. A food business operator who launches the food supplement is obliged to make a declaration (the so-called notification) to the Ministry of Agriculture before it is first placed on the market.

The health or nutrition claim that appears on the food supplement must meet the definition of a health/nutrition claim, i.e. that the foodstuff or its ingredient is attributed favorable health or nutritional properties.

Labeling of food supplements:

- must not attribute or make reference to the characteristics of the prevention, treatment or curing of human diseases;
- it shall not contain any statement claiming or implying that a balanced and varied diet cannot, in general, provide sufficient amounts of vitamins or minerals;
- it must not imply that health could be endangered by not consuming the supplement;
- it may not refer to size or amount of weight loss and must not refer to the recommendations of individual physicians or other health professionals.

A **cosmetic product** is any substance or mixture intended to come into contact with the external parts of the human body (skin, hair system, nails, lips, external genitalia) or teeth and oral mucous membranes, solely or principally for cleaning, perfuming, altering their appearance, protecting them, maintaining them in good condition or adjusting body odors; a substance or mixture for ingestion, inhalation, injection or implantation into the human body is not considered a cosmetic product.

For cosmetic products, a safety assessment must be carried out prior to being placed on the market and a cosmetic product safety report has to be prepared in accordance with European legislation. Cosmetic products must be registered in the European CPNP Notification Portal.

RECOMMENDATIONS FOR CONSUMERS

It is often difficult for the average consumer to distinguish whether the product on offer is a medicinal product, a medical device or a food supplement, given that, for example, many food supplements have a similar composition to medicinal products (multivitamins, glucosamine, herbal teas, ginkgo biloba, aescin, etc.). In addition, a number of products offered through online sales are presented as having a preventive or curative effect, although it is clear that they are not a registered medicinal product.

Therefore, we have the following recommendations for consumers:

- If the consumer is not sure whether the product in question is a medicinal product or belongs to another product category (e.g. food supplement), we recommend that you visit the website of the State Institute for Drug Control www.sukl.cz, where it is possible to search for all authorized medicinal products in the Czech Republic by name in the database of medicines. If the product is not listed in the medicines database at www.sukl.cz, it is clear that the product on offer is not a registered medicinal product.
- Unreliable product offerings on websites or in the press can be recognized by consumers by the fact that:
 - the offer does not mention the manufacturer or distributor (very frequently offers on the internet),
 - the offer does not indicate the exact composition of the product and the quantity of its ingredients,
 - the offer of food supplements points to the recommendations of doctors, although this is not possible with food supplements, and it is also very common that on the Czech and foreign pages for the product there is the same photo of the doctor, but with a different name,
 - the offer refers to the results of clinical trials, which can be misleading, as clinical trials for food supplements or cosmetic products cannot be compared with clinical trials conducted under the strict conditions for medicinal products,
 - the offer is appealing and promises "miracles" (often for cancer treatment),
 - the offer for food supplements provides the misleading information "this product is approved by the Ministry of Health". Until 31 December 2014, the issue of food supplements was the responsibility of the Ministry of Health, which, however, did not approve the food supplements; the food supplements were merely notified (i.e. declared). Since January 1, 2015, the issue of food supplements is the responsibility of the Ministry of Agriculture, where food supplements are again not approved, but merely notified.
- Medicinal products subject to medical prescription are dispensed only in a pharmacy and their mail order is not possible. We would like to point out that there are a number of mainly foreign offers on the internet also for mail orders of medicines, the dispensing of which is subject to medical prescription in the Czech Republic; it may seem cost-effective for patients, but there is a risk of receiving a falsified medicinal product.
- A falsified medicinal product is any medicinal product with false identification data, including the packaging and the label on the packaging, its name or composition, origin or history. Counterfeit medicines can endanger a patients' health either by containing inferior medicines and excipients, or by containing the wrong amount of substances in these medicines or, last but not least, by containing no active substances. In extreme cases, falsified medicinal products may contain substances that are harmful to the human body (for more information see <http://www.nebezpecneleky.cz/>).
- Non-prescription medicines (so-called over-the-counter medicines) can be purchased either from a pharmacy or by mail order (the pharmacy's online offer), while we recommend that prior to purchasing by mail order you check whether the website of the pharmacy offering the medicines has a functioning logo that allows you to verify that this pharmacy is approved for mail order (for more information see <http://www.olecich.cz/>).



PRESCRIPTION

- Be careful if different doctors prescribe you medication, because medication with the same active substance can have different names. If you see more doctors, they can prescribe you similar medication, and their mutual effects and accumulation in your body could be harmful. Always carry a list of medicines that you are taking to avoid this (a sample of the list of medicines taken is on p. 59). If you are not sure, consult your pharmacist.
- As of 1 January 2018, prescriptions for medicinal products are issued electronically. However, in some situations (as determined by the relevant decree), your doctor may still issue you a prescription in paper form. These include, for example, issuing a prescription for medicines containing narcotics or psychotropic substances, a prescription for use in another Member State of the European Union, a prescription as part of a clinical trial on medicinal products, a prescription issued as part of emergency medical services and professional first aid, a prescription in the framework of a visiting service, as well as the situation where technical reasons (power outage, internet connection) do not allow the electronic prescription to be issued.
- Your doctor will provide you with an electronic prescription identifier (a unique 12-digit code for the prescription) at no charge, based on your choice by means of a paper document, SMS, e-mail or mobile phone application.
- Verify the names of the medication and make sure you understand their dosage.
- Your doctor may prescribe medication for up to three months, or if checking up on your health condition is possible after a longer period of time, you may be given a recurring prescription for which the dispensing of the prescribed number of packages may be repeated in the pharmacy, depending on the number indicated by a physician.
- Verify the prescribed number of packages on which you agreed with your doctor; you should have enough medication until your next checkup.
- Check with your pharmacist about the possibility of dispensing a fully reimbursed drug (no extra charge) or a lower copayment medicine containing the same active ingredient as the medicine prescribed in the prescription. Your pharmacist is authorized to dispense this medicine with your consent (under the generic substitution described below).

VALIDITY OF PRESCRIPTIONS

- A prescription with prescribed antibiotics and antimicrobial chemotherapeutic agents is valid for a maximum of five calendar days starting from the day of its issuing, unless it is a topical medicinal product (e.g. ointment),
- The prescription with other prescribed medicinal products is valid for fourteen calendar days starting from the day of its issue, unless the physician specifies otherwise, but no longer than one year.
- The so-called recurring prescription is valid for six months, unless otherwise indicated by the prescribing physician, from the date of its issue, but not more than one year.
- A prescription issued by a medical emergency or dental emergency service, or in cases when 'acute care' or 'urgent care' is written on the prescription, shall be valid until the end of the first calendar day following the date of issue.

VOUCHER FOR MEDICAL DEVICES

- Medical devices are prescribed as a voucher that can only be issued in paper form (as opposed to prescriptions for medicinal products, which are to be issued electronically, with the exception of electronic vouchers).
- A voucher must be used to prescribe:
 - medical devices to be used only under the supervision of a doctor (e.g. intrauterine devices, inhalers, hearing aids or injectable implantable medical devices), or
 - medical devices to be reimbursed to the patient from health insurance.
- The reimbursement of medical devices from health insurance is often limited in quantity or time. This means that the patient is entitled to reimbursement of a specified number of medical devices (e.g. children under 18 years of age with diabetes are entitled to the reimbursement of 2500 blood glucose test strips per year) or is entitled to reimbursement of the given medical device once per a certain period of time (for example, crutches are reimbursed once every two years).
- When dispensing such medical devices, the patient confirms with his/her signature on the back of the voucher that in the given period (determined for the issued medical device) he/she has not drawn the reimbursement of the given medical device.

VALIDITY OF A VOUCHER

- The medical device voucher can be used within ninety days from the date of its issue.
- This period of validity of vouchers for medical devices refers to the moment of their application at the dispenser of medical devices. The medical device may then, for example, be adapted to the needs of the patient, or even individually made for the patient. The period following the application of the voucher is not limited (note: this differs from the case of validity of prescriptions for medicinal products, where the validity is tied to the moment of dispensing to the patient).
- Since the time limit refers to the time of voucher application, the current limit of ninety days appears to be too long in terms of the effectiveness of the care received, therefore it is planned to be reduced to 30 days from June 2020. So if you are issued a medical device voucher, please inquire about its current validity.

GENERIC SUBSTITUTION

It is a replacement of the prescribed medication for another one with the same active substance, in the same amount and in the same dosage form. The pharmacist can replace the medication prescribed to you for another one only providing that conditions as stipulated by applicable regulations are met:

When can the pharmacist dispense you medication other than that prescribed?

- If the prescribed medication is not available in the pharmacy and urgent dispensing is necessary because of the patient's health and providing only that:
 - You agree with it, and the medication is identical in efficacy and safety,
 - The medication contains the same active substance with the same route of administration and in the same dosage form. If the medication contains a different amount of the active substance per weight unit, volume or dosage form, the pharmacist should adjust the dosage to correspond to that prescribed by the physician.
- If you ask the pharmacist for a different medication with the same active substance, with the same route of administration and in the same dosage form, for which a lower copayment is charged, only provided that the prescribing physician did not mark on the prescription that the prescribed medication may not be replaced.

When can the pharmacist not dispense you medication other than that prescribed?

- If the prescribing physician marks on the prescription that the prescribed medication may not be replaced (using the words "Do not replace"), the pharmacist may only dispense the prescribed medication.

When can the pharmacist also dispense you a medication containing an active substance other than the one prescribed?

- The pharmacist may substitute the prescribed medication with another medication containing a different active substance with similar therapeutic effects or in a different dosage form, provided, however, that you agree, the substitution is approved by the prescribing physician and marked on the prescription (including the dosage).

Advantages of generic medication for patients:

- Lower price (copayment),
- More choices for patients (substitution therapy is available in case the prescribed drug is not available).

THE OFF-LABEL USE OF AUTHORIZED MEDICINAL PRODUCTS

In the provision of healthcare services, the attending physician may use the authorized medicinal product in a manner that is not in accordance with the summary of product characteristics (off-label use) under the following conditions if:

- the medicinal product with the necessary therapeutic properties is not distributed or circulated,
- such treatment is sufficiently justified by scientific knowledge.

A Summary of Product Characteristics means a written summary of information on a medicinal product containing information essential to its proper use; it is essentially technical information intended for doctors and pharmacists in particular.

The off-label use of authorized medicinal products is regulated by the provision of Section 8 (3) and (4) of Act No. 378/2007 Coll. on Pharmaceuticals and on amendments to certain related acts (the Pharmaceuticals Act), as amended.

Off-label use of the authorized medicinal product includes:

- use in other than registered indications,
- use at doses other than those recommended in the summary of product characteristics,
- a different route of administration than for which the product was authorized,
- administration to a different age group of patients than that for which the medicinal product is intended.

If the attending physician wants to take advantage of the off-label use of the authorized medicinal product to treat the patient, he/she is obliged to inform the patient or his/her legal representative about this fact and the consequences of the treatment. Only in cases when the medical condition does not allow such acquaintance, the doctor will do so immediately after the so-called off-label use of the product as soon as the patient's medical condition so permits.

The off-label use of the authorized medicinal product is the sole responsibility of the health service provider (physician), i.e. the health service provider (physician) is liable for any health damage that would result from such use.

Provided the essential conditions allowing the attending physician to apply the off-label use of the authorized medicinal product are complied with, this method can complement standard and proven treatments or allow treatment in cases where the authorized medicinal product with the necessary

USE OF NON-AUTHORIZED MEDICINAL PRODUCTS

In order to provide optimal health services to individual patients, the attending physician may prescribe medicinal products not authorized in the Czech Republic under the following conditions

- an authorized medicinal product of the appropriate composition or similar therapeutic properties is not distributed or circulating in the Czech Republic,
- it is a medicinal product already registered in another state or a modern therapy product, the manufacturer of which is the holder of an authorization to manufacture the given pharmaceutical form to the extent corresponding to the authorization to manufacture investigational medicinal products (i.e. products for clinical trials) issued by the State Institute for Drug Control,
- this treatment is sufficiently justified by scientific evidence,
- it is not a medicinal product containing a genetically modified organism.

The use of non-authorized medicinal products is regulated by the provisions of Section 8 (3) and (5) of Act No. 378/2007 Coll., on Pharmaceuticals and on amendments to certain related acts (the Pharmaceuticals Act), as amended.

If the attending physician wishes to use a non-authorized medicinal product to treat the patient, he/she is obliged to inform the patient or his/her legal representative of this fact and the consequences of treatment. Only in cases when the medical condition does not allow such

acquaintance, the doctor will do so immediately after the so-called off-label use of the product as soon as the patient's medical condition so permits.

The use of a non-authorized medicinal product is the sole responsibility of the health service provider (physician), i.e. the health service provider (physician) is liable for any health damage that would result from such use. The prescription or use of a non-authorized medicinal product must be immediately announced by the physician to the State Institute for Drug Control.

In practice, the attending physician will issue a prescription for the medicinal product labeled with the words "Non-authorized medicinal product". The patient can submit the prescription in any pharmacy, which will contact the drug distributor with a request for delivery of the prescribed medicinal product via an individual or extraordinary import. It should be noted that such deliveries usually take longer.

Since the drugs provided in this way do not go through the standard (maximum) process of setting prices as well as the conditions and amount of reimbursement from public health insurance funds, reimbursement from health insurance is possible only with the prior consent of the reviewing physician of the patient's health insurance company.

Pursuant to Section 16 of the Public Health Insurance Act, in exceptional cases the competent health insurance company pays healthcare services (including medicines) otherwise not covered by the health insurance company if the following conditions are met:

- the provision of such healthcare services is the only option in terms of the health condition of the insured person,
- there is the prior approval of the reviewing physician, except where there is a risk of delay.

If reimbursement from health insurance is not approved by the reviewing physician, the patient must pay for the medicinal product imported under an "individual import" or "extraordinary import" himself/herself (within the meaning of Section 8 (3) of the Pharmaceuticals Act).

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OTHER IMPORTANT INFORMATION

PREVENTIVE EXAMINATIONS

Prevention means preventing diseases and their consequences. You can avoid many health problems through regular prevention. Preventive examinations should, however, be conducted properly and with due care. The contents and time intervals of preventive examinations are stipulated in [Decree No. 70/2012 Coll., on preventive examinations, as amended](#). Preventive examinations should never take the form of a mere discussion between the patient and physician; ask your doctor to conduct all the tests you are entitled to. Help your doctor by telling him/her true information.

Your health insurance covers preventive examinations by registered physicians.

General practitioner for children and youth

The doctor should conduct examinations nine times a year during the first year of life; within the first two days from discharge from the maternity hospital, then when the newborn is 14 days old, at 6 weeks, 3 months, 4 to 5 months, 6 months, 8 months, 10 to 11 months, 12 months, 18 months of age, at three years of age, and then always once every two years. The last preventive examination can be conducted before the age of 19, i.e. by the date of the person's 19th birthday.

General practitioner

The doctor conducts preventive examinations once every two years (i.e. the first preventive examination within two years from the last one conducted by the GP for children and youth).

Gynecologist

The doctor conducts a preventive examination upon the end of compulsory school attendance at the age of 15 and then once a year.

Dentist

Performs preventive examinations once a year for children in the first year of life between six and twelve months and twice a year for children and adolescents from the age of one to eighteen, twice a year for pregnant women, once a year for adults.

SCREENING PROGRAMS

This is not a difficult word. Screening or identifying risk diseases in the population is a very useful tool of targeted prevention. The program is organized by the MoHCR and the respective professionals and reveals thousands of tumor diseases every year; without this program, affected persons would not know that they suffer from the disease. We can reveal tumors in early stages, when they can be treated very successfully. And patients do not have to die.

People in developed European countries attend these programs very willingly; up to 80% of the population takes part. The situation in our country is much worse. We are not too willing to assume responsibility for our health – to take care of ourselves. Try to change it and you will be rewarded with a longer life. Currently, you can attend the following three programs covered by the public health insurance scheme, while more programs are being prepared:

1. Breast cancer screening

More than five thousand women are annually diagnosed with breast cancer in the Czech Republic. Thanks to a functional screening program, however, most of those diseases are revealed in time, with a high probability of cure. You should undergo a screening examination if you are 45 or older. If you see your registered GP or registered gynecologist at that time, they will refer you to an accredited screening workplace where you will undergo a screening mammography.

The mammograph is a special apparatus using so-called soft X-rays for breast examination.

Examination on modern devices is minimally demanding and does not require any special preparation. The examination result will be reported to your doctor, who can provide for further necessary steps depending on the finding. If the finding is normal, you should undergo this examination in two-year intervals. For more information about the examination, a map of accredited centers and contact for a specialized consultancy go to www.mamo.cz.

2. Cervical cancer screening

Another screening program for women intended to reveal one of the most frequent and also the most dangerous gynecological tumors; you are surely familiar with this examination. Your registration gynecologist will take a Pap smear during the so-called “examination in a speculum”; the collected material is smeared on a test slide and sent to a screening lab for microscopic evaluation. The result is sent to your gynecologist, who will provide for further steps. You should undergo this examination once a year. It is truly very important to undergo the tests on a regular basis, because you can successfully avoid this malicious disease, which is the cause of death of more than 400 women every year. For more information go to www.cervix.cz.

Cervical cancer screening is conducted once a year in adult women as part of the preventive gynecological examination.

3. Colorectal cancer screening

This program nicely shows how many human lives could have been preserved if clients had attended it. More than eight thousand men and women die annually of colorectal carcinoma in the Czech Republic. However, a timely screening examination and a simple procedure can fully prevent this fatal disease.

The examination includes the following steps. When you are fifty, take the care to annually ask your registration GP or registration gynecologist for a test for so-called occult (hidden) bleeding in the gastrointestinal tract. The test consists of the collection of a stool sample into a special sampling container. Blood in the stool can be the first signal that a tumor or a polypus from which a tumor can develop is present.

From the age of 55 you can ask for the so-called primary screening colonoscopy instead of repeated stool tests. During colonoscopy the specialist (gastroenterologist) will insert into your anus a flexible tube (endoscope) to examine in detail your colonic mucosa. Although the examination requires some patience from you, it is worth the feeling of certainty. The examination should then be repeated in 10-year intervals. Your registered practitioner or gynecologist will issue a request for the examination. For a list of specialized out-patient centers and information about the screening program, go to: www.kolorektum.cz.

NEWBORN SCREENING

All newborns undergo screening in the maternal hospital. Shortly after birth, every infant undergoes a series of examinations to find out whether he/she suffers from any serious congenital or hereditary diseases. Thirteen rare diseases, including e.g. an inborn thyroid function failure (congenital hypothyroidism), inborn adrenal failure (congenital adrenal hyperplasia), metabolic diseases (phenylketonuria and nine other disorders) and an inborn disorder of the viscosity of respiratory tract mucus (cystic fibrosis), are tested from a couple of drops of blood taken from the infant's heel on a special paper strip 48-72 hours after birth. Newborn screening makes it possible to identify newborn infants with a higher risk of disease, to diagnose in time the disease when its clinical signs are not yet evident, and begin early treatment before the disease can cause irreparable damage.

Infants with positive tests for congenital hypothyroidism are also tested for hearing disorders (using the transient oto-acoustic emissions method or the BERA method).

Hearing tests are conducted on a sleeping infant from the second day after birth; it is absolutely painless. The nurse very carefully inserts a soft measuring probe with an integrated microphone and response meter into the ear. Sound from the microphone causes a response in the hearing path, which is measured.

Screening for congenital cataract is a simple test; the infant's eye is examined using an ophthalmoscope. The examination takes place before discharge from the neonatal ward. All infants in the maternal hospital undergo screening examinations of hips, which are followed by further specialized examinations of hips by an orthopedist when they are 6-9 weeks old and 12-16 weeks old.

Neonatal screening may only be performed with the consent of the child's legal guardian or other authorized person.

For more information go to: www.novorozeneckyscreening.cz.

VACCINATION

Vaccination against infectious diseases is one of the most effective prevention measures in the history of mankind. The Czech vaccination schedule is one of the best elaborated ones in Europe and in the world. Recently, however, we face a sharp onset of anti-vaccination activities, similarly to other countries. That is why vaccination rates have decreased, resulting in a higher occurrence of some infectious diseases that had been successfully controlled in the past, such as pertussis, mumps or measles.

In the Czech Republic, vaccination is carried out according to the relevant legislation, namely Act No. 258/2000 Coll., on the Protection of Public Health and amending certain related acts, as amended, which stipulates the obligation for natural persons to submit to regular, special and emergency vaccination. The vaccination calendar for regular and special vaccination is regulated by Decree no. 537/2006 Coll., on Vaccination against Infectious Diseases, as amended, and these vaccinations are

fully covered either from public health insurance funds or from the state budget. Another legislation regulating some voluntary and recommended vaccinations is the Public Health Insurance Act. Under this Act, for example, public health insurance is used to fund vaccinations of people over 65 years of age against influenza and pneumococcal infections. In addition to these infections, the law also provides for vaccination against the human papillomavirus in persons between the ages of thirteen and fourteen, which is also covered by public health insurance.

In addition, there are vaccinations carried out at the request of natural persons which they pay for themselves. Here it is appropriate to mention, for example, vaccination against tick-borne encephalitis or meningococcal meningitis.

Vaccination against viral hepatitis A and B, typhoid fever, Japanese encephalitis or yellow fever, and vaccination against other infectious diseases which are registered in the destinations, are among the most recommended vaccines when traveling abroad. Vaccination when traveling abroad is fully paid by those who undergo such vaccination.

Ask your doctor not only about regular vaccination; selected vaccines are indicated e.g. in patients after a splenectomy and in patients after stem cell transplantation, or in patients suffering from serious chronic, pharmacologically managed diseases of the heart and veins, respiratory tract, kidneys, or in diabetics and persons over 65 years.

Ask your doctor for the vaccination to which you are entitled. For more information go to the MoHCR website www.mzcr.cz.

NATIONAL ANTIBIOTIC PROGRAM

The purpose of this program is, among other things, to explain to people that the improper and frequent use of antibiotics causes resistance of bacteria to antibiotic therapy and results in a loss of efficiency of these unique drugs. Bacteria are resistant if certain antibiotics have lost their ability to kill or stop the growth of the bacteria. Resistant bacteria survive in the presence of the antibiotic and continue to multiply, causing longer illness or, in exceptional cases, even death. Infections caused by resistant bacteria may require more healthcare as well as alternative and more expensive antibiotics, which may have more severe side effects.

When you use antibiotics for the wrong reason:

Most colds and flu are caused by viruses against which antibiotics are not effective. In such cases, you will not improve your condition by taking antibiotics. Antibiotics do not lower fever or symptoms like sneezing or secretion from the nose (a runny nose).

When you use antibiotics incorrectly:

If you shorten the duration of treatment, lower the doses, do not comply with the right frequency, you will not have enough drug in your body and the bacteria will survive. They may become resistant also in this way.

Patients should follow their doctor's advice on when and how to use antibiotics. They should always use only antibiotics under medical prescription, and not use "leftovers" or antibiotics obtained without a prescription.

Doctors should prescribe an antibiotic that is specific to the infection and, if possible, select the antibiotic according to the results of microbiological tests. Broad-spectrum antibiotics, i.e. drugs acting on more bacterial species, may have more adverse effects, and they should be used in particular in situations when the infectious pathogen is not known or more pathogens are involved.

In specific cases when it is not clear whether the infection is bacterial or viral (which is not appropriate for antibiotic therapy), the CRP test can be used as an auxiliary examination. To determine a correct diagnosis, however, the CRP test result should always be assessed by a physician. The doctor will also advise on how to cure a cold, flu and other viral diseases of the respiratory tract without antibiotics. For more information go to <http://www.szu.cz/narodni-antibioticky-program>.

It is the responsibility of all of us to maintain the efficiency of antibiotics for our children!



BLOOD DONATION

Blood donation is a voluntary activity of people which is very important for the whole community. Human blood and its products are used in a number of medical fields (both surgical and non-surgical), and medicine at the current level is inconceivable without them. Annually, products made from more than 600,000 blood donations or blood components are used to treat patients in the Czech Republic.

Blood sampled for the production of blood derivatives and for human use under other legislation does not entitle the person from whom the blood has been sampled to financial or other reimbursement, except for expeditiously, cost-effectively and demonstrably incurred expenses associated with the blood sampling, which the person requests, up to a maximum of 5% of the minimum wage (see Section 32 of Act No. 373/2011 Coll., on specific health services, as amended).

A voluntary free blood donor may also claim a tax advantage under Act No. 586/92 Coll., on income tax, as amended (Section 15).

WHAT IS BLOOD NEEDED FOR?

Red blood cells carry oxygen from the lungs to the tissues. Their replacement is necessary in the case of large blood loss, to ensure surgical procedures, in patients with impaired hematopoiesis and often in patients with tumors. Platelets are involved in hemostasis and are often absent in cancer patients. Blood plasma proteins (the liquid component of blood) are involved in stabilizing blood circulation, in stopping bleeding (clotting factors) and in defending the body (antibodies). The lack of individual blood proteins accompanies a number of congenital and acquired diseases. In all of these situations, the administration of blood or products made from it can significantly improve the health of patients and possibly save their lives.

PREREQUISITES FOR BLOOD DONATION

In order to be allowed to donate blood and help another human, one should meet several conditions:

- age 18 to 65,
- weight min. 50 kg,
- good health.

The medical fitness of the donor of blood and blood components is assessed by an employee of the blood transfusion facility based on an analysis of the medical history (donor's medical history) and a basic physical and laboratory examination. The physician of the blood transfusion facility is responsible for the donor's release to collection. Regular blood donors should not alternate donations across facilities, but should donate to one facility. Some transfusion products are released for clinical use only after repeated testing of the donor, i.e. after the second collection (plasma is quarantined for six months). It is also advantageous to monitor health at the same workplace regularly after each collection.

For more information about a special type of blood donation, known as autotransfusion, go to p. .

WHO CANNOT DONATE BLOOD?

Safe transfusion products can only be prepared from the blood of 'safe donors'. It is necessary to remember that some people cannot donate blood so as not to endanger their health and the health of the recipients of their blood products.

If you wish to become a blood donor, you must not be:

- a person with a higher risk of infectious disease (AIDS, hepatitis),
- an HIV positive person, or a person in permanent contact with an HIV positive person,
- a person who has had hepatitis B and C, or a person in permanent contact with such a person,
- a person who has had hepatitis A or mononucleosis – for one year from recovery,
- a person who has had borreliosis – for six months from recovery
- a person with cancer,
- a person who in 1980–1996 lived for more than six months in Great Britain and in France,
- a diabetic in case he/she uses insulin,

- drug users, alcohol addicts,
- a person with a heart disease,
- a person after transplantation,
- a person with a blood disease,
- a person with a chronic gastrointestinal or kidney disease,
- a person with bronchial asthma,
- hypertonic (a person with high blood pressure); blood can be donated only in case you are on monotherapy (a single medication) and your blood pressure is max. 180/100 mm/Hg,
- allergic – on permanent treatment (persons without treatment who do not have acute problems may donate blood),
- a person with an autoimmune disease,
- an epileptic,
- a person with multiple sclerosis,
- a person with glaucoma, retinal inflammation,
- a person who has had an endoscopic examination in the last six months,
- a person who has received transfusion in the past 6 months,
- a person who has undergone tattooing or piercing in the past 6 months,
- pregnant and breast-feeding women (+ nine months from delivery or half a year from termination of breast-feeding),
- a person permanently taking medication (also over-the-counter kind) except for oral contraceptives and vitamins.

If persons return to the Czech Republic from countries with a proven epidemiologically significant transmission of West Nile fever, these persons are excluded from blood donation for a period of 28 days.

You may also not donate blood:

- during menstruation,
- for 6 months from returning from a malaria region,
- for 6 months from returning from an endemic region without signs of the disease,
- for one month from the time you had an attached tick,
- for 14 days after diarrhea,
- for 14 days from the discontinuation of antibiotics,
- for at least 14 days from a light viral infection (runny nose, cough...),
- for 14 days from healed cold sores,
- tuberculosis – for 2 years from the date of confirmed recovery,
- toxoplasmosis – for 6 months from the date of confirmed recovery,
- syphilis – for 1 year from the date of confirmed recovery
- Q fever – for 2 years from the date of confirmed recovery
- rheumatic fever without long-term effects – for 2 years from the date of confirmed recovery.

In case of doubt, we recommend that you always consult with the specific transfusion service facility where you want to donate blood.

WHAT HAPPENS TO YOUR BLOOD AFTER COLLECTION?

The processing of the blood comprises in dividing the blood collected into individual components, labeling the bags with the blood products and, optionally, further manipulation before the blood product is placed in the storage box. Blood components collected by instrument sampling do not need to be further processed prior to labeling and release (only plasma is frozen prior to storage).

Red blood cells (erythrocytes), plasma (liquid component) and partly also platelets (platelets) are separated from almost all units of blood collected. After centrifugation of blood in a special centrifuge at high speed (up to 4000 rpm), three layers are formed within 10-20 minutes according to the specific weight of the individual components: the upper layer is a yellowish plasma (more than half of the total volume), the lower layer consists of concentrated erythrocytes (about 45% of the total volume). Both layers are separated by a thin layer of a so-called buffy-coat, which contains mainly white blood cells and platelets. Today's transfusion centrifuges can hold up to twelve blood bags at a time and are programmable. After centrifugation, the bag with stratified blood is carefully transferred to the so-called blood press which, by controlled external pressure, pushes the individual layers into separate bags. Concentrated platelets can be isolated from the separated buffy-coat after dilution and further centrifugation. Thanks to plastic bags, blood processing is much easier and safer than before, when the blood was collected in bottles. The whole operation can be carried out in a closed system without the blood collected coming into contact with the external environment or air. Prior to labeling, releasing and storing in appropriate storage areas, plasma is rapidly frozen to at least -30 °C by high-performance freezers so that all of its components retain full activity (primarily the individual proteins involved in blood clotting are unstable).

After manufacture, each bag containing the blood product shall be labeled with important data relating to the blood product, such as the manufacturer and its registration number, product type/name and unique identification by "product number", blood type, product quantity, date production and shelf life, storage conditions and other data. Most of the important data is also displayed in the form of a bar code.

The entire process of processing blood or blood components is completed within 1-2 days with the so-called release, when the responsible person (qualified person) evaluates the results of processing and laboratory tests and either releases each individual transfusion product for use or discards it for disposal. Finally, the products are stored in appropriate shipping refrigeration or freezer boxes.

ORGAN DONATION

Pursuant to Act No. 285/2002 Coll., on the Donation, Procurement and Transplantation of Tissues and Organs (the Transplant Act), as amended, organ donation in the Czech Republic is voluntary and free of charge. Organ donations must not be a source of financial benefit, so organs cannot be sold (Section 28). However, pursuant to Section 28a, the person who organized the funeral for a deceased donor is entitled to a contribution of CZK 5,000. A living donor shall be entitled to the reimbursement of expenses efficiently and demonstrably incurred and the difference between lost earnings and wages, salary or remuneration received and the sickness benefit received from sickness insurance.

After a person dies, his/her consent with donation of organs and tissues is assumed in the Czech Republic; therefore, no explicit consent (e.g. in writing) is needed. Collection from a deceased donor is excluded if the deceased person or a legal guardian of the deceased if he/she was a person without full legal capacity demonstrably opposed the post-mortem procurement of tissues and organs during his/her lifetime (Section 11 (1) (a) in conjunction with Section 16 of the Transplant Act). A dead person is considered to be a person who has had an irreversible loss of brain function or irreversible arrest.

Collection from a living donor cannot be performed if it can reasonably be assumed that performing the donation could seriously endanger the donor's health or life, and if the donor is a person imprisoned, in custody or security detention, or in protective treatment, except in cases of donations between children and parents, siblings and spouses. Similarly, donation may not be carried out if, on the basis of an assessment of the donor's medical fitness, there is reasonable suspicion that the donor is suffering from a disease or condition that could endanger the recipient's health or life. This does not apply if the risk of harm to the recipient's health is negligible compared to a life-saving transplant.

Every Czech citizen can be registered during his/her life in the national registry of persons who do not agree with the post-mortem removal of organs and tissues; the registry is maintained by the MoHCR. For registration you need to fill in a form, which is available at www.nrod.cz. Registration makes it possible to ban the use of all or certain organs. The law also makes it possible to express one's disagreement in a healthcare facility in the presence of the attending physician and one witness; the disagreement should be recorded in the patient's medical records and a copy forwarded to the registry.

DONATING BONE MARROW

Bone marrow donation is a voluntary activity. You can revoke at any time your decision to become a donor and be included in the registry of bone marrow donors.

Unlike for blood and plasma donation, requirements are less strict, because the bone marrow donor is often the only person in the world who can save a seriously ill patient.

There are two registries of bone marrow donors in the Czech Republic:

- The Czech National Registry of Bone Marrow Donors
www.kostnidren.cz
- The IKEM Czech Stem Cells Registry
www.darujzivot.cz

The age limit for bone marrow donating:

Non-related donors: 18–35 years in case of collection for the Czech National Registry of Bone Marrow Donors, in case of collection for the IKEM Czech Stem Cells Registry it is 40 years (recording in the registry database for up to the age of 55 of the donor).

There is no age limit for donations among relatives.

Who can and who cannot donate bone marrow:

- Bone marrow can be donated by a generally healthy person who has never had a serious disease.

The following is usually accepted for registration:

- a mild form of allergy when no regular medication is required to stabilize the health condition (a mild form of hay fever, rash, food allergy without serious signs, etc.),
- infectious hepatitis A in the past, unless long-term effects persist,
- infectious mononucleosis in the past,
- a mild form of anemia in women due to menstruation bleeding.

Who cannot be included in the registry of bone marrow donors:

- persons who were treated for a malignant tumor,
- persons after transplantation of organs and tissues,
- persons with diseases of the heart, veins, lungs, joints and gastrointestinal tract on permanent medication,
- persons with bleeding diseases and blood diseases,
- persons with more severe forms of allergies (the tendency to allergy could be transferred to the recipient along with stem cells),
- persons with seizures,
- medicine-dependent persons,
- diabetics dependent on insulin or medications,
- persons after a blood-transferable infection, such as HIV, hepatitis B and C, syphilis, malaria, Creutzfeld-Jacob disease, etc.
- persons with diseases that could theoretically be activated by the collection stress (tuberculosis, sarcoidosis, autoimmune diseases, etc.),
- persons dependent on alcohol or drugs and persons in close contact with a HIV positive person.

Conditions that disable stem cell (bone marrow) donation for a transient period of time:

- pregnancy and one year from breast-feeding (women of childbearing age should have a clearly negative pregnancy test),
- one year from the transfusion of blood from another person,
- six months to one year from vaccination with a live vaccine,
- close contact with a person currently suffering from a serious infectious disease (e.g. HIV/AIDS, hepatitis B and C, syphilis),
- imprisonment or hospitalization in a psychiatric hospital,
- injury by contamination with biological material (another person's blood, etc.),
- six months from surgery, a tattoo, acupuncture or piercing,
- six months from a visit to tropical regions.

Registration of the donor:

If you decide to become a bone-marrow donor, call or visit a donation or collection center and make an appointment. During the initial information interview you will be explained in detail the procedure of the bone-marrow donation and how cell stems are collected.

You will fill in a short questionnaire during the registration. You should truthfully state any health anomaly. The information you state in the questionnaire is confidential and protected against any misuse. If you are not sure about anything, you can discuss it during the initial interview with a trained donation center worker who will assess whether or not your anomaly prevents you from being registered.

After you sign the form, a nurse will collect a small amount (2ml) of blood from your vein and send it to a lab for tests of your HLA markers.

What will happen after you are included in the registry:

If you are included in the narrower selection of donors, you will be invited for one more blood collection to test your blood for tissue markers and determine whether or not you actually are the best donor.

Before bone marrow donation:

Before donation you will appear for a pre-donation examination to determine your current health condition and discuss once more all you need to know. You will sign the informed consent form to confirm your decision to donate bone marrow.

Only 1% of registered volunteers will advance to the actual donation of bone marrow.

11/ END-OF-LIFE CARE



IF A DISEASE CANNOT BE CURED

Modern medicine is expected to cure us. This is justified in many cases, but there are still many people who die as a result of their illness. Our population presently suffers mainly from chronic diseases. Diseases that previously caused death on a massive scale (such as diabetes) also continue to take their toll.

Due to the significant progress of medicine and associated branches, patients suffering from such diseases live much longer. However, it is still true that practically all chronic diseases shorten human life, some diseases more, others less. That is the case, for example, for many forms of cancer and chronic diseases of vital organs, which result in their failure.

Such diseases result in medical conditions in which it is no longer possible to continue curative treatment (e.g. cytostatics, further surgery or other invasive procedures – procedures during which examination instruments or devices penetrate the body) because no benefits would be acquired and, most likely, only adverse effects would appear and worsen the quality of the patient's life.

That means the doctor may inform the patient in a certain stage of his/her disease that no more means are available to cure the disease. Then, they jointly agree to continue palliative therapy instead of a treatment, which would not result in a beneficial effect.



Such situations are not sudden. There is enough time for the patient to consult not only his/her doctor, but also his loved ones, and make up his/her mind about how he/she wishes to be taken care of once the disease causes him/her to require assistance.

Such serious situations can be best faced in a group, among your family, closest friends, and those taking care of you. Your specialist and GP, general and practical nurses and others are also very important. They should all be able to agree on how best to work together and coordinate their care. The so-called terminal (final) stages of certain diseases can last for a very long time, during which the well-coordinated cooperation of family members and health professionals will be needed.

Palliative medicine deals with the treatment of terminally ill patients with various diagnoses, with the aim of achieving the best possible quality of life. It seeks to respect the individuality of the human personality and, by means of a multi-professional palliative team, to respond to all the patient's needs, be they medical, social, psychological, spiritual, etc.

Palliative care should be provided by all healthcare providers who encounter people in severe stages of particularly chronic illnesses, whether they are bed care providers, such as hospitals or long-term sickness facilities, or outpatient care providers, such as general practitioners. Palliative care can also be provided as home care in cooperation with the patient's family and close persons, i.e. it is not available only in specialized institutions. Hospices, which we also have in the Czech Republic, specialize in palliative care provided to terminally ill patients. Care can be provided either in special inpatient healthcare facilities or in the patient's own social environment, in which case healthcare professionals see the patient in his/her own home.

- Acquire maximum information available from your attending doctor – about the disease, its probable progress, constraints and effects, and how you can manage its individual symptoms.
- Acquire maximum information about available services. Contact providers and confirm availability of their services so that you can ask for them in case you need them.
- Secure aids that make the patient's life and caregivers' lives easier.
- Prepare together with your caregivers a care plan, including palliative care, to be respected by all caregivers.
- Discuss with your family all matters and issues that are important and which need to be arranged now, because the progression of the disease may make their arrangement difficult or impossible.

WHAT TO DO WHEN YOUR LOVED ONE DIES

If your loved one dies in an inpatient facility, the inpatient care provider is obliged to announce the patient's death to the person specified in the patient's medical records as the one to be informed about the patient's health condition. The provider will also answer all your questions about the cause of death, whether or not an autopsy was ordered, and give you advice on what to do next.

If your loved one disagreed with an autopsy during his/her life on any (e.g. religious) grounds, his/her disagreement with the autopsy should be recorded in the medical records which were kept on his/her health condition (Section 88, 88a of the Act on Healthcare Services).

If your loved one dies at home, you should call his/her registered doctor or on-call doctor to perform a post-mortem examination, determine death and issue a "Certificate of Examination of the Deceased", which the bereaved needs in order to arrange a funeral. This doctor's decision on an autopsy is subject to the same regulations as if the person had died in hospital; autopsy disagreement should also be supported with a prior wish not to perform the autopsy, this time recorded in the registered doctor's medical records.

If these doctors are not known to you, death is reported via line 112 (not line 155, which is for the ambulance and is primarily intended to save lives).



ARRANGING A FUNERAL

- The funeral service and funeral are freely chosen by the bereaved according to the specific wishes of the deceased during his/her lifetime, if known. We recommend concluding an order-type contract with the funeral service operator under the Civil Code; the contract should include an exact description and scope of the ordered funeral services to be confirmed in writing by the funeral director who assumes full responsibility for them.
- If it happens that the deceased person is carried away by a funeral service you did not order, you have the right to arrange a funeral with whomever you wish. Every health service provider and every funeral service operator must allow you to initially accommodate the body free of charge in a suitable room. Request the funeral service's operating rules, which must be published in a visible location of each establishment. They also inform you where your loved one's body shall be temporarily stored and where the treatment room is located.
- A condition for arranging a funeral is usually the presentation of the ID card of the person who is organizing the funeral (to verify the contracting party of the order agreement – the ordering party). We recommend that you bring clothes for the deceased person, the Certificate of Examination of the Deceased, the grave lease agreement, and the identity card and the birth certificate of the deceased person).
- When arranging a funeral directly with the operator of the crematorium or burial site, it is necessary to submit a Certificate of Examination of the Deceased, part B2 – this document is completed by the physician for the bereaved who is obliged, if no autopsy was ordered, to hand it over after examination of the body and specify how long you can keep the body at home and under what conditions you can wash, dress, trim, touch up and lay it in a coffin.



The person arranging the funeral (the funeral organizer) can be a natural or legal person. No deadline for burial from the time of death is established. The person arranging the funeral takes interest in the body of the deceased within 96 hours of the moment he/she was notified of the death (Section 5 of Act No. 256/2001 Coll., on Funeral Services, as amended).

If the cause of death is not clear and a clinical or forensic autopsy was ordered, the body is usually prepared to be handed over to the funeral service on the second day after the autopsy. The body is stored free of charge in a health facility for 48 hours after the autopsy. Each commenced following day is charged according to the applicable price list, which the health service provider must place in a visible location. If a forensic autopsy was performed, the body can be handed over to the organizer of the funeral who, however, may not proceed with the funeral until the state prosecutor gives the consent to burial.

Several funeral options exist:

- burial without a public service,
- burial with a public service
- deposition of the urn in a public or non-public burial ground (including scattering).

A dead human body cannot be released by a health service provider and buried unless the physician has completed a Certificate of Examination of the Deceased (in the case of a fetus after abortion, a written abortion certificate), or a burial permit has not been issued by the public prosecutor, regional sanitary station or nuclear safety authority. However, this does not mean that anyone without these documents cannot order the burial. It is then up to the decision of the operator of the selected funeral service to agree with the health service provider on whether it will take over the body of the deceased later or temporarily store it in its establishment until the public authority has issued the burial permit.

The current legislation also provides for the possibility of release and burial of a stillborn child or fetus after abortion (see Section 5a of Act No. 256/2001 Coll., on Funeral Services, as amended). The method of releasing the fetus after abortion is not specifically defined in Section 5a of the Act on Funeral Services and therefore depends on the attitude of each healthcare service provider. The minimum criterion of legality is the provision of the Civil Code, which stipulates in Section 92 (1) that: "The human body remains under legal protection even after a person's death. It is forbidden to dispose of the remains of the human being in a manner which is undignified for the deceased." The release of a child's body can be requested orally with the physician, not in writing (no binding form is required by law).

State authorities, in particular the Ministry for Regional Development and the Office of the Government Representation in Property Matters, will reimburse municipalities for the costs of ensuring the decent burial of persons who do not have heirs, their property is negligible or devolved to the state, no one else arranged a funeral within 96 hours of the announcement of death, and the Institute of Anatomy did not express any interest in the human remains (see Decree No. 277/2017 Coll., on the Procedure of the Municipality in Ensuring a Decent Burial). Municipalities are also reimbursed the cost of burying stillbirths, who never have heirs. Municipalities must not recover from mothers or fathers the cost of burying their stillborn children. The general practice of municipalities and health service providers, as set out in Sections 5 and 5a of the Act on Funeral Services, is to ensure the proper burial of a stillborn child as well as a liveborn child (including the entitlement of a natural person to a funeral expenses payment) and to allow the release of a fetus after abortion as other human remains within 96 hours from the abortion, testifies to the state's deep respect for the general human quintessence, especially in relation to a deceased person, even if it was still in the mother's body.

[You can contact the Ministry for Regional Development of the Czech Republic for more information, pohrebnictvi@mmr.cz](mailto:pohrebnictvi@mmr.cz)

Funeral expenses payment:

The person who arranged the funeral for a child who was a child unprovided for at the time of death is entitled to the payment of funeral expenses. The person who arranged the funeral for a person who was the parent of a child unprovided for at the time of death is also entitled to the payment of funeral expenses if the child or that person had a permanent residence in the Czech Republic. The condition of permanent residence is not ascertained for entitlement to the payment of funeral expenses if the child is stillborn (Section 47 of Act No. 117/1995 Coll., on State Social Support, as amended).

The application for the payment of funeral expenses should be filed at state social support contact points.

12/ IMPORTANT CONTACTS



MINISTRY OF HEALTH OF THE CZECH REPUBLIC

www.mzcr.cz

Institute of Health Information and Statistics of the Czech Republic

www.uzis.cz

You can send your questions and suggestions to mzcr@mzcr.cz, or to verejnost@mzcr.cz.

MEDICAL EMERGENCY CENTERS

Emergency line 155 - Integrated Rescue System line 112

Moravian-Silesian Emergency Medical Services

www.uszsmsk.cz

zzsmsk@zzsmsk.cz

Karlovy Vary Emergency Medical Services

www.zzskvk.cz

sekretariat@zzskvk.cz

Emergency Medical Services of the capital city Prague

www.zzshmp.cz

reditel@zzshmp.cz, sekretariat@zzshmp.cz

South Bohemian Emergency Medical Services

www.zzsck.cz

sekretariat@zsjck.cz

South Moravian Emergency Medical Services

www.zzsrmk.cz

info@zsjmk.cz

Vysočina Emergency Medical Services

www.zzsvysocina.cz

info@zsvysocina.cz, sekretariat@zsvysocina.cz

Hradec Králové Emergency Medical Services

www.zzskhk.cz

info@zskhk.cz

Liberec Emergency Medical Services

www.zzslk.cz

info@zzslk.cz, sekretariat@zzslk.cz

Olomouc Emergency Medical Services

www.zzsol.cz

info@zzsol.cz

Pardubice Emergency Medical Services

www.zzspak.cz

zzspak@zzspak.cz

Plzeň Emergency Medical Services

www.zzspk.cz

info@zzspk.cz

Central Bohemian Emergency Medical Services

www.uszssk.cz

podatelna@zachranka.cz

Ústí Emergency Medical Services

www.zzsuk.cz

info@zssuk.cz, e-podatelna@zssuk.cz

Zlín Emergency Medical Services

www.zzszlin.cz

sekretariat@zsszk.cz

REGIONAL OFFICES

www.statnisprava.cz/rstsp/ciselniky.nsf/i/d0045

South Bohemian Region

www.kraj-jihocesky.cz

posta@kraj-jihocesky.cz

South Moravian Region

www.kr-jihomoravsky.cz www.jizni-morava.cz

podatelna@kr-jihomoravsky.cz

Karlovy Vary Region

www.kr-karlovarsky.cz

epodatelna@kr-karlovarsky.cz

Vysočina Region

www.kr-vysocina.cz

posta@kr-vysocina.cz

Hradec Králové Region

www.kr-kralovehradecky.cz

posta@kr-kralovehradecky.cz

Liberec Region

www.kraj-lbc.cz

info@kraj-lbc.cz

Prague City Hall

www.praha.eu

posta@praha.eu

Moravian-Silesian Region

www.msk.cz

posta@msk.cz

Olomouc Region

www.kr-olomoucky.cz

posta@kr-olomoucky.cz

Pardubice Region

www.pardubickykraj.cz

posta@pardubickykraj.cz

Plzeň Region

www.kr-plzensky.cz

posta@plzensky-kraj.cz

Central Bohemian Region
www.kr-stredocesky.cz
podatelna@kr-s.cz

Ústí Region
www.kr-ustecky.cz
urad@kr-ustecky.cz

Zlín Region
www.kr-zlinsky.cz
podatelna@kr-zlinsky.cz

REGIONAL PUBLIC HEALTH AUTHORITIES

Regional Public Health Authorities supervise healthcare providers, focusing on compliance with hygienic and anti-epidemic measures:

Prague Public Health Authority
www.hygp Praha.cz
podatelna@hygp Praha.cz

South Bohemian Public Health Authority
www.khscb.cz
khscb@khscb.cz

South Moravian Public Health Authority
www.khsbrno.cz
podatelna@khsbrno.cz

Karlovy Vary Public Health Authority
www.khskv.cz
epodatelna@khskv.cz

Vysočina Public Health Authority
www.khsjih.cz
podatelna@khsjih.cz

Hradec Králové Public Health Authority
www.khshk.cz
khshk@khshk.cz, e-podatelna@khshk.cz

Liberec Public Health Authority
www.khslbc.cz
posta@khslbc.cz, sekretariat@khslbc.cz

Moravian-Silesian Public Health Authority
www.khsova.cz
podatelna@khsova.cz

Olomouc Public Health Authority

www.khsolc.cz
podatelna@khsolc.cz

Pardubice Public Health Authority

www.khspce.cz
sekretariat@khspce.cz

Plzeň Public Health Authority

www.khsplzen.cz
podatelna@khsplzen.cz

Central Bohemian Public Health Authority

www.khsstc.cz
e-podatelna@khsstc.cz

Ústí Public Health Authority

www.khsusti.cz
sekretariat@khsusti.cz

Zlín Public Health Authority

www.khszlin.cz
podatelna@khszlin.cz

LIST OF PERSONS AUTHORIZED TO CARRY OUT QUALITY AND SAFETY ASSESSMENTS OF HEALTHCARE SERVICES

The current list is available at http://www.mzcr.cz/QualityABezpeci/obsah/seznam-opravnenych-osob-3205_29.html.

HEALTH INSURERS

Association of Health Insurers of the Czech Republic

www.szpcr.cz
info@szpcr.cz
tel.: (+420) 234 462 108, (+420) 234 462 103
nám. W. Churchilla 2, 130 00 Praha 3 - Žižkov

Všeobecná zdravotní pojišťovna ČR – 111

www.vzp.cz
info@vzp.cz, podatelna@vzp.cz
Information center – (+420) 952 222 222
Orlická 2020/4, 130 00 Praha 3

Vojenská zdravotní pojišťovna ČR – 201

www.vozp.cz

info@vozp.cz

Information center – (+420) 844 888 888

Drahobejlova 1404/4, 190 03 Praha 9

Česká průmyslová zdravotní pojišťovna – 205

www.cpzp.cz

posta@czzp.cz

Infocenter: (+420) 810 800 000

Jeremenkova 161/11, 703 00 Ostrava - Vítkovice

Oborová zdravotní pojišťovna zaměstnanců bank, pojišťoven a stavebnictví – 207

www.ozp.cz

email: <https://portal.ozp.cz/>

Information line: (+420) 261 105 555

Roškotova 1225/1, 140 21 Praha 4

Zaměstnanecká pojišťovna Škoda – 209

www.zpskoda.cz

zpskoda@zpskoda.cz

tel.: (+420) 326 579 111, infoline 800 209 000

Husova 302, 293 01 Mladá Boleslav

Zdravotní pojišťovna Ministerstva vnitra ČR – 211

www.zpmvcr.cz

info@zpmvcr.cz

Tel.: (+420) 272 095 111, Infoline (+420) 844 211 211

Vinohradská 2577/178, 130 00 Praha 3

Revírní bratrská pokladna, zdravotní pojišťovna – 213

www.rbp-zp.cz

rbp@rbp-zp.cz

Infoline (+420) 800 213 213, (+420) 596 256 111

Michálkovická 967/108, 710 00 Ostrava

Health Insurance Office

Insured persons can address the Health Insurance Office for information regarding, for example, healthcare claims abroad

www.kancelarzp.cz

info@kancelarzp.cz

tel.: (+420) 236 033 411

nám. W. Churchilla 1800/2, 130 00 Praha 3 - Žižkov

PROFESSIONAL ORGANIZATIONS OF DOCTORS AND NURSES

Česká lékařská společnost J. E. Purkyně, z. s.

Here you can find the contacts of the individual health societies associated in this organization.

www.cls.cz

czma@cls.cz

Tel.: (+420) 224 266 223, Sokolská 31, 120 00 Praha 2

Czech Association of Nurses

www.cnna.cz

kancelar@cnna.cz

Tel.: (+420) 222 523 818, Londýnská 15, 120 00 Praha 2

PROFESSIONAL CHAMBERS

Czech Medical Chamber

www.lkcr.cz

recepce@clkcr.cz

tel.: (+420) 257 217 226, (+420) 257 211 329, (+420) 257 216 810

Czech Dental Chamber

www.dent.cz

info@dent.cz

tel.: (+420) 234 709 611

Czech Chamber of Pharmacists

www.lekarnici.cz

komora@lekarnici.cz

tel.: (+420) 241 090 661

PATIENT ORGANIZATIONS AND ASSOCIATIONS

The Database of Patient Organizations of the Ministry of Health of the Czech Republic is available here: <https://patientskeorganizace.mzcr.cz/index.php?pg=databaze-organizaci>. The database serves as a guide, it cannot guarantee the services provided. Information about patient organizations is updated by the organizations themselves. Each organization is responsible for the accuracy of data.

**13/
ANNEXES**



LEGISLATION REGULATING THE QUALITY AND SAFETY OF HEALTHCARE

Convention for the Protection of Human Rights and Dignity of the Human Being in connection with the Application of Biology and Medicine: The Council of Europe Convention on Human Rights and Biomedicine

Convention on the Rights of the Child

Convention on the Rights of Persons with Disabilities

The European Charter of Hospitalized Child Rights, developed by the European Association for Children in Hospital, known as the EACH Charter

Constitutional Act No. 1/1993 Coll., Constitution of the Czech Republic, as amended

Constitutional Act No. 2/1993 Coll., Charter of Fundamental Rights and Freedoms, as amended

Act No. 372/2011 Coll., on Healthcare Services and the Conditions for their Provision (Act on Healthcare Services), as amended.

[Act No. 373/2011 Coll.](#), on Specific Health Services, as amended

[Act No. 374/2011 Coll.](#), on Emergency Medical Services, as amended

[Act No. 258/2000 Coll.](#), on Public Health Protection and on amendments to certain related acts, as amended.

[Act No. 378/2007 Coll.](#), on Pharmaceuticals and on amendments to certain related acts (Pharmaceuticals Act), as amended

[Act No. 95/2004 Coll.](#), on the Conditions for Acquiring and Recognizing Professional Qualification and Specialized Qualification for Performing the Medical Profession of a Physician, a Dentist and a Pharmacist, as amended

[Act No. 96/2004 Coll.](#), on the Conditions for Acquiring and Recognizing Qualification for Performing Non-medical Professions and Activities Related to the Provision of Healthcare, and on amendments to certain related acts (Non-Medical Professions Act), as amended

[Act No. 268/2014 Coll.](#), on Medical Devices and on amendments to Act No. 634/2004 Coll., on Administrative Fees, as amended

[Act No. 285/2002 Coll.](#), on the Donation, Procurement and Transplantation of Tissues and Organs and on the amendment to certain acts (the Transplantation Act), as amended

[Act No. 198/2002 Coll.](#), on Volunteer Services and amending certain related acts (Volunteer Services Act), as amended

[Act No. 48/1997 Coll.](#), on Public Health Insurance and on amendments and supplements to certain related acts, as amended

[Act No. 89/2012 Coll.](#), the Civil Code, as amended

[Act No. 65/2017 Coll.](#), on Health Protection from the Harmful Effects of Addictive Substances, as amended

[Act No. 256/2001 Coll.](#), on Funeral Services and amendments to certain related acts, as amended

[Government Decree No. 307/2012 Coll.](#), on the Local and Temporal Availability of Health Services, as amended, implementing the regulation to Act No. 48/1997 Coll.

[Decree No. 102/2012 Coll.](#), on the Assessment of the Quality and Safety of Inpatient Healthcare, as amended by Decree No. 262/2016 Coll. implementing the regulation to Section 98 (7) of Act No. 372/2011 Coll.

[Decree No. 99/2012 Coll.](#), on Requirements for Minimum Staffing in Healthcare, as amended, implementing the regulation to Section 11 (4) of Act No. 372/2011 Coll.

[Decree No. 92/2012 Coll.](#), on Requirements for Minimum Technical and Material Equipment in Healthcare Facilities and Homecare Contact Points, as amended by Decree No. 284/2017 Coll. implementing the regulation to Section 11 (6) of Act No. 372/2011 Coll.

[Decree No. 98/2012 Coll.](#), on Medical Records, as amended, implementing the regulation to Section 120 of Act No. 372/2011 Coll.

[Decree No. 296/2012 Coll.](#), on the Requirements for the Equipment of the Medical Transportation Service Provider, the Medical Rescue Service Provider and the Provider of Emergency Transportation of Patients by Means of Transport and on the Requirements for such Means of Transport

[Decree No. 297/2012 Coll.](#), on the Particulars of the Certificate on the Examination of the Deceased, the Method of its Completion and Handing over to Designated Places, and the Particulars of the Termination of Pregnancy by the Birth of a Deceased Child, on the Death of a Child and on Reporting the Death of the Mother (Decree on the Certificate of Examination of the Deceased), as amended

[Decree No. 70/2012 Coll.](#), on Preventive Examinations, as amended by Decree No. 317/2016 Coll. implementing the regulation to Section 5 (3) of Act No. 372/2011 Coll.

[Decree No. 410/2012](#), on Determination of the Rules and Procedures during medical Irradiation, implementing the regulation to Section 72 (3) of Act No. 373/2011 Coll.

[Decree No. 306/2012 Coll.](#), on Conditions Preventing the Incidence and Dissemination of Infectious Diseases and on Hygienic Requirements for the Operation of Health Facilities and Social Care Institutions, as amended by Decree No. 244/2017 Coll. implementing the regulation to Act No. 258/2000 Coll.

[Decree No. 187/2009 Coll.](#), on the Minimum Requirements for the General Medicine, Dental Medicine, Pharmacy Study Programs, and on the General Practitioner Educational Program, as amended by Decree No. 281/2016 Coll. implementing the regulation to Act No. 95/2004 Coll.

[Decree No. 84/2008 Coll.](#), on Good Pharmaceutical Practice, Detailed Conditions for Handling Pharmaceuticals in Pharmacies, Healthcare Facilities and other Operators and Facilities Issuing Medicinal Products, as amended, implementing the regulation to Act No. 378/2007 Coll.

[Decree No. 55/2011 Coll.](#), on the Activities of Healthcare and other Professionals, as amended, implementing the regulation to Act No. 96/2004 Coll.

A SAMPLE INFORMED CONSENT OF THE PATIENT TO HOSPITALIZATION AND APPOINTMENT OF PERSONS WHO MAY BE INFORMED ABOUT THE PATIENT'S HEALTH

INFORMED CONSENT TO HOSPITALIZATION

| Patient's identification data | |
|-------------------------------|--|
| First and last name: | |
| Personal ID number: | |
| Permanent residence: | |
| Health insurer: | |
| Ward: | |

| Legal representative/guardian's identification data: | |
|--|--|
| First and last name: | |
| Personal ID number: | |
| Permanent residence: | |
| Relationship to the patient: | |

Waiver of information about my health

☐ I have been informed about this option and I expressly waive any informing about my health condition.

(Please check in case of waiver.)

Reason for hospitalization:

I, the patient (legal guardian) hereby declare that I have been informed in an understandable manner by the physician about the reasons and necessity of hospitalization, about my acute health condition and its possible development, about the advantages of the diagnostic and therapeutic procedure, and its expected success and consequences. I have also been informed about the consequences and possible complications, risks and effects of refusing hospitalization, and about alternative therapeutic or diagnostic options. Potential problems during recovery and potential restrictions in the usual way of life have been explained to me. I have been given an opportunity to ask additional questions, which were answered in an understandable manner by the physician.

I was informed that I have the right to refuse or interrupt hospitalization at any time. I know this decision, if taken, will not adversely affect the further approach to me as the hospital's patient by the physician and attending staff members. I have the capacity to sign this consent.

I agree with conducting medical procedures necessary to determine the diagnosis and commence therapy, e.g. with the application of injections and infusions, with the collection of biological material, with the introduction of cannula in a peripheral vein, and with other necessary and

checkup medical examinations and methods.

I will be informed by the physician about specialized procedures to be performed and, in addition to the necessary oral information, the physician will ask me in specified cases to sign a separate informed consent with the specific procedure. If unexpected complications occur that will require further urgent organizational and therapeutic steps (actions) to be taken to save my life or health, I agree that such steps be taken at the discretion of the physician.

I declare that I have not withheld any information I know about my health from the physician which could adversely affect my therapy or pose a risk to those around me.

I agree to hospitalization.

In on at o'clock

.....
Patient's (legal guardian's) signature

.....
Signature of underage patient over 14

.....
Physician's name and signature

To be filled in by the physician in case the patient is not able to sign:

Patient is not able to sign on the grounds of:

Manner of consent provided:

First name and surname of the witness (unless the witness is a hospital employee, state his/her address and date of birth)

.....
In on at o'clock

.....
Signature of the witness

.....
Physician's name and signature

STATEMENT REGARDING HOSPITALIZATION

1. Informing about my health

A. ☐ I hereby forbid that anybody be informed about my health condition.

B. I hereby agree that the following persons be informed about my health condition:

- first name, last name
relationship
phone number
- first name, last name
relationship
phone number

These persons may review medical records and make extracts and copies.

☐ YES ☐ NO

(The provider may charge a fee for extracts or copies of medical records or other reports; the fee shall not exceed the costs of making such extracts or copies.)

C. I agree with informing the persons appointed by me about my health condition

☐ fully

☐ only to the following extent

.....

D. Information about my health condition may be given to the designated persons
in the following manner

☐ orally

☐ in writing

☐ via telephone

PIN/password:

Information about my health condition may be given by phone only to the aforementioned persons and only after they provide the communication password/PIN. Unless I determine otherwise, the password consists of the first four digits of my personal ID.

D. I agree that information about my health condition may be stated during the rounds
in the presence of other patients.

☐ YES ☐ NO

2. I have been informed about:

- the Ward Internal Rules, Patient Rights, Charter of Children Rights in Hospital (the documents are visibly posted in the ward),
- operation of the signaling device, operation of the bed positioning,
- the option to deposit valuables, cash and other items in the ward depository, and on working days in the hospital safe, and I know that the healthcare provider is not liable for my lost items if I do not use this option.

3. I agree with the placement of an ID bracelet on my wrist (ankle); the ID bracelet contains my first name, last name, date of birth, health insurer code, and ward ID.

☐ YES ☐ NO

4. Treatment delivered to me may be attended by students of medical faculties and students of non-medical fields under the supervision of healthcare professionals.

☐ YES ☐ NO

5. In the event of damage caused to my health, my personal data and data from medical records about my health condition will be made available to the insurance company with which the healthcare provider has arranged for liability insurance, and to the insurance broker who administers this insurance. The entities involved are obliged to observe data protection legislation.

☐ YES ☐ NO

6. If audio-visual records of my treatment are made during my hospitalization, they can be used for scientific and educational purposes and presented at the seminars of the healthcare provider, at congresses, or published in professional journals. Records will be made only of the parts of my body directly associated with the treatment. My personal data (first name, last name) and sensitive personal data (date of birth, personal ID number), or other identifiable signs will not be published in these presentations.

☐ YES ☐ NO

7. I was informed that I will be administered only the medication prescribed to me by my attending physician. I will not use any other medication without my physician's consent. I will hand over all medication I have brought to the hospital for myself to the attending staff; the medication will be returned to me after the termination of my hospitalization. In case I refuse to store these medicines with the attending staff, I assume liability if they are misused by a third person.

8. I was informed about the smoking ban inside the hospital and I undertake to respect it.

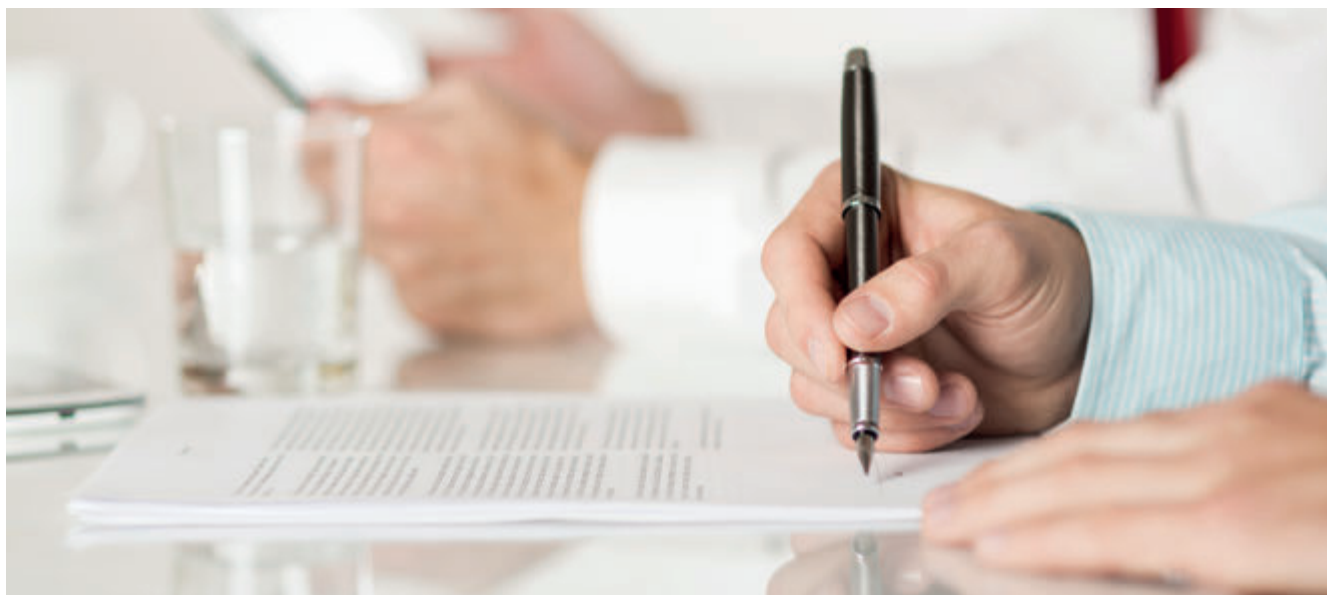
In on at o'clock

.....
Patient's (legal guardian's) signature

.....
Signature of underage patient over 14

.....
nurse's/non-medical healthcare worker's
name tag and signature

If the fields YES - NO are not checked, it is expected the patient has agreed with the respective information.



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