

The following fictional sample scenarios, tailored to the physician stakeholder audience, have been authored to assist in understanding and applying the policy. Policy references have been included.

***Please Note:** Determinations of appropriate prioritization of access to AHS-managed health services is not a ‘black and white’ dynamic. The recommended courses of action as delineated below may not be appropriate for all situations. When in doubt, consultation with one’s leader is always recommended. Guidance in the ethical management of determinations of priority of access may be provided by AHS Clinical Ethics Services. The Chief Ethics and Compliance Officer is also available to assist in making determinations of priority of access that are consistent with the requirements of the policy and the values espoused by AHS.

Scenario Details	Recommended Course of Action	Policy References (select policy text has been paraphrased)
<p>Due to a previous professional relationship with a private clinic, a specialist physician now practicing within an AHS program, allows certain patients from the clinic to be referred directly to him. The physician then uses his authority in the program to instruct staff at the AHS facility to ‘fast track’ these patients for tests and treatments without using the standard booking procedures. This leads to a number of the physician’s patients receiving care much sooner than others regardless of health need.</p>	<p>The specialist physician is well within his right to accept new referrals from a former colleague. Unless the referred patients presented with more urgent health needs (when compared to other patients being referred to the program) they should have been booked for their tests and treatments through the standard booking procedure/process.</p>	<p>Policy Reference: Section 1.1(b)(i) Patients with similar health needs shall have similar priority of access.</p> <p>Policy Reference: Section 2.1(a) Decisions of appropriate prioritization of access to health services shall be based upon on the specific health needs of the patient and their context.</p> <p>Policy Reference: Section 2.2(a)(iv) Decisions of prioritization of access to health services should not be based on personal relationships.</p>

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<p>You are working in an urgent care center as a triage nurse or as a physician. Your friend and neighbour arrives with a sick child, and is obviously distraught. She asks lots of questions and is seeking your assistance (on account of your personal relationship) to get her child to be seen more quickly.</p>	<p>While you should acknowledge your relationship and may wish to personalize the messaging on that account, you should address all of your friend’s questions as you would any other member of the public. Clearly communicate the process for assessing the patient and the steps you will take to support the child’s safety and well-being. As part of this process, you may wish to outline the triage process, the appropriate wait times and other options (as appropriate) for getting her child assessed.</p>	<p>Policy Reference: Section 2.1(a) Decisions of prioritization of access to health services shall be based on the specific health needs of the patient and their context.</p> <p>Policy Reference: Section 2.2(a)(iv) Decisions of prioritization of access to health services should not be based on personal relationships.</p> <p>Policy Reference: Section 9.1 AHS personnel are not authorized to request or to accept a request for preferential access.</p> <p>Policy Reference: Section 9.2 (a) & (b) This text outlines AHS’ statement on preferential access requests and delineates potential approaches that may be taken in response.</p>

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<p>Emergency Department staff are advised that in the next hour a prominent Albertan politician will be coming to the facility for minor treatment. The emergency room is currently busy and many patients have been waiting for 2-3 hours already. When the patient arrives, he is led past triage and directly to a bed. Within 10 minutes, the physician and care team consults with the patient, provides the required treatment, and the patient leaves.</p>	<p>In order to avoid any undue health, privacy, safety, or security issues for the politician, other patients or AHS personnel, it may be appropriate to have the prominent politician wait in a different location than the ER waiting room. Fast-tracking his care and treatment, however, is not warranted unless his/her wait would create undue and unwanted repercussions (see Section 6.2 of the policy) for the politician, other patients or AHS personnel.</p> <p>PLEASE NOTE: There is a separate process (managed through the Office of the President & Chief Executive Officer and outlined in a separate procedure document) for individuals classified as IPPs (Internationally Protected Persons). An Alberta politician (as outlined in this example) would not fulfill this aforementioned designation.</p>	<p>Policy Reference: Section 1.1(b)(i) Patients with similar health needs shall have similar priority of access.</p> <p>Policy Reference: Section 2.1(a) Decisions of appropriate prioritization of access to health services shall be based upon on the specific health needs of the patient and their context.</p> <p>Policy Reference: Section 2.2 (a)(ii) & (iv). Decisions of prioritization of access to health services should not be based on the social or political position of the patient or their family.</p> <p>Policy Reference: Section 5 This policy text outlines the obligations AHS may be required to provide for Internationally Protected Persons.</p> <p>Policy Reference: Section 6 While courtesy notifications are welcomed and accepted by AHS, they should not impact the</p>

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		<p>prioritization of access to publicly-funded health services except where the health, privacy, safety or security of the individual patient, other patients or AHS personnel may be compromised if not acted upon in a timely and appropriate manner.</p>
<p>The Emergency Department has just received notification of the pending arrival of a highly volatile and aggressive prisoner from the jail system for treatment of a minor condition. They want this patient treated immediately upon his arrival.</p>	<p>Unlike the politician example articulated above, it may be justifiable to see and treat this particular patient immediately upon his arrival, given his propensity for aggression. A determination would need to be made with consideration of the health, safety and security of the patient, of other patients and AHS personnel. Consultation with one's care team, manager or leader is recommended. If a decision is made to expedite this patient's care and treatment in order to mitigate the perceived risks, a brief note on the patient's chart (as to the rationale for same) is advised.</p>	<p>Policy Reference: Section 2.1(a) Decisions of appropriate prioritization of access to health services shall be based upon on the specific health needs of the patient and their context.</p> <p>Policy Reference: Section 6 While courtesy notifications are welcomed and accepted by AHS, they should not impact the prioritization of access to publicly-funded health services except where the health, privacy, safety or security of the individual patient, other patients or AHS personnel may be compromised if not acted upon in a timely and appropriate manner.</p> <p>Policy Reference: Section 9.3(a)(ii) To ensure transparency and uphold public confidence in the integrity of AHS and its</p>

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		<p>personnel, when making complex determinations of priority of access to health services, health care providers should document their rationale in the patient's chart.</p>