

TITLE

APPROPRIATE PRIORITIZATION OF ACCESS TO HEALTH SERVICES**SCOPE**

Provincial

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To articulate how Alberta Health Services (AHS) will determine the appropriate prioritization of access to **publicly-funded health services** managed by AHS.
- To provide a decision making framework for **health care providers** to reference when making determinations of appropriate priority of access to publicly-funded health services managed by AHS.
- To provide guidance to health care providers regarding requests for, and events of, **preferential access**.

PRINCIPLES

AHS is committed to acting with integrity, consistency, and transparency in the delivery of publicly-funded health services managed by AHS.

The central factor in determining priority of access to publicly-funded health services managed by AHS is **health need**, which is assessed by health care providers using their professional judgement, in consideration of the **patient's** context.

Decisions with respect to priority of access to publicly-funded health services managed by AHS shall comply with applicable legislation and are guided by AHS governance and operational documents.

AHS personnel are not authorized to request or to accept a request for preferential access to publicly-funded health services managed by AHS.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Core Ethical Principles Pertaining to Access to Health Services

- 1.1 AHS adheres to the following core ethical principles as it pertains to determining a patient's appropriate priority of access to publicly-funded health services managed by AHS. These core principles shall collectively serve as the foundation for decision making.
- a) Moral Equality:
 - (i) Equal value and respect shall be accorded to all individuals, including those who may be marginalized or stigmatized by illness or social circumstances.
 - b) Equity:
 - (i) Patients with similar health needs shall have similar priority of access to publicly-funded health services managed by AHS.
 - c) Societal Need:
 - (i) At risk populations may receive prioritized preventative publicly-funded health services managed by AHS based on their unique health needs or disease and health risk assessment.
 - (ii) In circumstances of emergency, public health concern, threat, or crisis, individuals may receive prioritized access to publicly-funded health services managed by AHS based on their role in health service delivery or in the protection of public health and safety.
 - d) Public Confidence:
 - (i) Decisions regarding priority of access to publicly-funded health services managed by AHS shall affirm the public's confidence in the integrity of AHS and its personnel.
 - e) Transparency:
 - (i) Processes and rationale pertaining to determining priority of access to publicly-funded health services managed by AHS shall be transparent to the public, subject to review, maintain patient confidentiality and adhere to applicable privacy legislation.

- f) Stewardship:
 - (i) Access to publicly-funded health services managed by AHS shall affirm responsible and prudent use of public resources.

2. Promoting Integrity and Consistency in the Prioritization of Health Care Access

2.1 Decisions of health care providers, with respect to a patient's priority of access to publicly-funded health services managed by AHS, shall be made using professional judgement and be based upon the following:

- a) the specific health needs of the patient and their context;
- b) the core ethical principles pertaining to health care access identified above; and
- c) applicable legislation, AHS governance and operational documents, and standard clinical practices.

2.2 The consistent application of the above shall:

- a) result in decisions of prioritization of access to publicly-funded health services managed by AHS, that are not based on any of the following:
 - (i) a patient's race, religious beliefs, colour, gender, gender identity, gender expression, physical disability, mental disability, ancestry, place of origin, marital status, source of income, family status, or sexual orientation, except where, in the professional judgement of health care providers, they impact a person's health need;
 - (ii) the social, political, or economic position of the patient or their family;
 - (iii) the patient or family's willingness to pay;
 - (iv) personal relationships;
 - (v) the private or financial interests of a health care provider (i.e. conflict of interest); and
 - (vi) requests from public officials to secure expedited access for constituents, friends, or family members.
- b) affirm public confidence in the integrity of AHS and its personnel.

3. Pandemic, Outbreak or Other Declared Public Emergency

- 3.1 In the case of a pandemic, an outbreak, or other public health emergency determinations of priority of access to publicly-funded health services managed by AHS will be made by health care providers and will be based upon:
- a) disease and health risk assessment; and
 - b) authorized pandemic plans established through the Office of the AHS Senior Medical Officer of Health and approved by the Executive Leadership Team, and/or by the Government of Alberta (see Reference Section).
- 3.2 In the case of a declared public emergency (e.g. natural or civic disaster) determinations of priority of access to publicly-funded health services managed by AHS will be made by health care providers and will be based upon:
- a) the assessment of the impact on the health and safety of the public; and
 - b) authorized disaster management plans established through the Office of the AHS Senior Medical Officer of Health and approved by the Executive Leadership Team, and/or by the Government of Alberta (see Reference Section).

4. Referrals for Access to Urgent Higher Level Care and Services

- 4.1 Referrals for access to urgent higher level care and services within AHS can be facilitated through the respective Referral, Access, Advice, Placement, Information, and Destination (RAAPID) centre. These referrals are managed in accordance with the established protocols of relevant AHS clinical programs and approved through established processes.

5. Health Services for Internationally Protected Persons

- 5.1 AHS may be required to provide publicly-funded **emergency health services** and/or **food surveillance services** to **Internationally Protected Persons (IPPs)** and/or immediate family members who may accompany them, arising from responsibilities assigned to the Government of Canada under the terms of the *Convention on the Prevention and Punishment of Crimes Against Internationally Protected Persons, including Diplomatic Agents*.
- 5.2 AHS shall be advised as to who is entitled to be classified as an IPP, and whether AHS is required to provide emergency health services and/or food surveillance services. This determination shall be communicated by the relevant Federal or Provincial agency providing notification of an impending visit to the Province of Alberta.
- a) Courtesy notification (Section 7) may be extended for individuals not officially identified as IPPs.

- 5.3 The Office of the President and Chief Executive Officer for AHS shall be administratively accountable, delegating select duties as appropriate, for the arrangement of any publicly-funded emergency health services or food surveillance services that the IPP and/or immediate family members may require of AHS while in the Province of Alberta.
- 5.4 An **IPP's health plan**, consistent with Health Canada's *Policy Regarding Health Plans for Internationally Protected Persons Visiting Canada*, should not affect the publicly-funded health services which the general population can expect to receive from AHS.

6. Courtesy Notifications (Heads Up Calls)

- 6.1 When the context of an individual requiring publicly-funded health services from AHS may pose an operational or security challenge to an **Alberta Health Services setting** or its personnel for any reason, prior notifications may be communicated to the Alberta Health Services setting to help the health care team assess the needs of the individual and adequately plan to address those needs.
- 6.2 These notifications shall not:
- impact the prioritization of access to publicly-funded health services managed by AHS, 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; or
 - contravene the provisions set out in this policy.

7. Professional Courtesy

- 7.1 AHS recognizes that **professional courtesy** occurs amongst **health care professionals** within publicly-funded health services managed by AHS.
- 7.2 Health care professionals shall comply with all professional standards and Codes of Ethics from their professional body and the AHS *Code of Conduct* in respect to professional courtesy.
- 7.3 No patient shall be displaced on a waiting list as a result of professional courtesy. Normal processes for scheduling, record keeping, and access to AHS facilities shall be followed.
- 7.4 The proposed professional courtesy shall be appropriate, **medically justified**, and **ethically justified**.
- 7.5 Section 9.3 outlines options that may assist health care professionals assess whether the proposed professional courtesy further meets the requirements of this policy.

8. Advocacy and Health Care Navigation

- 8.1 Advocating for the care that a patient should be receiving as a result of their health need, or assisting patients and their family members in navigating the complexities of the health system is considered appropriate by AHS as long as patient confidentiality and privacy is maintained and provided there is no expectation or request for preferential access to publicly-funded health services managed by AHS.
- a) Physicians play a well-recognized role as health advocates. Physicians support patients they care for by appropriately navigating the health system and by advocating with them to secure the timely provision of required health services.
 - b) Nurses and other health care providers also play an important role in advocacy and health care navigation. They provide understanding and clarity to patients and families navigating the complexities of the health system. They also encourage, foster, and support patients and families in advocating for their own health and support appropriate efforts to secure the timely provision of required health services.
 - c) Patient and family members have an important role as health advocates and health care navigators. In partnership with health care providers or on their own, they seek to secure the timely provision of required health services. They also attempt, by drawing upon their experiences with the health system, to facilitate process and system improvements to enhance the delivery of publicly-funded health services managed by AHS.
 - d) Public officials, or **third party advocates**, may ask on behalf of their constituents, friends, or family members, or those they are representing, for understanding and clarity in navigating the health system.

9. Requests for Preferential Access

- 9.1 AHS personnel are not authorized to request or to accept a request for preferential access to publicly-funded health services within facilities and programs managed by AHS.
- 9.2 AHS recognizes that most requests for preferential access can be effectively addressed through educational efforts around how determinations of appropriate prioritization of access to publicly-funded health services managed by AHS are made.
- a) Health care providers are encouraged to address such matters at the point of contact, provided it is in alignment with their scope of responsibility, skill level and comfort level.
 - b) Consultation with the care team, one's manager or leader, as appropriate to the situation, is always recommended.

- 9.3 AHS recognizes that the determination of appropriate priority of access to publicly-funded health services managed by AHS is not always clear and can be quite complex, given system capacity issues and the complexities inherent in the specific health needs of the patient and their context.
- a) To ensure transparency and uphold public confidence in the integrity of AHS and its personnel, when making complex determinations of priority of access to publicly-funded health services managed by AHS, health care providers should:
 - (i) consult with their manager or leader; and
 - (ii) document their rationale in the patient's chart.
 - b) For guidance in the ethical management of these matters, AHS Clinical Ethics Services may be contacted as appropriate, during regular business hours at 1-855-943-2821.
 - c) The AHS Chief Ethics and Compliance Officer is also available to assist health care providers in making determinations that are consistent with the requirements of this policy and the values espoused by AHS. The AHS Ethics and Compliance Officer can be contacted at: complianceofficer@albertahealthservices.ca

10. Allegations of Preferential Access

- 10.1 In accordance with the requirements and processes outlined in the Alberta Health Services *Safe Disclosure / Whistleblower* Policy:
- a) AHS personnel who have a reasonable basis to believe that alleged preferential access (an **improper activity**) has occurred or is occurring within AHS are required to disclose the information on which the belief is based; and
 - b) AHS personnel reporting alleged incidents of preferential access in good faith, who participate in resulting investigations, as well as alleged respondents, are, in the absence of reasonable evidence, protected from **retaliation**.
- 10.2 Where investigations of alleged incidents of preferential access are warranted, the reviews and/or investigations shall be conducted in accordance with the Alberta Health Services *Investigations* Policy.

DEFINITIONS

Alberta Health Services personnel means anyone who provides care or services or who acts on behalf of AHS, which may include AHS governing body members, AHS employees, AHS Medical Staff members (physicians, dentists, oral and maxillofacial surgeons and podiatrists), AHS Midwifery Staff members, other allied health professionals with an AHS appointment and

privileges, students, volunteers, researchers working with AHS or studying AHS staff or patients.

Alberta Health Services setting means any environment where treatment/procedures and other health services are delivered by, on behalf of, or in conjunction with, Alberta Health Services.

Emergency health services (for Internationally Protected Persons) refer to all the measures taken to ensure the contingent availability of health services for Internationally Protected Persons. This includes, but is not limited to, arrangements with hospitals, Emergency Medical Services (EMS), and health care providers. These arrangements are contingent upon the security levels assigned by the Royal Canadian Mounted Police (RCMP).

Ethically justified means a health care professional appropriately managing conflicts between their primary obligation to ensure patients with the same medical condition have the same access to services without regard to clinically irrelevant factors (e.g. personal relationships), and any secondary obligations including, but not limited to, maintaining respect and relationships with other health care professionals and exercising appropriate stewardship of health care resources.

Food surveillance services (for Internationally Protected Persons) refer to measures taken to minimize the risks of food borne illnesses for Internationally Protected Persons. These measures vary depending on the level of security assigned by the Royal Canadian Mounted Police (RCMP).

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* (Alberta) or the *Health Professions Act* (Alberta), and who practices within scope and role.

Health care provider means any person who provides goods and services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of, or in conjunction with, Alberta Health Services.

Health need refers to the full scope of physical, emotional, mental health, spiritual, social, environmental and cultural elements that an individual may require to achieve and maintain health and well-being, as determined by health care providers using their professional judgement in consideration of the patient's context.

Health service(s) means a service or actions performed for or with a patient to protect, promote, or maintain health; to prevent illness; to diagnose, treat or rehabilitate; or to take care of the health needs of the ill, disabled, injured or dying.

Improper activity means any alleged material, unethical, illegal and other improper activity including without limitation, disclosure of wrongdoing under *PIDA*, fraud, theft, violations of laws, violations of the *AHS Code of Conduct*, principles, policies or bylaws (including the *Conflict of Interest Bylaw*), and negligence of duty.

Internationally Protected Person is any representative of a State or any official or other agent of an international organization of an intergovernmental character, as well as members of his/her family forming part of his/her household.

Internationally Protected Person's health plan refers to a set of provisions designed to guarantee the availability of emergency health services and appropriate food surveillance services for the Internationally Protected Person.

Medically Justified means a health care professional using their professional judgement to prioritize and advocate for patients based on medical necessity.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

Preferential access means inappropriate priority of access to publicly-funded health services managed by Alberta Health Services that is a result of, including but not limited to, a conscious granting to one person over another with greater health need, without supporting evidence or justification; the application of one's position, power, authority, or relationship with AHS personnel that negatively affects another individual's extent of care or timeliness of service provision; or purposeful efforts to manipulate one's eligibility, availability, wait list status or extent of service provision for reasons other than health need and/or clinical urgency.

Professional courtesy means an occurrence where a health care professional gives priority to requests for care or treatment by other health care professionals, or the families, friends or contacts of those professionals. Professional courtesy becomes improper preferential access when the health care professional cannot medically or ethically justify prioritizing these types of requests ahead of other patients similarly situated.

Publicly-funded means services that are funded in whole or in part by the Government of Alberta.

Retaliation includes, but is in no way limited to, demotion, suspension, termination, harassment, or denial of service or benefits to AHS personnel that occurs as a result of reporting of an improper activity in good faith, participating in investigations of allegations of improper activity, in the absence of reasonable evidence. Retaliation includes Reprisal under PIDA.

Third party advocate means any person who has formally been identified by the patient or family, who supports a patient in navigating the concerns process and in seeking information to achieve their goal, such as a friend, member of the media, or third party advocacy group member.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Code of Conduct*
 - *Conflict of Interest Bylaw*
 - *Collection, Access, Use and Disclosure of Information Policy*

- *Engagement of Health Services for Internationally Protected Persons Procedure*
- *Investigation Policy*
- *Interaction between Alberta Health Services and Third Party Advocates Policy*
- *Medical Staff Bylaws*
- *Medical Staff Rules*
- *Midwifery Staff Bylaws*
- *Midwifery Staff Rules*
- *Patients Being Directed to the Emergency Department for Initial Assessment by the Directing Physician Procedure*
- *Safe Disclosure / Whistleblower Policy*
- *Wait Time Measurement, Management and Reporting of Scheduled Health Services Policy*
- Alberta Health Services Resources:
 - *Ethics Framework*
 - *Just Culture Guiding Principles*
 - *Operational Surveillance Pandemic Plan*
 - *Pandemic Influenza Operational Guide*
 - *Wait Time Measurement, Management and Reporting of Scheduled Health Services Procedure Manual*
- Non-Alberta Health Services Documents:
 - *Alberta Emergency Plan* (Alberta Emergency Management Agency)
 - *Alberta Health Act* (Alberta)
 - *Alberta Health Charter* (Alberta)
 - *Alberta's Pandemic Influenza Plan* (Alberta Health, Alberta Emergency Management Agency, Alberta Health Services)
 - *Convention on the Prevention and Punishment of Crimes Against Internationally Protected Persons, including Diplomatic Agents* (United Nations)
 - *Emergency Health Services Act* (Alberta)
 - *Freedom of Information and Protection of Privacy Act* (Alberta)
 - *Health Care Protection Act* (Alberta)
 - *Health Information Act* (Alberta)
 - *Policy Regarding Health Plans for Internationally Protected Persons Visiting Canada* (Health Canada)
 - *Professional Courtesy: Advice to the Profession* (College of Physicians and Surgeons of Alberta)
 - *Public Health Act* (Alberta)
 - *Public Interest Disclosure (Whistleblower Protection) Act* (Alberta) and associated regulations

VERSION HISTORY

| Date | Action Taken |
|-------------------|------------------------|
| February 11, 2016 | Non-substantive change |
| November 17, 2017 | Revised |