OBJECTIVES

- To articulate how Alberta Health Services (AHS) will determine the appropriate prioritization of access to publicly-funded health services delivered by AHS.

- To provide decision making support for AHS people to reference when making determinations of appropriate priority of access to publicly-funded health services delivered 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 delivered by AHS.

The central factor in determining priority of access to publicly-funded health services delivered by AHS is health need, either individual or collective, which is assessed by health care providers using their clinical judgement, in consideration of the patient’s clinical status or the greater good of society.

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

AHS people shall not request, accept a request, offer, provide, or facilitate preferential access to publicly-funded health services delivered 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. Preferential Access

   1.1 AHS people shall not request, receive, offer, provide, or facilitate preferential access to publicly-funded health services delivered by AHS for themselves or for any other person by means of any action initiated by themselves or by others.

2. Core Ethical Principles

   2.1 AHS adheres to the following core ethical principles as they pertain to determining a patient’s appropriate priority of access to publicly-funded health services delivered by AHS. These core principles shall collectively serve as the foundation for decision making.

      a) Equal Concern:

         (i) Equal value and respect shall be accorded to all individuals.

      b) Equity:

         (i) Patients with similar health needs and acuity shall have similar priority of access to publicly-funded health services delivered by AHS.

      c) Societal Need:

         (i) At risk people may receive prioritized preventative publicly-funded health services delivered by AHS based on their unique health needs or disease and health risk assessment.

         (ii) In circumstances of public health emergencies, or other emergencies or disasters, individuals may receive prioritized access to publicly-funded health services delivered by AHS based on their role in health service delivery or in the protection of public health or public safety in order to ensure continued operation of the health care system or other critical services (see Section 5 below).

      d) Public Confidence:

         (i) Decisions regarding priority of access to publicly-funded health services delivered by AHS shall affirm the public’s confidence in the integrity of AHS and AHS people.
e) Transparency:
   (i) Processes and rationale pertaining to determining priority of access to publicly-funded health services delivered by AHS shall be transparent to the public while maintaining patient confidentiality.

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

3. Promoting Integrity and Consistency in Decision-Making

3.1 When making a decision regarding a patient’s priority of access to publicly-funded health services delivered by AHS, health care providers shall use clinical judgement and shall base their decision on:
   a) the specific health and social needs of the patient and their context;
   b) the core ethical principles pertaining to health care access identified above; and
   c) applicable legislation, AHS policy documents and other AHS documents, and standard clinical practices which may be applicable to the publicly-funded health service being delivered.

3.2 When making a decision regarding a patient’s priority of access to publicly-funded health services delivered by AHS, health care providers shall not base their decision on:
   a) 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 clinical judgement of health care providers, they impact a person’s health need;
   b) the patient or their family’s socioeconomic status, political position, or position within a community;
   c) the patient or family’s willingness or ability to pay;
   d) personal relationships;
   e) the private or financial interests of a health care provider (i.e., conflict of interest);
   f) requests from public officials to secure expedited access for themselves, constituents, friends, or family members; and
g) requests from donors to AHS or AHS-affiliated health foundations or trusts to secure expedited access for themselves, friends, or family members.

4. Decision-Making Supports

4.1 If AHS people require guidance in making a decision regarding priority of access to publicly-funded health services delivered by AHS, they should:

a) consult with their manager, if appropriate; and/or

b) consult AHS Clinical Ethics, as appropriate: clinicalethics@ahs.ca or 1-855-943-2821 (regular business hours).

4.2 AHS people should document their rationale for any decision they make regarding priority of access to publicly-funded health services delivered by AHS.

5. Emergencies

5.1 In the case of a public health emergency, determinations of priority of access to publicly-funded health services delivered by AHS shall be based upon:

a) disease and population health risk assessments;

b) policies, directives, and decisions made by the Government of Alberta;

c) requirements in the Public Health Act (Alberta) and regulations; and

d) AHS plans approved by the AHS Senior Medical Officer of Health and Executive Leadership Team.

5.2 In the case of all other emergencies or disasters (e.g., natural or civic disaster), determinations of priority of access to publicly-funded health services delivered by AHS shall 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;

b) policies, directives, and decisions made by the Government of Alberta; and

c) authorized service-specific plans for priority of access to publicly-funded health services delivered by AHS as approved by AHS Executive Leadership Team.

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

6.1 To support safe, consistent, and efficient referrals, referrals for access to urgent higher level care and services within AHS should be facilitated through the respective Referral, Access, Advice, Placement, Information, and Destination
(RAAPID) centre. These referrals are managed and approved in accordance with the established protocols and processes of relevant AHS clinical programs.

7. **Courtesy Notifications (Heads Up Calls)**

7.1 When the context of an individual requiring publicly-funded health services delivered by AHS may pose additional operational or security considerations to an **AHS setting** or an AHS person for any reason (e.g., an individual whose privacy may be compromised when visiting an AHS setting), prior notifications may be communicated to the AHS setting to help the health care team assess the needs of the individual and adequately plan to address those needs.

7.2 These notifications shall not:

a) impact the prioritization of access to publicly-funded health services delivered by AHS, except where the health, privacy, safety or security of the individual patient, other patients, or AHS people may be compromised if not acted upon in a timely and appropriate manner; or

b) contravene the provisions set out in this Policy.

8. **Professional Courtesy**

8.1 AHS recognizes that **professional courtesy** occurs amongst **health care professionals** within publicly-funded health services delivered by AHS.

8.2 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.

8.3 The proposed professional courtesy shall be appropriate, **medically justified**, and **ethically justified**.

8.4 No patient shall be displaced or disadvantaged as a result of professional courtesy. Normal processes for scheduling, record keeping, and access to AHS facilities shall be followed.

8.5 Anyone who is a recipient of professional courtesy and requires follow-up testing or treatment shall be prioritized based on their medical health need only.

9. **Advocacy and Health Care Navigation**

9.1 It is appropriate for an AHS person, patient or family member, public official, or **third party advocate** to advocate for the care that a patient should receive as a result of their health need, or assist a patient and their family members to navigate the complexities of the health system, 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 delivered by AHS.
10. Allegations of Preferential Access

10.1 AHS people shall report an alleged breach of this Policy to:

a) their manager;

b) their manager’s manager; or

c) the confidential AHS Safe Disclosure Line, 1-800-661-9675 (available 24/7).

10.2 Any investigation of an alleged breach of this Policy shall be conducted in accordance with the AHS Investigations Policy.

10.3 AHS people reporting an alleged breach of this Policy and/or participating in an investigation of an alleged breach of this Policy in good faith are protected from retaliation in accordance with the AHS Investigations Policy.

10.4 AHS people found to have committed a breach of this Policy may be subject to disciplinary action up to and including termination of employment, appointment/privileges, contractual, or other relationship with AHS.

DEFINITIONS

AHS people means anyone who provides care or services or who acts on behalf of AHS, which may include AHS Board 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, and researchers working with AHS or studying AHS staff or patients.

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

Disaster means, as defined in the Emergency Management Act (Alberta), an event that results in serious harm to the safety, health, or welfare of people or in widespread damage to property.

Emergency means, as defined in the Emergency Management Act (Alberta), an event that requires prompt co-ordination of action or special regulation of persons or property to protect the safety, health, or welfare of people or to limit damage to property.

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.

Health care professional means an individual who is a member of a regulated health discipline, as defined by 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 means 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 clinical judgement in consideration of the patient’s clinical status.

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.

Manager means the individual responsible for managing and overseeing an AHS person, or to whom the AHS person reports.

Medically Justified means a health care professional using their clinical 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 delivered 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 health services delivered by AHS means services that are funded in whole or in part by the Government of Alberta and that are directly provided by AHS people.

Public health emergency means, as defined in the Public Health Act (Alberta), an occurrence or threat of:

- an illness;
- a health condition;
- an epidemic or pandemic disease;
- a novel or highly infectious agent or biological toxin; or
- the presence of a chemical agent or radioactive material
that poses a significant risk to the public health.

**Retaliation** means, but is not limited to dismissal, layoff, suspension, demotion or transfer, discontinuation or elimination of a job, change of a job location, reduction in wages, change in hours of work, reprimand, or any other measure that adversely affects the individual’s employment or working conditions, and includes a threat to take any of the measures mentioned above.

**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
  - Engagement of Health Services for Internationally Protected Persons Procedure (#1167-01)
  - Interaction between Alberta Health Services and Third Party Advocates Policy (#PRR-04)
  - Investigations Policy (#1163)
  - 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 (#1167-02)
  - Privacy Protection and Information Access Policy (#1177)
  - Whistleblower Policy (#1101)
- Alberta Health Services Resources:
  - Ethics Framework
  - Just Culture Guiding Principles
  - Operational Surveillance Pandemic Plan
  - Pandemic Influenza Operational Guide
- 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)
  - Emergency Management 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

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