

TITLE

APPEAL PANEL PROCESSSCOPE

Provincial: Continuing Care

DOCUMENT

HCS-146-01

APPROVAL LEVEL

Alberta Health Services President and Chief Executive Officer

SPONSOR

Vice President responsible for the program areas

INITIAL EFFECTIVE DATE

September 24, 2015

CATEGORY

Health Care and Services

REVISED

Not Applicable

PARENT DOCUMENT TYPE & TITLE

Policy Level 1: Access to a Designated Living Option in Continuing Care

Policy Level 2: Added Care Services

Policy Level 2: Extraordinary Care Services

Policy Level 2: Self-Managed Care

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.

If you have any questions or comments regarding the information in this procedure, please contact the Policy & Forms Department at policy@albertahealthservices.ca. The Policy & Forms website is the official source of current approved policies, procedures, directives, and practice support documents.

OBJECTIVES

- To establish a consistent, accessible, fair, transparent, and timely process for addressing patient **concerns** related to **Continuing Care**, including but not limited to concerns relevant to the *Designated Living Option in Continuing Care Policy*, *Added Care Services Policy*, *Extraordinary Care Services Policy*, and *Self-Managed Care Policy*. This process complies with the Alberta Health Services (AHS) *Patient Concerns Resolution Policy* and *Patient Concerns Resolution Process Procedure*.
- To enhance the experience of **patients** and their families by managing concerns in a manner that applies the principles of **Patient and Family Centered Care / Person Centered Care** and is consistent with **Alberta Health Services Values**.

APPLICABILITY

Compliance with this procedure 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).

PROCEDURE ELEMENTS**1. Patient's Right to AHS Patient Concerns Resolution Process**

- 1.1 At any point in the process of assessing, applying, exploring, negotiating, and/or implementing any process identified within AHS Continuing Care policies, the patient and/or **alternate decision maker(s)** may raise a concern either through the Patient Relations Department or an AHS Seniors Health zone representative.
- 1.2 The AHS Patient Concerns Resolution Process shall actively engage the patient and/or alternate decision maker(s) in the process of exploration and negotiation with the goal of identifying the most acceptable solution from the range of options.

2. Information About the AHS Patient Concerns Resolution Process

- 2.1 Patients and/or alternate decision makers shall be given information about expressing and resolving concerns, including:
 - a) the negotiation/resolution process that forms a normal part of all Continuing Care processes;
 - b) the ability to raise a concern and for it to be reviewed as part of a formal AHS Patient Concerns Resolution Process including the Continuing Care Appeal Panel Process, as described in this procedure;
 - c) information regarding the role of the AHS Patient Relations Department and their contact information; and
 - d) the ability to have a **Patient Concerns Consultant** support the patient and alternate decision maker(s) throughout this process.
- 2.2 This information shall be shared with patients and/or alternate decision makers, at minimum:
 - a) by the AHS Case Manager / Transition Coordinator / Placement Coordinator (hereinafter referred to as the Case Manager) in writing; and
 - b) during conversations with the patient and/or alternate decision maker(s) where concern or dissatisfaction is communicated.

3. Continuing Care Appeal Panel Process

- 3.1 The patient and/or alternate decision maker(s) may raise their concern to the Patient Relations Department or to a Seniors Health zone representative. The concern shall be communicated to all appropriate key stakeholders by whoever received that concern.
- 3.2 Seniors Health zone representatives shall first attempt, through initial informal negotiation, to resolve any concern to the extent possible given the concern/scenario. This may include involvement from the Case Manager, Manager, Chief Zone Officer, Patient Relations Department, or other involved parties, as appropriate.

- 3.3 When negotiations have been exhausted and the patient and/or alternate decision maker(s) (hereinafter known as the **Petitioner**) feel there has been no resolution, the Seniors Health zone representative together with the Patient Relations Department shall determine how best to proceed with the concern, which may involve initiating the Continuing Care Appeal Panel (hereinafter known as the "Appeal Panel").
- 3.4 If it is determined that the Appeal Panel should be engaged in resolving the concern, a provincial Seniors Health Team representative shall establish the panel to review the concern.
- a) Steps shall be taken to ensure that health information is not improperly disclosed.
 - b) The Petitioner shall be invited, with advance notice, to attend the review meeting from a place of their choosing.
 - (i) Where phone or video conferencing is preferred, the meeting place must offer a secure and protected transmission line.
 - c) The Petitioner may submit any documentation to the Appeal Panel, for consideration, in advance of the Appeal Panel meeting.
 - d) The Petitioner may be accompanied by family, **third party advocates**, and/or the Petitioner's health care provider(s) (Supporters) to support them in the process and provide information on their behalf at the Appeal Panel meeting. Refer to the AHS *Interaction between Alberta Health Services and Third Party Advocates Policy*.
- Note:** The Petitioner shall sign the *Consent to Disclose Health Information Form*, a consent document to allow the discussion of their health information in the presence of third party advocates, as per the AHS *Interaction between Alberta Health Services and Third Party Advocates Policy*.
- e) The Petitioner may receive support and assistance from their Case Manager if appropriate and/or the Patient Concerns Consultant during the Appeal Panel process. This may include helping to prepare for the meeting, attending the meeting, and/or presenting on behalf of the Petitioner at the meeting.
 - f) AHS (which may include the Case Manager, provincial Seniors Health Team, and the Patient Relations Department) shall provide documentation and information to the Panel and the Petitioner at least five (5) business days prior to the Appeal Panel meeting. Documentation and information shall include:
 - (i) a description of the issue(s);

- (ii) a brief history of negotiation, alternate solutions offered, and outcomes;
- (iii) perceived barriers to resolving the concern, potential resolution(s), and expected outcome(s); and
- (iv) risks to the patient and/or others if the concern is not resolved.

Note: AHS shall ensure that the gathering and supplying of information to the Appeal Panel is in accordance with the *Health Information Act* and the *Freedom of Information and Protection of Privacy Act*.

- g) The Appeal Panel may ask questions of the Petitioner and any other relevant parties, seek clarification of the situation, and/or request further documentation.

3.5 The Appeal Panel shall produce a written decision. That decision may:

- a) uphold the option(s) offered to the patient by the Zone and/or the Case Manager;
- b) provide an alternate solution; or
- c) delay a final resolution pending further information, and provide an interim plan.

3.6 Within five (5) days of the Appeal Panel decision, the results of the Panel shall be communicated to the Petitioner by a representative who is able to explain and discuss the decision as necessary. Following the verbal discussion, the written decision of the Panel shall be provided to the Petitioner. Both the verbal discussion and the written decision shall identify:

- a) the decision;
- b) the Appeal Panel members;
- c) the rationale for the decision;
- d) any recommendations or next steps, including time frames; and
- e) opportunities available to the Petitioner to respond.

Note: AHS shall ensure that any responses made to the Petitioner are in accordance with the *Health Information Act* and the *Freedom of Information and Protection of Privacy Act*.

3.7 The result of the Appeal Panel shall be communicated to all appropriate key stakeholders and implemented in the time frame set by the Appeal Panel.

4. Appeal Panel Membership

- 4.1 The Appeal Panel shall be comprised of members who have knowledge of the AHS Patient Concerns Resolution Process and who have had no prior involvement with the patient or the concern.
- 4.2 The provincial Seniors Health Team shall establish the Appeal Panel comprised of three (3) of the following multidisciplinary members:
- Required -
- a) one (1) **Patient and Family Advisor**; and
- Two (2) additional members most appropriate to hear the concern from amongst the following -
- b) one (1) member from the AHS provincial Seniors Health Team (to provide provincial perspective);
- c) one (1) member from the AHS health zones employed and working in Continuing Care (to provide zone perspective);
- d) one (1) physician;
- e) one (1) ethics representative; and/or
- f) one (1) professional representative internal or external to AHS (e.g. **Acute Care** representative, contracted health services provider).
- 4.3 The individuals who comprise the Appeal Panel may change over time and for different concerns reviews.
- 4.4 At the discretion of Appeal Panel members, consultation may be sought to obtain a perspective from non-panel members.
- 4.5 The Appeal Panel shall appoint a chair from within the panel to conduct the Panel. The chair may change over time and for different appeal reviews.

5. Patient Relations

- 5.1 The Petitioner may contact the AHS Patient Relations Department at any point in the process, as per the AHS *Patient Concerns Resolution Policy* and the *Patient Concerns Resolution Process Procedure*.
- 5.2 If the Petitioner is not satisfied by the outcome of the Appeal Panel, the **Patient Concerns Officer** may review the decision to ensure due process was followed as per the AHS *Patient Concerns Resolution Policy* and the AHS *Patient Concerns Resolution Process Procedure*.

6. Documentation

- 6.1 The Case Manager is responsible for updating the patient's **health record** to reflect the key actions and decisions pertaining to the Appeal Panel, including:
- a) the concern;
 - b) the initial negotiation with Seniors Health zone representatives and other involved parties; and
 - c) the Appeal Panel process, decision, and rationale.
- 6.2 The Patient Relations Department shall document all contacts and interactions between Patient Relations and the Petitioner in the Feedback and Concerns Tracking (FACT) database as per the AHS Patient Concerns Resolution Process.

DEFINITIONS

Acute Care means all urban and rural hospitals, psychiatric facilities, urgent care facilities, and sub-acute settings that are co-located with acute care, where care is provided for patients with acute illnesses or injuries, or who are recovering from surgery.

Alberta Health Services Values means the values identified by Alberta Health Services which are: respect, accountability, transparency, engagement, safety, learning and performance.

Alternate decision maker means a person who is authorized to make decisions with or on behalf of the patient. These may include specific decision-maker, a minor's legal representative, a guardian, a "nearest relative" in accordance with the *Mental Health Act* (Alberta); an agent in accordance with a Personal Directive; or a person designated in accordance with the *Human Tissue and Organ Donation Act* (Alberta).

Concern means a written or verbal expression of dissatisfaction that may be related to:

- the provision of goods and services to a patient,
- a failure or refusal to provide goods and services to a patient,
- terms and conditions under which goods and services are provided to the patient by AHS or by a service provider under the direction, control or authority of AHS.

Continuing Care means an integrated range of services supporting the health and wellbeing of individuals living in their own home, a supportive living or long-term care setting. Continuing care clients are not defined by age, diagnosis, or the length of time they may require service, but by their need for care.

Health Record means the Alberta Health Services legal record of the patient's diagnostic, treatment and care information.

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.

Patient and Family Advisor means a patient or family member from anywhere in Alberta with firsthand experience of the health care system who volunteers to help make a positive impact on the quality, safety, and patient experience in Alberta's health care system. The role of the Patient and Family Advisor is to advise and work with the public, Alberta Health Services and its senior leaders, healthcare providers, staff, and physicians on policies, practices, planning, delivery, and education of Patient and Family Centred Care. The Patient and Family Advisors encourage public participation between those receiving health services and leaders, staff, and healthcare providers by representing a strong patient voice in advancing Patient and Family Centred Care and patient engagement throughout the organization.

Patient Concerns Consultant is a senior professional position with the AHS Patient Relations Department who has a health care background and is trained and skilled in establishing, fostering, and managing relationships while facilitating the resolution of concerns received from patients and families in a timely and expeditious manner. The role of the Patient Concerns Consultant is to receive, investigate, and respond to patient concerns by working with clinical and operational leaders to facilitate the development and implementation of the Patient Concerns Resolution Appeal Panel Process.

Patient Concerns Officer is the Executive Director of the Patient Relations Department who oversees the Patient Relations Department that is responsible for receiving, investigating, and responding to complaints regarding health services or other support services, provided to patients.

Patient and Family Centered Care means care provided by working in partnership with patients and families by encouraging active participation of patients and families in all aspects of care, as integral members of the patient's care and support team, and as partners in planning and improving facilities and services. Patient and family centered care applies to patients of all ages and to all areas of health care.

Petitioner means a person who brings forward a concern. This may be a patient or someone acting on behalf of, or in the interest of, a patient (i.e. alternate decision maker).

Person Centered Care means care that considers the individual's cultural traditions, their personal preferences, values and goals, their family and community, and their lifestyles. Individuals and their caregivers are an integral part of the care team who collaborate in care planning and decision making. Person-centred care recognizes the individual's strengths and expertise and supports building their self-management skills by ensuring unbiased information and tools are provided. Person-centred care ensures that transitions between providers, departments, health care settings, and other supports are respectful, coordinated, and efficient.

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 a third-party advocacy group member.

REFERENCES

- Alberta Health Services Governance Documents:

- *Access to a Designated Living Option in Continuing Care Policy* (#HCS-117)
- *Added Care Services Policy* (#HCS-98)
- *Extraordinary Care Services Policy* (#HCS-99)
- *Interaction between Alberta Health Services and Third Party Advocates Policy* (#PPR-04)
- *Patient Concerns Resolution Policy* (#PRR-02)
- *Patient Concerns Resolution Process Procedure* (#PRR-02-01)
- *Self Managed Care Policy* (#SH-001)
- Alberta Health Services Form
 - *Consent to Disclose Health Information Form* (#18028)
- Non-Alberta Health Services Documents:
 - *Continuing Care Health Service Standards* (Alberta)
 - *Freedom of Information and Protection of Privacy Act* (Alberta)
 - *Health Information Act* (Alberta)

VERSION HISTORY

Date	Action Taken
September 20, 2015	Initial approval
September 24, 2015	Initial effective
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