PURPOSE

- To clarify and standardize the role and process when engaging third party advocates in the Patient Concerns Resolution Process and in disclosure of harm.

- To improve the patient experience, and to help facilitate systemic changes for quality improvement within the health care system.

- Third party advocacy does not include those informal conversations where family, friends and loved ones support the patient.

POLICY STATEMENT

- A consistent process of engagement between Alberta Health Services staff, physicians, leaders and third party advocates will be followed while resolving concerns through the Patient Concerns Resolution Process.

APPLICABILITY

Compliance with this policy 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). This policy does not limit any legal rights to which you may otherwise be entitled.

POLICY ELEMENTS

1. Third Party Advocates

   1.1 Alberta Health Services acknowledges that third party advocates can act as a support to the patient or family.
1.2 Third party advocates, as identified by the patient or family, in accordance with applicable privacy legislation and consent practices, can support patients and families who have raised concerns/feedback about their care, or their experience in the Patient Concerns Resolution Process, including obtaining and understanding answers related to their care.

2. Legal Representation

2.1 Should the patient/family bring a third party advocate that is also a legal representative to a meeting:

   a) the Alberta Health Services representative will obtain direction from Alberta Health Services legal services before proceeding;

   b) attending physicians are encouraged to seek guidance (through Alberta Health Services legal services or the Canadian Medical Protective Association, as applicable) prior to participating in a meeting with the patient/family and the third party advocate.

   Note: For Alberta Health Services staff, legal support can be accessed through the Provincial Clinical Legal Intake Line at 1-888-943-0904.

3. Documentation

3.1 The patient must sign an Authorization of Health Information Act Representative form or Consent to Disclose form, or other acceptable consent document, to allow Alberta Health Services staff or physicians to discuss confidential health information of the patient in the presence of the identified third party advocate.

3.2 If a meeting with Alberta Health Services staff and/or physicians is occurring within an Alberta Health Services facility, the third party advocate, as identified by the patient or family, must sign the Alberta Health Services Confidentiality Agreement (see Appendix A Confidentiality Agreement).

4. Meeting Guidelines

4.1 These guidelines are intended to support professionalism and a productive, respectful, working relationship with third party advocates and Alberta Health Services.

4.2 Alberta Health Services reserves the right to ask that no electronic recording devices are utilized by the patient and family, or third party advocate, during meetings with Alberta Health Services staff or physicians.

4.3 The Alberta Health Services representative will facilitate the meeting, which will follow Alberta Health Services organizational values (refer to Alberta Health Services Code of Conduct). Should these values not be respected, the meeting may be discontinued at the discretion of either party.
4.4 In the meeting, the role of the third party advocate is to support the patient or family. The perspective of the third party advocate will be requested and incorporated into the concerns resolution process, after the patient or family has had the opportunity to discuss their concerns, and the Alberta Health Services representative has been able to ask any clarifying questions.

4.5 The third party advocate, the patient or the family may ask for a break in the meeting with Alberta Health Services. All such reasonable breaks will be accommodated.

4.6 In most cases Alberta Health Services representatives will deal directly with the patient or family to obtain feedback from the patient and family; however, should the patient or family wish to have the advocate assist with or manage feedback to Alberta Health Services from the patient and family, that is acceptable provided the patient has consented.

**DEFINITIONS**

**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.

**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 services to a patient,
- terms and conditions under which services are provided to the patient, by Alberta Health Services or by a service provider under the direction, control or authority of Alberta Health Services. It may also include dissatisfaction with professional practice and/or an allegation of unprofessional conduct. The concern may be clinical or non-clinical and may be directed at any member of the organization or the organization as whole. The concern may also include the dissatisfaction with an Alberta Health Services owned or operated facility.

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

**Patient Concerns Resolution Process** means the process of review and resolution of concern(s) raised by the patients/complainants within Alberta Health Services.
REFERENCES

- Appendix A Confidentiality Agreement
- Alberta Health Services Code of Conduct
- Alberta Health Services Consent to Disclose Health Information Form
- Alberta Health Services Consent to Treatment/Procedure(s) Policy
- Alberta Health Services Disclosure of Harm Policy
- Alberta Health Services Information Security and Privacy Safeguards Policy
- Alberta Health Services Patient Concerns Resolution Policy
- Alberta Health Services Patient Concerns Resolution Process Procedure
- Alberta Health Services Management of Patient Concerns Involving a Member of the Medical Staff Guideline
- Alberta Health Services Authorization of Health Information Act Representative Form
- Alberta Patient Concerns Resolution Process Regulation AR 124/2006 [Alberta]
- Freedom of Information and Protection of Privacy Act [Alberta]
- Health Information Act [Alberta]
- Ombudsman Act [Alberta]
- Personal Directives Act [Alberta]

REVISIONS

N/A
APPENDIX A

Confidentiality Agreement

This agreement is between you and Alberta Health Services. By signing, you will be subject to legally binding terms and conditions. Carefully read all of the terms and conditions set out below. Signing this agreement indicates your acceptance of the terms and conditions of this agreement and that you intend to be legally bound by these conditions.

Whereas:
1. Alberta Health Services has a duty to protect the confidentiality of individuals’ health care and personal information.
2. I am being allowed access to an Alberta Health Services facility to __________________________. I may be exposed to, or collect, personal and health information of Alberta Health Services staff, patients and other individuals, as well as Alberta Health Services proprietary information.

I AGREE THAT:

3. Any information that may identify an individual, that I may see, hear, collect, record or use when I am at an Alberta Health Services facility is strictly private and confidential and may not be used, shared or disclosed with any other party except for the purpose described herein.

4. I will not discuss or share any information with other parties, including media outlets, without the express written consent of Alberta Health Services.

5. I will take all reasonable steps to prevent the unauthorized collection, use and/or disclosure of any health information or personal information that could be used to identify an individual. Such steps include, without limitation, taking precautions against such risks as loss, theft or improper access to such information by unauthorized individuals.

6. I will securely destroy all information that may identify an individual when I no longer need this information for the purpose described herein.

7. I agree to notify Alberta Health Services as soon as reasonably possible if I am aware of a breach of this agreement.

By signing below I accept the terms and conditions of this agreement and intend to be legally bound by them.

Name (please print): ________________________________________________________________

Company Name: __________________________________________________________________

Title: ___________________________________________ Phone Number: _______________

Signature: ___________________________________________ Date: ______________