

TITLE

DESIGNATED FAMILY/SUPPORT ACCESS AND VISITATION IN DESIGNATED LIVING OPTION AND HOSPICE SETTINGS DURING COVID-19

SCOPE

Provincial: Supportive Living, Long-Term Care, and Hospice

DOCUMENT

HCS-269

APPROVAL AUTHORITY

Emergency Coordination Centre

INITIAL EFFECTIVE DATE

July 21, 2020

SPONSOR

Seniors Health

REVISION EFFECTIVE DATE

Not applicable

PARENT DOCUMENT TITLE, TYPE, AND NUMBER

Not applicable

SCHEDULED REVIEW DATE

July 21, 2021

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 document, please contact Policy Services at policy@ahs.ca. The Policy Services website is the official source of current approved policies, procedures, directives, standards, protocols, and guidelines.

OBJECTIVES

- To support and encourage safe designated **family/support access** and visiting practices at AHS **designated living option**, and hospice settings (**'AHS settings'**) during the COVID-19 pandemic.

PRINCIPLES

AHS recognizes that providing vital social interaction(s) for **patients** is an essential component to providing quality patient care while also maintaining mental and physical health.

AHS is committed to **patient and family-centred care**, in accordance with the [Patient First Strategy](#), and supports safe designated family/support access and visitation between patients, their family, support persons, and visitors while minimizing the risk and spread of COVID-19.

This Directive only applies to AHS settings that are subject to [Chief Medical Officer of Health \(CMOH\) Order 29-2020](#) (or any CMOH Order replacing Order 29-2020) and supports the principles of safe access. Note: This Directive does not address all the requirements set out in [CMOH Order 29-2020](#). It is the responsibility of the AHS setting to ensure their designated family/support access and visitation practices align with all requirements of the [CMOH Order 29-2020](#).

All other AHS facilities shall follow other applicable CMOH Orders and AHS visitation guidance which is available on the AHS [public website](#). This Directive does not apply to contracted settings, however contracted settings are encouraged to align with this Directive.

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. Site Processes

- 1.1 AHS settings shall complete the *Designated Living Option and Hospice Designated Family/Support Access and Visitation Process Template* (the 'Process'). The Process will help ensure that any local variations and considerations are tracked, recorded, and communicated in accordance with [CMOH Order 29-2020](#).
 - a) The Process shall be reviewed regularly (at least once every three [3] weeks), or when the situation within their facility changes such that the risk to patients, families/supports, and visitors are different in accordance with [CMOH Order 29-2020](#).
- 1.2 The accountable leader at the AHS setting is responsible for the Process and the implementation of designated family/support access and visitation practices at the AHS setting. The accountable leader may delegate functions for the development and management of the Process, but maintains overall accountability and responsibility for designated family/support access and visitation at the AHS setting.
- 1.3 The Process shall include:
 - a) the risk tolerance assessment as outlined in Table 2 of [CMOH Order 29-2020](#);
 - b) any site-specific designated family/support access and visitation considerations or restrictions based on the current risk tolerance assessment, including reduction of designated family/support access and visitation, when necessary for patient safety and in accordance with [CMOH Order 29-2020](#);
 - c) information on available location(s) for indoor and outdoor visitation areas and family/support and visitor screening areas;
 - d) contact information for scheduling designated family/support access and visits and for raising any disputes/concerns; and
 - e) template scheduling for designated visitation spaces and for standing family/support visits (e.g., sign-up or planning sheets, schedules to ensure that visits in designated spaces can maintain physical distancing).

- 1.4 All provisions outlined in the Process, and all designated family/support access and visitation practices at the AHS setting, shall comply with the requirements set out in [CMOH Order 29-2020](#).
- 1.5 The AHS setting's Process shall be developed in consultation with patients, including **alternate decision-makers**, and families, and with the AHS setting's Resident and Family Council, if one is established, in accordance with the [Resident and Family Councils](#) Procedure.
- a) It is expected that patients and families will be involved in the development of the initial Visitation Process to the extent feasible. The Resident and Family Council shall be made aware of the Process and consulted on all future revisions to the Process.

2. Process Approval and Management

- 2.1 The Process shall be transparent and, once approved or revised by the accountable leader, communicated widely to all patients, families, and/or designated support persons as appropriate.
- 2.2 A copy of the approved Process shall be sent to the appropriate AHS Seniors' Health Zone Leadership.
- 2.3 Previous versions of the Process shall be maintained by the accountable leader in accordance with the [Records Retention Schedule](#).

3. Disputes

- 3.1 If a patient or family/support disputes the Processes or any other designated family/support access and visitation decision at the AHS setting, including instances of visitor non-compliance, the accountable leader, or designate, shall meet with the patient or family/support in a timely manner to discuss a mutually agreeable resolution and resolve the conflict.
- a) The resolution shall be in accordance with the requirements set out in [CMOH Order 29-2020](#).
- b) If the accountable leader, or designate, is unable to resolve the dispute brought forward by the patient or family/support, the next level of AHS leadership shall be notified. This notification may include both operations and/or physician leadership.
- c) Patient Relations shall be notified and the appropriate Patient Relations Consultant shall be assigned to work with the accountable leader, or designate, if the dispute is not resolved at the site level.
- (i) The patient or family/support shall be in agreement to engage Patient Relations.

DEFINITIONS

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), or an agent in accordance with a Personal Directive, or a person designated in accordance with the *Human Tissue and Organ Donation Act* (Alberta). This also includes what was previously known as the substitute decision-maker.

Alberta Health Services (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.

Designated living option means publicly funded residential accommodation that provides health and support services appropriate to meet the patient's assessed unmet needs. The level of care is accessed through a standardized assessment and single point of entry process and consists of Designated Supportive Living Level 3 (DSL3), Designated Supportive Living Level 4 (DSL4) and Designated Supportive Living Level 4 Dementia (DSL4D) and Long-Term Care (LTC).

Family means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including but not limited to, family members, legal guardians, friends, and informal caregivers.

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-centred care means care provided 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-centred care applies to patients of all ages and to all areas of health care.

REFERENCES

- Alberta Health Services Governance Documents:
 - [Patient Concerns Resolution Process Policy](#)
 - [Patient Concerns Resolution Process](#) Procedure
 - [Resident and Family Councils](#) Procedure
 - [Visitation with a Family Presence Focus](#) Policy
 - [Visitor Management Appeal](#) Procedure
- Alberta Health Services Forms:
 - *Designated Living Option and Hospice Designated Family/Support Access and Visitation Process* Template
- Alberta Health Services Resources:
 - [Patient First Strategy](#)
 - [Records Retention Schedule](#)

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- Non-Alberta Health Services Documents:
 - [Chief Medical Officer of Health Order 29-2020](#) (Alberta Health)

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