OBJECTIVES

- To support and encourage designated family/support person access and safe 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 person access and visitation between patients, their designated 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 16-2021 (or any CMOH Order replacing Order 16-2021) and supports the principles of safe access. Note: This Directive does not address all the requirements set out in CMOH Order 16-2021. It is the responsibility of the AHS setting to ensure their designated family/support person access and visitation practices align with all requirements of the CMOH Order 16-2021.

All other AHS facilities shall follow other applicable CMOH Orders, and the AHS Designated Family/Support Access and Visitation in Acute Care, Ambulatory, and Emergency Sites Directive (if applicable). 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 considerations are tracked, recorded, and communicated in accordance with CMOH Order 16-2021.

a) The Process shall be reviewed regularly, at least once every six [6] weeks unless otherwise directed by CMOH Order 16-2021, or earlier when the situation within their facility changes such that the risk to patients, designated family/support persons, and visitors are different in accordance with CMOH Order 16-2021.

1.2 The accountable leader at the AHS setting is responsible for the Process, ensuring the needs and preferences of patients and family members are accounted for, and the implementation of designated family/support person 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 1 of CMOH Order 16-2021;

b) any site-specific designated family/support access and visitation considerations based on the current risk tolerance assessment in accordance with CMOH Order 16-2021;

c) information on available location(s) for indoor and outdoor visitation areas and designated family/support person and visitor screening areas;

d) contact information for scheduling designated family/support person access and visits and for raising any disputes/concerns; and

e) templates for scheduling of designated visitation spaces and for standing designated family/support person visits as outlined in CMOH Order 16-2021.
1.4 The development of the Process, all provisions outlined in the Process, and all designated family/support person access and visitation practices at the AHS setting, shall comply with the requirements set out in CMOH Order 16-2021.

2. Process Approval and Management

2.1 The Process shall be transparent and, once approved or revised by the accountable leader (directed by the needs of the patients), communicated widely to all patients, families, and/or designated support persons as appropriate.
   
a) Any restrictions to access and visitation made shall only be made in accordance with CMOH Order 16-2021. Site risk tolerance assessments are operator-led but patient-directed.

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 The accountable leader, or designate, shall meet with the patient or designated family/support person in a timely manner to discuss a mutually agreeable resolution to any dispute or conflicts related to:
   
a) concerns with the Process;
   
b) instances of non-compliance with CMOH Order 16-2021, any other applicable CMOH order, this Directive, or the Process; or
   
c) any other access and visitation decisions.

3.2 The resolution shall be in accordance with the requirements set out in CMOH Order 16-2021.

3.3 If the accountable leader, or designate, is unable to resolve the dispute brought forward by the patient or designated family/support person, the next level of AHS leadership shall be notified. This notification may include both operations and/or physician leadership.

3.4 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. Alternatively, the complainant may reach out directly to Patient Relations and should be made aware of this opportunity. Consistent with the Patient Concerns Resolution Policy suite, complainants must also be made aware of other external agencies who may consider their concern.
a) The patient or designated family/support person shall be in agreement to engage Patient Relations before making a request for Patient Relations to engage with the patient.

DEFINITIONS

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.

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.

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 all persons, inclusive of residents and clients, who receive or have requested health care or services from Alberta Health Services and its health care providers. Patient also means, where applicable:

- a) a co-decision-maker with the person; or
- b) an alternate decision-maker on behalf of the person.

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:
  - Designated Family /Support Access and Visitation in Acute Care, Ambulatory, and Emergency Sites Directive (#HCS-275)
  - Patient Concerns Resolution Process Policy (#PRR-02)
  - Patient Concerns Resolution Process Procedure (#PRR-02-01)
DIRECTIVE

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

EFFECTIVE DATE
May 17, 2021

DOCUMENT #
HCS-269

- Resident and Family Councils Procedure (#HCS-234-01)
- Visitation with a Family Presence Focus Policy (#HCS-199)
- Visitor Management Appeal Procedure (#HCS-199-01)

- Alberta Health Services Forms:
  - Designated Living Option and Hospice Designated Family/Support Access and Visitation Process Template (#21664)

- Alberta Health Services Resources:
  - Patient First Strategy
  - Records Retention Schedule

- Non-Alberta Health Services Documents:
  - Chief Medical Officer of Health Order 16-2021 (Alberta Health)

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