



**TITLE**

**VISITOR MANAGEMENT APPEAL**

**SCOPE**

Provincial

**APPROVAL AUTHORITY**

Executive Leadership Team

**SPONSOR**

Quality and Chief Medical Officer

**PARENT DOCUMENT TITLE, TYPE AND NUMBER**

Visitation and Family Presence Policy

**DOCUMENT #**

HCS-199-01

**INITIAL EFFECTIVE DATE**

June 15, 2017

**REVISION EFFECTIVE DATE**

Not applicable

**SCHEDULED REVIEW DATE**

June 15, 2020

**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.

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## OBJECTIVES

- To outline the process of **resolution** and appeal should individuals disagree with imposed visitation **limitations**.
- To ensure the Visitor Management Appeal Panel (VMAP) process is fair, accessible, efficient, sufficiently informal and in keeping with the principles of procedural fairness.

## 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. Visitor Management Appeal Panel Process (VMAP)

- 1.1 Should VMAP be utilized in resolving the concern (pursuant to Section 7 of the *Visitation with A Family Presence Focus* Policy #HCS-199), the scheduling and coordination shall be provided by the AHS **Patient Relations Department**.
- 1.2 The VMAP is not required to hold a **hearing session** for an appeal that is, in the opinion of the VMAP, frivolous or vexatious, or has not been made in good faith, or does not deal with a decision that the VMAP has the mandate or authority to review. If such a recommendation is made by the VMAP, it will be communicated in writing by the VMAP to the individual who lodged the concern. The Patient Concerns Officer would make that final determination (refer to the *Patient Concerns Resolution Process*).

- 1.3 If the VMAP process is being pursued once all the criteria of the Policy are met, the application to the VMAP may be prepared in conjunction with the Patient Relations Department (refer to section 7.10 of the policy). An application to the VMAP must include:
- a) a brief explanation of why the decision offered by the **decision maker** is not acceptable;
  - b) any documents the **petitioner** wishes to submit to the VMAP;
  - c) a signed *Consent to Disclose Health Information* (AHS Form #18028) and agreement for the VMAP process to proceed signed by the patient, and/or the patient's alternate decision maker with requisite authority; and
  - d) full contact information for the petitioner/**Third Party Advocate/representative**, including email address.
- 1.4 The VMAP process shall, at minimum:
- a) have a panel of at least three (3) individuals selected in accordance with Section 6 of this Procedure to participate in the hearing session;
  - b) have processes in place to ensure that information is disclosed in accordance with the *Health Information Act* [Alberta], the *Freedom of Information and Protection of Privacy Act* [Alberta], and the AHS *Collection, Access, Use and Disclosure of Information Policy*;
  - c) provide the opportunity for both the **accountable leader** of the **Alberta Health Services (AHS) setting**, and the individual who lodged the concern to submit and exchange relevant documentation in advance of the hearing session; as well as an opportunity to present oral submissions at the hearing session; and
  - d) allow the opportunity for both the accountable leader of the AHS setting, and the individual who lodged the concern to attend the VMAP meeting and to be accompanied or represented by others of their choosing such as an AHS Patient Concerns Consultant, a **health care provider**, legal counsel, third party advocate, or an agent, to support or represent them through the process. This is to be in accordance with the AHS *Interaction between Alberta Health Services and Third Party Advocates Policy*. The VMAP must be informed in advance of any third party attendance and involvement, including contact information.
- 1.5 VMAP, in making its recommendation(s) shall consider the well-being and safety of all **patients, family**, visitors and health care providers. The recommendation(s) may:
- a) uphold the decision of the accountable leader of the AHS setting;

- b) provide an alternate solution; or
  - c) delay a recommendation pending further information and provide an interim plan.
- 1.6 VMAP's recommendation(s) shall be in writing and shall include:
- a) details of the recommendation, including the rationale;
  - b) any next steps, including timeframes; and
  - c) a listing of the VMAP members and all those present at the VMAP meeting.
- 1.7 VMAP's recommendation(s) shall be provided by the VMAP Chair to the AHS Patient Relations Department within a reasonable time following the last VMAP meeting with the individual who lodged the concern and the accountable leader of the AHS setting.
- 1.8 Within a reasonable time after receiving the VMAP recommendation(s) from the VMAP Chair, the AHS Patient Relations Department shall provide the VMAP recommendation(s) to the relevant:
- a) AHS Chief Zone Officer;
  - b) AHS Senior Program Officer/Chief Program Officer; and
  - c) Chief Executive Officer (CEO) of the Contracted Service Provider, as applicable.
- Note:** A designate shall be appointed by the AHS Chief Zone Officer, the AHS Senior Program Officer/Chief Program Officer; or the CEO of the Contracted Service Provider, as applicable, if he or she has had previous involvement in the matter. The designate shall perform all required duties outlined in Sections 1.7 to 1.12.
- 1.9 As soon as reasonably practical after the receipt of the recommendation(s) a decision shall be made by the decision maker. The decision shall be made by either:
- a) the relevant AHS Chief Zone Officer in consultation with the relevant AHS Senior Program Officer/Chief Program Officer; or
  - b) the CEO of the Contracted Service Provider, as applicable, in consultation with the relevant AHS Chief Zone Officer and the AHS Senior Program Officer/Chief Program Officer.
- 1.10 The decision may:
- a) uphold the recommendation(s) of VMAP; or

- b) provide an alternate solution.
- 1.11 The AHS Chief Zone Officer or the CEO of the Contracted Service Provider, as applicable, shall issue a written summary that shall include:
- a) the recommendation(s) from VMAP;
  - b) the decision;
  - c) the rationale for the decision; and
  - d) any recommendation(s) or next steps, including timeframes.
- 1.12 The decision shall be communicated to the individual who lodged the concern, the patient/**alternate decision maker**, and health care providers of the AHS setting. A representative of the AHS setting who is able to share and explain the decision shall communicate the decision and provide a written copy of the decision to the individual who lodged the concern and to the affected patient/**alternate decision maker**. The decision will not be otherwise published or disseminated external to the panel.
- 1.13 After issuing a decision, the AHS Chief Zone Officer or the CEO of the Contracted Service Provider, as applicable, may at any time correct a typographical error, an omission or any other similar error in its decision without prior notice to the parties. The AHS Chief Zone Officer or the CEO of the Contracted Service Provider, as applicable, will notify the parties of its correction to the decision.
- 1.14 The decision of the AHS Chief Zone Officer or the CEO of the Contracted Service Provider, as applicable, is final, subject only to any further avenues of appeal that the person who lodged the concern may wish to pursue. Refer to Section 5 for external options for further review.
- 1.15 If the individual who lodged the concern issues a new additional concern later to VMAP then:
- a) there is no requirement that the membership of subsequent VMAPs be identical to, or different from, one concern to the next; and
  - b) a VMAP member does not have a conflict of interest just because he/she had previously issued a recommendation(s) for an earlier VMAP concern that was adverse to the interests of the person who lodged the concern.

## 2. Costs

- 2.1 The VMAP will not pay the fees or out of pocket expenses incurred by any party, Third Party Advocate or representative to prepare for, attend or participate in the VMAP process.

- 2.2 The VMAP will not direct any party to pay for the fees or out of pocket expenses incurred by any party, Third Party Advocate or representative to prepare for, attend or participate in the VMAP process.

### 3. Timelines

- 3.1 Every attempt shall be made to resolve the appeal process within 10 days, and no longer than 15 business days.
- 3.2 The VMAP will provide the decision maker with a complete copy of the appeal application as soon as possible and not longer than five (5) days of receiving the petitioner's application.
- 3.3 The VMAP will provide the individual who lodged the concern or his/her Third Party Advocate or representative with a complete copy of the decision maker's information as soon as possible and not longer than 10 days of receiving the decision maker's response.
- 3.4 The VMAP process is designed to occur within 15 days. If the concern is not resolved before a patient is discharged, then the individual expressing the concern can follow the established Patient Concerns Resolution Process.
- 3.5 This process may be accelerated in urgent situations by submitting a request to the Patient Concerns Department.

### 4. AHS Patient Relations and Patient Concerns Officer

- 4.1 The individual who lodged the concern may contact the AHS Patient Relations Department at any point in the process, as per the AHS *Patient Concerns Resolution Policy* and the AHS *Patient Concerns Resolution Process Procedure*.
- 4.2 If the individual who lodged the concern is not satisfied by the outcome of VMAP, or in situations where VMAP was not utilized, the AHS Patient Concerns Officer may review the decision as the final step in the Patient Concerns Resolution process.

### 5. External Options for Review

- 5.1 The **Alberta Ombudsman** may also conduct a review of the concern resolution process in accordance with the *Ombudsman Act* [Alberta], typically once a review has been completed by the AHS Patient Concerns Officer.
- 5.2 In addition to raising a concern with AHS, in accordance with *Alberta's Health Charter*, the individual(s) may without limitation, and at any time, raise their concerns with the:
- a) Health Advocate;
  - b) Seniors Advocate; or

- c) Mental Health Patient Advocate; and/or
- d) others as appropriate (professional colleges, Office of the Information and Privacy Commissioner of Alberta, etc.).

## 6. VMAP Membership

- 6.1 Each year, AHS Executive Directors, with support from the AHS Patient Relations Department Directors, shall identify a pool of potential VMAP members. From this pool, individuals who will function as the Chair of VMAP shall be identified.
- 6.2 Each VMAP shall be comprised of members who are knowledgeable about the AHS Patient Concerns Resolution Process and who have had no prior involvement with the affected patient/alternate decision maker or the concern.
- 6.3 VMAP membership shall be chosen by the AHS Executive Directors; with support from the applicable AHS Patient Relations Department Director, and shall be comprised of at least the following three (3) multi-disciplinary members from the available pool:
  - a) at least one (1) **Patient and Family Advisor**; and
  - b) two (2) additional members most suited to the nature of the concern from among the following list:
    - (i) health care provider from an AHS Provincial team;
    - (ii) medical staff member;
    - (iii) **health care professional**, either internal or external (e.g. Contracted Service Provider) to AHS; or
    - (iv) representative from the AHS Clinical Ethics Department.

## 7. VMAP Procedural Authority

- 7.1 VMAP has the discretion to hold any VMAP meetings in person, teleconference and/or videoconference.
- 7.2 Any VMAP meetings to deliberate the concern and to arrive at VMAP's recommendation(s) shall be done in private, without the presence of either the individual who lodged the concern or the accountable leader of the AHS setting.
- 7.3 If a process issue is not addressed in this Procedure, then VMAP may provide whatever direction it feels is necessary to address the issue.
- 7.4 If it considers it appropriate in the circumstances, VMAP may depart from or vary the VMAP process outlined in this Procedure.

- 7.5 If VMAP makes a process decision that conflicts with this Procedure, then the process decision shall prevail over this Procedure.

## 8. Documentation

- 8.1 Health care providers shall document communication and steps taken to resolve any concerns pertaining to any limitation to visitation or family presence.
- 8.2 The AHS Patient Relations Department shall retain all documentation related to the VMAP process in accordance with the AHS *Records Management Policy* and AHS *Records Retention Schedule*.

## DEFINITIONS

**Accountable leader** means, for the purposes of this procedure, the individual who has ultimate accountability to ensure consideration and completion of the listed steps in the management of the *Visitation and Family Presence Policy*. Responsibility for some or all of the components of management may be delegated to the appropriate level responsible administrative leader, but accountability remains at the senior level of management of care at the applicable AHS setting.

**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.

**Alberta Ombudsman** means the Officer of the Legislative Assembly of Alberta with the authority to investigate complaints under the Ombudsman Act [Alberta].

**Alternate decision maker** means a person who is authorized to make decisions with or on behalf of the patient. These may include a 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].

**Decision Maker** means, for the purpose of this document, the accountable leader for the AHS program/service area or the Contracted Service Provider that made a decision that is being appealed by a petitioner.

**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.

**Health care professional** means an individual who is a member of a regulated health discipline, as defined by the Health Disciplines Act [Alberta] or the Health Professions Act [Alberta], and who practices within scope and role.

**Health care provider** means a person who provides goods or 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.

**Hearing Session** means, for the purpose of this document, a meeting that occurs during the hearing involving the VMAP, the petitioner, and the decision-maker.

**Limitation** (to visitation/family presence) means, for the purposes of this procedure, the establishment of reasonable boundaries for accessing an AHS setting based upon circumstances. Limitations can range from visitation based on adherence to agreed-upon actions to a complete restriction in which access is denied.

**Medical staff** means physicians, dentists, oral & maxillofacial surgeons, podiatrists, or scientist leaders who have an Alberta Health Services Medical Staff appointment.

**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 Centered 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 Centered Care and patient engagement throughout the organization.

**Patient Relations Department** means, for the purposes of this procedure, the department of Alberta Health Services, led by the Patient Concerns Officer and Executive Director, who facilitates the patient concerns resolution process as guided by the Patient Concerns Resolution Process Regulation 124/2006 and supports the patients and staff/management/medical staff involved in the process.

**Petitioner** means, for the purpose of this document, the individual who lodged the concern with the VMAP.

**Representative** means, for the purpose of this document, any lawyer who has been formally identified as acting on behalf of a petitioner or a decision maker for the purpose of the Hearing.

**Resolution** means, for the purposes of this procedure, the point at which the review of the concern is concluded and where there is a level of mutual understanding of the outcome between parties involved. Resolution may differ with individual concerns and could mean that the complainant is:

- a) satisfied with the review process and outcome;
- b) satisfied with the review process and dissatisfied with the outcome;
- c) dissatisfied with the review process and satisfied with the outcome;
- d) dissatisfied with the review process and the outcome; or  
the concern is dismissed as frivolous or vexatious, or it is found that no follow-up is possible/ practical.



**Third Party Advocate** means any person who has been formally identified by the patient or family, who supports a patient in navigating the concern appeal 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:
  - *Code of Conduct*
  - *Collection, Access, Use and Disclosure of Information Policy* (#1112)
  - *Interaction Between Alberta Health Services And Third Party Advocates Policy* (#PRR-04)
  - *Patient Concerns Resolution Policy* (#PRR-02)
  - *Patient Concerns Resolution Process Procedure* (#PRR-02-01)
  - *Records Management Policy* (#1133)
  - *Visitation with a Family Presence Focus Policy* (#HCS-199)
- Alberta Health Services Resources:
  - *Records Retention Schedule* (#1133-01)
- Non-Alberta Health Services Documents:
  - *Alberta's Health Charter* [Government of Alberta, Alberta Health, Alberta Health Advocates]
  - *Freedom of Information and Protection of Privacy Act* [Alberta]
  - *Health Information Act* [Alberta]
  - *Ombudsman Act* [Alberta]
  - *Patient Concerns Resolution Process Amendment Regulation 28/2016* [Alberta]

**VERSION HISTORY**

Date	Action Taken
Click here to enter a date	Optional: Choose an item
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