

ADVOCATING FOR A LOVED ONE IN HOSPITAL

All information provided is focused on Alberta, but much applies to all provinces. Find the links specific to your area.

This information is for those with a loved one in hospital needing access. Strong advocacy was essential before COVID19. It is critical in the current climate – irrespective of vaccination status. Hospitals and resources are stretched beyond capacity, and we are heading into a dire situation with the added burden of now endlessly circulating and chronic ILI's (influenza-like illnesses).

Hospital access has proved beyond challenging for everyone since 2020. It has been made increasingly difficult to receive timely and quality medical care for those who cannot or will not wear a mask, refuse to be tested or who choose not to be vaccinated. However, NO ONE can or should be denied care. Whether you are a patient or advocate, empowerment comes from fully understanding your rights. Current healthcare policies and inappropriate behaviour from many HCP's (healthcare professionals) have resulted in a deluge of complaints to Patient Relations and Colleges. What has taken place in healthcare in response to COVID19 is nothing short of discrimination by design.

PLEASE REVIEW THOROUGHLY.

YOUR LIFE OR THE LIFE OF SOMEONE YOU LOVE MAY DEPEND ON IT.

AHS sites can limit access for visitors based on what they deem to be the vulnerability of patients, space constraints, outbreaks etc. Call ahead and check the status of the site/unit you are visiting. Be prepared.

<https://www.albertahealthservices.ca/topics/Page17001.aspx>

<https://extranet.ahsnet.ca/teams/policydocuments/1/clp-prov-visitation-family-presence-focus-pol-hcs-199.pdf>

<https://extranet.ahsnet.ca/teams/policydocuments/1/clp-prov-visitation-managing-limits-hcs-199-02.pdf>

As far as is humanly possible, be calm, polite and reasonable. Any excuse (not wearing PPE (Personal Protective Equipment) appropriately, HCP's feeling 'unsafe,' 'threatened,' 'in fear' or even feeling 'uncomfortable' with what you say or do) may be used to deny you access. AHS "strongly encourage" virtual visitation in their documentation, along with being "fully immunized" (whatever that means). Virtual visits are a poor substitute for in-person visits (or any medical care for that matter). Also, vaccination is NOT a requirement for visitation or care. Remember, THERE IS NO REASONABLE SUBSTITUTE FOR IN PERSON VISITATION.

Designated Family/Support Person(s) (DFSP's) need to be consistent. Note: Although AHS will allow a replacement if you cannot fulfil your role, they will not allow changing between multiple people to get around the one or more persons designated. Choose someone as a DFSP who is fully committed and able to visit as often as needed. As per AHS guidelines: "AHS recognizes that patients have a RIGHT to have designated family/support persons involved in their care."

There is NO requirement for either a patient or DFSP or visitor to be vaccinated to attend a hospital nor is ANYONE required to disclose their vaccination status (unless they are actively getting a vaccine!) However, HCP's will assume that you are not vaccinated if you decline to disclose.

Also, as per AHS guidelines: "No PATIENT shall be denied service in AHS because they CANNOT or WILL NOT wear a mask."

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-how-to-support-mask-wearing.pdf>

Patients are also NOT required to submit to any treatment or procedure including PCR testing or RAT (Rapid Antigen Testing). FULLY INFORMED CONSENT is a patient's right and responsibility.

If you are denied access to see a loved one, see below. Edit/add details as appropriate for your particular situation:

I am perfectly well, showing no symptoms of COVID or in fact any respiratory illness. I can isolate at home easily if required. I am named on my loved one's Medical Directive/been asked to advocate for and support them. (ONE/TWO) DFSP's are clearly stated in AHS' most recent Directive. I am trying to advocate for a person with (any health challenges, disabilities, advanced age etc.) which now includes a suspected respiratory illness (if they have been diagnosed with COVID19), all of which hinders their ability to act effectively for themselves. Based on the GOALS of CARE DESIGNATION (GCD) - to be able to effectively act as an advocate for my loved one, to be able to assist you in their care and make INFORMED DECISIONS WITH AND FOR my loved one's needs - to ensure the optimum chance of recovery for my loved one (which is our mutual goal), I need to see them and liaise with the care team in person. As DFSP, I must have access in person with my loved one to perform a welfare check. My loved one has exhibited signs of emotional distress/physical deterioration based on their current medical status and situation (as would be expected based on their diagnosis). Being denied access to an effective support person is only going to exacerbate their situation and delay their recovery – which benefits no one. My loved one is a vulnerable person (for example, a senior) who needs the physical presence of a DFSP for their wellbeing.

If access is still denied:

I will need to speak to a Unit Manager/Operations Manager/Physician in a Leadership role/Patient Care Manager to discuss this immediately. I intend to come to the hospital and will need to be accommodated to have in person visitation.

If this route fails – firm action may be necessary if all reasonable requests are denied:

If you continue to refuse access and persist with this outright obstruction without cause and contrary to AHS Directives and the duties as expected by your governing College, I will have no choice but to demand a welfare check. If necessary, I will engage legal counsel to ensure that a welfare check and the essential support required can happen.

In Alberta, if you have ANY questions or concerns, do not hesitate to speak with a member of your loved one's healthcare team. If your concerns are not resolved, contact Patient Relations at 1 855 550 2555. Make a formal complaint - as far as to The College of Physicians and Surgeons and The College of Nursing if necessary. Holding those responsible for discriminatory and unprofessional behaviour goes both ways...

<https://www.albertahealthservices.ca/about/patientfeedback.aspx>

Remember that being an advocate comes with enormous responsibility. Your role as an advocate is to always consult with the person you are advocating for. You must respect their decisions if they are able to make them for themselves. If they cannot, your role is to make decisions you know best align with their wishes.

1. Document everything in writing. Contemporaneous notes are evidence. Phone conversations need to then be verified in a follow up email "As per our conversation, on (date), we discussed/agreed upon..." If you can access the medical facility, take a notepad, and write everything down or make notes on your phone regarding who you spoke to, when and about what.
2. Ask for details on the diagnosis, test results, procedures, treatment protocols (including experimental treatments), alternative therapies, risk analysis of medical measures.
3. Always remember prior medical history and ensure that this is being taken into consideration in the treatment plan. What is being done to treat/stabilize other co-morbidities?
4. Call often whether you have access in person or not... (giving you access may well be easier for them than fielding continued calls).
5. If your concerns are ignored when you advocate, escalate to a more senior healthcare professional, for example, a charge nurse, on the unit. Make sure your concerns target a person who can address the issues. Understand that those at certain levels are limited in what they can say/do.
6. Call/submit a formal complaint to Patient Relations if you feel your concerns have been ignored.

ADVOCATE FOR YOUR LOVED ONE AS YOU WOULD WANT THEM TO ADVOCATE FOR YOU.

Karen and David Dickson