

Feedback received on the Health Advocate Regulation February 28, 2014 to March 5, 2014

Comment 1

Hi there,

After reviewing the role of the Health Advocate and the regulations, I see this as highly valuable within the healthcare system.

I would love to see a couple of things included:

- tracking, analysis and reporting of trends in complaints, healthcare gaps or challenges,
- have reports available internally to staff/upper-management/politicians, as well as available to the public at large on the AHS website.

Thank you kindly,

Comment 2

To Whom It May Concern:

I do not think that the public is really aware of such an important move as to change the Alberta Health Act. What really concerns me is that the monitoring etc will be totally from within the system. How dangerous is that. This whole thing has to have approval of Doctors and Medical personnel as well as Albertans.

Please stop this.

Comment 3

Comments on the Health Advocate Regulation:

Don't waste any more money, paying for someone you already have in place: Peter Hourihan and his team of six investigators will continue to (advocate)provide assistance and support for Albertans' health care issues.

And while you're at it, the Whistleblower Act needs to be more protective to their cause. Albertans expect that physicians' complaints of wrongdoing in the health sector will be addressed and not ignored.

So what is really need here...is the appointment of a SENIORS Independent Advocate - with the authority to report to the legislature, NOT to ANY ministry!!

This appointment will help to resolve the disputes and stabilize the desperate structural and operational problems that currently exist in the health care of our senior population.

Thisis what Alberta residents expect from the health system.

I look forward to the choice of action this government employs, prior to the next election.

Comment 4

Having read the Alberta Health Act, and the draft versions of both Health Charter and Health Advocate Regulation, I would like to make the following comments as part of your public consultation process.

1. I am concerned about the inability for any decision by health minister, health advocate, or any other employee or agent to be held into question or be held liable, as mentioned in section 10 and 11 of the Act. As a Power Engineer under Alberta's Regulations, I understand the need to enforce immediate compliance of a decision made by the minister / employees of a governing body, but I am concerned that the Alberta Government has issued excessive power and control with the Health Act to limit their liability or question their judgment in a court of law. If their actions are such that they should be held liable or into question, how does this happen if the Act does not allow it. The processes outlined by the regulations should not take the place of a court of law if the situation warrants it, as I feel the PC Alberta government routinely fails to meet the needs of its people and as such, there should be the ability for them to be held into account in a court of law. If I am misunderstanding how this part of the Act works, I would appreciate a full explanation (in plain language) of what those two sections are really about.
2. As far as the Health Advocate Regulation, it looks pretty good overall, I must say, but the effectiveness lies with the more specific details of operation. The only issue I see concern with is Section 11 on privileged proceedings, for the same reasons as above. I understand limiting abilities of private information to be pulled from the health system, but if this section exists only to limit culpability on the part of the government, then I am opposed. If the law is not allowed to hold the government into question when it is warranted, then this system becomes flawed, I think. Again, if I am missing the nature or intent of the legislation and how it works, please explain it to me. I am frustrated that (generally speaking) these Provincial Acts and Regulations are not written in plain language for both the people they are intended to protect, and the people intended to follow them. I think Alberta should lead the way with plain language Acts and Regulations.
3. After reading the draft Health Charter, I would like to make a small suggestion: adding a bit of information outlining patient's responsibility to treat health care workers with dignity and respect. Abuse of health care workers should not be tolerated verbally or physically, and I have witnessed it happen several times while being a patient. It is also a concern for my wife, who works as an RN for AHS. She has just as much a right to be treated with dignity and respect as the patients, without being abused. And this last comment is 100% from me: more should be done to protect health care workers from sexual touching by patients. According to my wife, usually (once in a while) when this type of incident happens in the hospital setting, it is generally a dementia patient doing it. I have had discussions with her and she takes all reasonable precautions limiting her exposure to these types of events, following proper body

placement in all reasonable circumstances. She also follows other measures as taught in nursing school and her on-the-job training, but due to the close proximity working with patients and in spite of best efforts, it can still happen. She says she doesn't take it personally (she simply steps back if it happens, or looks like it is about to happen, asks for help if needed, etc), but this is something as a husband that I have concerns over, especially with my wife branching out and working alone more with her new casual position with AHS Home Care. How does Home Care address the working alone guidelines to protect worker safety in such instances? I would like more information. My wife is very good at handling herself professionally, but I have concerns for her safety and well-being. One of her co-workers / friend was recently sexually assaulted and raped (not work related in any way) but it highlighted how easily this can happen when a person is alone.

Thank you for the opportunity for feedback.

Comment 5

TO WHOM IT MAY CONCERN:

In regard to the creation of yet another oversight party it is becoming very crowded in terms of to whom complaints relating to delivery of health care services should be directed to. The addition of a Health Charter will be of no benefit given the regulatory and self-disciplining agents already empowered to investigate professional conduct.

Currently complaints may be directed to colleges or associations as the case maybe for professional members. The Provincial Ombudsman can also receive complaints regarding administrative processes. The Courts ultimately can also be used to sanction conduct of professional members.

What has to be asked is why do we need yet another newly created position when in fact the outcomes at best are strongly guided by the actions of legal agents for professional members or as in the case of other medical service professionals using services of their legal agents as guided by the association or college directly.

The statistics of success in regard to complaints against health professionals generally are abysmal and it is suspected the newly appointed health advocate will be equally sanctioned by rulings with challenges over jurisdiction by the professional college or association in any regard.

The governing professional body for service providers by proclamation in all instances admits no guilt and seeks to work with an offending professional member to correct practice procedure to "make sure it doesn't happen again". Repeatedly however the same incidents happen over and over again. I doubt the health advocate will break this practice or even impact in any meaningful way how discipline or negligence of professional members will be treated.

Rarely do Courts or colleges or associations provide relieve for negligence claims, the Advocate obviously has no power to make orders for negligence and the efficacy of the Health Advocate to do nothing more than redirect complaints is a wasteful exercise that could

be better handled internally by health care organizations themselves. It is suspected the Health Charter will have no validity for nationally sanctioned advocacy organizations.

If the experience of the Privacy Commissioner provides any guideline as to outcomes, reality will see individuals severely handicapped in making complaints that will have meaningful outcomes given the proposed regulations. The regulations frankly have no way for the health advocate to do anything other than investigate and issue a report. Referrals to policing agencies and other regulatory agencies can already be done within provisions of the Health Act or by the self-regulating agencies themselves.

By encompassing three areas of coverage the overlap will pose administrative process adverse to timely action on a complaint if the advocate decides to even bother to investigate.

The Health Charter as drafted with an Advocate for enforcement will do nothing more than what is already currently available with the many other self-regulating agents. Better strategy would be to provide direct referral to policing agencies to investigate serious misconduct that involve criminal code violations. All other misconduct issues would be better handled by expanding the role of the Ombudsman or The Privacy Commissioner for specific areas of complaint.

In terms of patient care generally the organization as addressed through the Office of the Ombudsman with an expanded jurisdiction would be more effective and less costly to initiate.

We continue to add players in oversight capacities for the health care system. Yet year after year the delivery of services despite additional funding only gets worse. What is needed is better auditing of resource spending through the office of the provincial auditor.

Better to continue to hold the Minister responsible and also expand his powers to investigate complaints. This feedback would also assist in addressing at a more direct level why health care providers have delivery of care issues.

Comment 6

FEEDBACK ON THE PROPOSED HEALTH ADVOCATE REGULATION

We read with interest the proposed health advocate regulation. A provincial health advocate is definitely a step in the right direction, but we need more than a provincial health advocate. We need health advocates within our local communities, advocates who represent the community, and who know the community.

We are seeing an increasing amount of health care being contracted out to private industry. For example, over the past decade a growing number of sick and elderly have been (and are continuing to be) placed in private, for profit, supportive living facilities. Ensuring that our most vulnerable receive quality care within these facilities is not just the responsibility of Alberta Health, AHS, or a provincial health advocate, but also and ultimately the responsibility of the community.

Many of the people living in these privately owned and operated facilities have dementia, and people with dementia are the most vulnerable people in our society. Though we, as a community, may choose to contract out to private companies the care of our most frail and

vulnerable citizens, we, as a community, can never abdicate our responsibility to ensure that these companies provide the care and services we are paying and expecting them to provide.

That is why we believe that every continuing care facility, particularly those that are privately owned and operated, should have an independent, representative local body that can provide this needed oversight. And in doing so, they will be able provide the support and advocacy these residents and their families so desperately need.

Yes, we need a provincial health advocate, but perhaps their most important role should be to oversee, empower, and encourage the public advocacy already struggling to find a voice within Alberta communities.

Thank you.

Advocates for Designated Supportive Living Residents - Wainwright

Comment 7

The proposed Health care Advocate needs to be completely independent of the government. It should be able to be an advocate to all of Alberta's citizens and therefore be free from political influences. The Health Advocate mandate should be to produce an **integrated, informed Health Care System** that publicly works for everyone that is a citizen of the province of Alberta. Having the Health Care Advocate report to the Minister of Health is not good enough!!!!

Comment 8

Health Advocate and Health Charter Project Team

And

Honorable Fred Horne,

Minister of Health

The Alberta Health Act [draft Health Charter](#) and the [Proposed Health Advocate Regulation consultations](#)

The [Alberta Health Act](#) requires the Minister of Health to establish:

- A health charter that sets out expectations and responsibilities within the health system;
- A health advocate to address citizen concerns with the health system as they relate to the health charter; and
- A process to provide for public input in the development of health regulations made under the Act

I have made submissions in response to the MACH consultation, the Alberta Health Act consultation and the local “community workshop” focus group. And prior to that, I have been involved with and made submissions to other government consultations in the last decade, including the MLA Task Force, the Lobbyist Act, the Guardianship Act, the Mental Health Amendment Act, and the Pharmaceutical Strategy.

As a result of my frustration with these experiences, I want to comment first on this consultation process. It isn't. It allows us to give an opinion without an explanation of the context, explanation of the problems which are to be resolved or the goals to be achieved, the variety of alternatives which [ought to] have been explored and the experience of other jurisdictions with similar initiatives, the oversight which will be provided and the evaluations which will identify goals achieved and the unintended consequences which will need to be addressed. It does not allow for discourse, let alone informed public discussion or debate. We might as well be talking to ourselves in a darkened room, about what we think might be your intention, and about how these proposals might affect us and our neighbours, and even why we're doing this.

In all the previous consultations I have been involved with, either individually or with a group submission, I have never seen any indication that any of the concerns or suggestions I and others made had been even considered, let alone had an effect on the proposed terms of the initiative. Indeed, in one case, it appeared that the final result had been decided before the public ended.

In the context of the Alberta Health Act, these and other concerns are particularly significant, since the Act has transferred decision-making on a wide range of critical public policy issues from the Legislature to the secrecy of the Cabinet Room.

It may just be unfortunate that the Health Charter is so named. It is, in fact, a public relations communication of the current government's vision of the responsibility of others – especially the good people of Alberta - to our health and health care system. The name implies that it has some semblance to a human rights or civil rights document, in which there is a commitment to the rights of the governed, which limits the authority of the government and offers protection and recourse for the citizen against abuse or neglect by government. This is certainly neither the apparent intent nor the effect of this document.

This appears to be another initiative to shift responsibility for almost everything to the individual. One wonders and worries how many of the implied objectives might be achieved... for instance, does asking folks to make healthy choices imply some penalty, other than adverse health consequences, when they are not able to achieve some undefined standard of lifestyle? How about an expectation that access to my health information will be guarded so that folks who want to sell me goods or services do not have access to it, in any form? What if I am denied access to, or am unable to understand and use, full information about a medical condition or treatment options, so I cannot make informed decisions?

I am asked to make “healthy choices” at a time when doctors are now interviewing candidates for their patient list, somebody somewhere asks us to list 3 choices for placement in a nursing home and then determines that we will get a facility we didn't want, facilities choose which patients they want to care for and for how long. Seems to me all the “choice” we were promised so many years ago with other “new visions” now resides in the hands of the market providers.

There is a worrying reliance on the ability of folks to manage their health by “being good”, and making the “right” choices and decisions, and asking the “right” questions, and developing a care plan, and so on. I absolutely agree that many of us can do things that will possibly improve our chances of good health – or even just reduce the chances of illness or injury somewhat. But there is no way that this will eliminate the odds of our inheritance, or the risks of illness or injury, or even of adverse consequences of medical treatments. There isn’t a whole lot we can do to compensate for environmental hazards, especially those created by our industrialized world. A great deal of responsibility for staying healthy relies on adequate income, education, services, community – and government regulation to control risks.

I live downwind from refineries, practically under the ginormous transmission lines, nearly on top of various pipelines, next to a busy freeway, in a province with little control over carbon and various other toxic industrial emissions and inadequate protections and provisions for the safety and use of our water. It’s hard to find – and expensive to buy – food that is grown without antibiotics, hormones, toxic weed-killers or even worse, genetic modifications that are not proven safe. The levels of salt, sugar, preservatives, dyes and other additives in our food are out of control.

And it’s my responsibility to keep myself and my family healthy?

When it comes to the Health Advocate and Seniors’ Advocate positions, your proposal simply consolidates and perhaps expands the various “patient navigator” initiatives you have implemented in the past few years. [It’s really unfortunate that you have designed a system that needs a complex navigation function, and still does not manage to provide comprehensive or integrated and timely care in so many instances.]

Your Advocate regulations do not provide any assurance of a process, or the resources, to do timely investigations of problems and/or complaints, or to achieve resolution for the person who has brought a concern forward. Neither do they allow the Advocate to identify and investigate systemic issues identified by a pattern of complaints, or indicated by an individual situation. They do not mention a resolution process, and do not assure us that we will be made aware of the complaints that are made or issues of concern. And again, there is no mention of a process by which we will know that any goal or success has been achieved. [I do not consider a “review” by unspecified persons and standards to be an effective evaluation of any program initiative.]

I suppose the ultimate test of the value of the Charter and the Advocate roles will be the results for real people. For instance, would the families who have been denied access to a loved one in care be provided with the reasons for the action, without having to go to court at their own expense? Would the family denied a life-saving drug for a child, or timely life-saving surgery for their father, be provided with resources necessary to resolve those dilemmas without the publicity of media and public pressure and charity? Would an appropriate publicly-funded long-term care placement be found in a timely manner and in a location which would enable family and community support for the elder? Would there be better and timely integration of specialist referral, diagnostic testing, and treatment, to avoid painful and deadly delays in care? Will there still be overcrowded ERs and acute care hospitals, and periodic bed closures because of staffing shortages? How will the Advocate be able to deal with concerns that arise in privately-funded situations, not covered under the [continuing care health service standards](#)? Or if an LTC resident is not getting two baths a

week, or adequate oral care, or needed rehabilitation therapies? [Put your own concern in this list, folks.]

Enough. I am pleased that you have published the comments and submissions – I assume all submissions are posted? Although I don't see any responses from service providers or health care professionals [other than the doctors and their legal advisors], and I'd really wonder if they had nothing to say to you on these issues, since theoretically they'd be bound by some responsibility or obligations under a charter or an advocate process.

In fact, I don't see many submissions at all, so as a public engagement process it's an abject failure. I hope the entire initiative is not, although it seems to be is another case of "Sentence first, verdict afterwards", also known as decision-based evidence-making.