

Adult/Older Adult Formal Review Process

(Formerly known as VC Home and Community Care A/OA Appeal Policy)

1. Policy Purpose

The Vancouver Community Adult/Older Adult Program (VC – A/OA) Formal Review policy and procedure is intended to establish the processes for clients to appeal specific aspects of the A/OA program services.

2. Policy Statement

- 1) Any client of the VC A/OA Program is entitled to request a formal review if they disagree with any of the following aspects of the services they are accessing:
 - The amount of services allocated to the individual in the service plan within the service allocation guidelines; and
 - The clinical assessments, assessed care requirements (including equipment) and recommendations.
- 2) The request for review can be in writing or expressed verbally and documented by the manager.
- 3) The service plan under review will be in effect throughout the review process.
- 4) Family, friends, advocates, providers, etc., can also make this request on behalf of the client and with the consent of the client.
- 5) Prior to beginning the Formal Review Process the manager will ensure the health care team has worked with the client to adequately review and address the issues.
- 6) All information considered by the client to be relevant will be considered by the clinicians undertaking the review.
- 7) If an independent assessment is undertaken, it will be conducted by a team with no previous involvement with the client.
- 8) The client will receive reasons for the decisions made in writing.

3. Policy Principles

- **Natural Justice:** This is an ethical principle based on the notion that everyone has the right to be heard and that this right is “natural” or self evident not requiring but supported by policy or statute to enforce it. It also includes the notion that “no person may judge their own case” which refers to the availability of an objective third party to respond to a concern or complaint (paraphrased from Durhaime’s Law Dictionary).

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Policy Number:	Section: Vancouver Community Policies		
Original Date: 2001-03-31	Revision Date(s): 2011-09-21	Review Date: 2013-09-21	
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- **Administrative Fairness:** This ethical principle relates the notion that a decision cannot be unjust, discriminatory, unreasonable/arbitrary, based on wrong/irrelevant facts, or based on the wrong interpretation of the law/policy/procedure.

4. Preliminary Response to Client Concern

Any individual (and family/friends/advocate), VCHA staff member or a service provider may request a review of a decision regarding access to services in Adult/Older Adult Programs on behalf of the client.

If individuals request a review of decisions made about the service plan negotiated with the primary staff involved, the primary staff will need to involve the interdisciplinary team, practice consultants and manager to review the assessment and decisions. It is assumed that prior to the initiation of the formal review process that:

- the client’s needs/wishes are articulated and he/she is engaged in the decision making process;
- clinical team members and clinical leads/consultants have been involved in decision making.

1. Client expresses dissatisfaction with the service plan.
2. Clinician reviews with clinical leads/team and manager using all relevant information and decision making tools available such as:
 - Risk assessment and ethical decision-making tools;
 - Team case conferencing including community partners and client/family;
 - Supplemental assessment tools;
 - Additional assessment/collateral information;
3. If appropriate, a new Service Plan is developed by the care team and reviewed with the client;
4. If the client remains dissatisfied, the issue is referred to the manager;
5. The manager reviews the issues in relation to (i) adherence to the service allocation policy and guidelines; and (ii) clarity and consensus with the clinical assessment, and will discuss the outcomes and options with the client including:
 - a. Making recommendations to uphold or amend the service plan based on the service allocation policy and guidelines, and discussing these options with the client; and/or,
 - b. Recommending a Formal Review Process and describing it to the client.

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5. Formal Review Process.

A Formal Review can relate to concerns about:

- Assessed care requirements (including equipment);
- The amount of services allocated to the individual in the service plan within the service allocation guidelines; and,
- Clinical assessments and recommendations.

Step 1

- A request for review may be expressed in writing to the manager or verbally (and documented by the manager). If clients are unable to be specific about their complaint or request for review, they or their family/friend can ask for assistance from the primary staff responsible for their care or the manager of the program.
- Individuals (and family/friends) can also request the assistance of any other third party of their own choosing. If another person, organization or caregiver is making the formal review request on behalf of the client, the manager will obtain the consent of the client or ensure that the individual has the authority to act on the client’s behalf prior to conducting the review.
- The service plan under review will stay in effect throughout the review process.

The client will receive an acknowledgement of their complaint within 2 business days of having expressed it.

***Note that business days refer to Monday to Friday exclusive of statutory holidays.**

Step 2.

The Adult/Older Adult Manager documents the Formal Review request in a case note in Paris. The Manager or delegate will also complete a Formal Review Letter (attached) that outlines the process and the nature of the client’s complaint. The client will receive a copy of the letter and a copy will be placed on their clinical record.

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Step 3.

The Adult/Older Adult Manager in consultation with the primary clinicians and Director(s)/Director Vancouver Community Patient Care Quality Office will decide on the Formal Review Process to undertake.

Formal Review options are:

- a. If the concern has been identified as policy related or related to other unresolvable client concerns, the Manager will consult with Director(s) and COO as required and then will inform the client in writing and provide information about taking their concern to the Patient Care Quality Office.
- b. The Vancouver Community HS/CSIL Exceptions Panel may be utilized as a formal review mechanism. The Exceptions Panel is comprised of an interdisciplinary grouping of clinicians, clinical leads and Managers. The purpose of the Panel is to review challenging client cases with an aim of consistency of assessment and service allocation across the city. (For more information see HS/CSIL Exceptions Panel Information and Process document).
 - The Exceptions Panel will receive a copy of the Formal Review letter and all relevant assessment information to date.
 - All key involved clinicians will attend the Exceptions Panel to provide supporting information for the review process.
 - Recommendations and rationale will be provided in writing back to the original A/OA Manager to be reviewed with the original clinicians, clinical leads and Directors.
- c. The recommendation is to complete an independent, new assessment. The request is made to another Adult/Older Adult Manager from different Community Health Area to have a clinical team from their area complete the new assessment.
 - The staff members will receive a copy of the formal review request letter;
 - The clinicians conducting the independent assessment will use all applicable decision-making and clinical assessment tools available. The assessment will be done as though it is a first assessment. They will approach the assessment on its own merits and the clinician/s

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will interview the individual and family/friends/advocates who have been involved, the clinical team, review all relevant previous assessment information and gather collateral information as needed.

- The new Adult/Older Adult team will ensure all information the client deems relevant to the review is considered.
- The new Adult/Older Adult team will document the review and recommendations.
- The original A/OA Manager will review the outcomes of the new independent assessment and recommendations with the original clinicians and clinical leads. The A/OA Manager may choose to meet with the reviewer to better understand and discuss the recommendations.

Step 4.

Based on the information/recommendations submitted and the discussion with the staff members, the manager will consult with the Director/s. The Director/s may consult with other Directors or COO as required. At this point a decision is made regarding the outcome of the process.

Steps 1 through 4 of the Formal Review Process will be completed within 40 business days of the request for formal review. If more time is needed, this will be negotiated with the client.

Step 5.

The manager (or delegate) will communicate the decision and reasons for the decision to the client (or appellant) by telephone (if available) or other means and in writing (by courier) **within 5 business days of the decision being made**. The letter will be copied to the Patient Care Quality Office and will direct the client to the Patient Care Quality Office should they continue to be dissatisfied with the process.

The client can at any time also be directed to the Office of the Provincial Obudsperson and/or Human Rights Tribunal. These options should also be included in the letter to the client.

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6. Tools, Forms and References

AOA Formal Review Process Letter – Template for AOA Managers

HS/CSIL Exceptions Panel Information & Process

7. Definitions

- Client:** generally, any individual who has been deemed eligible for Adult/Older Adult Programs of VCHA - Vancouver Community and who has, is, or will be receiving these services. In addition, the term client will include patients, consumers, family members, advocates and support people who have any relationship to accessing the services of Vancouver Community.
- Eligibility Criteria:** Adult/Older Adult Programs have a range of eligibility criteria for different components of services established by the Ministry of Health. For example, individuals who have not been long-term residents of British Columbia will need to check eligibility criteria that must be fulfilled. (For questions about eligibility, individuals can contact their local Community Health Services office.)
- Available Services:** In AOA, staff, in consultation with the individual and within policy guidelines, are responsible for determining levels of client services based on a health and functional assessment and identified client goals and needs. Any person can contact Vancouver Community and request an assessment.
- Integrated Client-Centred Approach**
 The AOA philosophy is to work in partnership with individuals who have health problems (and family/friends) to provide a coordinated range of services that support individuals to function at their optimum level of ability in order to remain as independent as possible for as long as possible. The AOA services are intended to complement individual support networks and other services available in the community. To ensure equitable allocation of available resources, service allocation can only be made within the service allocation guidelines of Vancouver Community.
- Independent Review**
 A review conducted by someone with relevant expertise and no previous involvement with the client, considering clinical information provided by the referring Community Health Area, information deemed relevant by the

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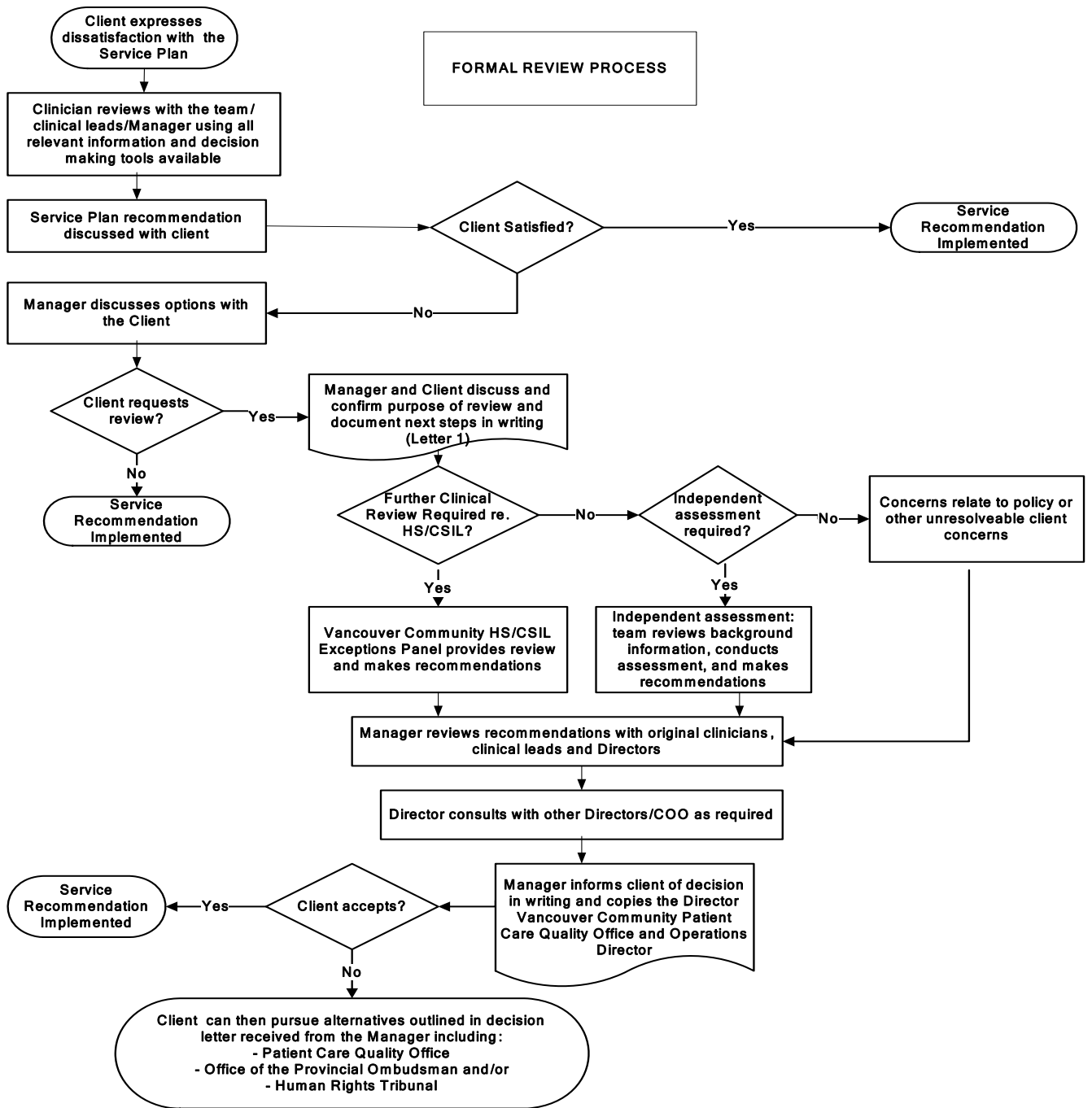
client, and other collateral information, e.g., physician. Wherever possible, the reviewer will use a standardized, valid and reliable tool, e.g., MDS, rehab assessment tools, etc.

Issued by:		
Name: <u>Jan Fisher</u>	Title: <u>Director Vancouver Community Patient Care Quality Office</u>	Date: <u>2009-12-01</u>

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