Guidance Document for COVID-19

Thunder Bay Regional Health Sciences Centre

Title: Care Partner/Essential Care Partner Guidelines	**Version #:** 2
Approved: Operations **Approved:** Incident Manager **Signature:** 	**Approval Date:** February 1st 2021
This document is intended to provide guidance to staff/professional staff during COVID-19	

PURPOSE

To clarify expectations related to Essential Care Partner (ECP) and Care Partners (CP) guidelines during the COVID-19 pandemic.

GUIDELINES (e.g. background, definitions, procedure, etc.)

Background:

ECP's are not just 'visitors' but rather an integral and essential part of care provision. Essential care partners directly impact the physical, emotional and psychological well-being and safety of patients. ECP presence improves patient safety, reduces harm, improves quality of care, patient outcomes and patient care experiences as well as contributing to better staff morale and communication between health care teams and patients.

Definitions:

Visitors – Have an important social role but do not participate as active partners in care.

Care Partners (CPs) – A person identified by the patient who will provide physical, psychological and/or emotional support to help improve the patient's well-being. A Care Partner can be a family member, close friend or other individual as identified by the patient.

Essential Care Partners (ECPs) – Provide physical, psychological and/or emotional support, that is deemed important to the patient's care by the care team in collaboration with the patient. This care can include support in decision-making, care coordination and continuity of care. Essential Care Partners can include family members, close friends or other Care Partners and are identified by the patient or substitute decision maker.

Care Partner/Essential Care Partner Framework

The framework outlines a safe, compassionate and evidence-informed approach to limiting in-person visits in order to reduce COVID-19 transmission within the hospital. The restrictions take into consideration the current burden of COVID-19 in our community, the patient's clinical factors, managerial and organizational factors, and most importantly, patient/family factors. Factors such as the volume of people within a unit /hospital at a given time, the supply of product required to prevent transmission, or an active outbreak of COVID-19 within the hospital may lead to further restrictions to in-person visits that are not captured in the framework below.

With any increase in in-patient restrictions, it is essential that ECP and CP are able to continue to support the patient. Alternative processes for communication and involvement in care must be established (i.e. Care Partner Liaison. Any instance when a restriction is imposed that does not align with the patient's or the family's perceived need for inpatient visits, the framework supports a timely appeals process. Each patient is unique and the complex variables surrounding their optimal care will require

evaluation, revaluation and flexibility. This framework is not intended to limit decisions to meet an individual patient's needs but to provide a standard framework for reference.

TBRHSC Response Level	Prevent	Protect	Restrict	Control	Lockdown	Outbreak
Care Partners:						
All patients who do NOT already qualify for an ECP as per below.	All patients 1 CP **daily** 1100-2000 for a 2 hour duration except as noted below	All patients 1 CP **3 visits/week** 1100-2000 for a 2 hour duration except as noted below	All patients 1 CP **1 visit/week** 1600-2000 for a 2 hour duration except as noted below	**No** CPs except as noted below	**No** CPs except as noted below	**No** CPs on outbreak unit, follow TBRHSC Response Category for non-outbreak guidelines.
Essential Care Partners:						
Palliative Care – prognosis of 2-3 months to live	2 ECP Daily 0800-2000 (1 at a time)	No change	No change	No change	No change	Outbreak unit: No ECP in affected area unless exceptional circumstances. Follow TBRHSC Response Category for non-outbreak guidelines.
End of Life –a patient who is dying(for whom imminent death is anticipated or possible) within the next 7 days	Up to 4 ECP Daily (2 at a time) 24 hrs	No change	No Change	No change	No change	
Critically Ill	1 ECP Daily 0800-2000 unless qualifies under other criteria	No change	No change	No change	No change	
Surgical	1 ECP pre-op and post-op (2 hrs unless patient qualifies under other criteria)	No change	No change	No change	No change	
Admission and Discharge including Facility Transfer and During periods of change in care plan	1 ECP 1 hour at time of admission or discharge	No change	No ECP Permitted unless patient qualifies under other criteria	No change	No change	
Patient with physical, cognitive, mental health or behavioural needs	1 ECP Daily 0800-2000	No change	No change	No change	No change	
Labour and Postpartum – Refer to Women's and Children's Program Guidelines	1 ECP during labour and delivery 1 ECP permitted post-partum for the first 6 hours of life and 1 ECP	1 ECP during labour and delivery 1 ECP permitted post-partum	No change	No change	No change	

TBRHSC Response Level	Prevent	Protect	Restrict	Control	Lockdown	Outbreak
	daily, 0800-2000 until discharge.	for the first 6 hours of life				
NICU – Refer to Women's and Children's Program Guidelines	2 accesses per day, 2 ECPs total, 0600-2200.	1 accesses per day, 1 ECPs total, 0600-2200	No change	No change	No change	
Paediatrics – Refer to Women's and Children's Program Guidelines	2 ECPs Daily, one at a time.	1 ECP access per day (same person for entire admission)	No change	No change	No change	
CAMHU	1 ECP during 0800-2000	No change	No change	No change	No change	
Outpatients	1 ECP for mobility or cognitive assistance	No change	No change	1 ECP for patients with physical, cognitive or mental health concerns that impact the team's ability to provide safe care.	No change	
Adult Mental Health and Forensic Mental Health – Refer to AMH/FMH Program Guidelines	All patients 1 ECP daily, scheduled visits ahead of time as per AMH/FMH policy.	No change.	No change	No change	All patients, 1 ECP, maximum 1 visit per week.	
Emergency Department	Under very specific circumstances – determined at triage					

Care Partner Liaison

The Care Partner Liaison is a resource to enhance the communication between the health care team, patient and Care Partners (CP) and Essential Care Partners (ECP) during heightened restrictions resulting from the COVID-19 pandemic.

The Care Partner Liaison:

- Informs and supports patients and families regarding resources such as; Virtual Visitation, ECP/CP qualification and ensures understanding of infection control and safety precautions, PPE use and responsibilities.
- Assists with visits approved under exceptional circumstances to ensure all safety protocols are followed.
- Gathers relevant information from the CP/ECP or family member that is imperative to patient care and provide to care team.
- Provides non-clinical updates to CP/ECP with the consent of the patient. Updates will not include those that fall under controlled acts of specific professions. i.e. communicating a diagnosis or are beyond the Care Partner Liaison's comprehension.
- Collaborates with Patient Advocate and unit manager/delegate/staff with any patient concerns regarding care and services.
- Resolves concerns by actively listening to patients, ECP/CP and the care team.
- Serves and protects the hospital community by adhering to professional standards, hospital policies and procedures.

Care Partner (CP) and Essential Care Partner (ECP) Appeals Process

If the request for ECP/CP exception is unresolved through discussions between the patient/ECP/CP and manager and/or director, the patient/ECP/CP will be made aware of the appeal process and the ECP/CP Appeals form will be initiated by the Leader. The patient/ECP/CP will be provided with the Patient Advocate contact information: office 684-6211 or cell 629-3887.

The manager is responsible to notify the Patient Advocate, Clinical Manager on Call or Administrative Coordinator pending date/time of requested appeal.

Non-urgent appeal process:

The Patient Advocate conducts an investigation and gathers relevant information for the appeal. The Appeal is reviewed by the Committee within 48 hours (details below); the Appeal decision should aim for consensus; if not aligned with Senior Leader on call recommendations or consensus is not feasible, the Senior Leader on call will consult with the CEO for final decision; the decision is then communicated to the requestor. Summary of the situation and decision is forwarded to pfcc@tbh.net for reporting purposes and should include the:

a) Recommendation(s) from appeal;
b) Decision;
c) Rationale for the decision;
d) Recommendation(s) or next steps, including timeframes

Appeal should include the following information:

- Name of Patient
- Name of ECP/CP and their contact information
- Patient location
- Patient reason for admission
- Details for appeal
- The request (i.e. frequency and duration)
- Expected length of hospitalization
- Number of days admitted

The ad hoc Appeals Committee will include IMT/Senior Leader on call and a minimum of two additional individuals. Additional members may include; but are not limited to the following:

- Patient Advocate
- Patient Family Advisor
- Bioethicist
- Program Manager/Director
- Clinical team members
- Quality & Risk Management
- PFCC Manager
- Infection Prevention & Control

Urgent appeal process:

Urgent appeals will require a same day response, including weekends, when end-of-life may be imminent or there is an extenuating circumstance where a delayed response will create a risk. If this occurs during normal work hours (Monday to Friday 08:00-16:00) the Patient Advocate is notified and contact information is provided to the patient/ECP/CP. If outside of normal working hours, the appeal is sent to the Clinical Manager on Call or Administration Coordinator. The case is reviewed and if required, consultation with the Senior Leader on Call will take place. The decision is to be communicated to the requestor by the Clinical Manager/Administration Coordinator and should include:

a) Recommendation from the appeal;
b) Final decision;
c) Rationale for the decision;
d) Recommendation or next steps, including timeframes

The summary of the situation and the final decision is to be forwarded to pfcc@tbh.net for review at CP/ECP Appeals Committee meeting.

The ECP/CP Appeals Committee will meet monthly to review/discuss all appeal cases. This group will include any IMT/Senior Leadership involved in the cases and/or the leader of the unit where the appeal originated. Members may include; but not be limited to the following:

- Patient Advocate
- Patient Family Advisor
- Bioethicist
- Program manager/director
- PFCC manager
- Infection Prevention and Control
- Clinical team members
- Quality and Risk Management
- Physicians

RELATED POLICIES, PRACTICES AND/OR LEGISLATIONS

This framework reflects alignment with the provincial response and Canadian Foundation for Healthcare Improvement Policy Guidance.

REFERENCES

Care Partner and Essential Care Partner Appeals Process

Policy Guidance for the Reintegration of Caregivers as Essential Care Partners. Canadian Foundation for Healthcare Improvement and the Canadian Patient Safety Institute (CPSI),