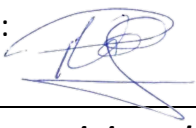


# Guidance Document for COVID-19



<b>Title:</b> Care Partner/Essential Care Partner Guidelines	<b>Version #: 8</b>
<b>Approved:</b> Incident Manager <b>Signature:</b> 	<b>Approval Date:</b> October 8, 2021
<b><i>This document is intended to provide guidance to staff/professional staff during COVID-19</i></b>	

## PURPOSE

To clarify expectations related to Essential Care Partner (ECP) at Thunder Bay Regional Health Sciences Centre

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

### Background:

Essential Care Partners 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.

Essential Care Partner (ECP) – A person identified by the patient who will provide physical, psychological and/or emotional support, which is deemed important to the patient’s care. 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.

### Essential Care Partner Framework

The framework outlines a safe, compassionate and evidence-informed approach to enabling in-person visits within the Hospital.

Each patient is unique and the complex variables surrounding their optimal care will require evaluation, reevaluation 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 for Leaders and Staff. Managers are able to make decisions to accommodate individual patient needs outside the scope of this framework. Managers must also balance patient needs with infection control and public health practices.

TBRHSC Response Level	Prevent	Protect	Restrict	Control	Lockdown	Outbreak
<b>In Patient Care Areas</b>						
Palliative Care – prognosis of 2-3 months to live	2 ECP Daily 0800-2000 (1 at a time)					Outbreak unit: No ECP in affected area unless exceptional circumstances which includes paediatric patients, patients with cognitive, mental health,
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  *For Covid+ patients, ECP Risk Consent must be signed and documented in the patient chart.					

TBRHSC Response Level	Prevent	Protect	Restrict	Control	Lockdown	Outbreak
All other admitted patients	1 ECP 0800-2000 unless qualifies under other criteria.					<p>communication, behavioural needs, or worsening condition</p> <p>Examples of cognitive needs include <b>all levels</b> of dementia, confusion, developmental disabilities</p> <p>*For Covid+ patients, ECP Risk Consent must be signed and documented in the patient chart.</p> <p>Follow TBRHSC Response Category for non-outbreak guidelines.</p>
Labour & Delivery	2 ECPs during labour and while on L&D (must be the same individuals)					
Maternal Newborn	<u>Postpartum (Vaginal or Caesarean)</u> - 1 ECP until the end of delivery day/visiting hours (2000 hours), or minimum 6 hours, whichever is longer -1 ECP may return daily 0800-2000			-1 ECP until the end of delivery day/visiting hours (2000 hrs), or minimum 6 hrs, whichever is longer		
	<u>Postpartum Readmissions</u> -1 ECP daily 0800-2000					
NICU	2 ECPs, 0800-2000 hours <ul style="list-style-type: none"> <li>○ Must be the same two individuals throughout the hospitalization (includes birthing mother when an admitted inpatient)</li> <li>○ No children</li> </ul>			2 ECPs daily 0800-2000 hours, 1 access each per day, 1 at a time		
	NICU reserves the right to further limit ECP access if physical distancing is unable to be maintained due to high unit census.					
Inpatient Paediatrics	2 ECPs <ul style="list-style-type: none"> <li>○ Must be the same two individuals throughout the hospitalization</li> <li>○ No children</li> </ul> Only 1 ECP is allowed to room in overnight, including multiples			2 ECPs, 1 access each per day -ECPs must alternate and only visit 1 at a time -1 ECP is allowed to room in overnight, including multiples		
	Paediatrics reserves the right to further limit ECP access if physical distancing is unable to be maintained due to high unit census.					
CAMHU	2 ECPs during visiting hours only					
Adult Mental Health and Forensic Mental Health	All patients 1 ECP daily, scheduled visits ahead of time as per AMH/FMH policy.  Refer to ' <i>AMH/FMH Program Guidelines</i> '					
<b>Outpatient Care Areas</b>						
Cardiac Cath Lab	1 ECP at bedside for patients with a cognitive, mental health, communication/language, behavioural needs For all other patients, 1 ECP can assist the patient to settle in to the designated stretcher (max 15 minutes) and will be given the option to <ol style="list-style-type: none"> <li>1) Leave and be called for pick up</li> <li>2) Wait in the corridor and be given the opportunity to hear the Cardiologists findings with the patient as per patient preference.</li> </ol>					
Emergency Department (ED)	<b>1 ECP</b> If a patient determines they are able, they are encouraged to attend the ED alone		<b>1 ECP</b> as needed e.g., Children or individuals with physical, cognitive, mental health, communication, language, behavioural needs, pregnancy loss or serious illness, worsening			

TBRHSC Response Level	Prevent	Protect	Restrict	Control	Lockdown	Outbreak
	<p>according to infection control and public health practices. The CPL will work with patient and ECP to ensure effective lines of communication.</p> <p>*The ED is at increased risk of exposure in general due to the high volume and space limitations making it difficult to ensure physical distancing. Circumstances in the ED may change rapidly and the Care Partner Liaison will help ECPs stay connected.</p>		<p>condition, or changes in care plan. Cognitive needs include all levels of dementia, confusion, developmental disabilities. Language includes those where English is not the first language.</p> <p>Those who do not fit the above criteria, the ECP's will be referred to the CPL who will arrange opportunities to stay connected (e.g. phone updates/video) and when needed, assist in process for modified access due to space constraints. ECP access will be reassessed throughout ED visit.</p>			
Paediatric Outpatient	<p>1 ECP</p> <p>-No siblings. May be reviewed by manager on individual basis in advance of appointment under exceptional circumstances</p>				<p>1 ECP</p> <p>-No Siblings</p>	
All other outpatient areas (including Surgical Day Care and Labour and Delivery outpatients)	<p>If able, outpatients are encouraged to attend their appointments alone according to infection control and public health practices. 1 ECP as needed e.g., patients with physical, cognitive, mental health, communication/language, behavioural needs, worsening condition, or changes in care plan. Cognitive needs include <b>all levels</b> of dementia, confusion, developmental disabilities.</p> <p>Patients, please contact your care area in advance of your appointment if you require considerations due to exceptional circumstances. Children under the age of 16 do not qualify as an ECP.</p>					

### 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.

### Essential Care Partner (ECP) Appeals Process

If the request for ECP exception is unresolved through discussions between the patient/ECP and manager and/or director, the patient/ECP will be made aware of the appeal process by person who has denied access and the ECP/CP Appeals form will be initiated. The patient/ECP will be provided with the Patient Advocate contact information: office 684-6211 or cell 629-3887. The manager, charge person or person who has denied ECP access is responsible to notify the Patient Advocate or the Administrative Coordinator pending date/time of requested appeal. Patient Advocate is available Monday – Friday, 0800 – 1600.

### 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

### 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](mailto: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, Leaders involved in request and a minimum of two additional individuals not involved in approval process. 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

The summary of the situation and the final decision is to be forwarded to [pfcc@tbh.net](mailto: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

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