


Guidance Document for COVID-19



Title: Care Partner/Essential Care Partner Guidelines	Version #: 12
Approved: Incident Manager Signature: 	Approval Date: March 15, 2022
<i>This document is intended to provide guidance to staff/professional staff during COVID-19</i>	

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.

Definitions:

Essential Care Partner (ECP) – A person identified by the patient who will provide physical, psychological and/or emotional support, which is deemed essential to the patient's care, health and well being. 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 (CP - A person identified by the patient and may be a family member, a friend or significant other who provides physical, psychological and/or emotional support.

Visitor(s) are guests or family of the patient who have not been identified by the patient as an ECP or CP.

Essential Care Partner Framework

The framework outlines a safe, compassionate and evidence-informed approach to enabling in-person visits within the Hospital. **Essential Care Partners and Care Partners are strongly encouraged, but not required to be fully vaccinated.** Full vaccination means having received the full series of a COVID-19 vaccine and having received the

final dose of the vaccine at least 14 days ago. ECP's /CP's are expected to comply with applicable public health requirements during their time at the hospital. The Hospital utilizes a framework that assesses the current situation and triggers to determine appropriate response levels and actions specific for our community. Please see the Summary Document: COVID-19 Pandemic Triggers and Actions, November 26, 2021. Additional precautions may be required due to our community status and risk assessment.

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 responsible for ECP process in their care area and able to make decisions to accommodate individual patient needs outside the scope of this framework and are encouraged to support an environment of compassion. Managers must also balance patient needs with infection control, staffing and public health practices.

ECPs who become COVID-19 positive, experience COVID-19 symptoms or who have had a household contact should not attend the Hospital. Please refer to the guidance document, Essential Care Partner Access in COVID-19 Situations for processes regarding ECP attendance for those who are positive/presumed positive and considerations for exceptions.

Resources are found on the iNtranet under COVID-19 Information Portal – Links and Resources.
<https://comms.tbrhsc.net/covid-19-information/>

TBRHSC Response Level	Prevent	Protect	Restrict	Control	Lockdown	COVID-19 Outbreak
<p>Hot Zones: Hot zones will only have ECPs that are essential to care of patients, (as determined by the patient) e.g. patients with physical, cognitive, mental health, communication/language, behavioural needs, worsening condition, or changes in care plan. Cognitive needs include all levels of dementia, confusion, developmental disabilities. Exceptions will be vetted through onsite unit leadership. CPL/staff will ensure ECP understanding and adherence of proper PPE requirements and protocols.</p>						
In Patient Care Areas						
End of Life –a patient who is dying(for whom imminent death is anticipated or possible) within the next 7 days	Unlimited ECP's and CP's (2 at a time) 24 hrs /day *For Covid+ patients, ECP Risk Consent must be signed and documented in the patient chart.					Outbreak unit: No ECP in affected area unless exceptional circumstances which includes paediatric patients, patients with cognitive, mental health, communication, behavioural needs, or worsening
Palliative Care – prognosis of 2-3 months to live	2 ECP's plus 2 Care partners Daily 0800-2000 (2 at a time)	2 ECP Daily 0800 – 2000 (1 at a time)	1 ECP daily 0800 – 2000	1 ECP as needed as identified by patient e.g., patients with physical,		

All other admitted patients	2 ECP's plus 2 Care Partners 1 at a time 0800-2000	2 ECP's 0800-2000 1 at a time	May increase to 2 ECP &/or allow alternate ECP at managers discretion. 1 ECP daily 0800 – 20000 May increase to 2 ECP &/or allow alternate ECP at managers discretion	cognitive, mental health, communication/language, behavioural needs, worsening condition, or changes in care plan. Cognitive needs include all levels of dementia, confusion, developmental disabilities.	condition Examples of cognitive needs include all levels of dementia, confusion, developmental disabilities *For Covid+ patients, ECP Risk Consent must be signed and documented in the patient chart. Follow TBRHSC Response Category for non-outbreak guidelines.
Labour & Delivery	2 ECP's may be present during labour and birth (must be the same two individuals)		1 ECP may be present during labour and birth		

TBRHSC Response Level	Prevent	Protect	Restrict	Control	Lockdown	Outbreak
NICU	2 ECPs at a time 0800-2000 1 ECP between 2000-0800 No Children or siblings				2 ECPs 1 at a time 0800-2000	As above
Paediatrics	2 ECP's at a time 0800-2000 1 ECP between 2000-0800 No Children or Siblings				2 ECPs, 1 at a time 0800-2000 1 ECP between 20000800 (including multiples)	
CAMHU	2 ECPs During unit visiting hours & as requested by unit				1 ECP During unit visiting hours & as requested by unit	
Adult Mental Health & Forensic Mental Health	All patients 1 ECP daily, scheduled visits ahead of time as per AMH/FMH policy. Refer to 'AMH/FMH Program Guidelines'					

Outpatient Care Areas

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 1) Leave and be called for pick up 2) Wait in the corridor and be given the opportunity to hear the Cardiologists findings with the patient as per patient preference.				As above	
Emergency Department	1 ECP. If able, patients are encouraged to attend the ED alone according to infection control and public health practices. The CPL will work with patient and ECP to ensure effective lines of communication.		1 ECP when essential to patient care (identified by patient) e.g., patients with physical, cognitive, mental health, communication/language, behavioural needs, worsening condition, or changes in care plan. Cognitive needs include all levels of dementia, confusion, developmental disabilities.			
	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 ECP's stay connected.					
Paediatric Outpatient	1 ECP No siblings.					
TBRHSC Response Level	Prevent	Protect	Restrict	Control	Lockdown	Outbreak
All other outpatient areas	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 all levels of dementia, confusion, developmental disabilities. Children under the age of 16 do not qualify as an ECP.				As Above	

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 provides to care team.
- Provides non-clinical updates or other communication to CP/ECP with the consent of the patient. Updates will not include those that fall under controlled acts of specific professions. E.g. 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.

After Hours/Urgent appeal process:

Urgent appeals 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. Risk is not limited to medical status and can include emotional distress of patient or essential care partner. 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 an exception is not granted and the patient is not in agreement, 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 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
- Details for appeal
- The request (i.e. frequency and duration)
- Patient location
- Patient reason for admission
- 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
- Clinical team members
- Patient Family Advisor
- Quality & Risk Management
- Bioethicist
- PFCC Manager
- Program Manager/Director
- Care Partner Liaison

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
- Clinical team members
- Quality and Risk Management
- Physicians

RELATED POLICIES, PRACTICES AND/OR LEGISLATIONS

- Infection Prevention and Control

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),