Guidance Document for COVID-19

Thunder Bay Regional Health Sciences Centre

Title: Care Partner/Essential Care Partner Guidelines	**Version #:** 12
Approved: Incident Manager / Vice President **Signature:** 	**Approval Date:** March 15, 2022 July 6, 2022
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 Partner (CP) guidelines during the COVID-19 pandemic.

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. ECPs directly impact the physical, emotional and psychological well-being and safety of patients. ECP presence improves patient safety, reduces harm, improve 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 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. ECPs can include family members, close friends or other Care Partners and are identified by the patient or substitute decision maker.

Care Partners (CPs) – A person identified by the patient who may be a family member, a friend or significant other who provides physical, psychological and/or emotional support.

Visitors – Are guests or family of the patient who have not been identified by the patient as an ECP or CP.

Care Partner/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 prior to visit. ECPs /CPs 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. 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, 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 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.

With any increase in in-patient restrictions, it is essential that ECPs and CPs 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 in-patient visits, the framework supports a timely appeals process. When considering ECP/CP access, err on the side of compassion.

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

<table>
<tr><td>TBRHSC Response Level</td><td>Prevent</td><td>Protect</td><td>Restrict</td><td>Control</td><td>Lockdown</td><td>Outbreak</td></tr>
<tr><td>Hot Zone</td><td colspan="6">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. Care Partner Liaison/staff will ensure ECP understanding and adherence of proper PPE requirements and protocols.</td></tr>
<tr><td colspan="7">In-patient Care Areas</td></tr>
<tr><td>End of Life – a patient who is dying (for whom imminent death is anticipated or possible) within the next 7 days</td><td colspan="5">Unlimited ECPs and CPs (2 at a time) 24 hrs

*For Covid+ patients, ECP Risk Consent must be signed and documented in the patient chart</td><td rowspan="3">Outbreak unit: No ECP in affected area unless exceptional circumstances which includes paediatric patients, patients with cognitive, mental health, communication, behavioural needs, or worsening 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.</td></tr>
<tr><td>Palliative Care – prognosis of 2-3 months to live</td><td colspan="2">2 ECPs plus 2 CPs daily 0800-2000 hrs (2 at a time)</td><td>2 ECPs daily 0800-2000 hrs (1 at a time)</td><td>1 ECP daily 0800-2000 hrs. May increase to 2 ECPs and/or allow alternate ECP at Manager's discretion.</td><td rowspan="2">1 ECP as needed as 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.</td></tr>
<tr><td>All other admitted patients</td><td colspan="2">2 ECPs plus 2 CPs 0800-2000 hrs (1 at a time)</td><td>2 ECPs daily 0800-2000 hrs (1 at a time)</td><td>1 ECP daily 0800-2000 hrs. May increase to 2 ECPs and/or allow alternate ECP at Manager's discretion.</td></tr>
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TBRHSC Response Level	Prevent	Protect	Restrict	Control	Lockdown	Outbreak
Labour & Delivery	2 ECPs may be present during labour and birth (must be the same two individuals)				1 ECP may be present during labour and birth	
NICU	2 ECPs at a time 0800-2000 hrs 1 ECP between 2000-0800 hrs - No children or siblings				2 ECPs 0800-2000 hrs (1 at a time)	As Above
Paediatrics	2 ECPs , 1 access each per day - May have both ECPs at same time between 0800-2200 hrs				2 ECPs 0800-2000 hrs (1 at a time) 1 ECP 2000-0800 hrs (including multiples)	
CAMHU	2 ECPs during unit visiting hours and as requested by unit				1 ECP during unit visiting hours and as requested by unit	
Paediatric Out-patient	1 ECP - No siblings preferred. May be reviewed by Manager on individual basis in advance of appointment.				1 ECP - No Siblings	
Adult Mental Health and Forensic Mental Health	All patients 1 ECP daily, scheduled visits ahead of time as per AMH/FMH policy. Refer to 'AMH/FMH Program Guidelines'					
Out-patient Care Areas						
Emergency Department (ED)	1 ECP. If able, patients are encouraged to attend the ED alone according to infection control and public health practices. The Care Partner Liaison 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.	As Above
	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.					
All other Out-patient areas	If able, out-patients 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.					

Care Partner Liaison (CPL)

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 the 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. 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 hrs.

After Hours/Urgent Appeals 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 ECP. If this occurs during normal work hours (Monday - Friday 0800-1600 hrs) 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 Administrative 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/Administrative Coordinator and should include:

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

Non-urgent Appeals 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 TBRHSC.PFCC@tbh.net for reporting purposes and should include the:

a) Recommendation(s) from appeal;
b) Decision;
c) Rationale for the decision; and
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
- The request (e.g. frequency and duration)
- Details for appeal
- 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

The summary of the situation and the final decision is to be forwarded to TBRHSC.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
- Quality & Risk Management
- Patient Family Advisor
- Bioethicist
- Program Manager/Director
- Clinical team members
- PFCC Manager
- Infection Prevention & Control
- 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)