

Title: Essential Care Partner, Care Partner & Family Presence Policy	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> SOP
Category: Patient Care Sub-category: Patient Care: Patient Related	Distribution: Organization Wide
Endorsed: VP, Patient Experience & Chief Nursing Executive & RVP, Regional Cancer Care Signature:	Approval Date: April 1, 2023 Reviewed/Revised Date: Next Review Date: April 1, 2026

CROSS REFERENCES: (PAT- 5-25) Personal Pet Visitation Policy, (OHS-oh-245) Workplace Violence Prevention Program, (OHS-os-245) Workplace Violence Prevention

1. PURPOSE

Provide guidelines to promote family presence and Essential Care Partner involvement with all patients, both on inpatient units and in outpatient departments, while ensuring a safe, secure, and caring environment for our patients, Essential Care Partners/Care Partners, and staff.

2. POLICY STATEMENT

Guided by a Patient & Family Centred Care philosophy, Thunder Bay Regional Health Sciences Centre (the Hospital) recognizes the importance of supporting family and friends to visit patients while ensuring a restful environment that meets their care needs and wishes.

3. SCOPE

Our Patient Family Centred Care Philosophy differentiates between Essential Care Partners and Care Partners. Family, Essential Care Partners, and Care Partners are great resources for staff and comfort to the patient which improves the quality of life and quality of care. Essential Care Partners participate in care as defined by the patient and as part of the healthcare team.

Due to legislation, safety precautions, or patient condition, access may vary across the Hospital, within certain programs/units and/or for a specific patient. All Essential Care Partners and Care Partners are expected to follow OHS-os-245 Workplace Violence Prevention policy.

The Emergency Department and Intensive Care Unit are to continue to refer to their specific capacity management protocols.

4. DEFINITIONS

Care Partner (CP) is 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.

Essential Care Partner (ECP) is a person identified by the patient who will provide physical, psychological, and/or emotional support, which is deemed essential to the patient's care. This may 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.

5. PROCEDURE– INPATIENT UNITS

5.1 Essential Care Partner(s) and Care Partner(s) identified by the patient are recorded in the patient care plan, and are given identification to be worn when in Hospital;

5.2 If the patient is unable to identify the ECP(s) or CP(s), the Power of Attorney for Personal Care or next of kin identifies the ECP/ CP(s);

5.3 Health care providers collaborate with patients and ECP(s) and CP(s) regarding desired level of involvement

- 5.4 Where possible, every effort will be made to support Essential Care Partner(s) to remain with the patient during procedures, treatments and/or resuscitation.
- 5.5 ECP/CP(s) may at times be required to exit the patient room (e.g., privacy concerns or care needs of other patients);
- 5.6 An Essential Care Partner given permission to stay overnight with the patient must remain with the patient and advise staff when they are coming and leaving the unit;
- 5.7 An Essential Care Partner staying overnight must wear their identification to identify their role as an ECP.
- 5.8 NOTE: If the Hospital needs to move to a Restricted State, the number of ECP/CP(s) will be limited.

6. ECP/CP REQUIREMENTS – INPATIENT UNITS

- 6.1. Each inpatient will be able to identify up to 2 Essential Care Partners and 4 Care Partners at admission, which can be changed throughout the patient's stay. Two people may be present at the bedside at any given time.
- 6.2. Patients who are palliative or at End of Life will have the ability to identify unlimited ECP/CPs, with two people at the bedside at a time, unless special circumstances are made with approval of the unit Manager.
- 6.3. TBRHSC recognizes that special circumstances may occur (ie. cultural practices) which can be accommodated in collaboration with the patient, ECPs and unit Manager as needed.
- 6.4. When special circumstances are granted, the number of people at the bedside is determined in collaboration with patient, ECP/CP and care team.
- 6.5. In a shared room (or area), given safety and physical space limitations, the patient and their ECP/CP(s), in collaboration with the unit manager will determine the number of allowable ECP/CP(s), ensuring equitable access for all.
- 6.6. ECP/CP(s) are expected to show respect for other patients by recognizing their needs for privacy, rest, quiet etc. and may be asked to leave if necessary.
- 6.7. NOTE: If the Hospital needs to move to a Restricted State, the number of ECP/CP(s) will be limited.

7. PROCEDURE & ECP REQUIREMENTS – OUTPATIENT DEPARTMENTS

- 7.1. Admitted patients awaiting a bed while in an outpatient unit, are not considered inpatients until transferred to a unit.
- 7.2. If able, outpatients are encouraged to attend their appointments alone, though if desired, each outpatient will be able to be accompanied by 1 Essential Care Partner (ECP).
- 7.3. TBRHSC recognizes that special circumstances may occur, which can be accommodated in collaboration with the patient, ECP and department/program Manager.
- 7.4. Essential Care Partner(s) identified by the patient are recorded in the patient care plan, and are given identification to be worn when in Hospital
- 7.5. An ECP may at times be required to exit the patient room (e.g., privacy concerns or care needs of other patients);
- 7.6. NOTE: If the Hospital needs to move to a Restricted State, the number of ECP(s) will be limited.

8. REST TIME

The Hospital promotes a rest time from 10:00 p.m. until 8:00 a.m. Exceptions for ECP/CP(s) to stay during this time must be arranged with the Manager in advance.

9. CHILDREN

Due to health risks and infection we encourage the use of virtual visitation (FaceTime, etc.), for children. In instances where children have been approved to attend, children under 12 years must be under the supervision of an adult who is not the patient and must not be left unattended. Two

children allowed at any one time (one ECP/CP plus two children) to follow the maximum of three at a time. Refer to ECP/CP Requirements 6.5 for shared rooms.

10. PRECAUTIONS

Persons who are unwell or who have been exposed to an infectious disease are asked not to access the Hospital but to consider utilizing other areas to communicate and support the patient (e.g., designate alternate support person, send notes or emails, telephone, teleconference, or tele-visitation under certain circumstances).

Hand hygiene must be performed when entering and leaving the patient's room.

ECPs and CPs must behave respectfully and courteously. The Hospital applies a "Zero Tolerance" and misbehaving people may be asked to leave; refer to algorithm as outlined in Workplace Violence Prevention Program policy – OHS-oh-245.

11. TELE-VISITATION

Tele-visitation offers a real time face to face secure video connection between the patients, and their loved ones, regardless of location. The patient can be located on any in-patient unit including ICU, or out-patient areas such as Renal Services or TBaytel Tamarack House. The referral forms can be found on the telemedicine iNtranet site. [Telemedicine - Main Page](#)

12. REFERENCES

Emerging Best Practices for Preserving the Essence of Family Presence: Institute for Patient and Family Centered Care, February 2022

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

Much More Than a Visit: A Review of Visiting Policies in Select Canadian Acute Care Hospitals; Canadian Foundation for Healthcare Improvement (2016), <https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/better-together-baseline-report.pdf>.

Better Together: A Change Package to Support the Adoption of Family Presence and Participation Acute Care Hospitals and Accelerate Healthcare Improvement; Canadian Foundation for Healthcare Improvement in Partnership with the Institute for Patient and Family Centred Care November 2015

Changing Hospital "Visiting" Policies and Practices: Supporting Family Presence and Participation: Institute for Patient and Family Centred Care, <https://www.ipfcc.org/resources/visiting>