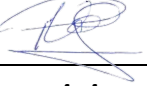


Guidance Document for COVID-19



Title: Care Partner/Essential Care Partner Guidelines	Version #: 6
Approved: Operations Approved: Incident Manager Signature: 	Approval Date: May 20 th 2021
<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) 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 and movement within the Hospital 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, 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.

TBRHSC Response Level	Prevent	Protect	Restrict	Control	Lockdown	Outbreak
Essential Care Partners:						
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 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.
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.					
Labour & Delivery	1 ECP Refer to ‘Covid-19 Pandemic-ECP Guidelines-Women & Children’s Program’					
Maternal Newborn	Postpartum (Vaginal or Caesarean) - 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 access per day)			-1 ECP until the end of delivery day/visiting hours (2000 hrs), or minimum 6 hrs, whichever is longer		
	Postpartum Readmissions -ECP may visit daily during visiting hours, 1 access per day			-ECP determined by exception		
	Antepartum -Follow corporate ECP and CP guidelines above					
NICU	2 ECPs, 0800-2000 hours, 1 access each per day			2 ECPs daily 0800-2000 hours, 1 access each per day, 1 at a time		
	Refer to ‘Covid-19 Pandemic-ECP Guidelines-Women & Children’s Program’					
Inpatient Paediatrics	2 ECPs, 1 access each per day 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		
	Refer to ‘Covid-19 Pandemic-ECP Guidelines-Women & Children’s Program’					
CAMHU	1 ECP during visiting hours only					
Paediatric Outpatient	1 ECP -No siblings preferred. May be reviewed by manager on individual basis in advance of appointment			1 ECP -No Siblings		
Outpatients	1 ECP as needed e.g., patients with physical, cognitive, mental health, communication, behavioural needs, worsening condition, or changes in care plan. Cognitive needs include all levels of dementia, confusion, developmental disabilities					
Adult Mental Health and	All patients 1 ECP daily, scheduled visits ahead of time as per AMH/FMH policy.					

TBRHSC Response Level	Prevent	Protect	Restrict	Control	Lockdown	Outbreak
Forensic Mental Health	Refer to 'AMH/FMH Program Guidelines'					
Emergency Department (ED)	Children and individuals with cognitive, mental health, communication or behavioural needs, pregnancy loss or serious illness will be granted unrestricted ECP access. In all other situations the ED staff will assess ECP requests on a patient-by-patient basis when an ECP can safely be allowed. *The ED is at increased risk of exposure in general due to the high volume and small space making it difficult to ensure physical distancing. Circumstances in the ED may change rapidly and the Triage Nurse will help CPs and ECPs stay connected. Depending on the circumstance the triage nurse may allow the ECP to accompany the patient during the triage process and possibly wait in the waiting room if space permits.					
All other patients	1 ECP 0800-2000 unless qualifies under other criteria. Note - Patients with cognitive, mental health, communication, behavioural needs or worsening condition may have extended ECP access. Examples of cognitive needs include all levels of dementia, confusion, developmental disabilities					

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:

- Recommendation(s) from appeal;
- Decision;
- Rationale for the decision;
- 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

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

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