



# *Supporting staff in the safe reintegration of essential care partners*

Essential Together Huddles

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# Presenters



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**Shaping the future of quality and safety. Together.**



# In this session, you will:


**1** Gain insights into the recently launched Essential Together program, its goals and approach to programming

**2** Learn how one region in Ontario supported staff, through education, to safely reintegrate essential care partners back into their facilities

**3** Share how you and your organization are supporting the safe reintegration of essential care partners

**4** Learn how other health and care facilities are supporting the safe reintegration of essential care partners

# What is Essential Together?



**Essential Together** is a program that was developed to support the reintegration of essential care partners into health and care settings during pandemic and beyond.

There are specific goals for each of the three intended audiences:

- Policy Makers
- **Those who implement policy**
- Those who are impacted by policy

# Understanding the different roles

**Visitors** have an important social role but do not participate as active partners in care.

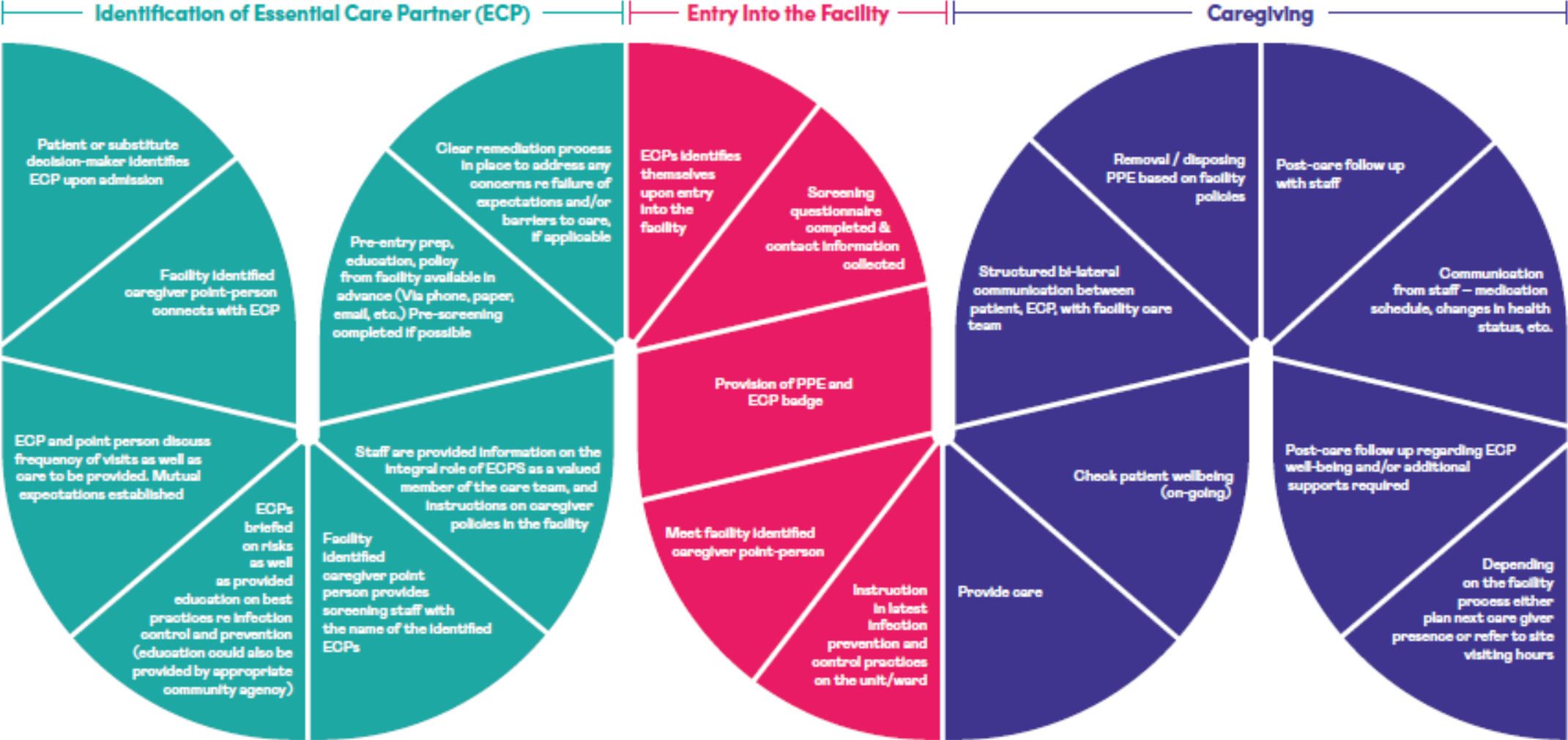
**Essential care partners** provide physical, psychological and emotional support, as deemed important by the patient. This care can include support in decision making, care coordination and continuity of care. Essential care partners can include family members, close friends or other caregivers and are identified by the patient or substitute decision marker.

# How can we safely reintegrate essential care partners?



# Map for the Reintegration of Essential Care Partners

This map for reintegration of essential care partners was created as part of the process to co-design [Policy Guidance for the Reintegration of Caregivers as Essential Care Partners](#). It was through a policy lab process that brought together people with a diverse range of expertise and COVID-19 related experience – including policy makers, healthcare administrators, providers, patients, families and caregivers. The map was generated based on a range of organizational and lived experience, and provides a visual construction of the key actions deemed critical to enable the safe reintegration of essential care partners.



# Policy Guidance for the Reintegration of Caregivers as Essential Care Partners

## Identification and preparation of essential care partners (ECPs)

Develop mutual expectations of responsibilities

Establish pre-entry preparation for essential care partners

Establish staff education to understand roles and safety protocols for ECPs

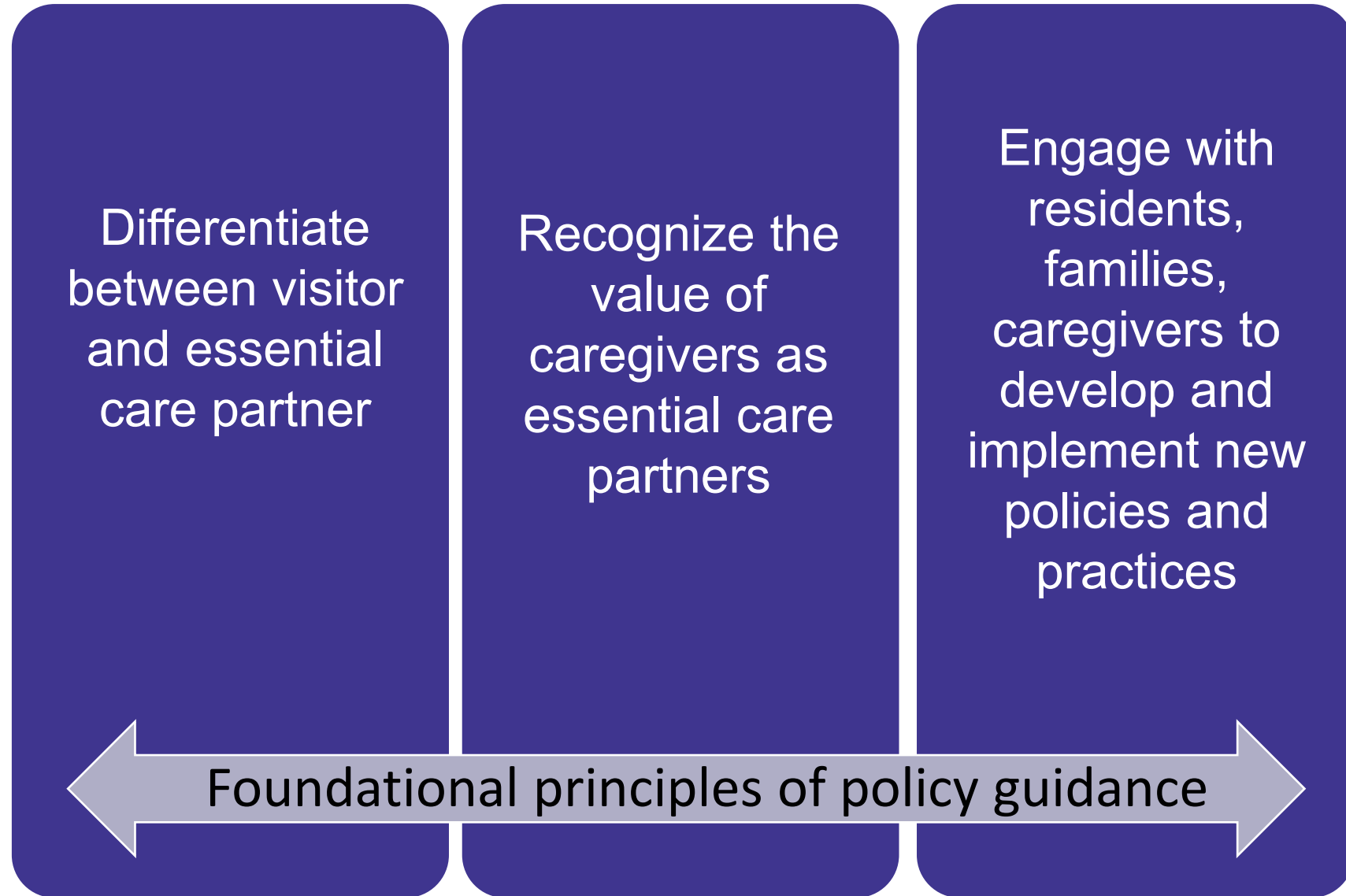
Establish a rapid appeals process

## Entry into facility

Establish a clearly communicated screening process

Establish caregiver IDs for essential care partners

Ensure essential care partners are informed about existing and updated infection prevention and control protocols



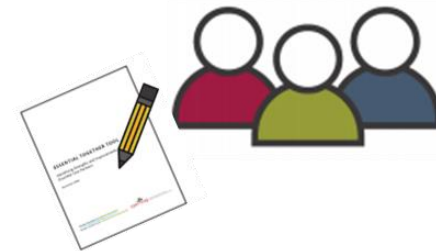
# Essential Together: Supporting the implementation of policy guidance

## Step One



## Step Two

### Essential Together Tool



## Step Three

*Learning Bundles:*  
Self-directed  
activity and curated  
resources and tools

## Step Four





# Designated Care Partners

*Colouring It for our Residents*



# Grey County Long Term Care



**Grey Gables  
Markdale**

Home to 66 residents



**Lee Manor  
Owen Sound**

Home to 150 residents



**Rockwood Terrace  
Durham**

Home to 100 residents



# Formalizing Caregiver support

- LTC homes recognized the negative impacts of social isolation during the pandemic.
- Many team members were emotionally affected and saw firsthand the isolation impacts on the residents and were eager to find a solution.
  - Learned of Hotel Dieu Grace's work in this area and were grateful to receive a copy of Hotel Dieu Grace's Caregiver plan and policy.





# Engagement

- Reached out for support from all team members in every department including, Medical Director, Family and Resident councils, residents and family members.
- The program was presented to staff through huddles; opportunity for questions, discussion and feedback.
- Draft policy/program was reviewed by all partners:
  - Public Health
  - Residents
  - Families/caregiver







# Engagement

- During huddles, education was provided to staff on their role and the DCP role.
- Staff recognized that families and caregivers play an essential role to the physical, emotional, social and spiritual wellbeing of our residents.
  - Interaction and support from the DCPs improve resident quality of life:
    - Emotional & Physical support
    - Nutritional intake
    - Communication
    - Wandering/behaviours
    - Personal Care (ADLs)
    - Depression
    - Mobility
    - Participation, etc.



# Team Huddles

- A staff engagement guide was created as part of the DCP policy which outlined the phased in approach for the program along with questions for staff:
  1. What are the resident needs that would help us determine our second phase of visitors?
  2. What are the risk factors to consider?
  3. What are the safeguards that we need to put in place?
  4. Should there be a limit of visitors allowed on a home area at one time?
  5. Should there be a time limit or a certain time of during the day for these visits?
  6. What are your concerns/worries?



# What did we learn?

Team members concerns were:



- Safety
  - How do we ensure safety for residents and team members with increasing the number of persons entering the home and potential risks involved?
- Developed Education and training for all roles including DCPs
  - Utilizing three methods; Surge eLearning, course booklet and in person training
- IPAC teams at each locations
  - Provided education and tools for screeners to train DCPs and team members on IPAC strategies:
    - Donning and Doffing
    - Hand Hygiene training and audits
    - Physical distancing, respiratory etiquette, etc.




# What did we learn?

- Value in Role
  - How does this role affect team member roles?
  - What is expected from me?
- The roles and responsibilities of the DCP and team members were shared through discussions and policy and procedures.
- DCP are considered allies for safety and quality and acknowledges that connections are integral to the and overall wellbeing of all
  - Expectations for both roles:
    - Colour it for our residents, reach a common goal with respect, communication and partnership



# Tools and Resources



## DESIGNATED CARE PARTNER

**PHASED IN APPROACH TO VISITATION**

Grey County Long Term Care recognizes the important role of families/ loved ones as allies for safety and quality and acknowledges that connections are integral to the health and overall wellbeing of an individual.

In working to protect residents, staff and families during COVID 19, changes have been made related to pandemic visitation policies, including Essential Visitors and Designated Care Partners (DCP).

The purpose is to provide residents with a designated DCP who understands and supports their needs and has been trained in all necessary IPAC education.

*The Care Community will ensure that we communicate any changes as Ministry and Public Health Directives change.*

**ROLES**

Phase 1 - Essential Visits can include coordinated compassionate care, critical illness, palliative and end of life.

Phase 2 - Designated Care Partner visits include, but are not limited to the following:

- Emotional Support
- Assistance with feeding
- Assistance with mobility
- Assistance with personal care
- Communication assistance for persons with hearing, visual, speech, cognitive, intellectual or memory impairments
- Visits for supported decision making

**RESPONSIBILITIES**

- DCP must attest to a COVID 19 negative test within two weeks of the visit.
- DCP must be physically, cognitively, emotionally able to provide care elements identified.
- Complete mandatory educational training on the following; infection Control practices, physical distancing, PPE use, respiratory etiquette, hand hygiene etc. and review visitor policy monthly
- Read, understand and agree to the DCP policy
- Undergo screening for signs and symptoms of illness, including COVID19, prior to every entry into care community. Note entry will be denied if screening is failed.
- Wear identification at all times
- Be considerate and respectful of all residents and team members
- DCPs shall go directly to the resident's room or designated area, remain there during the visit and exit the care community directly afterwards
- Refrain from bringing in any food or beverages
- Wear appropriate PPE during visit
- DCPs will be required to sign a commitment form. Violations of the commitment may result in cancellation of the DCP

Grey Gables • Lee Manor • Rockwood Terrace

IX-N-10.46(d) DCP Roles and Responsibilities

- Communicate DCP requirements
- DCP Identification Badge
- DCP Roles and Responsibilities Poster
- Visitor Definition Chart and screening requirements



# Feedback

- Surveys were rolled out to DCPs, residents and staff for their feedback in November 2020.
  - Team members had a opportunity to share their comments and concerns
  - Identified areas for improvement
  - Recognized success stories
  
- Overall, are you satisfied with the Designated Care Partner Program?
  - 87% of Staff answered “yes”
  
- In your opinion, do you feel confident that the care community has adequate supply of PPE for DCPs?
  - 96% of staff answered “yes”.
  
- In your opinion, do you feel DCPs are adequately trained?
  - 70% of staff answered “yes”.





# Feedback from Team Members

- In your opinion, what have been the impact(s) on the residents you support?
  - “The mental health and cognitive impact is what I have noted as the major effect. They miss their families and support people, the DCP program has helped greatly in these situations.”
  - “Not having family visitors/programs has caused feelings of sadness, abandonment and frustration.”
  
- Did you face any barriers or challenges in incorporating DCPs into resident care? *If so, what were they?*
  - “Not always knowing if they were POAs or not. Finding it harder for communication with the nurses as they have less time to spend answering questions about their loved ones and PSWs not wanting to give false or too much information.”
  - “Some challenges regarding rules about visits, interacting with other residents, proper PPE usage, but this has improved.”



# Feedback from Team Members

- In your opinion, what changes could be made to improve the DCP program (*e.g., what resources or changes are required to ensure the success of the program*)?
  - “More impact and knowledge given to the PSWs about the care partners, to get to know them.”
  - “The DCP program appears to be running effectively, I do not have any suggestions to improve the program at this time.”
  
- Overall, are you satisfied with the DCP program?  
*Please explain:*
  - “DCPs help with the overall wellbeing of our residents.”
  - “I think it is an excellent program that has been developed from the ground up and it will only continue to improve.”
  - “Has greatly benefited the residents in times of loneliness, restlessness, takes pressure off the nursing, recreation staff.”





# Lessons Learned

- Lead/Champion
  - It has been extremely important to have a lead at each location to support education, training and communication for team members and DCPs.
- Communication/Language is key
  - DCPs are an important and vital part of the care team.
- Risk Assessment Tool
  - Utilizing a tool to identify possible risks involved, ensures team members steps are in place.
- Compliance Process and support
  - There has been a small percentage of DCPs that need guideline reminders. Teams are working on each individual situation which also supports partnership and safety.



# How it's Going

- 318 active DCPs
- 190 completed training online
  - 128 completed their training using the course booklet
- 262 DCPs, 310 team members, 296 residents vaccinated
- 600 COVID rapid antigen tests completed weekly to support DCP visiting





# Colour it Into Tomorrow

- Designated Care Partner program into the future.
- What does the DCP program look like post-pandemic?
  - What is the difference between a designated care partner and someone with Power of Attorney and a regular visitor?
  - What strategies need to be in place to support caregivers as part of the care team?



# Testimonials

- “Watching the residents and families being able to interact with their DCP’s has been a very rewarding experience. Families trusted us with their loved ones during such a difficult time as they were only able to visit with them virtually, by a window visit or via scheduled indoor/ outdoor visit since Covid-19 came into our lives. Being able to have DCP’s for our residents has greatly improved their quality of life, their emotional well being and general outlook on life.”
  - Teri Fischer, RSFM





# Testimonials

- “The Designated Care Partner (DCP) program has made a tremendous positive impact to the resident population at Lee Manor. The residents, family members and friends involved have been able to reconnect in new and meaningful ways that enhance their social, emotional, physical, spiritual, and cognitive well-being. It has been rewarding to see and hear how the DCPs have used this visiting program to reunite and support their loved one.”
  - (Elena Smith, RFSM)



# Questions? Facilitated open discussion

# Upcoming Huddles:

**April 8, 2021, 1:00 pm –1:45 pm (EDT)**

- *"Mrs Jones, who are your essential care partners?"*

**April 15, 2021, 1:00 pm –1:45 pm (EDT)**

- *Adapting and communicating in times of rapid change*

**May 6, 2021, 1:00 pm –1:45 pm (EDT)**

**May 26, 2021, 1:00 pm –1:45 pm (EDT)**

**June 9, 2021, 1:00 pm –1:45 pm (EDT)**

**June 30, 2021, 1:00 pm –1:45 pm (EDT)**



# Interested in learning more?

Please contact [Essential.Together@hec-esc.ca](mailto:Essential.Together@hec-esc.ca)

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en santé**  
Canada



# Building the Essential Together Program

- › Generating pan-Canadian discussions:
  - › National Health Engagement Network Discussion: Family Presence during Covid-19 (April 2020)
  - › Spotlight Series Webinar: Family and Caregiver Presence and Partnership during the COVID-19 Pandemic (April 2020)
  - › Spotlight Series Webinar: #MoreThanAVisitor – Reintegration of Family Caregivers as Essential Partners in Care (August 2020)
  - › Spotlight Series Webinar: Policy Guidance for Reintegrating Essential Care Partners During COVID-19 and Beyond (November 2020)
- › Harnessing and generating an evidence base:
  - › MUCH MORE THAN JUST A VISITOR: An Executive Summary of Policies in Canadian Acute Care Hospitals (May 2020)
  - › EVIDENCE BRIEF: Caregivers as Essential Care Partners (December 2020)
  - › Co-investigators on current research studies related to the impact of restrictive family presence policies with the University of Alberta and strengthened patient partnerships during Covid-19 with Trillium Health Partners

# Building the Essential Together Program (cont'd):

Co-creating a path forward: Recommendations and policy guidance:

- › [Re-Integration of Family Caregivers as Essential Partners in Care in a Time of COVID-19](#) (July 2020)
- › [Policy Guidance for the Reintegration of Caregivers as Essential Care Partners](#) (November 2020)
- › [Map for the Reintegration of Essential Care Partners](#) (November 2020)
- › [Essential Together Tool](#) (December 2020).