POLICY GUIDANCE FOR THE REINTEGRATION OF CAREGIVERS AS ESSENTIAL CARE PARTNERS

Executive Summary and Report

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Canadian Foundation for Healthcare Improvement
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About the Canadian Patient Safety Institute

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EXECUTIVE SUMMARY

This policy guidance is for healthcare decision makers, notably system level policy makers and system leaders. The policy guidance was co-developed as part of a collaborative policy lab process that included policy decision-makers, health system leaders who implement policy, and the people who are impacted by policy decisions – providers, administrators, patients, * *families and caregivers.*

The COVID-19 pandemic has resulted in substantial shifts in healthcare practices and policy, including the implementation of blanket visitor restrictions that prohibit access for essential care partners in hospitals, long term care and congregate care settings. Prior to COVID-19, family presence policies were embedded in the majority of hospitals across Canada, with a Canadian Foundation for Healthcare Improvement study showing 73 percent of surveyed hospitals in January 2020 had accommodating policies. This openness to caregiver presence dropped dramatically with COVID-19 and none of the hospitals surveyed again in March 2020 had accommodating policies.[1]

While the blanket visitor restrictions were implemented in the early days of the pandemic due to fear of increased transmission of COVID-19, the published evidence linking visitors' and caregivers' presence to COVID-19 infection rates is limited.[2,3,4,5,6] These restrictive policies may not have not balanced all the potential risks, and what is emerging is the unintended harm to patients and residents across multi-jurisdictional healthcare settings, including issues of patient safety and quality of care, quality of life, continuity of care, outcomes, and emotional and psychological distress for patients, family and staff.[7,8,9,10,11]

Blanket visitor restrictions refer to restrictions that extend to all "visitors" entering a facility, often without exceptions, including essential care partners.

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 maker.

Family caregivers/care partner may include relatives and non-relatives as defined by the patient.

Open family presence policies support the presence of family caregivers to be at the patient bedside at any time, i.e. not restricted by "visiting hours."

Patient- and family-centred/partnered care is an approach to the planning, delivery and evaluation of healthcare that is grounded in mutually beneficial partnerships among healthcare providers, patients, families and caregivers.

The Canadian Foundation for Healthcare Improvement and the Canadian Patient Safety Institute partnered to conduct a "policy lab" to develop policy guidance to support a safe and consistent approach for reintegrating essential care partners back into healthcare facilities, long-term care and congregate care settings during a pandemic. This co-design policy process brought together people with a diverse range of expertise and COVID-19 related experience – including policy makers, healthcare administrators, providers, patients, families and caregivers. Over a series of sessions, we worked through a unique, iterative and rigorous methodology to co-develop policy guidance on the reintegration of care partners as essential care providers, and potential solutions for its implementation.

* This document is meant to reflect many settings where people receive care, including healthcare facilities, long-term care and congregate care settings. For the purposes of this report, "patient" also includes clients and residents.

The underpinning expectation is that essential care partners are valued and important to patient care. This work builds on a previously published report – Re-Integration of Family Caregivers as Essential Partners in Care in a Time of COVID-19 – and provides practical examples for implementing policy guidance. This policy guidance offers a balanced approach to the reintegration of essential care partners in a way that is safe, recognizing the many risks that exist, while continuing to embody the principles of patient- and family-centred and partnered care.

The issue of family caregiver presence as essential care partners is multi-jurisdictional and there are similar concerns, challenges and opportunities for policy conversation across the hospital sector, long-term care and other congregate care settings. The policy lab participants were largely from the hospital sector, however the evidence, research and insights that were drawn on to establish this policy guidance indicates that the essential care partner role is a foundational principle across all settings where care is provided.[12,13,14] As such, this report is intended for healthcare leaders across Canadian healthcare systems in all settings and facilities.

Guiding Principles

Three key principles are foundational for the successful reintegration of essential care partners:

1. Differentiate between visitors and family caregivers as essential care partners

In an effort to reduce COVID-19 transmission during the early days of the pandemic, restrictions were placed on all “visitors” entering healthcare facilities and congregate care settings. These restrictions failed to differentiate between the role of visitors and that of essential care partners.

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.

2. Recognize the value of caregivers as essential care partners

Essential care partners provide critical services to Canada’s healthcare system, contributing up to $66.5 billion annually in unpaid care to patients in hospital, long-term care, congregate care settings and home care.[15] There is clear evidence that the presence and engagement of patients in their care, and partnership with essential care partners, improves patient and staff experience, safety and outcomes.[16,17,18,19,20]

3. Ensure patients, families and caregivers have a voice in the development of policies related to visitors and essential care partners

A fundamental premise of a healthcare system that values patient- and family-centred and partnered care is the engagement and partnership with patients, families and caregivers in the design of programs, practices, and policies. Authentic engagement that includes all partners at the table is essential for a comprehensive, fair, and balanced approach to policy development going forward.

Policy Guidance

Different contexts exist for the various healthcare, long-term care and congregate care settings, including the local contexts of community spread. Access for essential care partners to be physically present with patients should be the baseline for policy and practice across all settings. Where this is not possible clear protocols should be in place to support essential care partners to provide physically distanced care as an interim measure.

The following policy guidance for the reintegration of essential care partners focuses on two key areas where barriers to consistent and supportive access of caregivers have been noted: 1) identification and preparation of essential care partners and 2) entry into the facility.

Table 1: Policy Guidance for Reintegrating Essential Care Partners

I. Identification and preparation of essential care partners (ECPs)	
Develop mutual expectations of responsibilities	• Ensure patients understand what an ECP is and are welcomed to identify their own ECPs • Establish process and roles to connect ECP with a staff point-person for consistent coordination
Establish pre-entry preparation for ECP	• Ensure consistent and ongoing information and education for ECPs regarding safety protocols required for entry (including infection control and prevention practices, hand hygiene and personal protective equipment [PPE])
Establish staff education to understand roles and safety protocols for ECPs	• Ensure there is education and clear communication for staff regarding the role and value of ECPs and their safe re-entry
Establish a rapid appeals process	• Communicate a clear and transparent appeals process to patients and ECPs so concerns can be quickly raised and addressed.
II. Entry into facility	
Establish a clearly communicated screening process	• Implement a consistent screening process with relevant, evidence-informed protocols and questions • Ensure clear communication regarding what is expected at screening • Create an opportunity for different methods of pre-entry screening (for example online in advance) and provide information on expected safety protocols.
Establish caregiver IDs for ECPs	• Institute processes that clearly identifies ECPs • Connect these processes with supportive education for safety protocols and PPE processes
Ensure ECPs are informed about existing and updated infection prevention and control protocols	• Provide an opportunity for ongoing updates to ensure ECPs are aware of recent safety protocols and processes.

Examples of policy solutions to put this guidance into action are outlined in table 2 and table 3 in this report. Appendix A includes resources that support implementation of this policy guidance. Changes made to, and communication of, processes and policies should be co-developed with patients, families, essential care partners and staff to ensure their efficiency and effectiveness.

As the pandemic continues, learning from wave 1 of COVID 19 is imperative to limit harm and known risks associated with restricting essential care partner access. It is important to recognize the valuable role essential care partners bring to patients and their care teams are upheld in a healthcare system that truly partners with patients, families, and caregivers for safe and high-quality care.

POLICY GUIDANCE FOR THE REINTEGRATION OF CAREGIVERS AS ESSENTIAL CARE PARTNERS

Overview

This report offers policy guidance to support a safe and consistent approach for the reintegration of family caregivers as essential care partners across multi-jurisdictional healthcare facilities (including hospitals, long-term care and other congregate care settings). This guidance aims to inform and support those who are developing and implementing policy regarding the presence of essential care partners, including health ministries, regional health authorities, healthcare system and long-term care administrators and leaders. This policy guidance offers a balanced approach to the reintegration of essential care partners in a way that embodies the principles of patient- and family-centred and partnered care with infection prevention and control considerations.[21]

The content of this report is the result of a policy lab held in multiple virtual sessions through the summer and early fall of 2020. The policy guidance in this report forms the foundation for future programming of the newly amalgamated organization that brings together the Canadian Foundation for Healthcare Improvement and Canadian Patient Safety Institute. The program will support healthcare institutions – including hospitals, long-term care and other congregate care settings – to safely welcome back essential care partners.

Context

The COVID-19 pandemic created major changes throughout the world, including substantial shifts in healthcare policy and practice in Canada. Considerable fear regarding transmission of COVID-19, particularly in the initial stages of the pandemic, resulted in significant changes in visitor policies in many care settings that largely prohibited essential care partners from having access to their loved ones. A Canadian Foundation for Healthcare Improvement study showed in January 2020, 73 percent of surveyed hospitals had open family presence policies.[22] By mid-March, the situation changed dramatically due to COVID-19. While there were some specific patient exceptions, none of the hospitals in a follow-up study had open family presence policies.[23] Healthcare organizations previously restricted visitors during respiratory outbreaks, such as Severe Acute Respiratory Syndrome (SARS).[24,25] However, the blanket visitor restrictions that occurred at the beginning of the COVID-19 pandemic were largely unprecedented.

In an environmental scan conducted in May 2020 of publicly available provincial and territorial directives released through ministries and/or medical officers of health, it was evident that guidance had been led by provincial/territorial pandemic task forces and command tables. It appeared the intent by government was to ensure tight control of potential COVID-19 transmission and consistency through provincial level directives. However, the resultant blanket visitor restrictions failed to distinguish between a visitor and that of a family member and/or caregiver who actively participates and partners in patient care – an essential care partner.

Healthcare leaders and providers, patients and caregivers, have reported significant unintended consequences as a result of these restrictive policies, including issues related to patient safety, quality of care and emotional and psychological distress.[26,27,28,29] Anecdotally, some patients reported avoiding emergency departments or hospital admissions due to blanket visitor restrictions. Staff noted increased workload and patient/family complaints. Some staff experience moral distress from having to abide by restrictions that separate patients and loved ones.[30,31,32]

There is clear evidence that family caregiver presence through essential care partners is important to the physical care needs and the psycho-social wellbeing of residents in long-term care and congregate care settings.[33,34] Restrictive visiting policies that have limited the presence of essential care partners due to concerns of COVID-19 transmission have not been balanced with the risks and harm related to the social isolation to resident health,

physical safety and quality of life. There is a need to properly assess and identify the risks to patient wellbeing, safety, and outcomes and to ensure a balanced approach to policy.[35] Across all sectors, there is a need for evidence-based guidance, directives and policy about essential care partner presence.

Inconsistent Approaches and Policies to Family Caregiver Presence

The published evidence linking visitors' and caregivers' presence to COVID-19 infection rates is limited but there is mounting evidence to suggest unintended harm as a result of blanket visitor restrictions.[36,37,38] Some provincial and territorial guidance is being adjusted accordingly and restrictions on visitors and essential care partners clarified. For example, some guidance specifies the role of essential care partners, when they can visit and for how long, and the number of caregivers permitted access. However, approaches that support access for essential care partners across healthcare settings continues to be inconsistent. This variation is influenced by a multitude of factors – for example the level of community transmission, continued concern that family caregiver presence poses a risk for transmission of COVID-19 and the availability of resources (including personal protective equipment and staff to support family caregiver presence).[39,40]

At times staff may make "in-the-moment" decisions about essential care partner presence in emergent or critical situations, as patients enter the emergency department, or during a facility outbreak. These situations are further complicated by inconsistent appeals processes and the application of existing directives across interjurisdictional healthcare facilities. In some cases, caregiver access is offered through virtual means such as tablets and phones, which may be a viable option for some who are geographically distanced or have other circumstances where they cannot be presence. Optimally, these different modes of connection may be complementary to the physical presence of essential care partners and responsive to patients' and caregivers' needs. However, virtual means does not work for all patients and can create additional staff workload and exacerbate healthcare inequities inconsistencies.[41]

We have synthesized evidence that demonstrates the change in open family presence and patient and family-centred and partnered policies over the past few years, as well as the evidence that supports the valued role of essential care partners. Also included in the evidence brief is a review of current literature related to transmission risk and family caregiver presence, and emerging evidence of the impact of blanket visiting policies on patients, families, caregivers and providers.

Policy Lab Approach

The CFHI and CPSI conducted a policy lab to create policy guidance for the safe reintegration of essential care partners into healthcare facilities. Through multiple virtual sessions of the policy lab, we co-developed guidance with a diverse range of people with expertise and COVID-19 experience – including policy makers, hospital administrators and leaders, providers, patients and essential care partners – who provided insights and input to form the foundation of this policy guidance. The methodology of the policy lab is detailed in Appendix B.

The policy lab builds on longstanding work in family presence including the Better Together campaign and programming, a webinar on family and caregiver presence during COVID-19, and work with an expert advisory group to co-develop the report Reintegration of Family Caregivers as Essential Partners in Care.

Note: The participants in this policy lab were largely experienced in the hospital sector, however through our collaborative work in long-term care it has become clear the issues, priorities and guidance relate to a broad range of healthcare settings where presence of essential care partners is important.

Guiding Principles

Three foundational principles were identified when developing the policy guidance to reintegrate essential care partners: the differentiation between visitors and essential care partners; recognition of the value of essential care partners; and ensuring that patients, families, caregivers have a voice in the development of policies related to visitors and essential care partners.

1. Differentiate between visitors and caregivers as essential partners in care

In the early weeks of the COVID-19, guidance from medical officers of health, provincial and territorial ministries of health, and regional health authorities recommended that, with some specific exceptions (e.g., mothers giving birth, persons at the end of life, and pediatric patients), all "visitors" be restricted from entering hospitals and congregate care settings. These visitor restriction policies failed to differentiate between the role of visitors and essential care partners.

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.

2. Recognize the value of caregivers as essential care partners

The literature is clear and supports the important role of caregivers as essential care partners. Caregiver presence directly impacts the physical, psychological, emotional well-being and safety of patients.[42,43,44] Essential care partners provide critical services to Canada's healthcare system across many jurisdictions (including hospitals, long-term care, other congregate care settings and in home care), contributing up to $66.5 billion annually in unpaid care to patients in hospital, long-term care and home care.[45] Caregiver presence improves patient safety, reduces harm, and improves patient outcomes and care experience.[46] The presence of essential care partners also contributes to better staff morale and communication between healthcare teams and patients.[47,48]

Policy lab participants perceived that decisions that led to blanket visitor restrictions did not fully appreciate the impact and value of essential care partners and did not fully account for the evidence supporting caregiver presence. Compounding these decisions in the early weeks of the pandemic was the uncertainty of the epidemiology, perceived risk of COVID-19 transmission and concerns regarding facility resource availability (including personal protective equipment). It was also noted that early policy guidance that led to rapid restrictions of visitors was developed in the absence of collaboration with patients and caregivers.

Participants recognized a return to open family presence policies would not be easy during a pandemic, especially with increased protocols related to screening, infection prevention and control procedures, personal protective equipment availability and the need to minimize the risks for community transmission. However, they emphasized the need for a balanced approach that recognizes other risks that have emerged as a result of restrictive policies. Essential care partners are "more than a visitor" and have a critical role in the safe provision of care in a patient- and family-centred and partnered healthcare systems.

3. Ensure patients, families and caregivers have a voice in the development of policies related to visitors and essential care partners

A fundamental premise of a healthcare system that values patient- and family-centred care is the engagement and partnership together with patients, families and caregivers in the design of programs, practices, and policies. While the literature continues to emerge related to patient engagement and partnership at all levels across the health system, noted outcomes have included: improved organizational culture, improved care, improved experiences and outcomes for patients, caregivers and providers, better adherence to treatment regimes and lower healthcare costs.[49,50] Ensuring all partners, including patients, families, and caregivers, are involved in meaningful and intentional ways to co-develop policy moving forward will ensure a more comprehensive approach that balances the many risks and harms that need to be considered within a patient- and family-centred and partnered healthcare system.

Detailed Policy Guidance

Policy lab participants co-developed a map for reintegration of essential care partners, which 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 (see appendix C for the process of the map development and figure 1 for the map). The policy guidance is based on this map.

The map is divided into three main phases:

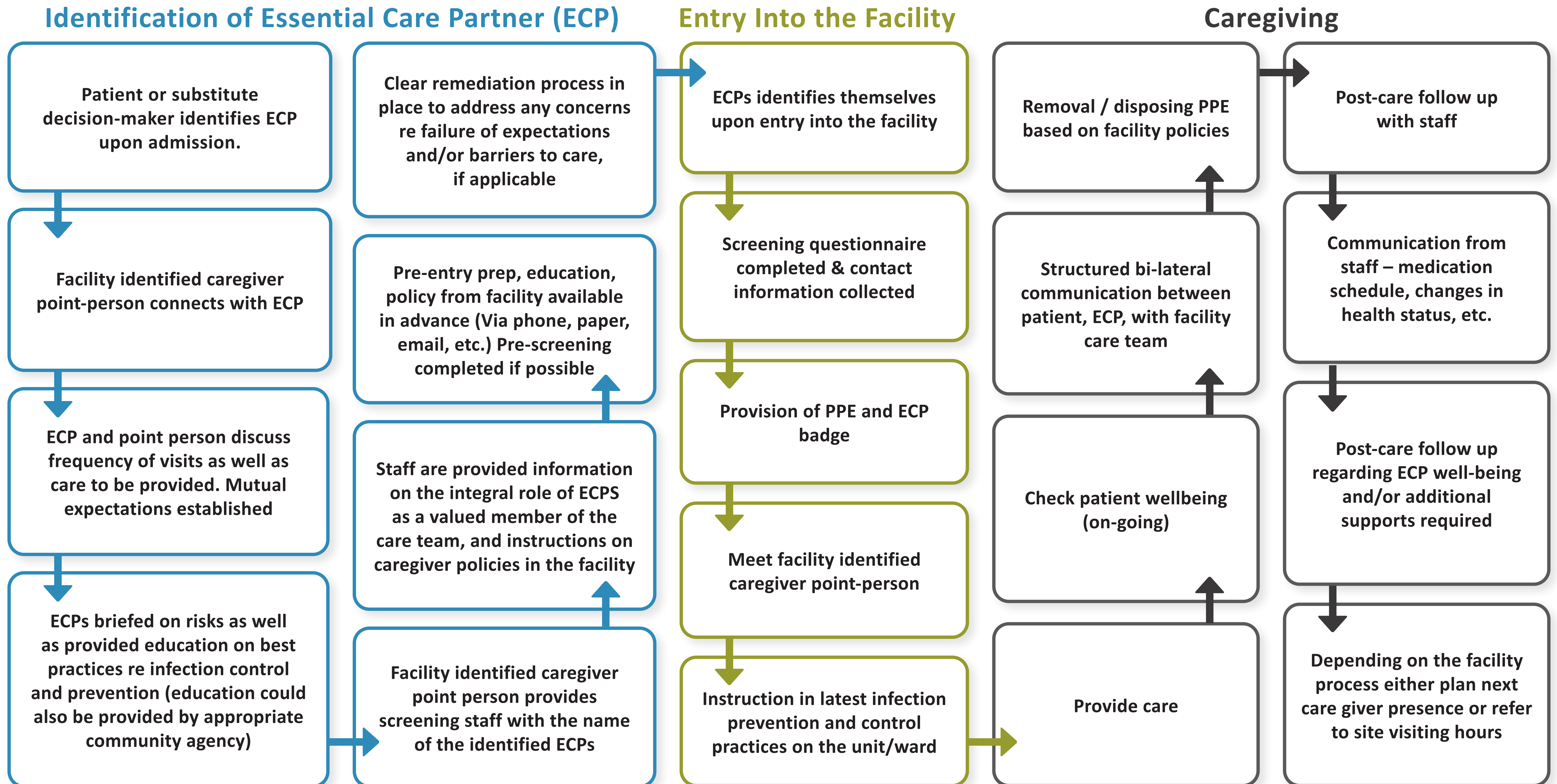
I. Identification of caregivers as essential care partners
II. Entry into the facility
III. Caregiving

This policy guidance focuses on the first two phases of the map due to the barriers facing consistent and supported re-integration of essential care partners. Participants felt best practices and protocols for caregiving itself were well established and had not significantly changed with COVID-19.

A philosophy that values patient and family partnerships and is supportive of the role of essential care partners is fundamental to healthcare delivery and remains just as relevant in challenging times. First and foremost, participants recommended that the default policy and practice should enable essential care partners to be physically present. Where this is not possible (for example if there is an active COVID-19 outbreak on the unit or a temporary lack of personal protective equipment) the healthcare facility should establish a clear protocol for physically distanced care where the essential care partner is supported to actively participate with the care team. This participation may occur through virtual means such as phone, video conference or email and should be considered a short term or interim measure.

Changes made to processes and policies, and the communication of these policies, need to be co-developed with patients, families, caregivers and providers in order to meet everyone's collective needs. Patient and family advisory councils and institutional networks of patient and caregiver partners are good starting points for this design process in times of crisis.

Figure 1: Map for Reintegration of Caregivers as Essential Care Partners



I. Identification and Preparation of the Essential Care Partner

The first phase outlines key steps to create a positive caregiver experience and corresponds with policy guidance to identify and prepare essential care partners for safe reintegration.

1. **Develop mutual expectations: identify essential care partner(s) and establish a point of contact**
   Policy guidance:
   - Ensure patients understand what an essential care partner is and are welcomed to designate their own essential care partners.
   - Establish processes and roles to connect essential care partners with a staff point-person for consistent coordination of responsibilities and expectations.

Patients should be encouraged to identify their essential care partners. Once identified, a facility staff person (or people) who is designated as a point person for essential care partners ensures smooth and effective coordination of the essential care partner responsibilities, provides supportive education with information regarding infection prevention and control measures, and offers clear and consistent communication. In addition, the point person could liaise with staff to ensure they are aware of who the essential care partners are, highlight relevant policies and provide guidance in the case of any conflicts. Currently there is often no single source of information for essential care partner policies and practices, causing unnecessary confusion for patients, essential care partners and staff.

2. **Pre-entry Preparation of Essential Care Partners:**
   Policy Guidance:
   - Establish consistent and ongoing mechanisms for essential care partner education regarding safety protocols required for entry (including but not limited to infection control and prevention practices, hand hygiene, use of personal protective equipment and organization and unit-specific safety processes).

Supportive education for essential care partners related to infection control practices includes the provision and use of personal protective equipment when necessary, hand hygiene and organization/unit-specific protocols and processes. This education needs to be flexible and respond to the differing levels of health literacy, cultural and language needs of caregivers as well as differing risk profiles of patients. It should be offered in various formats, times and frequency. An effective education program will reduce fear for both staff and caregivers and provide a balanced approach for the safe re-entry of essential care partners.

3. **Staff education to understand roles and safety protocols for essential care partners:**
   Policy guidance:
   - Establish education and clear communication for staff regarding the role and value of essential care partners and their safe re-entry.

There was and is a great deal of anxiety among healthcare providers and staff, and in some cases, patients and caregivers, about contracting COVID-19. There are concerns that additional individuals in healthcare facilities may increase sources of infection. In line with fostering an organizational philosophy that embraces principles of patient- and family-centred and partnered care, it is important for leaders and staff to continue to recognize the widely accepted role and benefits of caregiver presence and welcome their physical presence as essential care partners. Staff concerns or fears may be alleviated through appropriate education and communication strategies to ensure that essential care partners are properly and methodically identified, screened, educated in facility-specific COVID-19 safety protocols.

4. **Establish a rapid appeals process**
   Policy guidance:
   - Establish and communicate a clear and transparent appeals process for patients and essential care partners so concerns can be quickly raised and addressed.

Healthcare facilities should ensure patients and essential care partners have access to a transparent and timely appeal or dispute resolution process to resolve disagreements about essential care partner access. This process needs to allow for regional flexibility based on risk. The appeals process should be lean and publicly available so caregivers can understand the decisions related to access. A clear and transparent process will help reduce potential conflicts and avoid putting essential care partners or staff in untenable positions.

How to Take Action: Examples of Policy Solutions for the Identification and Preparation of Essential Care Partners

Table 2 provides examples of policy solutions participants developed to address different phases of the map for reintegration related to the identification and preparation of essential care partners. The policy solutions are not intended to be prescriptive, but instead outline some potential implementation ideas. What works best will depend on the local context of the organization implementing the guidance. See Appendix A for further resources.

Table 2: Examples of Policy Solutions for the Identification and Preparation of the Care Partner

Related policy guidance	Examples of how to take action on policy guidance

• **Identification of essential care partner**
• **Develop mutual expectations: identify essential care partner(s) and establish a point of contact**
  ◦ Ensure patients understand what an essential care partner is and are welcomed to designate their own essential care partners.
  ◦ Establish processes and roles to connect essential care partners with a staff point-person for consistent coordination of responsibilities and expectations.
• **Establish a rapid appeals process**
  ◦ Establish and communicate a clear and transparent appeals process for patients and essential care partners so concerns can be quickly raised and addressed.
	• Develop an essential care partner guidance framework that provides clarity for decision making. Key principles include the following:
	  ◦ Caregivers are identified as essential care partners by the patient or substitute decision maker
	  ◦ Default is that essential care partners should have unrestricted access (framework determines what is possible based on risk)
	  ◦ Framework must be clear, transparent and accessible to all patients, essential care partners and staff
	  ◦ There must be a clear appeals and dispute resolution process associated with the framework
	  ◦ Allow for regional flexibility based on risk (for example the current context of community spread)
	  ◦ Identify a process for monitoring and education/re-enforcement of mutual obligations
	  ◦ Identify a staff member(s) to coordinate the caregiver identification process. This role may be taken on by screeners, ward clerks, patient relations staff or others already involved in coordinating activities within the hospital/faculty.
	• Develop a mutual obligations charter:
	  ◦ Provide guidance on how the healthcare facility will support essential care partners: clarifying roles and responsibilities, required personal protective equipment and safety processes/protocols specific for the organization/unit
	  ◦ Charter may be used as a supportive educational tool for staff and essential care partners

Related policy guidance	Examples of how to take action on policy guidance

• **Pre-entry preparation of essential care partners**
  • Establish consistent and ongoing mechanisms for essential care partner education regarding safety protocols for entry (including infection control and prevention practices, hand hygiene, use of personal protective equipment, organization and unit-specific safety processes).
	• Provide supportive education for essential care partners to receive information regarding safety protocols/processes in different formats so they can feel prepared for entry (for example via online caregiver portal, written, video or in-person formats):
	  • Allow essential care partners to schedule their time
	  • Provide access to required resources and education
	  • Enable essential care partners access to staff point-person for any questions or concerns
	  • Use similar education content for essential care partners as for staff to align infection control and prevention practices and use of personal protective equipment
	  • Co-develop education with patient partners/Patient and Family Advisory Councils so it is relevant and clear to all involved
	  • Align with the risk level on the specific unit (such as face-to-face education and training on wards where COVID-19 is present or where people are immunocompromised).
	• Essential care partner education may contain:
	  • Basics of safely moving around the facility and physical distancing
	  • Specific personal protective equipment requirements
	  • Facility layout
	  • Expectations regarding role and number of essential care partners
	  • Facility/unit-specific safety protocols
	  • Hand hygiene protocols
	  • Procedures based on types of care provided

• **Staff education to understand roles and safety protocols for essential care partners:** • Establish education and clear communication for staff regarding the role and value of essential care partners and their safe re-entry.	• Shared education with patients, essential care partners and staff on partnering in care can ensure mutual respect concerning the value of family presence in patient care and impact on health outcomes (rather than risk) • Create a shared understanding and expectation that family caregivers are part of care team – and that they should remain so, “formalizing” their role and support through the education.

II. Entry into the Facility

Policy guidance related to the second stage of the map for reintegration of essential care partners focuses on the point of entry into the facility (see figure 1). Like the identification process, the entry process needs to be clear, accessible and respectful.

1. **Screening process**
   Policy guidance:
   - Implement a consistent screening process with relevant and evidence-informed screening protocols and questions.
   - Provide clear communication regarding what to expect at screening.
   - Create an opportunity for different methods of pre-entry screening (such as online and in advance) and provide information on expected safety protocols.

It is paramount to reduce vectors of transmission when entering an environment with medically vulnerable people, especially during a pandemic. Screening processes ensure everyone - including healthcare providers, administrators, staff and essential care partners – entering a healthcare institution is symptom free. Contact information needs to be collected for tracing purposes as per public health guidelines.

Screening processes need to be clearly communicated to everyone entering the facility so expectations are known. This includes the key screening protocols and questions, which should be evidence-informed based on the most recent literature and best practices. There should also be clarity in the different ways screening may be done, such as self-screening prior to arriving at the facility and/or in person at the time of entry. Consistency is important so screeners at the facility are methodical with everyone entering. Screening provides an opportunity for essential care partners to identify themselves, which in some cases can be with the patient as they are enter the facility.

2. **Essential care partner identification processes**
   Policy guidance:
   - Institute processes that clearly identify essential care partners.
   - Link identification processes with supportive education and ensure appropriate personal protective equipment has been provided.

Before COVID-19, some organizations had already instituted formal caregiver identification (ID) programs. ID processes remain relevant during the pandemic so staff can identify who is in the facility/on the unit and part of the care team. The provision of an ID badge or another visible icon can be linked to other processes, such as the designation of essential care partner(s) by the patient, cleared pre-entry screening and essential care partner education. This process may promote the acceptance of the role of essential care partners and alleviate staff fears as they can be confident essential care partners have been designated by patients, understand the safety protocols and are prepared to be on the unit as part of the care team.

Currently, most essential care partners provide their own non-medical masks, which is consistent with the requirements of most provinces and territories to wear masks indoors or when physical distancing is not possible. In a red zone where many COVID cases are present, or on a ward with immunocompromised patients, there may be requirements for additional personal protective equipment which should be provided by the healthcare facility. In the case of increased personal protective equipment needs, safety education would ensure appropriate donning and doffing of equipment.

3. **Review of updated safety protocols and processes**
   Policy guidance:
   - Provide an opportunity for ongoing updates to ensure essential care partners are aware of recent safety protocols and processes.

Connecting essential care partners with a staff point-person as they enter a facility provides an opportunity for essential care partners to receive updates on relevant infection control and prevention practices and ask questions or clarify details on protocols. This additional touchpoint contributes to ensuring safety protocols are understood and applied.

How to Take Action: Examples of Policy Solutions to Support Entry Into the Facility

Table 3 provides some examples of the policy solutions that policy lab participants developed to support the entry to the facility phase of the essential care partner journey. These policy solutions are not intended to be prescriptive and outline some potential implementation ideas. What works best will depend on the local facility specific context. See Appendix A for further resources.

Table 3: Examples of policy solutions to support entry into the facility

Related policy guidance	Examples of how to take action on policy guidance
• **Screening process** ◦ Implement a consistent screening process with relevant, evidence-informed screening protocols and questions ◦ Provide clear communication regarding what to expect at screening ◦ Create an opportunity for different methods of pre-entry screening (e.g. online and in advance) and provide information on expected safety protocols.	• Create consistent screening communications specifically for essential care partners ◦ Co-develop communication tools with patient partners/ Patient and Family Advisory Council to outline relevant information regarding safety protocols and policies ◦ Ensure communication is accessible to everyone, recognizing differing levels of health literacy and cultural/ linguistic needs ◦ Screening processes need to be clear and consistent, with opportunities to complete screening in different formats (for example pre-entry) ◦ Contact information is required for tracing purpose
• **Essential care partner ID process** ◦ Institute processes that clearly identify essential care partners. ◦ Link identification processes with supportive education and ensure appropriate personal protective equipment has been provided.	• Provide an ID badge to clearly identify essential care partners ◦ Where possible, integrate the ID card system into an electronic system similar to staff processes ◦ The ID card would contain contact information and enable after-hours access to the building as needed
• **Review updated safety protocols and processes** ◦ Provide an opportunity for ongoing updates to ensure essential care partners are aware of recent safety protocols and processes.	• Essential care partners should have the opportunity to meet with the staff point-person as they enter the facility ◦ Develop consistent communication for essential care partners when they enter the facility/unit including wayfinding ◦ Co-develop communication approaches with patient partners/Patient and Family Advisory Council to ensure clear, relevant, accessible and culturally appropriate communication ◦ Use quality improvement techniques to evaluate and improve the process

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APPENDIX A: KEY RESOURCES TO TAKE ACTION ON POLICY GUIDANCE

1. Better Together Change Package
2. Care Partner Presence Policies During COVID-19: Considerations for Hospitals in Anticipation of Changes to Temporary Restrictions for Care Partner Presence During COVID-19. Ontario Hospital Association
3. CFHI Provincial and Territorial Guidance and Directives - Scan
4. CFHI Federal, Provincial and Territorial Guidance on Family Presences and Visitation Scan
5. Coronavirus COVID-19 BC Centre for Disease Control – BC Ministry of Health: COVID-19 Ethical Decision-Making Framework
6. Hotel Dieu Grace Healthcare – HDGH Patient Visitation Plan: Phased Approach to Reintroduction of Visitation
7. Finding the Right Balance: An Evidence-Informed Guidance Document to Support the Re-Opening of Canadian Nursing Homes to Family Caregivers and Visitors during the Coronavirus Disease 2019 Pandemic
8. Huron Perth Health Alliance – Family and Caregiver Presence Guidelines
9. McMaster University Continuing Education: Caregiving Essentials
10. Patient Ombudsman Special Report – October 2020. Honoring the voices and experiences of Long-Term Care Home residents, caregivers and staff during the first wave of COVID-19 in Ontario.
11. Planetree: Person Centred Guidelines for Preserving Family Presence During Challenging Times
12. Saskatchewan Health Authority Framework
13. Shared Health Manitoba – COVID-19 Ethics Framework. Information for Providers
14. The Caregiver Identification (ID) Program and Family Presence Policy. The Change Foundation (Ontario)
15. The Ottawa Hospital Education - Personal Protective Equipment for Family Caregivers (Donning/Dofng PPE: COVID-19 Simulations from the Ottawa Hospital)

APPENDIX B: POLICY LAB METHODOLOGY

Twenty-nine participants from across Canada (4 participants from Atlantic Provinces, 10 Central Canada, 11 Prairie Provinces, 3 West Coast, and 1 Northern Territories) and one participant from the United States of America, collaborated to co-design policy guidance for the reintegration of caregivers as essential partners in care.

The policy lab process adopted a Double-Diamond style methodology to collaboratively create policy tools. This process puts the people using and applying policies in the centre of the design. It involves using creative approaches (including adapted Liberating Structures techniques) to explore the issues more widely (also called divergent thinking) and then focusing on potential solutions (convergent thinking). The virtual policy lab used a systemic design approach to policy development that enabled participants to fully understand the system and leverage points in order to develop policy which works for those who make, implement and experience policy.

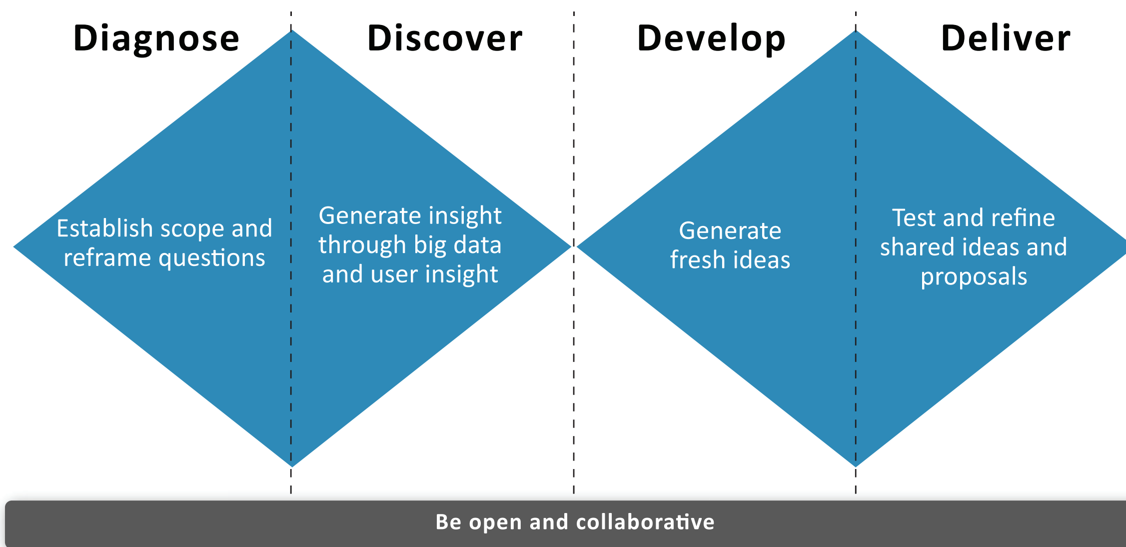

Figure 2 A visual of the Double-Diamond methodology which has been adapted and popularized by the UK Design Council

A range of facilitation tools and techniques were used over five sessions to develop better policy together with patients, caregivers, healthcare providers, policy makers and healthcare leaders. Leaning on the design thinking way of solving problems, the following steps were taken:

1. Key informant interviews: We conducted interviews with 12 people including patients with lived experience of COVID-19, caregivers, providers and decision-makers from across Canada to learn the what they do and need in relation to the role of essential care partners and further our understanding of the impact of blanket visitor restrictions in hospitals.
2. Mapping the journey of an essential care partner: We applied interview insights and research data to map the journey of an essential care partner entering a hospital amidst the pandemic. Specifically, the needs and pain points noted at every point of the journey.
3. Identification of “pain points:” Looking at the whole mapped experience, key pain points were identified to be addressed with the reintegration of a family presence policy.
4. Development of policy options: Multiple policy options were developed using a policy canvas for each identified pain point. A policy canvas is a template that brings the needs and pains in the system, options and implications/results of a policy in one place, helping inspire and align policy needs with outcomes.
5. Simulation testing of policy options: Potential options were tested through simulations of what the essential care partner journey would look like if such policy options were implemented. This helped to iron out inconsistencies and identify blind spots and made the policy guidance more rigorous and responsive to on-the-ground realities.

APPENDIX C: KEY STEPS TO DEVELOP THE MAP FOR REINTEGRATION OF ESSENTIAL CARE PARTNERS

A key component of the policy lab was the development of a multi-layered map of what reintegration of essential care partners looks like. This exercise considered the perspectives and experiences of policy makers, policy implementers and those impacted by policies. This approach provided an understanding of the “user experience” in parallel with the experience of policy makers, healthcare system leadership and healthcare providers.

The Map for the Reintegration of Essential Care Partners offers a visual construction of the key actions and policy guidance that policy lab participants deemed necessary to reintegrating essential care partners (see figure 1).

1. Describe family caregiver/care partner experience. Identify key points in the story of caregiver access.
2. Describe key points of the family caregiver/care partner experience in more detail. Focus on emotion and feelings that parallel the journey.
3. Highlight where experiences were good or poor, and what might have been different.
4. Describe the decisions, policies, practices and actions that policy makers and implementers may have made or put in place at different key points of the experience map.
5. Reflect. Review. Ask questions for clarification. Describe what might have been different.
6. Celebrate the development of the j map and thank all who participated for their insights.
7. Develop the experience-based map based on the conversations. Review with the people who provided input.
8. Validate the map with organizations, healthcare system leaders, patient/family/caregivers outside of the participant group.
9. Identify the policy guidance opportunities.