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Essential Together Tool

Identifying Strengths and Improvements to Reintegrate Essential Care Partners



About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) is an organization with a relentless focus on improving healthcare, with – and for – everyone in Canada. Launched in March 2021 from the amalgamation of the Canadian Patient Safety Institute and the Canadian Foundation for Healthcare Improvement, Healthcare Excellence Canada has greater capacity to support partners to turn proven innovations into widespread and lasting improvement in patient safety and all the dimensions of healthcare excellence. We believe in the power of people and evidence and know that by connecting them, we can achieve the best healthcare in the world. HEC is an independent, not-for-profit charity funded primarily by Health Canada.

The views expressed herein do not necessarily represent the views of Health Canada.

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Essential Together Tool

Identifying Strengths and Improvements to Reintegrate Essential Care Partners

The COVID-19 pandemic has resulted in significant shifts in healthcare practices and policies, including the implementation of blanket visitor restrictions that prohibit the access for essential care partners in hospitals, long-term care, residential care and other congregate care settings.* Well into the pandemic, emerging evidence demonstrates the significant impact such restrictions are having on the quality of life and physical and emotional and psychological well-being of patients, families, caregivers, and providers, as well as on patient safety, quality of care, and outcomes.^{1, 2, 3, 4, 5}

Purpose of this tool

The purpose of the Essential Together tool is to support organizations to identify strengths and improvements to safely reintegrate essential care partners in hospitals, long-term care, residential care and other congregate care settings. It is not designed to be “pass/fail” but rather it is

intended to be a reflection guide to support critical conversations and informed decision making aligned with the policy guidance. The tool will help to identify areas for action and link you to learning opportunities and resources in Essential Together programming delivered by the newly amalgamated organization that brings together the Canadian Foundation for Healthcare Improvement and the Canadian Patient Safety Institute.

Who to involve in this reflection process?

We recommend this tool be completed in a team that includes organizational leaders, those directly delivering healthcare, patients/residents/clients and essential care partners. This does not have to be done in a setting where everyone is physically present in one room, rather video or phone conferencing would work well.

* In this context, health and care facilities refers to hospitals, long-term care/residential care/nursing homes and other congregate care settings as well as primary care and outpatient care settings.

Background

The Canadian Foundation for Healthcare Improvement and the Canadian Patient Safety Institute partnered to conduct a “policy lab” to co-develop guidance that supports a safe and consistent approach for reintegrating essential care partners back into healthcare facilities during a pandemic. This 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. We worked through a unique, iterative and rigorous methodology to co-develop the map for reintegration of essential care partners and supporting policy guidance. The Essential Together tool will help organizations determine strengths and areas for action related to implementation of this policy guidance.

Instructions

Step 1

Scan through the three sections to get an overview of the policy guidance areas for discussion. You can use this PDF and edit directly into the document or print it out and fill it in manually.

Step 2 (For each section):

Facilitator:

Lead a group discussion that will provide a range of perspectives and experiences

Select the consensus statement on a master copy of the tool. If there is a range of dissent, please note the range of outliers.

Use the comments table after each section to identify strengths and potential areas for improvement.

Participants:

Please select the appropriate statement you feel captures the organization's alignment with policy guidance to welcome and reintegrate essential care partners.

For patients/residents/clients and essential care partners, the organization refers to the location where you receive/provide care.

Identify what you see as the key strength(s) for each section as well as areas for improvement.

Step 3

Once you have completed all sections, proceed to the lessons learned section of the tool. Using the table and the guiding questions, discuss the areas where your organization can build on strengths, and where there is opportunity for improvement. This exercise is not meant to be prescriptive, but instead to help guide your organization to the appropriate tools and resources provided by Essential Together programming.

B. Identification and Preparation of Essential Care Partners

The first phase in the journey to re-integrate essential care partners entails the identification of essential care partners by patients/residents/clients, as well as their preparation to enter the health and care facility. This phase has four main steps to ensure that essential care partners are prepared to safely participate as part of the care team. See page 12 of the [Policy Guidance](#).

Policy Guidance	Action Required		
	Achieved	In Progress	Not started
Develop mutual expectations of responsibilities	Patients/residents/clients are aware of the role of essential care partners and able to identify them across the organization.	Patients/residents/clients are aware of the role of essential care partners and able to identify them in some areas of the organization.	The role of essential care partners has not been established and are not identified.
	There is a process in place across the organization to ensure consistent coordination of essential care partners.	There is a process in place in some areas of the organization to ensure consistent coordination of essential care partners.	There is no process in place to coordinate essential care partners in the organization.
Establish pre-entry preparation for ECP	There is consistent and ongoing information and education for essential care partners regarding safety protocols required for entry across the organization.	There is consistent and ongoing information and education for essential care partners regarding safety protocols required for entry in some parts of the organization.	There is no education/training provided for essential care partners before they enter the organization.
Establish staff education to understand roles and safety protocols for essential care partners	There is education and clear communication for staff regarding the role and value of essential care partners and their safe re-entry.	There is some education and communication for staff regarding the role and value of essential care partners and their safe re-entry.	There is no education or communication for staff regarding the role and value of essential care partners and their safe re-entry.
Establish a rapid appeals process	There is an appeals process for patients/residents/clients and essential care partners so concerns can be addressed quickly across the organization.	There is an appeals process for patients/residents/clients and essential care partners so concerns can be addressed quickly in some parts of the organization.	There is no appeals process in place.
Comments	Consider: What is working well? These are the strengths to build on: Even better if? These are areas or improvement:		

C. Entry into the Facility

As with the first phase, the second phase of the journey to re-integrate essential care partners has key steps. See page 15 of the [Policy Guidance](#) for more details. The statements below are designed to assess an organization’s readiness to welcome essential care partners by establishing relevant processes and protocols during entry into the facility.

Policy Guidance	Action Required		
	Achieved	In Progress	Not started
Establish a clearly communicated screening process	There is a well-communicated screening process for essential care partners that is evidence-informed and allows different methods of pre-entry screening across the organization.	There is a well-communicated screening process for essential care partners that is evidence-informed and allows different methods of pre-entry screening in some parts of the organization.	There is no/minimal screening processes in place.
Establish caregiver IDs for essential care partners	There is a process in place to identify essential care partners as members of the care team across the organization.	There is a process in place to identify essential care partners as members of the care team in some parts of the organization.	There is no process in place to identify essential care partners in the organization.
	The identification of essential care partners is connected with supportive education for safety protocols and provision of personal protective equipment across the organization.	The identification of essential care partners is connected with supportive education for safety protocols and provision of personal protective equipment in some parts of the organization.	There is no process in place to provide care partner IDs and related supportive education.
Ensure essential care partners are informed about existing and updated infection prevention and control protocols	Processes are in place to inform essential care partners of any updated infection prevention protocols and other pertinent information across the organization.	Processes are in place to inform essential care partners of any updated infection prevention protocols and other pertinent information in some parts of the organization.	There is no process in place to further inform essential care partners with updated information in the organization.
Comments	<p>Consider: What is working well? These are the strengths to build on:</p> <p>Even better if? These are areas or improvement:</p>		

Lessons Learned: Strengths and Areas for Improvement

Strengths – What are your top three strengths to build on?

How can you use these strengths to support the reintegration of essential care partners?

Areas for improvement – What are your top three areas for improvement? What is your timeline to make these changes?

What can the Essential Together programming help you do to support these improvement areas?

Moving Forward with Essential Together

We are acting on the Call to Action / We are planning to act on the Call to Action.

We are interested in the learning sessions, tools and resources offered by Healthcare Excellence Canada to support the safe reintegration of essential care partners in our organization.

We are interested in joining the Essential Together Program to access further supports such as free coaching, affinity calls, peer-to-peer learning, and other tools and resources offered by Healthcare Excellence Canada to support the safe reintegration of essential care partners.

We are interested in sharing with Healthcare Excellence Canada and others what we are doing/our resources to support the safe reintegration of essential care partners.

If you have indicated an interest in any of the above, we invite you to share your demographic information in the table below as well as the completed tool via email at Essential.Together@hec-esc.ca to better understand how we can support you. Information gathered will be confidential and will be used as part of our program evaluation. If you submit this tool, Healthcare Excellence Canada may use this data in aggregate form to analyze and share evaluation metrics of the Essential Together program. Individual results will not be shared without explicit permission.

Name:	Role:
Organization:	Care setting: Long-term care Hospital Residential / congregate care setting Other setting:
Email:	
Date completed:	

Endnotes

- 1 Goldman, Brian. "No Visitors Please: Families grapple with new COVID-19 policies that leave them cut off from vulnerable loved ones in hospital." CBC LISTEN. Audio file. (April 18, 2020). <https://www.cbc.ca/listen/live-radio/1-75-white-coat-black-art/clip/15771656-no-visitors-please-families-grapple>.
- 2 Stall, Nathan M., Jennie Johnstone, Allison J. McGeer, Misha Dhuper, Julie Dunning, and Samir K. Sinha. "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." *Journal of the American Medical Directors Association* 21, no. 10 (2020): 1365-1370.
- 3 Comas-Herrera Adelina, Salcher-Konrad Maximilian, Baumbusch Jennifer, Farina Nicolas, Goodman Claire, Lorenz-Dant Klara, Low Lee-Fay. "Rapid review of the evidence on impacts of visiting policies in care homes during the COVID-19 pandemic." Pre-print published in LTCcovid.org. (2020) <https://lccovid.org/2020/11/01/pre-print-rapid-review-of-the-evidence-on-impacts-of-visiting-policies-in-care-homes-during-the-covid-19-pandemic/>.
- 4 Hwang, Tzung-Jeng, Kiran Rabheru, Carmelle Peisah, William Reichman, and Manabu Ikeda. "Loneliness and Social Isolation during the COVID-19 Pandemic." *International Psychogeriatrics* (2020): 1-15.
- 5 Bélanger, Lynda, Sylvain Bussièrès, François Rainville, Martin Coulombe, and Marie Desmartis. "Hospital visiting policies-impacts on patients, families and staff: A review of the literature to inform decision making." *J Hosp Adm* 6, no. 6 (2017): 51-62.