

**CORPORATE POLICY & PROCEDURE  
ESSENTIAL CARE PARTNERS AT THE ROYAL  
ROHCG  
CORP X-ii – 131**

<b>ESSENTIAL CARE PARTNERS AT THE ROYAL</b>			
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**1. PURPOSE:**

To outline the process that the Royal Ottawa Health Care Group (The Royal/ROHCG) has in place to allow clients to identify an Essential Care Partner (ECP) as a member of their care team who contributes to positive outcomes in recovery and sustaining wellness through transitions.

**2. POLICY STATEMENT:**

All clients (or their Substitute Decision Makers (SDM)) may designate up to 4 individuals as their ECP. Only one ECP maybe with a client at a time, unless there are extenuating circumstance. Not every client will want or need an ECP and it is each client’s decision to make. ECPs are important members of the care team and are not subject to visitor restrictions. There may be certain instances where ECPs may not be permitted for safety reasons.

**3. SCOPE:**

This policy applies to all inpatients and staff of The Royal. **NOTE:** The Secure Treatment Unit and the Integrated Forensic Units follow unit specific protocols.

**4. GUIDING PRINCIPLES:**

It is important to distinguish between visitors and essential care partners. An ECP is someone who may provide a range of individualized supports, including but not limited to, support with feeding, mobility, personal hygiene, cognitive stimulation, communication,

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meaningful connection, relational continuity, etc. They are part of the care team and are defined by the client.

ECPs, families and friends play an important role in the care, quality of life and well-being of clients. An ECP is a support person whose presence is considered essential by the client to their safety and well-being while they are in the hospital or receiving care and services in an outpatient setting. An ECP is different from a social visitor or a paid support worker and most often they are family or close friends of the client who typically know the client's health history, lifestyle and personal values. Having a familiar person available to clients to provide different types of support can improve health outcomes. The ECP designation provides a consistent and equitable way for clients to have access to this support as safely as possible and is consistent with evidence-based best practices, the flexible client-integrated team-based care model and the Royal's strategy to innovate and shape care to client and family needs. ECPs serve as valuable members of the care team. They augment the care provided to their loved one.

## **5. DEFINITIONS:**

***Essential Care Partner (ECP):*** is a support person to which the client or SDM has consented, and whose presence is considered essential to the emotional, psychological and physical wellbeing of a client while they are in the hospital. This can include, but is not limited to:

- Providing team members with valuable context and observations to support their care, recovery and wellbeing.
- Support in decision-making, care coordination, continuity of care and physical care.
- Advocate for their loved one.
- Informing the care team when a change in the client's baseline status is observe
- Provide emotional and cognitive support
- Participate in planning their care while in the hospital and transitioning back into the community to support adherence to the care plan, continuity of care and sustained wellness.
- Helping them use technology to connect with friends or loved ones
- Helping them eat, move around, bathe, communicate etc. as needed
- Providing supports to the client in meaningful ways that are defined by the client. I.e. support decision-making and in achieving their recovery and wellness goals.
- Participating in client and family education

Most often, ECPs are family or close friends of the client, who typically know the client's health history, lifestyle and personal values.

***Visitor:*** includes any person identified by the client (or substitute decision maker) as important in their life.

## **6. PROCEDURE:**

**6.1** The client (or their SDM) chooses up to 4 individuals to be designated as their ECP. (***Appendix 1***)

**6.2.** The clinical manager/delegate, in consultation with the client's most responsible physician (MRP), carefully assesses each ECP request for client/unit safety and clinical

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concerns. Care teams will work with clients to understand needs, concerns, and identify a plan for their ECPs. Safety and client care goals may necessitate the moderation of visits and the use alternative strategies to address client concerns. It is understood that ECPs are essential, and provided that there is not a repeated regression of health due to the presence of the ECP, access will not be restricted other than as outlined in **6.3**.

**6.3** The unit clerk and manager registers the person as an ECP. A note on the Summary page of the EHR indicates the ECP(s). In exceptional circumstances, where there is an outbreak or other overriding health and safety concern that cannot be mitigated, it may be necessary to restrict ECPs. The number of ECPs on a unit may need to be restricted due to Infection Prevention and Control (IPAC) protocols or other safety measures. All efforts will be taken to minimize the restrictions and restore access as quickly as possible.

**6.4** Training/education will be provided to the ECPs to support them to safely perform their role and serve as a value-creating member of the care team. Training may include IPAC specific, unit specific or content specific training. The Family Advisory Council may provide recommendations for training needs that empower the ECP to more effectively interface with the care team and provide support to the client.

**6.5** The Royal is committed to a psychologically safe environment for clients, staff, visitors and ECPs. The Royal will not tolerate racism, verbal abuse, aggression and/or physical violence and these are grounds for immediate removal of the ECP(s) from the premises.

**6.6 Accessibility:** Persons who require accommodation are recommended to review The Royal's external website for information on The Royal's Accessibility program prior to visiting.

**7. RELATED PRACTICES AND/OR LEGISLATIONS:**

*Ontario OH&S Act and Regulations*

*Ontario Human Rights Code*

*Accessibility for All Ontarians with Disabilities Act (AODA)*

*Health Care Consent Act, 1996*

*Personal Health Information Protection Act, S.O. 2004, c. 3, Sched. A*

*Regulated Health Care Professions Act, 1991, S.O. 1991, c. 18*

COVID-19 Protocol. Exceptions and Ethical Considerations for Visitors and Essential Care Partners During COVID-19. August 24, 2021

**8. REFERENCES:**

The Ottawa Hospital, IPAC Education for Essential Care Partners, December 2020

The Ottawa Hospital, COVID-19 Protocol, April 2021

The Ottawa Hospital, Essential Care Partner Program, April 2021

Canadian Client Safety Institute, Essential Together Tool: Identifying Strengths and Improvements to Reintegrate Essential Care Partners, December 2020

**9. APPENDICES:**

**Appendix 1- Client –ECP Consent**

<http://oreo.rohcg.on.ca/policies/Resources-FormsTools.cfm>

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