

<b>Policy</b>	7B-6 - Essential Care Partner Policy
<b>Manual</b>	Administrative Manual
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## POLICY STATEMENT

At Runnymede Healthcare Centre (Runnymede), we are committed to enhancing the patient experience by fostering an environment and culture that embraces patient and family centered care, while maintaining a focus on positive health outcomes, and the safety and security of patients, their families, guests, Runnymede staff and the community. To support this commitment, patients may identify and designate Essential Care Partners (ECP) (as defined below), whose presence is deemed essential to the safety and well-being of the patient while they are inside the hospital.

Runnymede recognizes that ECPs are integral to the patient’s healing process, contribute to better staff morale and communication between healthcare teams and patients. ECPs are welcomed to the hospital as essential members of the health care team and full partners in the support and care of patients. The presence of ECPs is an important strategy for reducing the risk of preventable harm.

The purpose of this Policy is to set out the guidelines and expectations concerning ECPs providing care to patients at Runnymede. At all times this Policy remains subject to applicable law and all Orders and Directives issued pursuant to applicable law or by the Ministry of Health (e.g., pursuant to the Health Protection and Promotion Act, the Emergency Management and Civil Protection Act and the Reopening Ontario (A Flexible Response to COVID-19 Act) in effect from time to time.

## DEFINITION

### Essential Care Partner

For the purpose of this Policy, an “Essential Care Partner” is an individual who:

- is 18 years of age or older;
- has been identified as an ECP by a capable patient or, if applicable, a Substitute Decision Maker (SDM);
- provides direct care services (the “Services”) (including physical care, emotional, psychological or navigational support, and excluding controlled acts as defined in the Regulated Health Professionals Act, 1991) to the patient;
- receives no compensation from the Hospital for provision of the Services to the patient; and
- has executed the attached Essential Care Partner Indemnification and Waiver.

ECPs may include family members, close friends, religious/spiritual care providers, or other Care Partners who are identified by the patient or SDM. ECPs are distinct from visitors, who do not play an active role in care. It is up to the patient to choose their ECP. A patient who has an SDM may designate someone other than their SDM as an ECP. An ECP is not an SDM by virtue of being an ECP.

## PROCEDURE

### Initial Identification and Preparation

In the ordinary course (i.e., non-emergency situations), when a patient first indicates that they would like to designate an individual as their ECP, Runnymede shall adhere to the procedures and requirements set out below. See Appendix A for Essential Care Partner Process.

- **Clear Communication:** Runnymede staff will ensure the patient understands what an Essential Care Partner is and that a capable patient may identify their own Essential Care Partner. Runnymede staff will work with the patients to ensure they understand the distinction between visitors and Essential Care Partners. Patients will be provided with the Essential Care Partner Fact Sheet (Appendix B) and the Essential Care Partner Application Form (Appendix C).
- **Consent and Acknowledgement:** the Patient Care Manager (PCM) in collaboration with Patient Relations shall ensure that the *Essential Care Partner Consent and Acknowledgment* (in the form attached to this Policy in Appendix D) has been provided to and executed by the patient (or their SDM if applicable).
- **Waiver:** the PCM in collaboration with Patient Relations shall ensure that the *Essential Care Partner Indemnification and Waiver* (in the form attached to this Policy in Appendix E) has been provided to and executed by each ECP.
- **Point of Contact:** Once an ECP application has been approved, the PCM will be identified as a primary point of contact for the ECP to ensure consistent communication and coordination between Runnymede and the ECP.
- **Mutual Expectations:** A mutual expectation of roles and responsibilities as between Runnymede staff and the ECP will be established between the PCM and the ECP, including the scope of care to be provided by the ECP, including the scheduling and frequency of visits, etc.
- **Safety Protocols:** All ECPs are to receive infection prevention and control (IPAC) training, including safe donning and doffing of any required personal protective equipment (PPE). ECPs who are approved to provide direct physical care to patients will also receive individualized education and training specific to their assigned tasks. The PCM or designate will notify the Clinical Education team so that education and training can be arranged for the ECP, as required.
- **Essential Care Partner Identification:** ECP identification occurs upon the ECP application being approved and once all of the required onboarding has been completed. An ECP list is maintained in a shared drive that can be accessed by identified stakeholders.

## Ongoing Considerations and Requirements.

Once an ECP has been identified and the requirements under Part A above have been met, the following process will be observed in connection with the ECP:

1. **Identification:** Patients may change their ECP over time. The number of ECPs which may be appointed will be considered on a case-by-case basis. Runnymede staff must ensure that it is clear who the current ECPs are.
2. **Entry to Runnymede:** Upon entry to Runnymede, ECPs must pass (when applicable) Runnymede's entrance screening each visit and should go directly to the unit/clinical space/room specific for the patient they are providing Services.
3. **Presence:** While at Runnymede, the ECP must remain with the patient at all times (unless otherwise directed or approved by a Runnymede staff member). ECPs must adhere to the hospital's protocols for accessing areas open to visitors and ECPs. In circumstances where the on-site presence of the ECP is not possible (e.g., if there is a temporary lack of personal protective equipment, or shortage of critical supplies), Runnymede will ensure that the ECP is supported to actively participate with the care team (e.g., through virtual means such as phone, video conference or email); this should be considered a short term or interim measure only.
4. **Compliance with Runnymede Policies, Noise & Disruptive Behaviour:** In addition to this Policy, ECPs are required to follow all Runnymede protocols, policies or procedures applicable to visitors or guests of Runnymede; in the event of direct conflict with another Policy, this Policy shall take precedence. ECPs should be mindful and sensitive to the needs of other patients and families by keeping noise and disturbance to a minimum. Disruptive behaviour or unsafe practices are not accepted at Runnymede. Should behaviour of an ECP become disruptive to any patient, family, staff or other visitor, or interfere with the general comfort, care, care planning, or decision making of any patient or staff, the ECP in question may be asked to leave by Runnymede staff, in addition to any other measures determined appropriate in the circumstances.
5. **Safety Protocols:** ECPs are required to adhere to existing safety and IPAC protocols. Runnymede has a right to intervene in those instances where an ECP may be functioning in a manner considered by Runnymede to be of potential danger to the well-being of the patient, Runnymede staff or contrary to Runnymede's protocols, policies or procedures.
6. **Communication:** Runnymede staff and ECPs will maintain reasonably consistent and ongoing communication.

## Infection Prevention and Control Considerations

Runnymede is responsible for protecting the health and safety of all patients, staff and visitors and is committed to decreasing the risk of transmission of infectious diseases. ECPs are required to follow any and applicable screening and IPAC measures implemented by Runnymede at all times.

At a minimum, these measures will include but are not limited to:

- **IPAC Protocols:** ECPs are required to comply with all of Runnymede's protocols, policies or procedures, as directed by IPAC.
- **Health Screening:** ECPs should not visit if they are feeling ill or have any of the following symptoms: cough, runny nose, sore throat, fever, rash, diarrhea, nausea, or vomiting.

- **Communicable Disease:** ECPs should not visit if they have a communicable disease, symptoms of a communicable disease, or have been exposed to a communicable disease for which they have no immunity.
- **Hand Hygiene:** ECPs must clean their hands both before and after visiting, before and after having contact with the patient or patient environment, after using the washroom, and before and after eating.

### **Questions and Appeals Process**

Runnymede is committed to ensuring patients and ECPs have access to a transparent communication process for raising questions or concerns, as well as to a timely appeal process to support resolution of any disagreements between the Hospital and the patient and/or the patients and/or ECP. Runnymede has an established Patient Relations structure and process for receiving, reviewing, and resolving complaints from patients, family members and partners in care. Refer to [Policy 7B-1: Management of Complaints and Compliments](#).

If the ECP or patient would like to escalate questions or concerns beyond their primary Runnymede point of contact, they may contact the Patient Relations department by phone, at 416-762-7316 ext. 2119 or by email at [patient.relations@runnymedehc.ca](mailto:patient.relations@runnymedehc.ca).

Runnymede will ensure that information about this appeals process is publicly available (e.g., on the Hospital website) and that it is clearly communicated to patients and ECPs by Runnymede staff.

### **Staff Education**

- Staff will be provided training information on the integral roles of ECPs as a valued member of the care team and this ECP Policy.
- Runnymede shall ensure that there is ongoing education and clear communication for Runnymede staff regarding the role and safety protocol for ECPs.
- Staff may communicate any concerns regarding this Runnymede Policy on ECPs to their direct supervisor, manager or designate.

### **APPENDICES**

**Appendix A** – Essential Care Partner Process

**Appendix B** – Essential Care Partner Fact Sheet

**Appendix C** – Essential Care Partner Application Form

**Appendix D** – Essential Care Partner Consent and Acknowledgement

**Appendix E** – Essential Care Partner Indemnification and Waiver

## REFERENCES

Canadian Foundation for Healthcare Improvement (CFHI), and Canadian Patient Safety Institute (CPSI), *Policy Guidance for the Reintegration of Care Partners as Essential Care Partners Executive Summary and Report* (November 2020), available: [https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/policy\\_guidance\\_en.pdf?sfvrsn=292a980e\\_4](https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/policy_guidance_en.pdf?sfvrsn=292a980e_4).

Institute for Patient- and Family-Centred Care (IPFCC), *Profiles of Exemplar Hospitals*, available here: <https://www.ipfcc.org/bestpractices/profiles-of-institutional-change.html#aamc>.

Ontario Hospital Association (OHA), *Family Presence and Open Visiting Policies in Ontario Hospitals* (May 2019), available: <https://www.oha.com/Documents/Family%20Presence%20Policies%20Report.pdf>.

Ontario Hospital Association (OHA) and the Ontario Care Partner Organization (OCO), *Care Partner Presence Policies During COVID-19* (June 2020), available: <https://ontarioCarePartner.ca/partnersincare/>.

## APPENDIX A

### ESSENTIAL CARE PARTNER PROCESS

1. Request for information on becoming an Essential Care Partner or any questions related to the application form and/or process should be directed to the Patient Relations team.
2. Patient Relations will send an email to the applicant with the *Essential Care Partner Fact Sheet* and instructions on how to complete the application form. A hard copy application form is also available upon request.
3. Completed electronic forms may be submitted to Patient Relations via email; hard copies may be dropped off at the Nursing Station or Reception desk to be delivered to Patient Relations Office.
4. Once an application is received in Patient Relations, the applicant will be contacted by Patient Relations if additional information is requested.
5. Accepted applications will be forwarded to the Patient Care Manager (PCM) for review.
6. The PCM will consult with the patient and any necessary members of the clinical care team as required.
7. The PCM will send back the completed application form (signed off by PCM) to Patient Relations with approval or denial within 2 business days.
8. In the case that an application is denied, a rationale will be provided to the applicant by the PCM.
9. In the case that an application is approved, Patient Relations will communicate the decision to the applicant to confirm approval and request the return of the Essential Care Partner Consent and Acknowledgement and Essential Care Partner Indemnification and Waiver forms. Other applicable information will also be provided to the applicant, including requesting the applicant to review an education sheet.
10. Patient Relations will follow up with the applicant if all forms are not received.
11. Once all forms have been received, Patient Relations will forward all applicable forms to the PCM.
12. The PCM will print out all forms, applies a patient label to each page and places the documents in the patient's chart or scans it to Health Information Services (HIS), requesting that the forms are scanned into the patient's chart.
13. Patient Relations maintains a tracker for all ECPs in the shared drive folder. This file can be accessed by identified stakeholders through the following pathway: Shares > Common > COVID-19 > Essential Care Partner List
14. Patient Relations and PCM to regularly review and remove discharged patients.
15. The PCM will determine on a case-by-case basis, if an ECP requires additional IPAC or patient care education. The PCM or designate to facilitate the education requests with appropriate departments.
16. **Exceptions:** For urgent and/or compassionate ECP requests for patients who otherwise would not be allowed visitors, PCM/Admin-on-call will consider and provide an exception if applicable. These visitors would need to be masked, visor, gown, gloves and a shortened visit. Please ensure IPAC is also notified for awareness.

## APPENDIX B

### ESSENTIAL CARE PARTNER FACT SHEET

Runnymede Healthcare Centre recognizes the essential role of care partners in improving the experience and maximizing positive outcomes for our patients. Family members, friends, caregivers or others deemed significant by the patient, Power of Attorney (POA) or Substitute Decision Maker (SDM) can apply to become an Essential Care Partner, which will allow for enhanced access to the patient in order to provide them with the supportive care they require throughout their admission.

#### What is an Essential Care Partner?

- 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 do not perform regulated acts as defined in the [Regulated Health Professionals Act, 1991](#)
- Essential Care Partners will be permitted on a scheduled basis
- Frequency and duration of visit(s) will be based on patient/care needs and will be determined by the Patient Care Manager (or designate) in collaboration with the patient, Essential Care Partner and the care team

#### Who Can Be an Essential Care Partner?

- Essential Care Partners can include family members, close friends or other caregivers as identified by the patient, POA or SDM
- Each patient may designate a maximum of two (2) Essential Care Partners for the duration of their admission at Runnymede (exceptions may apply and will be at the discretion of the Patient Care Manager)

#### How Do I Become an Essential Care Partner?

- Patients and partners in care may apply for Essential Care Partner access or status through completion of the *Essential Care Partner Application Form* which must be submitted for review/approval by the Patient Care Manager

#### What is Expected of Me as an Essential Care Partner?

Once your Essential Care Partner application has been approved, you will be required to:

- Complete the hospital Essential Care Partner Consent and Acknowledgement and Essential Care Partner Indemnification and Waiver prior to your first visit
- In collaboration with the patient care team, create a schedule for patient visits
- Complete any training deemed necessary by the care team prior to providing assistance with medical/personal care or treatment
- Adhere to the schedule, and care and support tasks as outlined by the Patient Care Manager

For more information or if you wish to apply to be an Essential Care Partner, please contact the Patient Experience department at 416-762-7316 ext. 2119 or at [patient.relations@runnymedehc.ca](mailto:patient.relations@runnymedehc.ca)

**APPENDIX C**

**Essential Care Partner Application Form**

**Essential Care Partner:** An Essential Care Partner is identified as key in the delivery of care, and trained by care team to participate in the delivery of care mutually agreed upon by care team. Essential Care Partners provide physical, psychological, and emotional support, as deemed important by the patient. This may include support in decision-making, care coordination and continuity of care. Essential Care Partners can include family members, close friends or other caregivers as identified by the patient or substitute decision maker.

**Instructions**

1. Please complete this form and email it to [patient.relations@runnymedehc.ca](mailto:patient.relations@runnymedehc.ca) or drop it off at the Nursing Station or Reception desk to be delivered to the Patient Experience Office.
2. Once received, the form will be reviewed by the Patient Care Manager or designate and the care team. The Patient Care Manager or designate will contact you with a decision within 3-5 business days.
3. If you have any questions about this form or the application process, please connect with the Patient Experience Team at 416-762-7316 x 2119.

**Section 1: To be Completed by Applicant**

**Your Contact Information:**

\_\_\_\_\_   
 First Name

\_\_\_\_\_   
 Last Name

Power of Attorney  Family member of a patient  Friend of a patient  Other: \_\_\_\_\_

**Your Phone Number(s):** \_\_\_\_\_

**Your Email:** \_\_\_\_\_

**Patient Information:**

\_\_\_\_\_   
 Patient's First Name

\_\_\_\_\_   
 Patient's Last Name

\_\_\_\_\_   
 Floor

**Please select the type of care you are requesting to provide to the above patient (check all that apply):**

- Emotional/Psychosocial Support
- Physical Support/Care
- Navigation and Planning (i.e. translation, decision-making, discharge planning)
- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please provide further details of the patient's needs and your role as an Essential Care Partner:**



**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
(yyyy/mm/dd)

**Check this box if you are signing the form electronically. This represents your signature. You must fill out the date above.**

**Section 2: To be Completed by Patient Care Manager or Designate**

**Date Received:** \_\_\_\_\_  
(yyyy/mm/dd)

**Received by:** \_\_\_\_\_

**Date Review Completed:** \_\_\_\_\_  
(yyyy/mm/dd)

**Status of Application:**     Approved     Denied

**Please provide additional details of Approval/Denial:**

**Date Decision Communicated to Applicant:** \_\_\_\_\_  
(yyyy/mm/dd)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
(yyyy/mm/dd)

**Check this box if you are signing the form electronically. This represents your signature. You must fill out the date above.**

Should you disagree with the Hospital's decision and wish to appeal, please contact the Patient Relations Office at 416-762-7316 x 2119 or [patient.relations@runnymedehc.ca](mailto:patient.relations@runnymedehc.ca)

APPENDIX D



**ESSENTIAL CARE PARTNER CONSENT AND ACKNOWLEDGEMENT**

**Name of Patient:** \_\_\_\_\_

**Name of Substitute Decision Maker (if applicable):** \_\_\_\_\_

**Name of Care Partner:** \_\_\_\_\_

**Care Partner Contact Information:** \_\_\_\_\_

**Care Partner Relationship to Patient:** \_\_\_\_\_

**Effective Date of Appointment:** \_\_\_\_\_

I, the Patient or if applicable, the Substitute Decision Maker of the Patient, hereby authorize and provide consent to the Care Partner named above to provide the following care services (the “**Services**”) \_\_\_\_\_ (list Services) to the Patient at Runnymede Healthcare Centre (the “**Hospital**”).

I hereby release, forever discharge, indemnify and hold harmless the Hospital, its subsidiaries, affiliates, successors and assigns, their respective members, directors, officers, employees and agents and their respective heirs, executors, administrators, successors and assigns (collectively the “**Releasees**”) from and against all actions, causes of action, suits, claims, liability, damages and demands of any kind, whether direct, indirect, special, exemplary or consequential, including interest therein (collectively, the “**Claims**”) which may occur as a result of or in connection with the Care Partner providing the Services to the Patient in the Hospital.

I agree that this Consent and Acknowledgement shall be effective against and binding upon the Patient’s heirs, next of kin, executors, administrators and assigns.

**I, \_\_\_\_\_ (insert name), on behalf of myself or, if applicable, the Patient acknowledge that I have read this Consent and Acknowledgement in its entirety, that I understand and agree to be bound by its terms, and that I am signing it voluntarily, without duress, or undue influence from anyone.**

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**Signature of Patient** **Date**  
*(or if applicable, Substitute Decision Maker)*

APPENDIX E



**ESSENTIAL CARE PARTNER INDEMNIFICATION AND WAIVER**

In consideration of Runnymede Healthcare Centre (the “Hospital”) allowing me to provide services to \_\_\_\_\_ (Name of Patient) (the “Patient”) who is a patient of the Hospital, I, \_\_\_\_\_ (Name of Care Partner) agree to provide the following care services (the “Services”) \_\_\_\_\_ (list Services) to the Patient at the Hospital.

I acknowledge that I am not an employee of the Hospital and that the Hospital has no responsibility whatsoever for payment of the Services.

I hereby release and forever discharge the Hospital, its subsidiaries, affiliates, successors and assigns, their respective members, directors, officers, employees and agents and their respective heirs, executors, administrators, successors and assigns (collectively the “Releasees”) from all actions, causes of action, suits, claims, liability, damages and demands of any kind, whether direct, indirect, special, exemplary or consequential, including interest therein (collectively, the “Claims”) which may occur as a result of or in connection with my providing the Services to the Patient in the Hospital.

I hereby agree to indemnify and hold harmless the Releasees from and against all Claims whatsoever which may occur as a result of me providing the Services to the Patient in the Hospital.

I acknowledge that in keeping with its responsibility for patient care and the safety of Hospital staff, the Hospital has the right to intervene in those instances where I may be functioning in a manner considered by the Hospital to be of potential danger to the well-being of the Patient, Hospital staff or contrary to the Hospital’s regulations, rules, policies or procedures.

I agree that this Release and Waiver shall be effective against and binding upon my heirs, next of kin, executors, administrators and assigns.

**I, \_\_\_\_\_ (insert name), on behalf of myself acknowledge that I have read this Waiver in its entirety, that I understand and agree to be bound by its terms, and that I am signing it voluntarily, without duress, or undue influence from anyone.**

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**Signature** **Date**