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|  | <b>Title: Coordinated Care Program</b>                                    |   |
|   | <b>Policy Impact:</b><br>All Inpatient Departments                        | <b>Document Type:</b><br><b>POLICY &amp; PROCEDURE</b>      |
|   | <b>Policy Owner (editor/author):</b><br>Vice President – Restorative Care | <b>Final Approver:</b><br>Vice President – Restorative Care |

## POLICY

Hôtel-Dieu Grace Healthcare (HDGH) aspires to deliver health care and treatment that is patient- and family-centered. Patient- and family-centered care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. In patient- and family-centered care, patients and families define their “family” and determine how they will participate in care and decision-making.

HDGH recognizes the important role of families as allies for safety and quality and acknowledges that connections with family members are integral to the health, well-being and healing of loved ones. Active relationships between patients and their loved ones has safety, emotional and ethical considerations. In response, the organization has established the Coordinated Care Program, including the appointment of Designated Care Partners.

The Coordinated Care Program (CCP) is a program that enables educated Designated Care Partners (DCP) to provide specific aspects of the care plan as defined by the patient and care team in a carefully planned and coordinated approach. Care that is being provided by the DCP will be assessed, monitored, evaluated and documented by staff as being carried out by the DCP in the clinical record. The DCP will be advised of their roles and responsibilities as Designated Care Partners and will be accountable to abide by the DCP contract.

## PURPOSE

The purpose of the CCP is to provide patients, staff and DCPs with a planned and coordinated approach to include family in the care of the patient, which includes the necessary training and skills to care for the individual as well as an understanding of the roles and responsibilities of the DCP.

A DCP is any person that the patient and/or substitute decision-maker (SDM) identifies that can provide the care as identified in the care plan. The patient and/or SDM will work with the clinical team to define how the DCP will be incorporated into the care plan activities.

A DCP is not an alternative to or synonymous with a patient visitor. The CCP is an additional support and is not considered part of family visitation or presence.

## PROCEDURE

### **1. Patients who would benefit by having a DCP at HDGH are identified as:**

- Those who are planning for discharge whereby a DCP is required for health teaching,
- Patients who have language barriers, patients who are non-verbal, patients with cognitive, emotional and/or physical disabilities who require additional support beyond family presence.

### **2. Clinical Care Team and the Patient and/or SDM identify aspects of the care plan that can be performed by a DCP.**

- Clinical team will ask the patient and/or SDM for the name of an individual that will serve as the DCP. (note: only 1 DCP per patient can be approved)
- In the absence of the patient's ability to assign a SDM, reference will be made to the Hierarchy of SDMs in the *Health Care Consent Act, s.21*.
- If the identified DCP is not the SDM consent to release information will be signed by the patient or SDM, allowing HDGH to speak to the DCP regarding care plan using the current release of information sign off form.
- The team will determine the maximum number of DCPs that will be permitted on a unit at a time (may vary from unit to unit).
- There may be times when the DCP may be asked to temporarily leave the room if their roommate requires immediate life saving measures or when a private/sensitive discussion needs to occur
- HDGH endeavours to provide each patient with safe, high quality care and must ensure a safe environment for patients, staff, volunteers and members of the public at all times. For everyone's safety and protection HDGH has a Violence Prevention Program, and does not permit any kind of violent or aggressive behavior. If a DCP becomes aggressive or violent they may be asked to leave.
- DCPs will be providing care within the time allotted for the coordinated visit.
- A schedule will be developed to ensure fairness and equity among patients. This will be pre-communicated to the care partners by the care team. (ie. Patients in Odd number rooms visit on Odd number days and vice versa).
- The need may arise to increase or decrease the program hours based on the conditions within the health care system, as well as individual patient care needs. This will be communicated to DCP and patient as soon as possible in the event that the hospital needs to adjust hours.

### **3. Coordinated Care Partnership includes, but is not limited to the following:**

- Compassionate care, including critical illness, palliative care, and end of life
- Conditions paramount to the patient's physical care and mental well-being, including:
  - Assistance with meals;
  - Assistance with mobility;
  - Assistance with personal care;
- Communication assistance for persons with hearing, visual, speech, cognitive, intellectual, or memory impairments;
- Assistance by designated representatives for persons with disabilities, including provision of emotional support; and
- Supported decision making.

#### **4. *Expectations of the DCP***

- Must be identified by the patient and/or SDM
- Must be willing participate in training and provide the care requested
- DCP must be physically, cognitively, emotionally able to provide the care elements identified.
- Prior to participation in coordinated patient care, it will be mandatory for all DCPs to attend training and orientation to include:
  - Explanation of coordinated care policy in plain language
  - Infection control practice such as hand hygiene, standard and enhanced precautions
- DCPs will provide care to their loved one only and care shall be provided according to the care plan for the patient.
- In the event of an outbreak in community or within the hospital, DCPs may not be permitted movement throughout the hospital.
- Instruction on how to put on and remove (don and doff) required PPE when performing care for patients who are on Droplet and Contact precautions.
- If the DCP is unable to adhere to appropriate precautions, they shall be excluded from participation as a DCP.
- In the event of an outbreak, the DCP may be asked to go directly to the patient room, remain there during the visit and exit the facility directly afterward
- All DCPs will be required to wear picture identification for the duration of their time in hospital – this ID is not transferrable to other family members.
- DCP will be required to sign a contract that identifies the training that has been provided, attestation that the DCP will adhere to all the standards outlined in the contract. Violations of the contract may result in cancellation of the Coordinated Care Program for this DCP and patient.

#### **5. *Contract for DCP***

- The CCP requires a contract between the DCP and the Organization (Appendix A).
- This contract outlines the expectations to follow the IPAC standards and care standards that have been taught.
- In the event that the DCP violates the expectations laid out in the contract the DCP will be removed from the CCP program.

#### **6. *Appeal process for Patients, families, and DCPs***

- In the event that a Patient, and/or SDM, and/or DCP disagree with a determination of the Clinical Care Team decisions to remove or decline access the following process will be followed:
  - Notice of the disagreement to a decision made by the clinical care team will be submitted to any member of the clinical care team
  - The notice will go to the Operations Manager to make an attempt to rectify the concern, if no resolution
  - The concern will go to the Patient and Family Representative
  - A separate conciliatory team will be pulled together to review particulars of the concern

- Membership of this team may include Physician, Unit Based Council Representative, Social Work, PFAC member, Patient Family Representative, Operational Manager not from the unit where the concern originated.
- The conciliatory team will review all the evidence provided by the appellant as well as from the clinical care team.
- Determination will be made regarding the concern and communicated to all of the parties involved.

## REFERENCES

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