



THE ONTARIO

**caregiver**  
ORGANIZATION

ESSENTIAL CARE  
PARTNER SUPPORT  
HUB

Essential Care Partner

# Evidence Summary for **Hospitals**



# BENEFITS OF ESSENTIAL CARE PARTNERS IN HOSPITALS

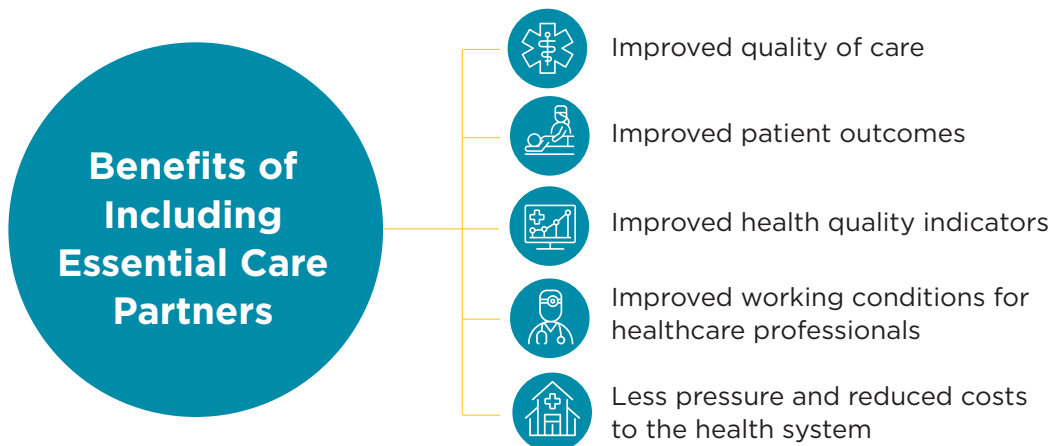
The inclusion of essential care partners in a hospital setting provides numerous benefits to patients and their families, to hospitals and care providers and to the system as a whole. Evidence shows that including care partners is an enabler of high-quality care and a way to relieve pressures on the health care system, including hospital usage and demands on health care workers. These benefits include improved quality of care, patient outcomes and health quality indicators, improved working conditions for healthcare professionals and less pressure and reduced costs on the health system. Conversely, there are many risks and negative impacts associated with not involving care partners in hospitals.

*“The implications of restricting hospital visits (implications for patients, relatives and care practices) are incomparably more negative than positive.”*

**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<sup>2</sup>



## Summary of the Benefits Associated with Including Essential Care Partners



## Summary of Benefits for Hospitals, Care Providers, Patients and their Care Partners

### Benefits for Hospitals and Care Providers

- **Improved quality and safety outcomes:** Lower re-admission rates, improved medication adherence, reduced patient falls and sustained cognitive function for older adults<sup>2</sup>
- **More accurate information about diagnosis:** Care partner involvement improves the accuracy and quality of information about diagnosis<sup>3</sup>
- **Reduction in falls and injuries due to falls:** US study showed a 35% decrease in patient falls and 62% reduction in injuries due to falls<sup>4</sup>
- **Identification of cognitive changes:** For older adults, care partners are better at identifying cognitive changes that can occur during hospitalization<sup>4</sup>, thus leading to earlier detection and treatment
- **Higher patient satisfaction:** Flexible visiting policies lead to higher patient satisfaction rates and patients and families have a strong preference for open/flexible visiting policies<sup>5</sup>
- **Reduced psychological morbidities:** Family engagement such as flexible visitation, care partner presence on rounds, participation in nursing care or family care rituals reduce psychological morbidities, including post-intensive care syndrome<sup>6</sup>, as well as lowering the risk of delirium, decreasing ICU length of stay and improving understanding of discharge instructions<sup>3</sup>

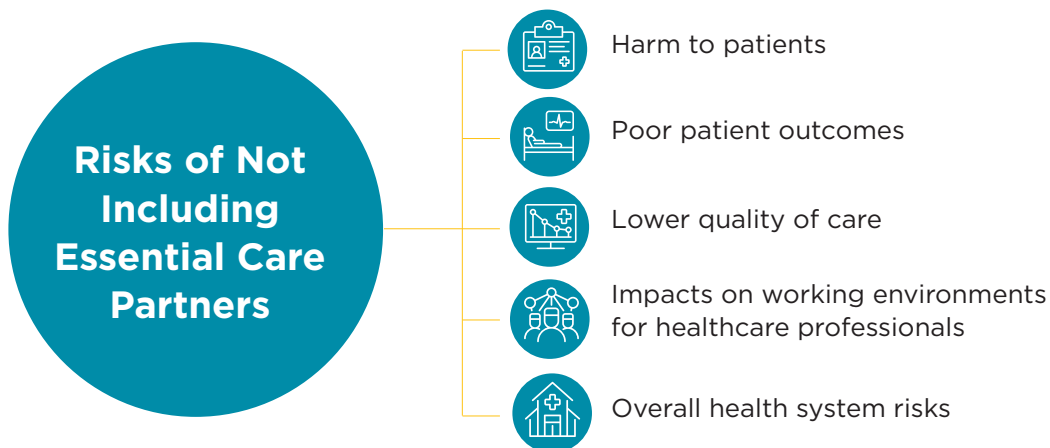
### Benefits for Patients and Their Care Partners

- **Support at home:** Care partner involvement supports better recovery at home, prevention of readmission and death<sup>7</sup>
- **Communication and trust:** Communication and trust is improved between families and healthcare professionals<sup>3</sup>
- **Improved discharge and transition processes:** Care partners support better transitions, which improves the accuracy and quality of information about transitions in care, medication, and discharge instructions<sup>7,3</sup>
- **Benefits for specific patient groups:**
  - **Vulnerable or complex patients:** A better understanding of discharge details, more success following instructions at discharge<sup>7</sup>, and better advocacy for vulnerable patients<sup>3</sup>
  - **Racialized groups:** Assists with breaking down social-cultural barriers—care partners support the provision of more information provided in the patient's language of choice<sup>3</sup>
  - **People giving birth:** The presence of family or a designated support person in labour lead to better labour outcomes and fewer medical and surgical interventions<sup>8</sup>
  - **Pediatric care:** More surveillance and identification of potential medical errors improves hospital safety<sup>9</sup>

# WHAT HAPPENS WHEN ESSENTIAL CARE PARTNERS ARE NOT INCLUDED/PRESENT:

Not involving essential care partners in a hospital setting can result in risks to both patients and their families, and to hospitals and care providers. These risks include harm to patients, poor outcomes and quality of care, impacts on workplace culture, and overall risk to the health system as a whole.

## Summary of the Risks Associated with **Not** Including Essential Care Partners



## Summary of Risks for Hospitals, Care Providers, Patients and their Care Partners

### Risks for Hospitals and Care Providers

- **Increased workload:** Without the involvement of essential care partners, the workload increases for health care providers. Examples include: learning new technology for virtual visits, more social support for patients, more time communicating and updating families, added support for people at end of life, adhering to new and evolving safety protocols.<sup>10,3,11</sup> This is also relevant for patients with cognitive impairment or enhanced care needs (such as need for assistance with feeding or toileting), where the absence of care partner presence has increased the workload for hospital healthcare workers<sup>3</sup>
- **Impacts on care provider well-being:** Healthcare providers have experienced secondary trauma, increased psychological and emotional distress, anxiety and depression due to having to implement policies that they did not have any say in, that changed frequently and that go against what they know and understand as person-centred care<sup>10,12,11</sup>
- **Impacts on workplace culture:** Lack of involvement of care partners can lead to work stress and environments with low morale and distress<sup>11</sup>

### Risks for Patients and their Care Partners

- **Impacts on patient experience:** Without care partner involvement/presence, there was evidence of delays “receiving medications, social isolation, difficulty with mobilization, increased anxiety associated with procedures and discharge preferences not considered adequately”<sup>3</sup>
- **Impacts on safety, quality and person-centred care:** All can stagnate or even deteriorate when families are restricted from being with patients in hospitals, healthcare settings<sup>1</sup>
- **Increase in falls and sepsis:** Without involvement of care partners, in-hospital falls increased by a staggering 253% from 2019—2020.<sup>13</sup> In hospitals with full caregiver restrictions in 2020, fall and sepsis rates were double (100%), higher than hospitals who had open or partial caregiver visiting allowed in 2020<sup>13</sup>
- **Negative impacts on specific groups:**
  - **Racialized groups and social-cultural barriers:** Care partners advocate on behalf of patients to mitigate potential structural racism in health care, which isn't possible when care partners aren't allowed to attend appointments or go into healthcare organizations. Restrictions to care partner presence pose a disproportionate risk to these populations and other vulnerable patients<sup>3</sup>
  - **People giving birth:** Increased acute stress, birth trauma and post-partum post-traumatic stress disorders for mothers without presence of family or designated support person.<sup>14,15</sup> Neonatal units saw negative impacts on breastfeeding, parental bonding, participation in caregiving, parental mental health and staff stress<sup>1</sup>

## NOTES

<sup>1</sup>Correia, T.S.P.; Martins, M.M.F.P.S.; Barroso, F.F.; Pinho, L.G.; Fonseca, C.; Valentim, O.; Lopes, M. The Implications of Family Members' Absence from Hospital Visits during the COVID-19 Pandemic: Nurses' Perceptions. *Int. J. Environ. Res. Public Health* 2022, 19, 8991. <https://doi.org/10.3390/ijerph19158991>

<sup>2</sup>Healthcare Excellence Canada (2020). Evidence Brief: Essential Caregivers as Partners. [https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/essential-together/evidence-brief-en.pdf?sfvrsn=103fe5b3\\_4](https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/essential-together/evidence-brief-en.pdf?sfvrsn=103fe5b3_4)

<sup>3</sup>Munshi L, Odutayo A, Evans GA, et al. Impact of Hospital Visitor Restrictions during the COVID-19 Pandemic. *Science Briefs of the Ontario COVID-19 Science Advisory Table*. 2021;2(31). <https://doi.org/10.47326/ocsat.2021.02.31.1.0> <https://covid19-sciencetable.ca/sciencebrief/impact-of-hospital-visitor-restrictions-during-the-covid-19-pandemic/>

<sup>4</sup>Institute for Patient and Family Centred Care. Better Together Partnering with Families, Facts and Figures about Family Presence and Participation. <https://www.ipfcc.org/bestpractices/Better-Together-Facts-and-Figures.pdf>

<sup>5</sup>Bélanger, Lynda, Bussi eres, Sylvain, Rainville, Fran ois, Coulombe, Martin, Desmartis, Marie. 2017/11/20. Hospital visiting policies – impacts on patients, families and staff: A review of the literature to inform decision making. *Journal of Hospital Administration*, DOI: 10.5430/jha.v6n6p51

<sup>6</sup>Hochendoner, Sarah & Amass, Timothy & Curtis, J. & Witt, Pamela & Weng, Xingran & Toyobo, Olubukola & Lipnick, Daniella & Armstrong, Priscilla & Cruse, Margaret & Rea, Olivia & Scoy, Lauren. (2021). Voices From the Pandemic: A Qualitative Study of Family Experiences and Suggestions Regarding the Care of Critically Ill Patients. *Annals of the American Thoracic Society*. 19. 10.1513/AnnalsATS.202105-629OC.

<sup>7</sup>Hahn-Goldberg S, Jeffs L, Troup A, Kubba R, Okrainec K (2018) "We are doing it together"; The integral role of caregivers in a patients' transition home from the medicine unit. *PLoS ONE* 13(5): e0197831. <https://doi.org/10.1371/journal.pone.0197831>

<sup>8</sup>Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. *Cochrane Database Syst Rev*. 2017;2017(7). <https://doi.org/10.1002/14651858.CD003766.pub6>.

<sup>9</sup>Khan A, Coffey M, Litterer KP, et al. Families as partners in hospital error and adverse event surveillance. *JAMA Pediatr*. 2017;171(4):372-381. <https://doi.org/10.1001/jamapediatrics.2016.4812>

<sup>10</sup>Healthcare Excellence Canada, Evidence Brief Addendum: Essential Care Partners Emerging Evidence, August 2021. [https://www.healthcareexcellence.ca/media/xjfdvtml/hec-10570-evidencebrief-addendum-care-partners\\_092421\\_1.pdf](https://www.healthcareexcellence.ca/media/xjfdvtml/hec-10570-evidencebrief-addendum-care-partners_092421_1.pdf)

<sup>11</sup>Jennifer M. O'Brien, PhD, Faith A. Bae, MN, RN, Joann Kawchuk, MD FRCPC, Eileen Reimche, MEd, BEd, BA, Candace A. Abramyk, Caitlyn Kitts, BSc, Sana Mohamad, Christine Patterson, MD, Yolanda Palmer-Clarke, PhD, and Sabira Valiani MD FRCPC. "We were treading water." Experiences of healthcare providers in Canadian ICUs during COVID-19 visitor restrictions: A qualitative descriptive study. *CJCCN* Volume 33, Number 2, Fall 2022 <https://cjccn.ca/featured-article/we-were-treading-water-experiences-of-healthcare-providers-in-canadian-ic-us-during-covid-19-visitor-restrictions-a-qualitative-descriptive-study/>

<sup>12</sup>Peter E, Mohammed S, Killackey T, MacIver J, Variath C. Nurses' experiences of ethical responsibilities of care during the COVID-19 pandemic. *Nurs Ethics*. 2022 Jun;29(4):844-857. doi: 10.1177/09697330211068135. Epub 2022 Jan 27. PMID: 35083926; PMCID: PMC8795753.

<sup>13</sup>Silvera GA, Wolf JA, Stanowski A, Studer Q. The influence of COVID-19 visitation restrictions on patient experience and safety outcomes: A critical role for subjective advocates. *Patient Experience Journal*. 2021; 8(1):30-39. doi: 10.35680/2372-0247.1596.ps://doi.org/10.1016/j.healthpol.2022.02.001.

<sup>14</sup>Ayers S. Birth trauma and post-traumatic stress disorder: the importance of risk and resilience. *J Reprod Infant Psychol*. 2017;35(5):427-430. <https://doi.org/10.1080/02646838.2017.1386874>

<sup>15</sup>Mayopoulos GA, Ein-Dor T, Li KG, Chan SJ, Dekel S. Giving birth under hospital visitor restrictions: Heightened acute stress in childbirth in COVID-19 positive women. *medRxiv*. Published online December 7, 2020:2020.11.30.20241026. <https://doi.org/10.1101/2020.11.30.20241026>



**Essential Care Partner Support Hub**  
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