



THE ONTARIO

caregiver
ORGANIZATION

ESSENTIAL CARE
PARTNER SUPPORT
HUB

Essential Care Partner Program

IMPLEMENTATION TOOLKIT

A GUIDE FOR ONTARIO HEALTH TEAMS



CONTENTS

Introduction	3
About this Toolkit	4
What is an Essential Care Partner Program?	5
Essential Care Partner Guiding Principles	7
Essential Care Partner Program - Key Practices for OHTs	8
Learning from the Essential Care Partner Program in other OHTs	9
Overview of the Essential Care Partner Program	10
Prepare	13
Implement (for site-centred implementation model)	18
Implement (for community-based implementation model)	21
Sustain	24
Algoma OHT - Sault Area Hospital Case Example	25
Hills of Headwaters Collaborative OHT - Caregivers in the Hills	26
Acknowledgements	27

INTRODUCTION

There are four million family and friends acting as unpaid caregivers in Ontario, delivering approximately three quarters of all day-to-day care in the province.

Research [i ii iii iv](#) shows that effective caregiver engagement leads to better patient experiences and improved healthcare outcomes, reinforcing the core values of Ontario Health Teams (OHTs). Committing to an Essential Care Partner (ECP) program is one important approach that can help OHTs meet a number of obligations set out by the Ministry of Health. An ECP program can help address current pressures in the health care system while improving care and health outcomes [v vi vii viii](#).

Given the collaborative models of OHTs, they are uniquely positioned to ensure that caregivers are consistently identified, supported and included across the continuum of care, regardless of the setting.

Pro-active inclusion and support of ECPs across care settings can [ix](#):

- Support OHT deliverables such as improved transitions and reduced ALC stays;
- Enable integrated, sustained continuity of care for patients/residents/clients and families;
- Contribute to the Quintuple AIM: enhanced patient, caregiver, provider experience, enhanced health equity, improved patient and population health outcomes [iii.iv.vv.vi.vii](#); and
- Result in healthcare efficiencies [iv.vv.i](#).

Who are Essential Care Partners?

Caregivers are essential care partners and play a critical role in providing unpaid physical, emotional, and cognitive support to family members, partners, and friends in various care settings.

Definition: 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 (client, resident) or substitute decision marker.

Healthcare Excellence Canada



ABOUT THIS TOOLKIT

Organizations and OHTs who have implemented Essential Care Partner programs have indicated that using tools, templates and materials from others has made it an easier, faster and more sustainable implementation.

This Toolkit was created to provide implementation guidance for OHTs that are planning to implement an Essential Care Partner Program. The Toolkit includes two approaches for OHTs to consider as they plan their roll-out strategy: site-centred model and community-based model. These models were based on learnings and successful implementation within health care settings and OHTs who have committed to the implementation of an ECP program.

WHAT IS AN ESSENTIAL CARE PARTNER PROGRAM?

Essential Care Partner programs involve the implementation of policies and practices so caregivers are **identified**, **included**, and **supported** to participate as an important part of the care team. An Essential Care Partner program can help health systems, organizations and communities solidify their commitment to recognizing and supporting caregivers as essential partners in care throughout the continuum. It can also help remove barriers to essential care partner presence and participation – and ensure consistency and smoother transitions between different parts of the system.



New learning and evidence emerged from visitor restrictions and social distancing limitations during the COVID-19 pandemic.

This learning reinforced the critical role of essential care partners and highlighted the risks to patients/residents/clients and the health care system when caregivers are not considered members of the care team. New programs, practices and policies have been developed, and although the approach and practices vary from one setting to another they

A note about inclusive language:

Throughout this guide we use the term essential care partner and caregiver interchangeably. Other organizations may use other similar terms such as designated care partner, essential partner in care, etc. In addition, when we use the term ‘family’ this is in the broadest sense possible, including chosen family such as partners, friends, neighbours, etc.

Caregiver includes family members, partners, and/or friends. The term **patient** is intended to be inclusive of residents and clients as applicable to the care setting.

are all underpinned by a fundamental commitment to recognizing, identifying, including and supporting family caregivers. Essential Care Partner programs and practices lead to:

- Enriched and improved patient/client/resident care and safety
- More equitable and culturally-safe care
- More successful transitions between organizations
- Reduced stress and workload for healthcare teams and across settings
- Commitment to person-and family-centred care
- Meaningful involvement of ECPs as part of the care team and enhanced care partner experience
- Better staff awareness of the role and importance of essential care partners as part of the care team within organizations, through transitions, in the community and at home
- Mutual trust and promoting two-way dialogue between care partners and health care teams



ESSENTIAL CARE PARTNER GUIDING PRINCIPLES

These guiding principles lay the foundation for an OHT-wide commitment to an Essential Care Partner program and associated practices:

-  • Recognize that essential care partners (caregivers) are necessary to the safety, quality of care, and health outcomes and well-being of patients/residents/clients.
-  • Recognize that not including essential care partners inclusion can result in:
 - Harm to patients/residents/clients, particularly for equity-deserving populations
 - Increased caregiver distress
 - Greater demands on the health-care teams in the different care settings (hospitals, LTC homes, community-based organizations, primary care, home care) and the health care system as a whole
-  • Include and value the essential care partner as a part of the care team across the continuum of care and support
-  • Enable and empower patients/residents/clients to designate their essential care partner(s)
-  • Minimize barriers to the presence and participation of essential care partners at all times, including during system capacity challenges, outbreaks, transitions between providers and parts of the system
-  • Meaningfully engage care partners and patients/residents/clients in the design and development of policies and person-centred practices related to inclusion and involvement of essential care partners

An Essential Care Partner program establishes policies and practices that operationalize these guidance principles. Embracing these guiding principles will support healthcare settings to foster an organizational culture that values the role of care partners.

ESSENTIAL CARE PARTNER PROGRAM - KEY PRACTICES FOR OHTs

Every OHT is unique and their approaches to implementing an Essential Care Partner program may differ, but they are all based on the three key elements of identifying, including and supporting caregivers.

Based on learning from health care organizations and OHTs that have implemented Essential Care Partner programs, the following practices have been identified for OHTs to consider:

 IDENTIFY THE CAREGIVER	 INCLUDE THE CAREGIVER AS PART OF THE CARE TEAM	 SUPPORT THE CAREGIVER
IDENTIFICATION Care Partner Identification (Caregiver ID) is used to identify and formally recognize essential care partners. CLIENT DESIGNATION Clients/patients/residents are empowered and encouraged to designate their essential care partners(s). DOCUMENTATION Care partners are documented in patient files/records, including contact information and level of participation in care.	STAFF EDUCATION AND TRAINING Education and training is provided to all staff across the OHT including partner organizations, on the important role of care partners and practical ways to include and support them. INTEGRATION Essential care partner role is integrated into OHT models of care, including ALC strategies, care pathways, point of care workflows, client assessment, care planning and transition planning. COMMUNICATION Essential care partner information and program is pro-actively communicated across OHT partners, communities, patients, families and essential care partners.	LINK TO SUPPORT Connect essential care partners to caregiver and community supports and resources for their own well-being. CARE PARTNER EDUCATION AND TRAINING Care partners are provided education and support to validate their role and empower them to participate in care. ESSENTIAL CARE PARTNER ORIENTATION There is a process for onboarding and orienting essential care partners.

LEARNING FROM ESSENTIAL CARE PARTNER IMPLEMENTATION IN OTHER OHTs

Two of the earliest adopters of OHT-wide ECP programs are Hills of Headwaters Collaborative OHT and Algoma OHT (AOHT). These OHTs took distinctly different approaches:

- **Algoma OHT** set out to create a caregiver-friendly Algoma. AOHT began with introducing the Caregiver ID card in the Sault Area Hospital with a plan to roll out the program to other AOHT partners throughout Algoma.
- **Hills of Headwaters Collaborative OHT** created the Caregiver in the Hills program because the Community Wellness Council (patient, family, caregiver voice of the OHT) determined that identifying unpaid caregivers was their main priority. Hills of Headwaters OHT began their implementation with two community-based partners – Alzheimer Society of Dufferin County and Dufferin Child and Family Services. However, their ultimate goal was to create an online hub where any caregiver could self-identify and apply for a Caregiver ID card. The success of their implementation was based on a phased approach.



Caregiver ID as part of an ECP program

Formal caregiver identification (ID) is often, although not always, a core element of Essential Care Partner programs as illustrated by these two OHT-wide examples. Caregiver ID services as a tangible expression of the ECP commitment and program.

Offering a caregiver identification program can be an important demonstration of a system's or organization's commitment to caregivers. It's a concrete way to recognize caregivers and remove barriers to their participation as a health care team member.

It's important to note that Caregiver ID initiatives can be implemented as a stand-alone program, separate from an ECP program. Similarly, an ECP program can be implemented without introducing a Caregiver ID initiative.



TOOLS YOU CAN USE

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[Algoma OHT – Caregiver ID](#)

[Algoma OHT – Sault Area Hospital – Case Study](#)

[Caregivers in the Hills – Case Study](#)

[Caregivers in the Hills – Sarah's Story](#)

[Webinar: Partners in Care – Including Caregivers as Part of the Care Team](#)

[Slide Deck: Partners in Care – Including Caregivers as Part of the Care Team](#)

OVERVIEW OF PLANNING THE ESSENTIAL CARE PARTNER PROGRAM

For OHT ECP programs, there are many approaches that can be taken. Involving patients, caregivers, OHTs leaders and community partners/organizations, patient and caregiver partners, from the initial stages of planning will help to ensure that the selected approach will be successful and have a meaningful impact.

Due to the size and scope of OHTs, a phased approach to implementation that is enhanced and expanded over time is recommended. It will be important to identify priorities for the initial phase of your roll-out plan, such as:

- **The What:** ECP practices and action steps to phase in first
- **The Who:** Potential to begin with focus on a specific patient population
- **The How/Where:** Roll-out using a site-centred model or a community-based model

OHTs are encouraged to select an approach and starting point based on enthusiasm and readiness for an ECP program to exist. Consideration should also be given to selecting a starting point and project team that can act as an inspiration for spread and scale of this work.

This Toolkit provides implementation guidance for both **site-centred** and **community-based** approaches for Essential Care Partner programs.





Site-Centred Model

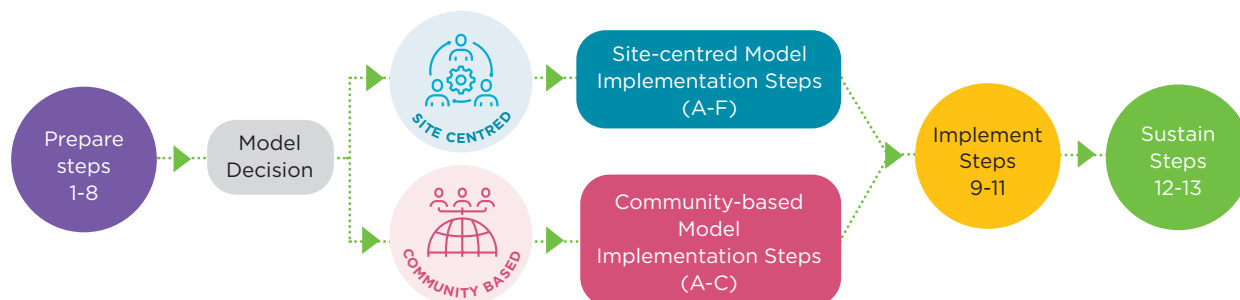
A site-centred Essential Care Partner program focuses on working with health and community care organizations (e.g., hospital, LTC homes) to include, identify and support care partners. Typically, implementation starts in one or two organizations, and spreads to other organizations in a phased approach. When Caregiver ID cards are part of the ECP program, they are distributed via health and community care organizations, and are embedded into existing processes (e.g., intake, assessment, etc.). Caregiver ID is often associated with access within the facility (e.g., specific floors in a hospital, LTC home). Support for care partners is primarily offered via organizations, and can include referring care partners to central resources like the Ontario Caregiver Organization.



Community-based Model

A community-based Essential Care Partner program focuses on identifying family caregivers across the community and is not dependent on organizations for the distribution of Caregiver IDs. It's based on a community-wide awareness, recognition and identification of care partners to include them as key partners in the care of their family members in every setting – from health and community care, to social services, to organizations that people go to in their everyday life, such as stores, community centres, libraries, etc. Caregiver ID cards are distributed centrally (often facilitated by an online process, or an in-person process at select community-based events). Support for care partners is provided centrally by the OHT, as well as through OHT partner organizations.

Each model has a slightly different implementation approach, as illustrated below.



The following section has been presented in a linear step-by-step format under the categories of **Prepare**, **Implement** and **Sustain**, however as you work through your implementation and/or improvement processes, it will likely be a more iterative process.



PREPARE

1

Establish leadership commitment across the OHT

A commitment to an OHT-wide Essential Care Partner program demonstrates the recognition of family caregivers as an integral part of the care team. There is an opportunity to make intentional links between the OHT strategy and how an Essential Care Partner program can further embed an OHT-wide commitment to person and family-centred care.

Identify co-leads (a senior leader with a care partner co-chair) from the leadership table of the OHT to oversee the development, implementation, and/or improvement of the Essential Care Partner program. Consider attaching this work/project implementation to an existing OHT table or working group such as the ALC team or Hospital to Home transition team or the OHT Patient Family Advisory.

Senior leaders' buy-in plays a crucial role in removing barriers to implementation and ensuring Essential Care Partner policies and practices move forward amidst competing priorities and pressures. Identifying and involving key influencers within your OHT is an important step to build commitment and momentum.

This step can include some initial training, education and awareness about the benefits of integrating family caregivers as essential care partners. The audience for this training includes OHT leadership, Patient Family Advisory and/or Community Council, leaders and staff from OHT partner organizations, caregivers and patients.

2

Form an interdisciplinary project working group

Establish a small working group to support co-design implementation and improvement, ideally with representation from a range of staff from various organizations, including clinical and non-clinical staff, patients, care partners, as well as people who are well-acquainted with the local system and OHT partners.

PREPARE

IMPLEMENT

SUSTAIN


**TOOLS YOU
CAN USE**

[Integrating Essential Care Partners as Part of the Care Team in Hospitals – Business Case](#)

[Essential Care Partner Evidence Summary – A summary of evidence regarding the critical role of essential care partners](#)

[Caregiver in the Hills Program Overview – a 2.5-minute video describing the program and purpose](#)

[Healthcare Excellence Canada's Evidence Brief](#)

Include representatives of OHT partners who have endorsed the project, as key champions on the project team.

This group can work together to customize the Essential Care Partner program to meet the unique needs of the community and OHT partners. The team will determine the processes and activities that will support how essential care partners will be identified, included and supported across the OHT.

The working group will become the 'champions' for the ECP implementation as it spreads across the OHT. They will be familiar with resources, tools and templates and can support others throughout the phased implementation.



TOOLS YOU CAN USE

Rapid - Improvement Support and Exchange (RISE) provides a 'one-stop shop' for four types of resources that can support rapid learning and improvement among Ontario Health Teams (OHTs)

[Patient, Family, Caregiver Engagement Tools and Resources](#)

PPEC developed [Creating Engagement Capable Environments in Ontario Health Teams: A Framework for Action](#) in collaboration with patient, family, and caregiver partners and engagement leads from OHTs, the MPFAC Chair, and the Ministry of Health. This framework outlines the competencies, supports and enablers needed to build engagement-capable OHTs along with a one-stop shop of resources to facilitate learning and development.

The Muskoka and Area OHT developed an [FAQ document](#) to support learning about PFC partnership, engagement, and co-design.

[Algoma OHT Community Partnership Toolkit](#)

The Institute for Better Health created an OHT Patient, Caregiver & Community Engagement Learning Series

- [Workbook 1: Communication, compassion & empathy](#)
- [Workbook 2: Bearing witness to lived experience](#)
- [Workbook 3: Equity, diversity and inclusion](#)
- [Workbook 4: Leaning into the challenges](#)
- [Workbook 5: Preparing for engagement activities](#)
- [Workbook 6: Engagement methods](#)
- [Workbook 7: Evaluating engagement](#)

[Watch a video](#) – Hear from caregivers Carole Ann Alloway and Omar Khan about meaningful, authentic engagement of people with lived experience.

[Rules of Engagement - One page Summary](#): 15 recommended approaches for health care organizations to use when they are involving patients and caregivers in any engagement activity.

[Rules of Engagement- the Caregiver Perspective](#), learn how caregivers imagine the rules of engagement. come to life.

3

Meaningfully engage caregivers, patients/residents/clients and staff from a variety of OHT partner organizations in all aspects of ECP program development

Include care partners, patients/residents/clients and front-line staff as early as possible in your planning process. Work with your existing patient experience/patient engagement leads within OHT partner organizations to meaningfully engage these groups. Use existing mechanisms and groups for engagement such as Patient Family Advisory Committees. To eliminate as many barriers to participation, offer different types of opportunities (virtual and in-person), such as surveys, focus groups, advisory committees, working groups and other opportunities for patients/residents/clients and care partners to share their experience. Consider an honorarium for working patients/residents/clients and partners who participate.

Early engagement of a range of patients/residents/clients, staff and care partners in the process paves the way to co-design the development of Essential Care Partner policies and practices across the OHT.

4

Review OHT governance, policies, commitments and patient declaration of values and other guiding documents to ensure explicit commitment to family caregivers as essential care partners.

The working group can review existing OHT guiding documentation to ensure there is an explicit and consistent commitment to care partner engagement and inclusion.

Compare existing policies to ensure alignment with the Guiding Principles offered in this Toolkit and outlined through OHT guidance documents.



**TOOLS YOU
CAN USE**

[Ontario Health Teams:
The Path Forward](#)

[Ontario Health Teams:
Guidance for Health
Care Providers and
Organizations](#)

5

Determine implementation approach

The OHT will need to decide what implementation approach will work for the local community.

It will be important to identify priorities for the initial phase of your roll-out plan, such as:

- **The What:** ECP practices and action steps to phase in first
- **The Who:** Potential to begin with focus on a specific patient population
- **The How/Where:** Roll-out using a site-centred model or a community-based model

Some OHTs may choose to start with one organization (i.e. a site-centred model) while others will move to a community-wide approach right away. Alternatively, there may be a decision to pursue both a community- and organization-based approach concurrently.

During your planning process:

- Consider early on how you will pro-actively communicate about the Essential Care Partner program (see Steps 6 & 12 for more detail)
- Consider early on how to evaluate your Essential Care Program (see Step 7 & 13 for more detail). The evaluation approach to the initial roll-out may differ from the ongoing evaluation process.
- Once the settings are selected, review the membership of the project team to ensure representation from all the organizations involved in the initial roll-outs.

6

Develop an initial communications and awareness plan

Based on the implementation approach, develop a communications plan to reach all the relevant staff, organizations, patients/clients/residents and care partners aligned with the roll-out plan.

If the OHT is planning to start with a community-based model, a broader awareness plan to reach the full community may be needed.

7

Create an evaluation plan

Determine metrics to evaluate the impact of your Essential Care Partner program, including both process and outcomes measures.

Decide on baseline data collection that would be helpful to inform the impact of the program. Start by reviewing data that is already collected by OHT partners, starting with the organizations who are part of the initial roll-out. For example, outcomes measures may include: patient satisfaction scores, readmission rates, types of ER visits, and other quality care outcomes. Process measures may include: number of essential care partners, number of Caregiver ID badges, number of care partners trained, and number of referrals to caregiver support.

8

Identify existing supports for caregivers and determine processes to connect caregivers to support for their own well-being

Caregiving often has an impact on the caregiver's health and wellness, employment, finances and personal relationships. Connecting care partners to support for their own well-being is helpful for building their resilience and preventing burn-out.

Identify what existing supports for caregivers are available through OHT partners and other organizations. Curate caregiver resources that are already offered by OHT partners, starting with the organizations and services included in the initial roll-out.

Determine if additional supports for caregivers are required, and how they can be offered in collaboration with OHT partners. This is a key opportunity to engage with families and care partners to better understand what would assist them, and subsequently provide services that would help meet their needs.

Consider opportunities for care partner screening and further assessment to identify their unique needs. Embedding caregiver supports into your OHT's Access & Navigation model and referral pathways will also help connect caregiver to support.

The Ontario Caregiver Organization offers programs, services and resources that are available for all caregivers across the province.



**TOOLS YOU
CAN USE**

[The Ontario Caregiver Organization's I am a Caregiver Toolkit](#)
(contact OCO for printed copies of this resource)

[Ontario Caregiver Helpline](#)
(1-833-416-2273 (CARE))

[The Ontario Caregiver Organization's Programs & Services At-a-Glance](#)

IMPLEMENT

FOR SITE-CENTRED IMPLEMENTATION MODEL



SITE-CENTRED A

Set up an implementation team at implementation sites/ organizations.

Site-centred implementation teams are required to adapt the OHT's overarching commitment to ECPs to meet the organizational needs and practices. The implementation team should have representation from the project team, and report regularly to co-leads and leadership team.

SITE-CENTRED B

Review and adapt Essential Care Partner policies, practices and processes aligned with the implementation approach

Based on the implementation plan, review policies and practices for the relevant organization(s) included in the initial roll-out.

Policies, practices and processes should be reviewed site by site as the phased roll-out occurs across settings. Consider how prescriptive or flexible the OHT will be in regards to the ECP program model and consistency across the OHT settings.

SITE-CENTRED C

Establish processes that enable and encourage all patients/residents/clients (or their substitute decision makers) to designate essential care partners.

The process for patients/residents/clients (or their substitute decision makers) to designate their essential care partners should be simple and straightforward. Patients/residents/clients should be able to select more than one essential care partner and be able to add or change essential care partners throughout their care journey. When possible, establish processes to enable patients/residents/clients to identify their essential care partner as part of a planned interaction (e.g., intake, appointment).

If relevant, determine processes required to provide essential care partners with a form of Caregiver Identification (ID badge).

PREPARE

IMPLEMENT

SUSTAIN



Caregiver ID can be used to identify and formally recognize essential care partners across the OHT. Considerations for providing essential care partners with a form of Caregiver ID include:

- determining the need for distributing and tracking Caregiver IDs
- requiring return of Caregiver IDs
- incorporating photo identification with Caregiver ID badge
- security functions or features of Caregiver IDs (e.g., in/out privileges or 24 hour enabled access in organizations where relevant).

Each of these considerations may have resource and staffing implications unique to each care setting.



Determine processes and procedures required to document essential care partners

Documentation enables better inclusion of essential care partners as part of the care team and supports any transitions across care settings. As different organizations are phased-in to the ECP program, each organization will need to determine the best way to capture information and data. The OHT will need to facilitate an OHT-wide standard to ensure consistency and mitigate duplication. Collection could happen in the electronic medical record (EMR) or other organizational system for capturing information.



Integrate essential care partner inclusion into practices at each implementation site

Essential care partners play a critical role in sharing information regarding a patient's medical and life history and socio-cultural considerations. Caregivers bring unique expertise that can enhance provider understanding and



TOOLS YOU CAN USE

[Algoma Caregiver ID Toolkit](#)

[The Ontario Caregiver Organization's Caregiver ID templates](#)

support patient care, including knowledge of patient needs and preferences, symptoms and behaviours . To achieve integration across health and social care, healthcare organizations need to improve transitions and mitigate the risk of ALC. Proactive relationships with caregivers is foundational to this long-standing challenge, and can be integrated into your overall strategy.

Working with the ECP lead at each organization, determine processes and activities that integrate essential care partners into point of care workflows and clinical pathways within each organization as they are phased-in to the ECP program to support improved transitions across settings in the OHT. Consider using a Plan-Do-Study-Act model to test the processes and activities before rolling it out more broadly to other sites.

Refer to the [Essential Care Partner Program Implementation Toolkit – A Guide for Hospitals](#) and [Essential Care Partner Implementation Guide for LTC homes](#) for more details and tools to support implementation stage within an organization.



TOOLS YOU CAN USE

[Transitions Between Hospital and Home Quality Standard](#)

[Patient Oriented Discharge tool](#)

[Essential Role of Caregivers in Improving Transitions and Addressing Alternate Level of Care \(ALC\)](#)

[Alternate Level of Care Leading Practices Guide](#)

IMPLEMENT

FOR COMMUNITY-BASED IMPLEMENTATION MODEL



Create a community-wide implementation working group

A community implementation working group is required to develop and test the community-based approach. The implementation team should have cross-representation from the project team, and report regularly to co-leads and the leadership team. Representation should also include community partners from across health and community care, social services and other community-based organizations such as libraries and community centres.



Create an application process

Create an essential care partner application process that is easy for caregivers to access and use. Consider initially partnering with 1-2 community-based organizations to champion the ECP program, while also offering an online portal with a short, easy and barrier-free secure application for collecting data from care partners.



Develop and test Caregiver ID distribution process

Create a process for the distribution of the Caregiver ID, and monitoring uptake. Consider using a Plan-Do-Study-Act model to test the distribution process and improve it before rolling it out broadly to the community.

PREPARE

IMPLEMENT

SUSTAIN

Inspiration from the UK

The inspiration for the community-based model came directly from the Carers Passport program in the UK. The carerspassport.uk website was created through a partnership between Carers UK and Carers Trust as an implementation resource hub. It offers ideas and resources for implementation in community settings including mental health, education, employment, community and hospitals.



TOOLS YOU CAN USE

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[Caregivers in the Hills](#) case example and [presentation deck](#) (slides 28-35)

9

Identify a roll-out plan for training and education across the OHT, to align with the implementation approach

Based on the implementation approach, develop a training and education plan to reach all the relevant OHT partner organizations, patients/clients/residents and care partners aligned with the roll-out plan. Roll-out education for all partners staff, not just those in clinical/patient facing roles. Plans should be made to include education at OHT Tables, networks and working groups. Education should include the following key components:

- Purpose, philosophy and overview of the Essential Care Partner Program, including why the program is important, how it is aligned with person and family-centred practices, and how it can help teams to support patient care
- The focus of the three key pillars/principles – Identification, Inclusion and Support of caregivers and how they support the work of the OHT and organizations
- Implications for clinical and service roles and implications for privacy and consent
- Understanding the role of care partners and how to support and include them
- Clear description and understanding of the training essential care partners receive, including safety protocols (as relevant for organizational settings)
- Acknowledgement that health care teams are likely already positively working with care partners, and that the Essential Care Partner program is a formal way to promote the inclusion of essential care partners and ensure consistency across organizations in the local health system (i.e. OHT partners)

It is recommended that education for staff within each organization where the ECP is being rolled-out is offered before implementation and to OHT partners at various stages of the roll-out.



TOOLS YOU CAN USE

[The Ontario Caregiver Organization's Caregivers as Partners e-learning for care providers](#)

(note that this e-Learning can be easily integrated into your learning management system)

[Caregiver Centered Care Competency Framework](#)

[Contact the Ontario Caregiver Organization for tailored Education Sessions](#)

10

Establish processes and compile materials required for the on-boarding and orientation of essential care partners

Set essential care partners up for success by ensuring they are welcomed and provided with an initial understanding of what to expect. This might include providing an ECP program package that includes important information about the health system, OHT partners, or even specific details about the healthcare setting (in a site-centred model). Materials should also include information about their role as essential care partners, including a mutual understanding of responsibilities of care partners and community members and staff from the OHT and partner organizations.

In the site-centred model, the project lead will need to determine what orientation to their specific setting should be included. In all situations, it should also include an overview of the local system, especially relevant to their family members' care. It's important to consider the initial onboarding process (which may be a group of care partners) versus the ongoing onboarding process after the initial roll-out.

11

Determine what education and training and support essential care partners will receive and how it will be provided

Essential care partners across the OHT should receive an overview of the OHT-wide commitment to caregivers, as well as any system-wide information that's relevant to the ECP Program. This should include any central ways for essential care partners to get support for themselves in their role.

In addition, each organization will need to consider what additional training, education or support is required for ECPs within their setting, if any.



TOOLS YOU CAN USE

[The Ontario Caregiver Organization's eLearning for caregivers: Caregivers Partnering with Health Professionals – A Strategy that Works](#)

[The Ontario Caregiver Organization's Health Privacy & Consent resources for caregivers and care providers](#)

[Ontario Caregiver Helpline](#)

SUSTAIN

12

Communicate the program and process to staff, patients/residents/clients and care partners

Plan to proactively communicate Essential Care Partner program information to all OHT partners and to staff, patients/residents/clients, families and essential care partners at initial roll-out sites.

Site-centred implementation requires a communication strategy for staff, care partners, patients and others within the organization.

Community-based implementation will require a broader awareness strategy to reach care partners in the community and encourage them to engage in the ECP program.

13

Evaluate the initial roll-out

Evaluate and analyze the initial roll-out and adapt your approach based on the learnings. Make changes and updates to the Essential Care Partner program based on feedback, both within the initial implementation site (community-based or site-centred) and as the roll-out continues across the OHT. Revise OHT-wide and site-centred ECP policies and practices accordingly.

Refresh the project team to include representation from subsequent implementation organizations/settings.

Use a continuous improvement approach by operationalizing an annual evaluation process for ECP within the settings where it has been implemented.

PREPARE

IMPLEMENT

SUSTAIN



ALGOMA OHT - SAULT AREA HOSPITAL

CASE EXAMPLE

The Algoma Ontario Health Team (AOHT) responded to the challenges of COVID-19 by recognizing the crucial role caregivers play in supporting equity-deserving patients. With visitor restrictions in place, the AOHT initiated the Caregiver ID Program, as its initial activity under its commitment to an Essential Care Partner program to include caregivers in patient care. The program, launched as a pilot at Sault Area Hospital (SAH) in January 2021, rapidly expanded across hospital units.

Led by SAH's Transformation Department, the project involved updating caregiver policies, defining roles, issuing identification cards, and providing training. Collaborative efforts with patient and family advisors shaped the program, and collaboration with the Ontario Caregiver Organization facilitated success by incorporating proven tools and strategies.

Clear communication and education were pivotal in ensuring staff and caregivers understood the distinction between visitors and essential caregivers. The flexibility of the program allowed care teams to adapt, resulting in improved patient experiences. Notably, the program transformed challenging situations into positive outcomes. Caregiver involvement led to reduced anxiety and better care for patients.

The program garnered widespread support from staff, physicians, patients, and families. With successful completion of the pilot, the team plans to expand the standardized Caregiver ID Program across SAH and other AOHT partner sites, including long-term care. The initiative aims to formally recognize and integrate caregivers throughout the continuum of care in the community, enhancing patient outcomes and family support.

HILLS OF HEADWATERS COLLABORATIVE OHT - CAREGIVERS IN THE HILLS



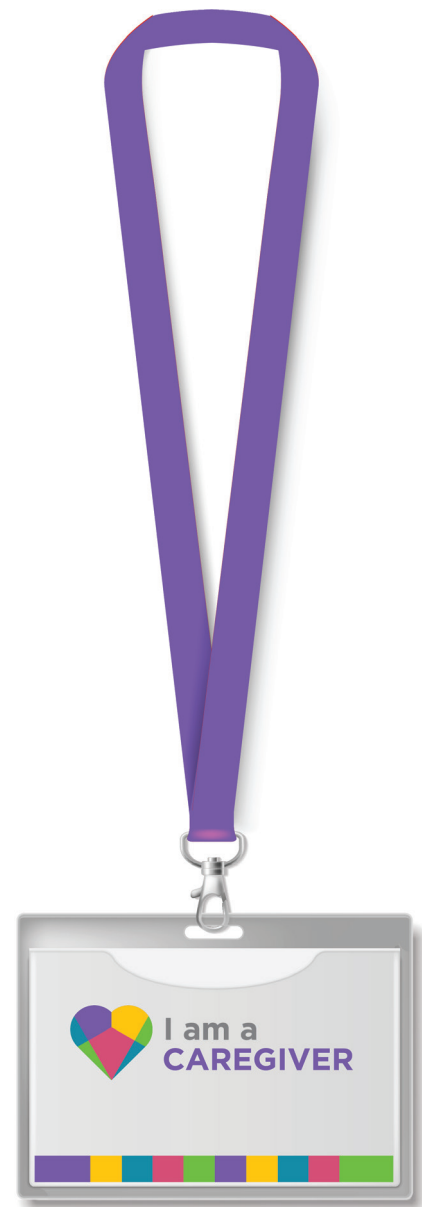
CASE EXAMPLE

Caregivers in the Hills – a small community, with big reach

The Caregivers in the Hills program was created by Hills of Headwaters Collaborative Ontario Health Team (HOHC OHT), after they heard first-hand from caregivers in their community that they wanted and needed to be recognized as valuable members of the care recipient's health care team.

As a result, HOHC OHT made formal caregiver identification a key priority, providing caregivers with an identification badge to validate and recognize their role on the care team.

This free program is made available to caregivers in Dufferin County and Caledon who submit an application for a badge. The identification badge can be used in health and social care settings to ensure care providers recognize them as the caregiver. In addition, participating businesses in Dufferin-Caledon offer discounts and benefits when the badge is presented. Caregivers in the Hills has more than 170 caregivers with Caregiver Identification badges and the momentum continues to grow across the community. Watch a video and learn more about the Caregivers in the Hills Program here: <https://hillsofheadwaterscollaborative.ca/patients-community/caregivers-in-the-hills/>



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This Toolkit builds on the collective and continuing work of many people and organizations. Specifically, this Toolkit was adapted based on the Essential Care

Partner Implementation Toolkit – A Guide For Hospitals, which was developed with insights and feedbacks from care partners, as well as hospital and long-term care partners from the OCO's Essential Care Partner Learning Collaborative.

The examples and case stories included in this Toolkit draw from the leading work of Algoma OHT and Hills of Headwaters Collaborative OHT Caregivers in the Hills program, we are grateful for their leadership and contributions to this resource.

REFERENCES

ⁱHealthcare 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

ⁱⁱHahn-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>

ⁱⁱⁱHealthcare Excellence Canada, Evidence Brief Addendum: Essential Care Partners Emerging Evidence, August 2021. https://www.healthcareexcellence.ca/media/xjfdvtm/hec-10570-evidencebrief-addendum-care-partners_092421_1.pdf

^{iv}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/>

^vHealthcare 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

^{vi}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>

^{vii}Healthcare Excellence Canada, Evidence Brief Addendum: Essential Care Partners Emerging Evidence, August 2021. https://www.healthcareexcellence.ca/media/xjfdvtm/hec-10570-evidencebrief-addendum-care-partners_092421_1.pdf

^{viii}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/>

^{ix}Institute for Patient and Family-Centred Care, Facts and Figures About Family Participation; Better Together, Partnering with Families. <https://www.ipfcc.org/bestpractices/Better-Together-Facts-and-Figures.pdf>

Canadian Foundation for Healthcare Improvement. Better Together: Re-Integration of Family Caregivers as Essential Partners in Care in a Time of COVID-19. Canadian Foundation for Healthcare Improvement; 2020. https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/bt-re-integration-of-family-caregivers-as-essential-partners-covid-19-e.pdf?sfvrsn=5b3d8f3d_2

Essential Care Partner Support Hub

Email: ecpsupporthub@ontariocaregiver.ca

Ontario Caregiver Helpline

1-833-416-2273

The Ontario Caregiver Organization

Email: info@ontariocaregiver.ca

Phone: 416-362-CARE (2273) or 1-888-877-1626

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