THE ONTARIO caregiver ORGANIZATION

ESSENTIAL CARE PARTNER SUPPORT HUB

Partnering with Caregivers in Long-Term Care:

A How-To Guide for Essential Care Partner Programs

In collaboration with

ONTARIO CLRI Centres for Learning, Research & Innovation in Long-Term Care

BAYCREST • BRUYÈRE HEALTH • RIA

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INTRODUCTION

This guide outlines how to implement a consistent, intentional approach to partnering with caregivers (care partners) in long-term care. **The goal is to ensure caregivers are formally identified, actively included as part of the care team, and meaningfully supported in their role.** This might be in the form of an essential care partner program, or a set of practices, policies and processes that enable caregiver inclusion and support in long-term care, supporting person-centred care.

Who is this guide for

- LTC leaders who lead or provide advice for the program
- LTC team members who support the program (including registered nurses (RNs), registered practical nurses (RPNs), personal support workers (PSWs), social workers, recreation therapists, volunteers, and others)
- Family, care partners, and residents engaged in program planning, including the home's Family and Residents' Council(s).

Care partners positively impact resident well-being

Research shows that families and other unpaid care partners play a vital role in providing care and support in LTC homes[1]. Families and care partners are a source of deep knowledge about residents. They provide essential psychosocial and emotional support and can also assist with personal tasks. They are more likely to observe even the most subtle changes in a resident's health and well-being, and act as a line of communication between the residents, LTC team members, and other family or visitors. The COVID-19 pandemic underscored just how critical care partners are in supporting the health, well-being, and quality of life of people living in long-term care[2]. In its wake, there has been a growing recognition of the need for a structured approach that enables care partners to be actively and meaningfully involved in care.

WHAT IS AN ESSENTIAL CARE PARTNER?

An essential care partner:

- Is selected by the resident or substitute decision maker
- Is formally recognized by a healthcare organization (such as a long-term care home)
- Can include family members, close friends or other caregivers that know the resident well, and provide the resident with physical, psychological and/or emotional support

This term is used because research shows that these individuals play an essential role in long-term care homes, and because they fulfill this role through a meaningful partnership with the resident and the interprofessional team. The Fixing Long-Term Care Act, 2021 in Ontario uses the term essential caregiver. Other jurisdictions may use other names, including essential family caregivers and designated care partners. All of these terms are acceptable – long-term care homes should ask residents and care partners what term they prefer, and could do this through Family and Residents' Councils.

Essential care partners provide essential care such as:

Helping residents maintain contact with their families, community, and friends

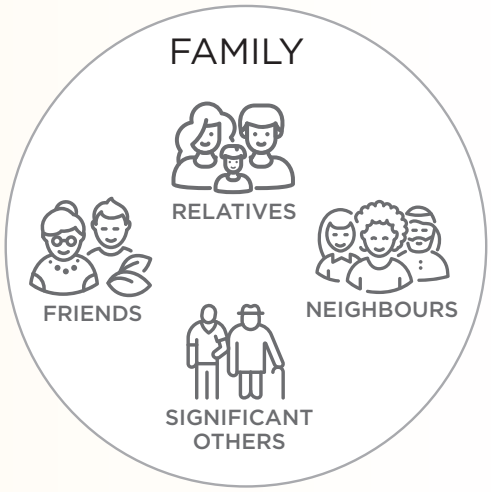
Assisting at mealtime, especially for residents requiring more time to eat

Providing opportunity for valued engagement

Providing psychosocial and emotional support

A note about language:

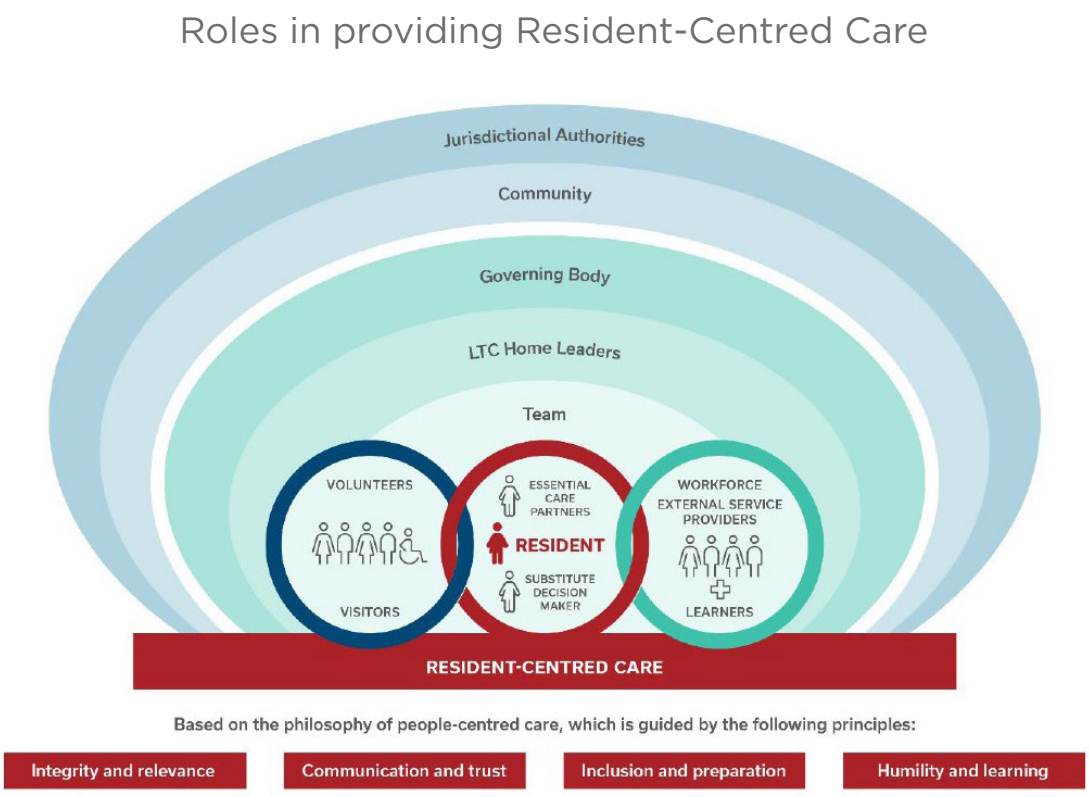
Many terms have been used to describe family and friends who regularly enter long-term care (LTC) homes to support a resident. In this guide, we use the term care partner interchangeably with caregiver to describe individuals offering care and support to residents. In addition, this guide uses The City of Toronto's *Leading and Learning with Pride: A Revitalized Tool Kit on Supporting 2SLGBTQI+ Seniors* definition of family, which includes both families of origin and chosen families, friends, neighbours, or others who provide mutual support. Residents may have very important people in their lives (friends, neighbours, significant others) who they may not formally describe as family but provide significant mutual support. When we say family in this guide, it is intended to include the significant people in a resident's life.



RESIDENTS AT THE CENTRE

Health Standards Organization's National Long-Term Care Services Standard, developed by the Standards Council of Canada, the Health Standards Organization, and the Canadian Standards Association, set a shared vision for safe, high-quality, resident-centred care. These standards emphasize team-based care, resident choice, and continuous quality improvement, recognizing that caregivers are essential partners in care, central to supporting residents' daily needs, well-being, and quality of life.

As illustrated in the following diagram, **resident-centred, team-based care** comes to life through the shared roles and commitments of residents, substitute decision makers, essential care partners, team members, leaders, and system partners. This guide advocates for a resident-centered focus. Residents must be included in all decisions concerning their wellbeing and care. Substitute decision maker(s) must be included in decisions when residents cannot make decisions on their own.



Resident-centred, team-based care model in long-term care
From *CAN/HSO 21001:2023 (E) — Long-term care services: National Standard of Canada*, by Health Standards Organization, 2023 https://healthstandards.org/standard/long-term-care-services-can-hso21001-2023-e/.

BENEFITS OF ESSENTIAL CARE PARTNER PROGRAMS AND CAREGIVER INCLUSION PRACTICES

Essential care partner programs and caregiver inclusive practices and policies in long-term care:

- Identify caregivers
- Include them as part of the care team
- Support caregiver well-being

IDENTIFY
the caregiver

INCLUDE
the caregiver as part of the care team

SUPPORT
the caregiver

An essential care partner program can help a LTC home to solidify their commitment to recognizing and including caregivers as essential partners in care by providing a consistent, intentional approach to partnering with caregivers. An essential care partner program provides opportunities to strengthen and maintain relationships between residents, families, and LTC team members.

This guide emphasizes the importance of relationships among LTC team members and family, to ensure an effective partnership for the quality of life of the resident. LTC team members engage families in care plans, offer updates on residents and on what is happening in the home, and may help or advise families in carrying out various personal care tasks.

Partnering with care partners benefits everyone: caregivers feel recognized and supported, residents experience improved care and quality of life, and team members benefit from clearer communication and enhanced teamwork.

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

- Improved quality of care
- Improved resident outcomes
- Improved health quality indicators
- Improved working conditions for healthcare professionals
- Less pressure and reduced costs to the health system

ESSENTIAL CARE PARTNER PROGRAM CORE ELEMENTS AND LEADING PRACTICES

Through evaluation activities and collaboration with healthcare organizations, the OCO's Essential Care Partner Support Hub has identified six core elements that homes can consider when fostering a culture of essential care partner inclusion. Each core element is accompanied by a set of leading practices designed to support its development. These core elements and leading practices are important to consider as key components of essential care partner programs that enable caregiver inclusion in a LTC home.

Leadership Commitment and Sustainability	Policy and Process Development	Caregiver Identification and Documentation	Staff Training and Education	Caregiver Onboarding and Education	Caregiver Support
Organizational commitment The organization has communicated a commitment to caregiver inclusion **Resource allocation** Resources are allocated to support caregiver inclusion activities **Leadership champion** A senior leader is championing caregiver inclusion **Evaluation** Caregiver inclusion practices are evaluated to inform continuous improvement	**Caregiver engagement & co-design** Caregivers are engaged in the design and development of caregiver-related policies, processes and programs **Policy** Policies support caregiver inclusion and distinguish essential care partners from visitors (e.g., enabling 24/7 caregiver presence, in accordance with care recipient wishes) **Communication** Caregiver policy, program, and practice information is openly communicated **Resolution process** There is a process to promptly resolve issues related to caregiver designation and responsibilities **Involvement & responsibilities** Caregiver involvement and responsibilities are defined in collaboration with care recipients and caregivers based on their needs and abilities **Integration** Caregivers are integrated into care processes and key moments in care (e.g., assessment, care planning, care conferences, discharge planning)	**Designation** Care recipients (or their substitute decision makers) are enabled to designate caregivers as early as possible **Caregiver documentation in the EMR** Caregivers are documented in the EMR, differentiated from emergency contacts **Caregiver documentation in workflows** Caregivers are documented in workflows and care pathways **Identification** Caregivers are visually identified in appropriate settings (e.g., using a lanyard or ID badge)	**Leadership education** Senior leadership and management are educated about the essential role of caregivers **Staff education about the value of caregivers** All staff receive education about the value of caregivers, and their essential role on the healthcare team **Staff education about policies & practices** All staff receive education about essential care partner policies and practices and how to put them into action	**Caregiver orientation** Caregivers are welcomed and oriented to the healthcare setting/ organization **Caregiver education & training** Caregivers receive education and training on key aspects of their role	**Connections to support** Caregivers are connected to resources and services for their own well-being **Providing support services** Support services are available for caregivers **Screening for distress** Caregivers are screened for distress and receive further assessment as appropriate

BUILDING BLOCKS FOR CAREGIVER INCLUSION – WHERE TO START?

A well-functioning essential care partner program can be an important building block for creating a culture of caregiver inclusion that consistently engages families as partners in care. By providing a formal structure for policies and practices that support collaboration with caregivers, an essential care partner program helps embed people-centred care into everyday practice.

One approach to building this culture is to develop, design and implement a comprehensive essential care partner program at one time using a project plan, and then revisit the program to ensure continuous improvement over time. Another approach is to build an essential care partner program 'block by block' over time, as Osgoode Care Centre has done. This phased approach allows teams to focus on one change at a time by selecting and prioritizing key leading practices, and then implementing subsequent leading practices can build on the roll-out of previous changes. For instance, implementing LTC team member education on the importance of partnering with caregivers could be a first step in building a culture of caregiver inclusion. After this first building block, you can pause and assess the challenges and successes of the practice change and learn from that implementation before moving to the next leading practice.

SPOTLIGHT STORY

Osgoode Care Centre: A Rural Home Leading the Way in Caregiver Partnership

Osgoode Care Centre, a rural not-for-profit long-term care home serving 100 residents, prioritizes keeping residents connected with caregivers. In 2022, they piloted the Essential Care Partner (ECP) Program Implementation Guide, confirming the need for a clear, structured approach to onboarding and partnering with caregivers. Today, the home has implemented a program that onboards caregivers at move in, trains team members, issues ECP badges, and documents ECPs in their EMR, strengthening communication, partnership, and person-centred care throughout the home

The following framework, which outlines three key stages: **Prepare, Implement,** and **Sustain**—can help you structure your approach and guide your planning. The following sections have been presented in a linear step-by-step format, however as you work through your implementation and/or improvement processes, it will likely be a more iterative process.

PREPARE

- Establish leadership commitment
- Identify program/project lead responsible for planning, implementation and evaluation
- Form an interprofessional project team, including care partners
- Meaningfully engage caregivers, residents, frontline team in all aspects of program development and practice implementation program development
- Review organizational policies and practices
- Plan your implementation approach
- Identify your champions
- Design your program

IMPLEMENT

- Design and implement Essential Care partner policies, practices and processes
- Communicate the program and process to team members, residents, and care partners

SUSTAIN

- Evaluate and Improve your Essential Care Partner program

PREPARE

Establish leadership commitment

Leadership commitment plays a pivotal role in driving transformational change by setting the vision, allocating resources, communicating progress, establishing clear expectations, addressing team members, concerns, and demonstrating visible support for essential care partner inclusion within LTC. LTC leaders often have overall responsibility for implementing, improving or sustaining an essential care partner program and can use this guide to foster organizational commitment to the program and gather specific information to adapt the program to meet the specific needs of the home.

Identify a leader

The program or practice change leader is an individual who demonstrates passion and commitment to building a program or practices that partner with caregivers, and who has overall responsibility for facilitating its design, implementation, and operation. An ECP program leader could be the LTC home's Director of Care, Social Worker, Recreation Manager or someone whose role involves quality improvement or resident and family experience in the home.

Form a team

An ECP program leader will need to collaborate with a supportive team of people who are dedicated to implementing and sustaining an effective ECP program or implementing leading practice change over time.

A diverse group of key contributors can help the ECP program team better understand the unique role each person plays in supporting a resident's health and well-being. Strong, collaborative partnerships across and between team members lead to more coordinated care and ultimately enhances the quality of life for residents.

The Ontario Caregiver Organization's Essential Care Partner Support Hub team can provide guidance, tools, and resources to help your team plan, implement, and evaluate your ECP program effectively, and connect you with other peers across the province who are developing or enhancing their own Essential Care Partner programs.

Looking to connect with the Essential Care Partner Support Hub team?

Reach out today:
ecpsupporthub@ontariocaregiver.ca

Meaningfully engage with the Residents' Council and Family Council

The program or project team should collaborate with the Residents' Council and Family Council to understand the current priorities of residents, family, and friends based on their lived experiences. These councils serve as established communication channels between residents, families/friends, and team members, and provide an ideal forum for sharing information and gathering feedback on the development, implementation, and operation of caregiver inclusive practices or an essential care partner program. Resources and toolkits from resident- and family-council networks can support and sustain meaningful engagement. For example, the Ontario Association of Residents' Councils (OARC) offers guidance, templates, and training supports for Residents' Councils, and Family Councils Ontario (FCO) similarly provides toolkits and resources to help strengthen Family Councils.

Gather the information and tools needed to implement the program

It is important to think about the information and tools you will need. This includes first; any policies or regulations put in place by the Ontario Ministries of Health and Long-Term Care that relate to the presence of family in the LTC home.

LTC homes should stay up to date on any current directives or guidance communicated under the Fixing Long-Term Care Act (FLTCA), as these may evolve over time.

The ECP program team should ensure alignment with Ontario's Residents' Bill of Rights. Residents have the right to safe, ongoing support from caregivers to promote their well being and quality of life (Section 20) and to have any friend, family member, or caregiver attend meetings with team members or the licensee (Section 21).

The home might also have or may be developing its own policies related to the presence and role of families. Orientation programs and resources already utilized for LTC team members may be modified slightly and used for training ECPs.

SPOTLIGHT STORY

What We Can Learn from Lakeridge Gardens' Caregiver Partnership Approach

Lakeridge Gardens, a long-term care home that opened in 2022 in Ajax, made caregiver partnership a cornerstone of its culture from the start. Co-designing their Essential Partner-in-Care (EPC) Program with caregivers, team members, and leadership, they established clear processes for identifying, orienting, and including EPCs in daily care. This early, meaningful collaboration is a key reason the program continues to thrive, strengthening relationships between residents, caregivers, and team members.

Review organizational policies and practices

The project team should compile and collectively review existing organizational policies relating to visiting, care partner or family presence. Equity and inclusion should be key considerations when reviewing and revising policies – ensure that policies do not create unintended barriers for residents or care partners. Minimizing barriers to care partner inclusion is a particularly important consideration for equity-deserving residents and their care partners. For example, if a resident or care partner does not read English and the only way the program is communicated is in written materials, this will create a barrier for care partner designation and participation. In particular, policies should ensure that:

- Caregivers are recognized as essential care partners, and differentiated from general visitors
- Organizational policies and practices enable the essential care partner open access to the resident (in accordance with their wishes) and support essential care partner inclusion
- All residents (or their substitute decision-makers) are empowered and encouraged to designate their essential care partner(s), and have the ability to make changes to this, if necessary
- Essential care partner tasks/time commitments are based on resident and caregiver needs, abilities, comfort levels, and preferences

The project team should work together to develop and define mutual expectations of responsibilities for essential care partners and other care team members, including the level of essential care partner participation regarding different aspects of care. This is an opportunity to strive for a care partner inclusive environment that is consistent across the LTC home, with little to no restrictions on essential care partner presence and inclusion.

Prepare to revisit and revise these policies once you have implemented the Essential Care Partner program, based on evaluation outcomes and feedback from residents, care partners and team members.

IMPLEMENTATION TIP

Align your Key Practices and Program with Organizational Goals

- Integrate the ECP program into strategic plans, quality improvement plans, and Board reports, as well as planning for Accreditation.
- Regular updates show how the program strengthens person-centered care.

Plan your implementation approach

Some LTC homes may choose a pilot first approach (e.g., starting with a floor or home area), while others will move to an organization-wide approach right away with key leading practices or a more comprehensive ECP program. Either way, consider using a Plan Do Study Act (PDSA) approach to test the practices for identifying, including and supporting care partners. Use a quality improvement approach to learn from and improve policies and practices, based on the experience of team members, residents and care partners. As much as possible, plan to adapt existing tools and templates to facilitate implementation.

During your planning process:

- Consider early on how you will proactively communicate about key practices or your essential care partner program
- Develop a process to address concerns and to problem-solve glitches, unanticipated situations, unique circumstances.
- There should be ample opportunity for both team members and care partners to bring forward questions, concerns and suggestions.

Identify and gain support of internal champions

These champions may be those in leadership or interprofessional roles. It is particularly helpful to have champions in each department/ home area that support the team in navigating, understanding and embracing the inclusion of essential care partners.

DESIGN YOUR PROGRAM

The process illustrated on the right can assist LTC homes with designing an ECP program or prioritizing key leading practices. We recommend that the ECP program team co-design caregiver inclusion practices and an ECP program with meaningful engagement and feedback from key people, including leaders, LTC team members, the Residents' Council and Family Council.

Co-design a high-level program description

A program description can include what an ECP program is, how it will work, and the intended goals and outcomes. The ECP program team will co-design the initial program description with residents, family, and LTC team members and determine the main program components, such as:

- Educating LTC team members
- Orienting residents
- Identifying and documenting ECPs
- Orienting and educating ECPs
- Recognizing ECPs with ID Badges
- Connecting caregivers to support
- Providing a conflict resolution process
- Communicating important program information
- Managing and improving the program

While creating a program description, consider the unique contexts of the residents living within the LTC home. For example, what about the residents who do not have someone to designate as ECP either because they have minimal social support, or none of their support live locally? The LTC home could consider inviting volunteers to act as ECPs to support those residents.

Engage with key people about the program description and collect feedback

Experience has shown that ECP programs benefit when a variety of knowledge and expertise across the organization is incorporated in program design. Key people to engage with can include:

- Family and Family Council
- Residents and Residents' Council
- LTC team members who support the program (including RN's, registered practical nurses (RPNs), personal support workers (PSWs), social workers, recreation therapists, volunteers, doctors, food services, housekeeping, and others).
- Director of Care and other senior leaders
- Students or trainee volunteers

You want to build a solution that truly works for the caregivers in your setting, which means building it with them. This is what co-design is all about. Co-design provides valuable insights into the barriers caregivers face when navigating care and helps you identify practical ways to bridge those gaps.

Including caregivers at every stage—from idea generation to evaluation—helps ensure your program is practical, person-centered, and impactful.

To help you get started, you can use OCO's Caregiver Co-Design Checklist to ensure that caregiver voices are meaningfully included from start to finish.

Incorporate feedback and develop near to final program description

The ECP program team will use the feedback to revise and improve the initial program design. During this step, the program description should now be thought of as near-to-final.

Engage key people again with final program description

Once the revised draft of the program description is complete, the ECP program team will engage key people again for an additional round of feedback. This step is to show that their initial feedback was understood and incorporated. This also helps strengthen the culture of engagement and co-design in your home.

Incorporate final feedback and finalize program design

The ECP program team will incorporate any further feedback provided by key people to create a final program design. Once the ECP program team agrees upon a final program description, the implementation of the program may begin.

IMPLEMENTATION TIP

Use program development and practice change as an opportunity to build strong partnerships

- Use program design and practice changes to foster trust and collaboration between families and LTC team members. Create opportunities for families and LTC team members to meet and discuss ways to improve the well-being of residents.
- Encourage mutual understanding: LTC team members can learn about residents' unique needs and family concerns; Families can learn about team members responsibilities, workload, and routines.

IMPLEMENT

There is no single recipe for how to implement caregiver inclusion practices block by block, develop and implement an ECP program. However, some LTC homes have used an approach that includes the following steps.

1 ***Educate LTC Team Members***

To support the strong understanding of the program and the philosophical shift towards caregivers as partners in care, education of the LTC team is critical. Education for LTC team members can include foundational information about the valuable and essential role caregivers play in resident well-being.

The Ontario CLRI at Bruyère Health and OCO have developed three free-of-charge 20-minute bilingual e-Learning modules with practical, tangible tips for LTC teams working with caregivers. This e-Learning is also available through Surge Learning and can be incorporated into onboarding for new LTC team members.

Education could also include an overview of the ECP program, safety protocols for ECPs, and guidance on incorporating ECPs into personal care tasks. This training should emphasize the importance of communication and relationship-building with ECPs. For example, LTC team members can regularly check in with ECPs to see how they are doing in their role and identify if additional support is needed. These tips for team members provide 6 easy ways LTC team members can support caregivers in their everyday work.

2 ***Orient Residents***

The program needs to orient and include people who are at its centre: the residents living in the LTC home. Residents need to be told about the program, its purpose and how it will work, and they should also be asked about who they would like to invite to be their ECPs. Consider how current residents and incoming residents will be informed about how they can designate an essential care partner. Consider if there's an important for visual signage and information about the ECP program, perhaps on a resident information board, or near the activity calendars.

IMPLEMENTATION TIP

Integrate ECP Information into Training

- Include ECP program info into new LTC team member orientation and annual Residents' Bill of Rights training.
- Invite ECP program and practice leaders to attend relevant departmental meetings and town halls.

3

Identify and designate essential care partners

Whenever possible, the resident should select and designate their ECPs. Each resident should have at least two ECPs (and more if possible). If a resident is unable to select their own ECP, consult the resident's substitute decision maker (SDM) to identify and designate the people most suited to take on this role. The ECP may be the SDM themselves, or someone in addition to the SDM.

Once the potential ECPs are identified, contact them, explain the program and its purpose, and invite them to participate.

The ECP program team should create a safe space for an open, honest conversation with ECPs on what roles they would like to take on in supporting the personal care and psychosocial needs of a resident. Every resident and family situation is unique, and thus ECPs will work with the LTC team to decide on appropriate responsibilities that are within the comfort level of the ECP and complement the responsibilities of the LTC team. Essential care partner roles may vary and could include emotional support, companionship, assistance with activities of daily living, or advocacy.

If a volunteer program will be set up for residents who do not have anyone to act as ECP, a recruitment plan should be developed. There may be opportunities for individuals in an ECP role supporting other residents who may be interested in acting as volunteers as well.

An ECP does not have to be a resident's Power of Attorney (POA) or substitute decision maker (SDM), and in fact often will not be. It is important that LTC team members understand the status of each of the ECPs appointed by the resident. Knowing this status will help guide what personal health information can be shared with whom, and who can consent to treatment on behalf of the resident (if the resident is not capable of making the decision). This status should be clearly outlined on a resident's healthcare record, and effort should be made to ensure that the ECPs understand their roles and what information can and cannot be shared with them. LTC team members should receive training about privacy, consent, capacity, and the relevant legislation to reduce risk of privacy breach or other related issues. This resource helps to break down the different terms and roles.

IMPLEMENTATION TIP

Clarify Roles and Privacy

- Essential care partners do not need to be a substitute decision maker (SDM) or have a Power of Attorney (POA); they often are not.
- Clearly outline essential care partner status in residents' health records and/or care plan
- Train LTC team members on privacy, consent, and relevant legislation.

4 ***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 may also support any future transitions (e.g., in or out of hospital). Documentation may occur in the electronic medical record (EMR) or another system for capturing information. Documentation should include essential care partner contact information and relationships to the resident, including if the care partner is also the substitute decision maker. Documentation may also include timing of care partner presence, as well as the level of participation in care that both the resident and care partner have identified based on their needs and preferences. This may change over time and documentation should be updated accordingly.

5 ***Orient and educate essential care partners***

Caregivers and families should be welcomed to the LTC home with information and recognition that they are important partners in care. Essential care partners can receive orientation and onboarding to the LTC home, which includes information and guidance on the home's policies and procedures, tips for effective partnering with LTC team members, and Infection Prevention and Control (IPAC) training. There could also be opportunities to learn how to perform personal care tasks with assistance from LTC team members, and an understanding that care can look different depending on the unique relationship between the essential care partner and the resident. The orientation should also include opportunities to communicate with and form relationships with LTC team members.

IMPLEMENTATION TIP

Share ECP Program Information Early

- Include ECP program details in your Move-In/ Admission Package.
- Ensure families and potential residents are aware of the program from the start
- Share reminders about the program at Residents' and Family Council meetings.

SPOTLIGHT STORY

Mount Hope Centre for Long Term Care: Championing Caregiver Partnership

At Mount Hope Centre for Long Term Care, caregivers aren't just visitors, they're valued members of the care team. To facilitate collaboration between caregivers and team members, they created a comprehensive Essential Caregivers Designated Partners in Care Handbook: covering everything from resident rights and communication to care training and infection prevention.

Caregivers also receive ID badges to show they're an integral part of the team, and team members benefit from ongoing education to foster collaboration and understanding. With these initiatives, Mount Hope Centre for Long Term Care makes it easier for caregivers to stay connected, supported, and empowered; helping everyone work together to provide person-centred care.

6 ***Recognize essential care partners with Caregiver ID badges***

Formal essential care partner identification can be used to identify and formally recognize essential care partners in the LTC home. The benefits of using a Caregiver ID include:

- Helping to distinguish essential care partners from general visitors
- Helping LTC team members easily identify ECPs during emergency situations/outbreaks (particularly for shift changes or when the use of masks and PPE may make it more difficult to recognize care partners)
- Reassuring team members and residents that the care partner has received training and has permission to be there
- Reassures care partners that team members know they have permission to be in the building and may help them feel more welcome
- Gives care partners confidence to ask questions, share information, and be active partners in care
- Recognizing the care partner's role as essential and facilitates the active partnership between care partners and team members in supporting care and decision-making

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, and security functions or features of Caregiver IDs (e.g., in/out privileges or 24 hour enabled access). Each of these considerations may have resource and staffing implications unique to each LTC home.

7 ***Connect essential care partners to support for their own well-being***

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

Support materials provided to essential care partners can contain resources that outline where the caregiver can go for help. Support materials such as brochures can be made available in common areas within the LTC home.

The OCO offers programs and services that are available for all caregivers across the province. The OCO's I am a Caregiver in LTC Toolkit can be provided to essential care partners as part of their orientation to the home. The OCO also offers the I am a Caregiver Toolkit resource in multiple languages to better support Ontario's diverse communities. If you're interested in getting printed copies for your home, **order them here!**

Determine what support services may be available from the LTC home to assist essential care partners to take care of their own needs while they are providing essential care. These supports may include a space for respite or remote work, family or caregiver resource centres, a support group for caregivers, access to spiritual care, areas of worship, multi-faith or prayer rooms, as well as food/cafeteria or parking vouchers. It may also be helpful to include a list of local services or accommodation for care partners from out-of-town. This is a key opportunity to engage with families and care partners to better understand what would assist them and help meet their needs.

8

Provide a conflict resolution process

It is important for LTC homes to offer an open and transparent conflict resolution process to address any concerns or disagreements related to ECP designation or participation. The process should be communicated clearly so that residents, families, and care partners understand how to share feedback or request a review of a decision.

The process should be timely, fair, and collaborative, focusing on resolving issues through discussion and mutual understanding whenever possible. It may include a formal review or a facilitated meeting with the parties involved. Interpretation or translation services should be made available to ensure that all individuals, regardless of language, can fully participate in the process.

If concerns remain unresolved families should be provided with next steps and contact information for escalation, including senior leadership within the home, and the Ministry of Long-Term Care. This ensures families know all available avenues to have their concerns addressed.

9

Communicate important program information

It is important to think about who needs to be informed of new and critical information. This could include residents, families, LTC team members, as well as others such as physicians, nurse practitioners, and volunteers who regularly enter the home.

Develop an ECP program communication plan that outlines to whom information is communicated, for what purpose, how often, and what methods are used. Consider both ongoing and crisis communication plans.

At the outset, consider holding huddles to explore barriers, concerns and worries from team members regarding the essential care partner program or practice changes. Also consider how to communicate on-going changes or improvements to the program or practice as it becomes embedded in operations.

Ensure that communications to residents and families about program, practice and policy and updates are frequent, clear, and brief. Some examples of communication methods include email, phone calls, virtual meeting platforms, social media, town hall meetings, and creating a special webpage on the home's website to explain the program and to communicate new information about it. It would also be beneficial to use any existing communication vehicles to provide updates. For example, consider sharing information through the LTC home's family newsletter.

IMPLEMENTATION TIP

Use Clear and Inclusive Communication

- All materials should be in plain language and jargon-free
- Use gender-inclusive language (e.g., "they" instead of "he/she")
- Ensure images and wording reflect the diversity of your community and are free from stereotypes
- Find out from caregivers what language(s) they would like to receive materials, and ensure materials are translated.

SUSTAIN

Evaluate and improve your Essential Care Partner Program

Manage, evaluate and improve the program by developing a continuous improvement process. Continue to monitor and collect feedback, concerns and suggestions from residents, families and essential care partners and team members. The engagement, feedback and support of LTC team members is crucial to the success and sustainability of an Essential Care Partner program. You can use mechanisms such as rounding, check-ins and surveys, focus groups, a suggestion box, and promotion week to help collect input.

To gather data about the program's performance, we suggest that the following questions be asked of at least five residents, five essential care partners, and five LTC team members:

1. What is your experience of the ECP program?
2. What is working well?
3. What can be improved?

Those who are involved in these meetings should have the opportunity to provide their responses anonymously. The ECP program team can organize responses and make changes and updates to the program or practices based on this feedback, and revise policies and practices accordingly.

TOOLS AND RESOURCES THAT CAN HELP YOU

Resources for Implementation & Engagement	
HEC: Engagement-Capable Environments Organizational Self-Assessment Tool	This tool helps organizations influence and improve how care is delivered by using purposeful and meaningful engagement.
Your caregiver co-design checklist	A practical checklist to guide teams in partnering with caregivers at every stage—from generating ideas to implementing and evaluating your work—whether you're creating a resource or supporting a change in practice, such as developing an essential care partner program.
Resources to Support Caregiver Education & Awareness	
Caregivers as Partners e-Learning	Caregivers as Partners in Long-Term Care (1 hr): Designed specifically for long-term care teams, co-designed with residents, caregivers, LTC leaders and team members. Developed in partnership with Ontario CLRI at Bruyère Health and OCO.
Video (6 mins): Caregivers are Essential	Seven caregivers and two providers share their story; shining a light on the reality of caregiving and why identifying, including, and supporting them is key to advancing patient- and family-centered care. Great as a tool for staff education.
The Magic of Connection: Essential Partners in Care Video	A short video resource included in the Ontario CLRI at Bruyere Health's essential care partner resource suite. The video can be used to educate on the importance of the ECP role and to promote a relational view of care in LTC homes.
Ontario CLRI at Bruyère Health's Person Centered Language	This resource is designed to guide and educate care providers, team members, and organizations on how to use person-centred language, in the LTC context.
I am a Caregiver Toolkits for - Designed for Caregivers in LTC home	Created by caregivers with mental health professionals. Includes practical worksheets, self-reflection tools, and information on support services.
Simple Strategies to Support Caregiver Well-Being in Long-Term Care Homes	Practical, easy-to-implement strategies that help long-term care teams recognize, support, and promote the well-being of caregivers.

Resources for Caregiver Identification & Inclusion	
Infographic: "Taking Care of Someone?"	Helps caregivers self-identify by showing examples of what they do as essential care partners. Great for helping caregivers feel seen and encouraging them to connect with your team about being designated as an essential care partner. (Get in touch to find out how you can access a co-branded version for your setting).
Template: Caregiver Identification Template	Caregiver Identification (ID) is any form of official identification (i.e. card, badge, button) issued by a healthcare organization to a caregiver. Can be used to facilitate the inclusion and meaningful participation of family caregivers in appropriate care settings.
Easy Ways for Providers to Support Caregivers	Practical strategies for point of care teams to support caregivers, emphasizing the importance of recognizing and including them in care planning. Includes conversation prompts you can use right away to check on caregivers.
Caregiver Centered Care Competency Framework	The Competency Framework highlights the six domains of caregiver centered care. The Framework aims to build a better system based around the needs of family care partners.
Health Privacy and Consent Resources	Ontario's health privacy laws and rules are complex. Experts helped us break them down. Designed for both providers and caregivers, to help them work together more effectively.
Rights, Legislation & Long-Term Care Standards	
Fixing Long Term Care Act, 2021	The Fixing Long-Term Care Act, 2021 provides important guidance to refocusing all long-term care services across Ontario. The Act makes changes relating to staffing and care, accountability and transparency, enforcement, and licensing.
The Ontario Residents' Bill of Rights	The Ontario Residents' Bill of Rights is embedded in the provincial legislation, Fixing Long-Term Care Act, 2021.

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The research that supports this implementation guide:

- In 2021, Bruyère Health Research Institute partnered with three long-term care (LTC) homes in Ontario as they implemented their essential care partner programs.

Data for this guide was gathered through:

- 76 interviews with 42 family members and 34 LTC team members across the three participating homes.
- Two surveys completed by residents, family members, and LTC team members at these homes, with responses from 169 individuals (39 residents, 86 family members, and 44 team members).
- A province-wide survey of family members in Ontario, completed by 192 respondents.

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