



DECEMBER 2020

# Essential Together Tool

**Identifying Strengths and Improvements to  
Reintegrate Essential Care Partners**

## **About Healthcare Excellence Canada**

Healthcare Excellence Canada (HEC) is an organization with a relentless focus on improving healthcare, with – and for – everyone in Canada. Launched in March 2021 from the amalgamation of the Canadian Patient Safety Institute and the Canadian Foundation for Healthcare Improvement, Healthcare Excellence Canada has greater capacity to support partners to turn proven innovations into widespread and lasting improvement in patient safety and all the dimensions of healthcare excellence. We believe in the power of people and evidence and know that by connecting them, we can achieve the best healthcare in the world. HEC is an independent, not-for-profit charity funded primarily by Health Canada.

The views expressed herein do not necessarily represent the views of Health Canada.



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# Essential Together Tool

## Identifying Strengths and Improvements to Reintegrate Essential Care Partners

The COVID-19 pandemic has resulted in significant shifts in healthcare practices and policies, including the implementation of blanket visitor restrictions that prohibit essential care partners from being with loved ones in many health and care settings.\* Although restrictive policies were put in place with the best intentions, they have contributed to unintended harm to patients and families, as well as moral distress to staff.

Essential care partners are different from general visitors. While visitors have an important social role, they are not active partners in care. Essential care partners provide physical, psychological and emotional support, as deemed important by the patient. There is clear evidence that the presence of essential care partners benefits care, experience, safety and outcomes.

### Purpose of this tool

The Essential Together tool can help health and care organizations to identify strengths and improvements to safely reintegrate essential care partners as part of care teams. It is not designed to be “pass/fail” but rather be a reflection guide to support critical conversations and informed decision making aligned with co-created [policy guidance](#). The tool will help to identify areas for action and link you to learning opportunities and resources in [Essential Together](#) programming delivered by Healthcare Excellence Canada.

### Who to involve in this reflection process?

We recommend this tool be completed in a team that includes organizational leaders, those directly delivering healthcare, patients and essential care partners. This does not have to be done in a setting where everyone is physically present in one room, video or phone conferencing would work well.

### Background

The former Canadian Foundation for Healthcare Improvement and the Canadian Patient Safety Institute (now amalgamated as Healthcare Excellence Canada) led a “policy lab” in 2020 to co-develop guidance that supports a safe and consistent approach for reintegrating essential care partners back into healthcare facilities during a pandemic. This process brought together people with a diverse range of expertise and COVID-19 related experience – including policy makers, healthcare administrators, providers, patients, families and caregivers. We worked through a unique, iterative and rigorous methodology to co-develop the map for reintegration of essential care partners and supporting [policy guidance](#). The Essential Together tool helps organizations determine strengths and areas for action related to implementation of this policy guidance.

\* In this context, health and care facilities refers to hospitals, long-term care/ nursing homes and other congregate care settings as well as primary care and outpatient care settings.

# Instructions

## Step 1

Read the three sections of this tool to get an overview of the policy guidance areas for discussion. You can [complete this form online](#), use this PDF and edit directly into the document or print it out and fill it in manually.

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## Step 2 (For each section):

### Facilitator:

- Lead a group discussion that will provide a range of perspectives and experiences.
- Select the consensus statement on a master copy of the tool. If there is a range of varying opinions, please note the range of outliers.
- Use the comments table after each section to identify strengths and potential areas for improvement.

### Participants:

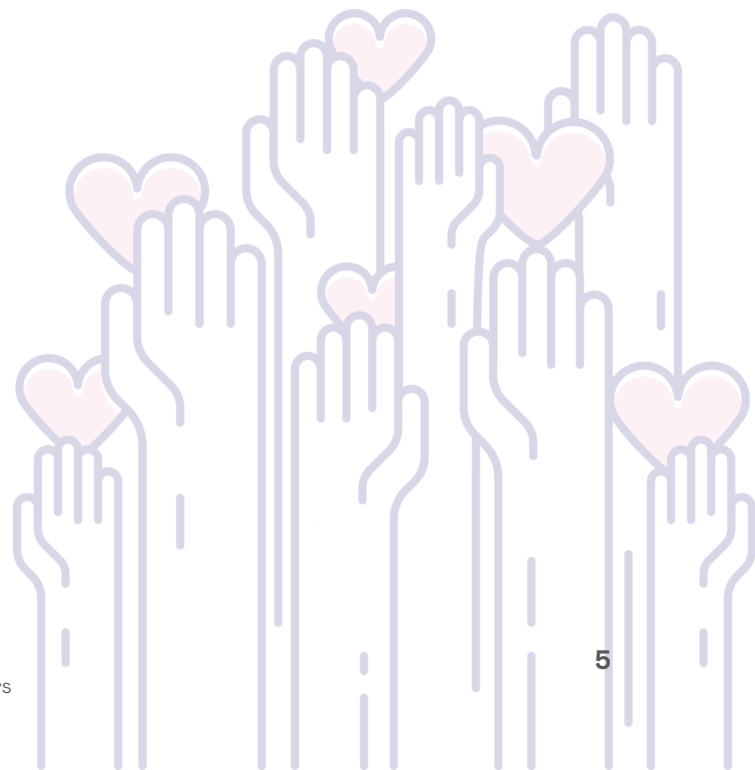
- Select the appropriate statement you feel captures the organization's alignment with the policy guidance to welcome and reintegrate essential care partners.

*For patients and essential care partners, the organization refers to the location where you receive/provide care.*

- Identify what you see as the key strength(s) for each section and area(s) for improvement.
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## Step 3

Once you have completed all sections, proceed to the lessons learned section of the tool. Using the table and the guiding questions, discuss the areas where your organization can build on strengths, and where there is opportunity for improvement. This exercise is not meant to be prescriptive, but instead to help guide your organization to the appropriate Essential Together program components and resourcing. Through Essential Together, there is access to national huddles for peer-to-peer learning and connection, learning bundles with resources and coaching.





# B. Identification and Preparation of Essential Care Partners

The first phase in the journey to re-integrate essential care partners entails the identification of essential care partners by patients, as well as their preparation to enter the health and care facility. This phase has four main steps to ensure that essential care partners are prepared to safely participate as part of the care team. See page 12 of the [Policy Guidance](#).

Policy Guidance	Action Required		
	Achieved	In Progress	Not started
<b>Develop mutual expectations of responsibilities</b>	Patients are aware of the role of essential care partners and able to identify them across the organization.	Patients are aware of the role of essential care partners and able to identify them in some areas of the organization.	The role of essential care partners has not been established and are not identified.
	There is a process in place across the organization to ensure consistent coordination of essential care partners.	There is a process in place in some areas of the organization to ensure consistent coordination of essential care partners.	There is no process in place to coordinate essential care partners in the organization.
<b>Establish pre-entry preparation for essential care partners</b>	There is consistent and ongoing information and education for essential care partners regarding safety protocols required for entry across the organization.	There is consistent and ongoing information and education for essential care partners regarding safety protocols required for entry in some parts of the organization.	There is no education/ training provided for essential care partners before they enter the organization.
<b>Establish staff education to understand roles and safety protocols for essential care partners</b>	There is education and clear communication for staff regarding the role and value of essential care partners and their safe re-entry.	There is some education and communication for staff regarding the role and value of essential care partners and their safe re-entry.	There is no education or communication for staff regarding the role and value of essential care partners and their safe re-entry.
<b>Establish a rapid appeals process</b>	There is an appeals process for patients and essential care partners so concerns can be addressed quickly across the organization.	There is an appeals process for patients and essential care partners so concerns can be addressed quickly in some parts of the organization.	There is no appeals process in place.







## Lessons Learned: Strengths and Areas for Improvement

Strengths – What are your top three strengths to build on?

How can you use these strengths to support the reintegration of essential care partners?

Areas for improvement – What are your top three areas for improvement? What is your timeline to make these changes?

How can the Essential Together program help you do to support these improvement areas?

# Moving Forward with Essential Together

We are acting on the call to action / we are planning to act on the Call to Action.

Call to action:

As leaders, providers and staff within health and care facilities, we value and support the role of essential care partners within our organization.

We support patients to identify essential care partners.

We are committed to welcoming back and supporting essential care partners to safely participate as part of care teams.

We are interested in the learning bundles, Essential Together huddles and other support offered by HEC to assist us in safely welcoming and engaging essential care partners as part of care teams in our organization.

We are interested in formally joining Essential Together to access dedicated support including free coaching and other tools and resources offered by HEC to assist us in safely welcoming and engaging essential care partners as part of care teams in our organization.

We are interested in sharing with HEC and others what we are doing/our resources to support the safe reintegration of essential care partners.

If you have indicated an interest in any of the above, we invite you to share your demographic information in the table below as well as the completed tool via email at [Essential.Together@hec-esc.ca](mailto:Essential.Together@hec-esc.ca) so we (HEC) can better understand how we can support you. Information gathered will be confidential and will be used as part of our program evaluation. If you submit this tool, HEC may use this data in aggregate form to analyze and share evaluation metrics of the Essential Together program. Individual results will not be shared without explicit permission.

Name:	Role:
Organization:	Care setting: Long-term care/residential care/nursing home/ assisted living
Email:	Hospital Other congregate care setting Substance Use Centre
Date completed:	Primary care (including outpatient care) Other setting: