



HÔTEL-DIEU GRACE

ESTD HEALTHCARE 1888

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Covid-19: An Impact Beyond Belief

- **March 11, 2020** WHO Declared COVID-19 – Global Pandemic
- This meant changes to the HDGH Family Presence & Visiting Policy
- Visitor Restrictions and Temporary Suspension of Care Partners



HDGH Family Presence & Visiting

- HDGH recognizes that family and friends are integral to the patients' healing process.
- Family and designated care partners are welcomed as *essential* members of the care team
- Families are welcome and encouraged to participate in care needs of their loved ones



How Might We?

How might we re-integrate designated care partners?



Coordinated Care Program

- Guidelines for health and safety
- Education and training for **Designated Care Partners (DCPs)**
- Safe entry and minimize risk
- Goal is DCPs continue to provide support, even during high community incidence or outbreak
- Reviewed by WECHU



DESIGNATED CARE PARTNER PROGRAM

Why it's important...

- Emotional Support
- Connection with family members is integral to the health, well-being and healing of patients
- Reduce negative impacts of social isolation during the pandemic



What is a Designated Care Partner?

- Important member of the care team
- Someone who knows their loved one very well
- Trusted by the patient
- Committed to the patient's care and decision making
- Patient's voice
- Most likely involved in their life outside of hospital
- Contribute to a positive patient experience



DGP – Allies in Care

Families are allies for quality and safety, holders of vital information about the patient, essential to transitions of care and contributors to mental health & well-being for all.

Institute for Patient and Family Centered Care



DCP – Allies in Care

- Participate in care according to patient's wishes and requests
- May have a suggestion from care team or for care team
- DCPs are distinct from casual *visitors* because they know their loved one best, they are uniquely familiar to subtle changes in their personality, mood or frame of mind.
- This makes the presence of DCPs an important strategy for reducing risk and improving care
- Contribute to a positive patient experience



Examples of DCP Support

- Emotional Support and companionship

- Activities paramount to the patient's physical care and mental well-being such as:
 - Assistance with meals
 - Assistance with mobility, therapy
 - Decision Making – support for discharge planning, medication change
 - Assistance with personal care
 - Communication assistance
 - Connecting with other family or friends
 - ***#NotJustAVisitor***



STEPS for becoming a DCP

Clinical team asks the patient (and/or Substitute Decision Maker (SDM) for the name of the person they choose as their DCP)

If the DCP is not the substitute decision maker, consent to release information will be signed by the patient or SDM, allowing HDGH to speak with the DCP about the care plan

One (1) DCP per patient can be approved (dependent upon public health zone)



RESPONSIBILITIES

DCP chosen is willing to participate in training and provide the care requested

Complete mandatory infection control training including the proper use of personal protective equipment prior to coming to hospital

Provide accurate self-assessment of being physically, cognitively and emotionally able to provide the care elements that have been identified for the patient



RESPONSIBILITIES Cont'd...

- **Screening** at each visit
- **Sign in** electronically
- Wear **picture ID** always
- **Wear a mask** inside and outside hospital
- Wear a **mask and face shield** while inside hospital– no exceptions
- Respect patient **privacy** and **confidentiality**;
- Review, understand, and agree to the HDGH **Coordinated Care Policy**
- Be **considerate and respectful** of the patient and all members of the care team
- Utilize a **designated bathroom** on the unit
- **No food or drink in a patient's room**
- Limit potential risk while in community



Safe Environment



HDGH provides each patient with safe, high quality care and must ensure a safe environment for patients, staff, volunteers and members of the public at all times.

HDGH does not permit any kind of violent or aggressive action.

If a DCP becomes aggressive or violent, they may be asked to leave.

Tips for Communication

Bring forward a concern with a question...

- Can you please help me understand....?
- I was wondering...?
- I have noticed...., have you noticed this too?
- Have you seen this too?

Proverb: You can catch more flies with honey than with vinegar



DCP CONTRACT and PLEDGE

The Coordinated Care Program Policy...

- Requires a contract between the DCP and the Organization
- The contract outlines the responsibilities to follow the IPAC standards and care standards in the policy
- In the event that the DCP violates the responsibilities laid out in the contract, the DCP will be removed from the program



Appeal Process

If a patient, and/or SDM, and or DCP disagree with a determination of the Clinical Care Team decisions to remove or decline access, the following process will be followed:

- Notice of the disagreement to a decision made by the clinical care team will be submitted to any member of the clinical care team
- The notice will go to the Operations Manager to try to rectify the concern, if no resolution,
- The concern will go to the Patient Advocate who will pull a separate team together to review particulars of the concern
- Membership of this team may include Physician, Unit Based Council Representative, Social Worker, PFAC member, Operational Manager who is not from the unit where the concern originated.
- This team will review all the evidence provided by the appellant as well as from the clinical care team
- Determination will be made regarding the concern and communicated to all of the parties involved.



Hours



DCPs will provide care within the time allotted:

- **10:30 am – 6:30 pm, 7 days/week**
- **The schedule is directly associated with the patient's room number**
 - Odd-numbered rooms (ending in 1,3,5,7,9) will visit on odd calendar dates
 - Even-numbered rooms (ending in 2,4,6,8,0) will visit on even calendar dates
- **Minimum length of stay with loved one is 3 hours per day**

Please note: HDGH will determine the maximum number of DCPs permitted on a unit at a time (may vary from unit to unit); times may be subject to change based on the community incidence, conditions of the health care system, and patient care needs.



Food and Drink

- DCPs will **not** eat or drink in the patient's room
- DCPs may purchase something from the cafeteria and eat outside, off campus or in the Emara Atrium located on the 2nd floor
- DCPs in Tayfour building can use the Brown Auditorium along with physicians and staff
- DCPs may bring in take out food for patient (to be consumed in one day). **Homemade food is NOT permitted**



Patient/DCP Outdoors

- Outdoor access is permitted for DCPs and patients
- No other individual other than the registered DCP is welcome
- Both the patient and DCP must wear a mask at all times
- Visiting with other patients and DCPs outside is strictly prohibited



Patient/DCP Outdoors

- Eating while outside with a patient or DCP is not allowed as you must be masked at all times
- Upon entering and exiting the facility you will be required to use alcohol based hand wash to conduct proper hand hygiene



VIRTUAL VISITS AT HDGH



- Virtual request forms located on the HDGH website www.hdgh.org/requestvirtualvisit
- Or by contacting **Sandy Gomes at 519-257-5111 ext 74124.**
- If you do not have access to a computer you can also contact the Unit Manager on the unit of your loved one to request a visit.
- Platforms currently available for these visits are **Facetime or Zoom.**
- Monday to Friday between the hours of 9:00 am and 3:00 pm
- these visits must be authorized by the patient before they can be scheduled and that they do not interfere with any scheduled therapy.



PFAC APPROVED



PATIENT & FAMILY
ADVISORY
COUNCIL



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WWW.HDGH.ORG



Thank you!