



Essential Care Partner (ECP) Booklet



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St. Joseph's Healthcare Hamilton

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Welcome!

Thank you for your interest in helping to make a difference in your loved one's experience and hospitalization journey by becoming an Essential Care Partner.

We at St. Joe's are committed to deliver better care for patients and families through meaningful engagement and partnership. Evidence Based Practice indicates that an important way to achieve better care and experience for patients is to involve their loved ones in their care.

This booklet is intended to assist you to better understand the **role of the Essential Care Partner at SJHH**, and to provide the information needed to ensure you have a meaningful engagement and experience.

Thank you for your commitment and dedication to be **partners** and to support your loved one's journey. We appreciate and value your partnership and look forward to welcoming you to the care team!

Introduction

About St. Joseph's Healthcare Hamilton

Our history starts with the Sisters of St. Joseph who first arrived in Hamilton in 1854 and began to work for the poor and needy residents of this growing and important trade centre.

In 1890 the Sisters moved closer to their vision of a modern and progressive system of healthcare with the opening of a 25-bed hospital located on John Street in Hamilton. *And so begins the Story of St. Joseph's Healthcare Hamilton.*



Today, SJHH is a leading academic, multi-site hospital that provides ambulatory (clinic care), acute and mental healthcare to patients in the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN). SJHH brings the most advanced clinical care, programs and services to hundreds of thousands of patients at three major campuses, as well as a number of outreach locations. The three main campuses are described below.

The Charlton Campus is an acute care facility located in downtown Hamilton. The campus is home to the world-renowned Firestone Institute for Respiratory Health, the Centre for Minimal Access Surgery, Brain Body Institute and the highly regarded Father Sean O'Sullivan Research Centre. Our busy Emergency Department and Women's and Infants' programs are located at this campus, along with our Surgical Centre.

The West 5th Campus is specialized in the treatment of Mental Health and Addictions and Medical Care. This site is a brand-new 855,000 square foot facility which opened in 2014. Presently, mental health and addiction inpatient and outpatient services and a number of other medical outpatient clinics are located at this site.

The King Campus is an out-patient facility located at 2757 King Street East. Its core services include eye care, cataract surgery, dialysis, as well as the Stay Well Program. The Stay Well Program is a physical maintenance program for patients with a broad range of medical conditions. This program offers therapeutic, safe and effective exercises for many at-risk patient populations. Our King Campus is also home to SJHH's Urgent Care Centre, providing access to care for non-life threatening emergencies, with volumes equal to those of the Emergency Department at the Charlton Campus.

To learn more about each campus go to: <http://www.joinstjoes.ca/our-people-culture/who-we-are/our-campuses>

St. Joseph's Healthcare Hamilton's Mission, Vision, and Values

Mission

- Living the Legacy: Compassionate care. Faith. Discovery.

Vision

On behalf of the individuals and families we are privileged to serve, we will:

- Deliver an integrated, high quality care experience,
- Pursue and share knowledge,
- Respect our rich diversity,
- Always remain faithful to our Roman Catholic values and traditions

Values

We commit ourselves to demonstrate in all that we undertake, the vision and values that inspired our founders, the Sisters of St. Joseph.

These are: Dignity, Respect, Service, Justice, and Responsibility.

For more information go to: <http://www.stjoes.ca/quality-performance>

Essential Care Partner (ECP)

Importance of the Essential Care Partner

Having an Essential Care Partner will ensure patients have access **to the care and support of their loved ones**. This program ensures patients are supported by those they identify as most appropriate to provide to them the unique support they need. As valued members of the care team, the ECPs is able to attend the hospital more frequently and consistently and are not limited by regular visiting hours.

Growing evidence especially during COVID-19 pandemic demonstrated and magnified the importance of an ECP.

- 1) Enhances communication between care team and the patient. Elevates patient experience and support patient journey
- 2) Bridges and build trust between system, healthcare providers (HCP) and patient's family to create a transparent pathway for care delivery
- 3) Decreases moral distress amongst staff knowing that the patient has the support required during hospitalization and transition.

Patient Circle of Care - Roles and Definitions

Essential Care Partner (ECP) – is an individual who knows the patient well, works together with the care team to support the patient's **well being** to achieve the **best possible health outcome**.

The ECP **does not make decisions** for the patient; they support and collaborate with the patient and the care team for the well being of the patient.

ECP is an individual **designated by the patient** or the **patient in collaboration** with the Substitute Decision Maker (SDM) and the care team. They work together to meet the patient's healthcare goals.

While partnering with the care team, the ECP is able to provide **emotional, social, psychological, and physical support where needed**.

The partnership is where everyone's voice matters and together work towards the same goals, which is patient's goal.

Who can be an ECP?

The ECP could be someone **who typically knows the patient's health history**, lifestyle and personal values and **accepts the responsibilities** and obligations of the role.

An ECPs can be a family member, friend, neighbour, colleagues, community member, Substitute Decision maker.

Substitute Decision Maker (SDM) – is a person who makes a decision on a patient's behalf if the patient is not able to make that decision for themselves.

In the hospital, SDMs **mostly make decisions about treatment** and admission to long-term care. The SDMs must make decisions according to criteria established in law.

The SDMs can make decisions about treatment, but they are not expected to directly participate in the patient's care.

The SDM is a person who is authorized under Ontario laws such as the *Health Care Consent Act and the Personal Health Information Privacy Act* to give or refuse consent on behalf of a person who is incapable of making a decision about treatment or about the collection, use, or disclosure of that patient's PHI, including the method in which PHI may be communicated or transmitted.

Attorney (POA) for Personal Care - is a special kind of SDM, who has been appointed by a person through a Power of Attorney document to make personal care decisions when the person is found to be incapable of making a decision. Personal care decisions include decisions about healthcare, housing, safety, nutrition, hygiene, or clothing (

For More information visit the following website:

- <https://www.ontario.ca/page/make-power-attorney#section->

Visitor – is a person who have a relationship with a patient but are not identified as the patient's Essential Care Partner or someone essential; someone whose time with the patient is discretionary and usually temporary; visiting for purposes that are more social in nature and not involved in the patient's healthcare. (St. Joe's Visitor Policy)

Essential Care Partner- Process Steps

The Essential Care Partners function **as another member of the care team**. They are included in the patient care planning, understanding that the patient will always drive their own care.

The Essential Care Partner **works together with the patient and care team** to determine what activities are appropriate for them to be involved with in order to safely support the patient and care team.

ECP responsibilities:

- Wear the ECP identifying badge at all times
- Connect with the Patient Care Team at the beginning and the end of any visit to ensure they support activities appropriate for the patient health condition and goals.
- Be considerate and respectful of the patient and all members of the care team
- Follow SJHH Code of Conduct, Bill of Rights and Patient and Family Declaration of Values

Document	Link
Code of Conduct:	http://mystjoes/policies/Policies/149-ADM.pdf
Bill of Rights	http://mystjoes/policies/Policies/072-ADM.pdf
Patient and Family Declaration of Value:	http://mystjoes/applications/Documents/Declaration%20of%20Patient%20Values.pdf
Rights and Responsibilities:	http://mystjoes/policies/Policies/072-ADM.pdf http://mystjoes/applications/Documents/Patients%20Right%20and%20Responsibilities.pdf

Identification	ECP is identify on admission or shortly after . The ECP is ONLY identified or requested by the patient or by the patient in collaboration with the SDM and the care team.
Documentation	ECP name and contact information is documented in the Dovetale under the patient contact information by the primary nurse/charge nurse/or a delegate
Confirmation	The primary nurse/charge nurse/or a delegate confirms the ECP and document their participation in Dovetale
Education	The primary nurse/charge nurse/or a delegate provides the ECP education material as well as other unit/patient specific instructions/guidance (ECP toolkit, brochure etc.)
Participation	The primary nurse/ charge nurse/or delegate confirms and document the ECP readiness and provides them the ID Badge and options of activities they can select from and are safe for patient
Activities	Together, the ECP, patient and the care team (physician/primary nurse/ charge nurse/or delegate), establish what activities the ECP can perform to support the patient care goals . These activities can change, if the patient condition changes
ECP communication with the team	Before and After each visit , the ECP communicates with Nurse/Delegate if any changes and what activities they completed
Documentation	Nurse/ Delegate will chart the following in the Patient Care notes: <ul style="list-style-type: none"> • The completion of the ECP education • Activities ECP can perform • document daily it in the chart what the ECP performed at each visit/day.

Activities

*Below are some examples of activities that an ECP can perform. However, each patient needs, conditions and care goals are different, thus the **ECP MUST** confirm with the care team which of the activities are suitable for patient.*

Very Important!

Before you do any activity, you MUST confirm with the care team if is suitable for the patient and also for your safety.

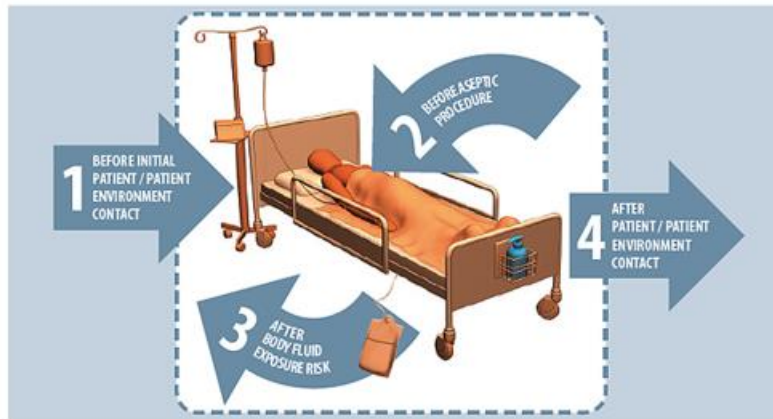
Example of Activities an ECP could assist with:

Category	Activities
Engagement in social and physical activities as appropriate	<ul style="list-style-type: none"> • Joining leisure activities; reading to patient; stimulating the mind, listening to prefer music, drawing, watching preferred show, participating in any pleasant activities that is enjoyable and tolerable for patient. • Accompany patient to outside appointment in the community • Walk around the unit/outside or cafeteria if appropriate • Activities Daily Leaving (ADL): supporting with sleep hygiene, personal hygiene and movement.
Psychological and Emotional Support	<ul style="list-style-type: none"> • Supporting communication with healthcare team. • Communicate with the healthcare team any changes in the patient’s health (physical – e.g. pain, mood, thinking or behaviour). • Clarify information and ask questions on the patient’s behalf. • Help with hearing, visual, speech, cognitive, intellectual or memory impairments if needed. Have comforting conversations • Help with specific ethno-cultural needs • Participate in patient and family education.
Participate in the Care Planning	<ul style="list-style-type: none"> • Partnership in all aspects of patient care planning – use teach back method to avoid misunderstanding/lack of understanding • Learn and meet the care team (Occupational Therapist/Physio Therapist) to understand what might be the right activities to engage and support patients • Learn about medication regime, follow-ups, next step in patient health journey

Education Material

1. Washing hands – poster and video link

Four Moments of Hand Hygiene



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Charlton Campus | King Campus | West 5th Campus
stjoes.ca

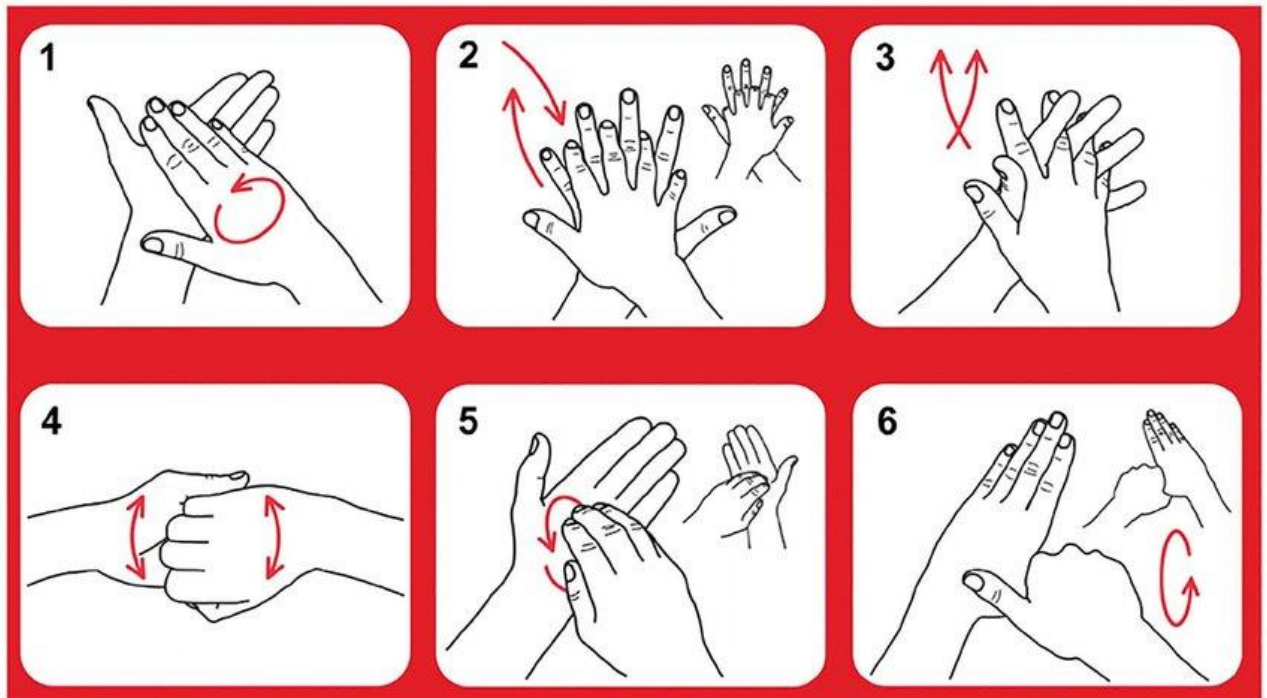
This is the four moments of hand hygiene. This diagram represents the four moments in which you must clean your hands. Moment 1) is before initial contact with the patient or the patient's environment, for example before going into a patient's room. Moment 2) is before any aseptic procedure, in other words means before any practice or procedure with the patients to prevent contamination. For example, before assisting a patient for feeding. Moment 3) is after risk of exposure of bodily fluids, for example, after assistance with oral care. Lastly moment 4) is after patient contact or the patient's environment., this is when you are leaving the patients room.



Hand Hygiene Reminder!

- If you think you need to clean your hands, clean your hands
- 2 methods – alcohol-based hand rub or soap & water – use soap & water if hands are visibly soiled
- Technique matters

- Clean equipment before & after each patient contact
- Clean hands before and after glove use – **gloves are not 100% protective**



2. Wearing mask

- a. At St. Joe's mask might be required in certain area, **always** check with the care team and hospital policy.
- b. Please check with the care team if you are allowed to drink and eat in the patient room. We have dedicated spaces where you can eat and drink. Hospital Main Entrance Lobby, Cafeteria.

Proper Mask Usage

Prepared Friday, April 20, 2020 | Design courtesy of Niagara Health

St. Joseph's
Healthcare Hamilton



How to wear your mask properly



Perform hand hygiene before touching mask. Place mask below the eyes. Locate the metallic strip and mold it to the nose bridge.



Place an ear loop around each ear or tie the top and bottom straps.



Pull the bottom of the mask to fully cover the nose and mouth, making sure there are no gaps.



Press the metallic strip again. Perform hand hygiene.

How **NOT** to wear your mask when not in use



Do not wear mask below your nose.



Do not wear mask around one ear.



Do not push mask under your chin.



Do not wear mask around your neck.



Do not raise mask on top of your head.



Do not wear mask loosely with gaps on the sides.

3. Isolation Precaution - Same patients are placed in isolation precaution.

Isolation precautions are used to reduce transition of microorganisms and to protect the patient and staff. Depending of the situation there are few types of isolation precaution.

Below are few of the signs of isolation, depending of the isolation, there will be a sign (see below) posted above the door before entry in the room that indicates the type of isolation as well as what personal protective equipment is needed.

Isolation signs:



If there is a sign above the room door, everyone entering the room including ECP, needs to follow the instructions and wear the personal protective equipment (PPE) placed outside the room.

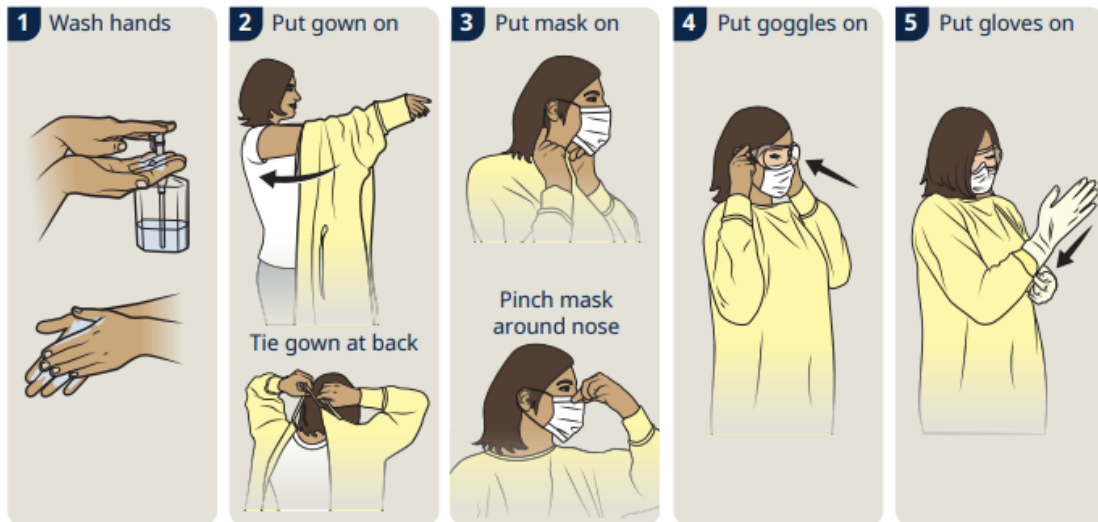
Below there is a picture/video link on how to put on (donning) and how to take off (doffing) the protective equipment.

4. Personal Protective Equipment (PPE): How to put on and take off the PPE if required.

<https://www.publichealthontario.ca/en/Videos/I/2021/IPAC-FullPPE-On>

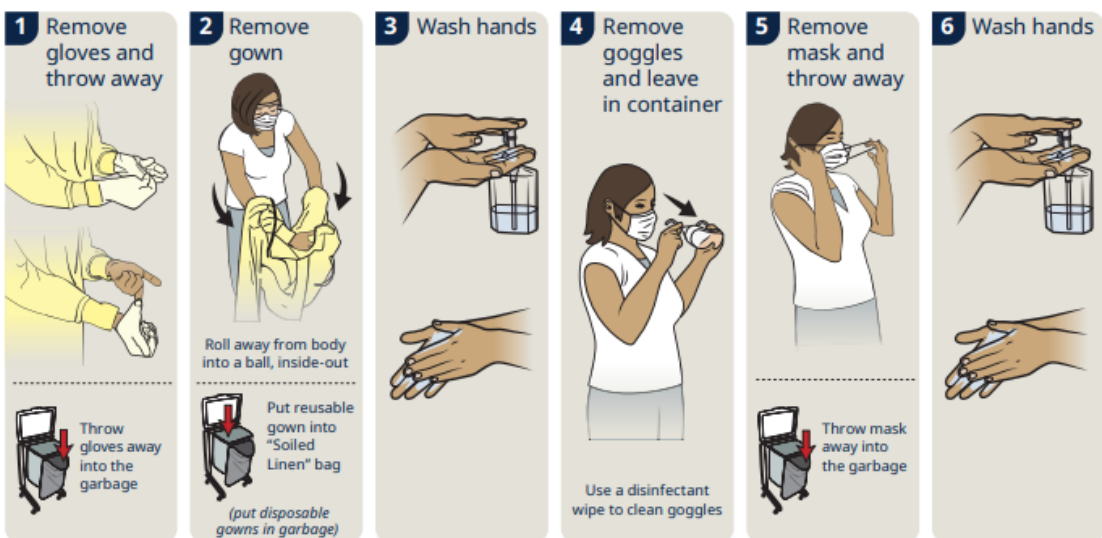
For your safety and the safety of patients, you must wear **Personal Protective Equipment** in this room. Follow these instructions to put on and take off the equipment.

How to put on Personal Protective Equipment



Do not use your cellphone or bring food and drinks inside this room.

How to take off Personal Protective Equipment



Description of some activities



Always confirm with the team if is appropriate for you to perform these activities.

Activity	Description
Supporting physical health – nutrition, hydration, activity, mobility, & personal care	<p>Personal hygiene & grooming (e.g. cuing/prompting and /or assisting with washing/bathing, oral care, shaving, combing hair & dressing.</p> <ul style="list-style-type: none"> • Ask the nurse for Information on how to do this safely within the hospital environment (i.e. orientation to shower areas, bed bath/basin, peri-care supplies – cleansing wipes/foam, diapers etc.)
Oral Care	<p>Encourage the patient to do their own mouth care and brush their teeth daily by providing them with the equipment they need (toothbrush, kidney basin, toothpaste and water).</p> <p>Ask nurse for permission to help with the mouth care, if the patient is unable to do so themselves. Here is how to help with mouth care:</p> <ul style="list-style-type: none"> • Wash your hands and wear gloves. • Gather equipment: kidney basin, water cup, toothbrush and toothpaste. • Ensure the patient is in an upright position. <p>Wet the toothbrush head and apply a small amount of toothpaste only. Use a gentle, rotational movement to clean the inner, outer and biting surfaces of the teeth. You may also gently brush</p> <ul style="list-style-type: none"> • the surface of the tongue and the gum. • Allow for sips of water, instruct to rinse the mouth and spit into the kidney basin. Use tissues to dry around the mouth. • Rinse the kidney basin and place it at the bedside.
Providing denture care	<p>Only with the nurse/team permission</p> <ul style="list-style-type: none"> • Wash your hands, and put on gloves. • Gather the equipment: toothbrush, and kidney basin. • Remove dentures from the mouth and place in the kidney basin. • Clean at the sink with a toothbrush. • Pat dry and rinse with cold water before repositioning in the patient's mouth.
Nutrition & assisting with meals	<p>Many people lose interest in eating when they become ill. Here are some suggestions to encourage eating and maintaining proper nutrition. Discuss with the nurse possible helpful strategies for encouraging eating and if assistance with feeding is required:</p> <ul style="list-style-type: none"> • Try to arrange visits at meal times.

Activity	Description
	<ul style="list-style-type: none"> • Encourage sitting up in a chair during meals if safe to do so. • Help to complete hospital menu selection. • Consider bringing in preferred foods (check with staff first to ensure outside foods fit with their nutritional plan), if any issues with hospital food. • Encourage denture cleaning/brushing teeth after eating. • Let the staff right away if you notice coughing while eating. This may mean there is a swallowing problem. • If patient lost a significant amount or unexpected weight within the last months, let the staff know, as they may need additional assessments.
<p>Hydration</p>	<p>Dehydration occurs when there is too little fluids in the body. Sometimes patients will be limited in how much they can drink because of their medical condition. Please ask staff if your loved one can drink normal amounts of fluids. If yes:</p> <ul style="list-style-type: none"> • try to encourage your loved one to drink 6 to 8 cups of fluid daily. • Offer frequent sips of fluids throughout your visit in a casual way • Ensure your loved one is sitting up while drinking. • Inform staff immediately if your loved one starts coughing while drinking. This may indicate a problem with swallowing.
<p>Ambulation/walking & activity</p>	<p>People need to continue to move and walk even when they are ill.</p> <p>Discuss with the nurse the person’s ability to tolerate activity such as walking. Physiotherapists may be involved in care, they are specialists in walking and can provide expert help if needed. Discuss with staff if possible a plan for walking/moving in order to or prevent deconditioning.</p> <p>The following are some points regarding possible ways of assisting with the permission of the HCP:</p> <ul style="list-style-type: none"> • If your assistance with walking is encouraged by the nurse/physiotherapist, due to COVID, you must both be wearing hospital-approved masks while walking. • Repositioning in bed or chair. It is important to shift body position at least every 2-3 hours to prevent skin breakdown. • Walking/moving exercises at intervals throughout the day (discuss with staff about the best frequency, times during

Activity	Description
	<p>the day, and how long walking/moving activity periods should be)</p> <ul style="list-style-type: none"> • Encourage them to be up and out of bed/sitting in chair for every meal (if/when possible) • Please bring mobility aids such as a walker or cane from home if you can. • Have these checked by the staff/physiotherapist to ensure they are appropriate for use and staff can label them. As well, ensure that your loved one has non-skid socks (provided by the hospital) or footwear to walk safely. • Use of restraints increases the risk of injury. If restraints are being used, ask staff about how you can help so that they are used only as a last resort. • Any tube or tether (for example urinary catheters, IV lines, oxygen tubes) can limit mobility. Ask staff when any of these can be removed or how to mobilize with this equipment safely. • Encourage sitting at the side of the bed for a few minutes prior to getting up to walk. If dizziness is experienced, assist with returning to a sitting position, with legs up and inform the nurse.
<p>Promoting Comfort and Managing Pain:</p>	<ul style="list-style-type: none"> • Let the nurse know if patient have pain. • Identify implement comfort measures such as positioning, warm blanket, ice pack through discussion with the nurse to determine what is appropriate in the context of the patient.
<p>Supporting restful sleep:</p>	<p>Sleep is often disrupted while in hospital. Being ill, hospital noise, less activity, pain and many other conditions can all interfere with sleep.</p> <p>Here are ways to help promote sleep:</p> <ul style="list-style-type: none"> • Offer sleep mask and/or ear plugs • Keep a soft light in the room. Adjust curtains • Help with toilet needs before bed, if appropriate. • Encourage walking or movement during the day, if appropriate. • Limit daytime napping. • Discourage your loved one from drinking caffeinated drinks such as tea, coffee and cola after 3:00 pm. • Offer a warm blanket. Warm flannel • blankets are available on the unit and can be very soothing.
<p>Promoting optimal sight and hearing:</p>	<p>If your loved one normally wears glasses and/or hearing aids at home, it is very important that they continue to wear these aids</p>

Activity	Description
	<p>while in the hospital. Wearing these allows a patient to make sense of their new surroundings and better communicate.</p> <ul style="list-style-type: none"> • Ensure glasses and hearing aids are being used and help secure them in a safe place when not in use. • Hearing amplifiers are often available for patients. Ask your nurse about the possibility of borrowing one. • Bring or ask staff for a magnifier if needed for reading.
Call Bells and safety checks	<ul style="list-style-type: none"> • Ensure patient call bell is in reach. • Ensure bed is in lowest position closest to the floor and check bed rails and bed alarms. • If the patient has a bed alarm, ensure it is turned on before leaving and ensure bed rails are in appropriate position
Promoting mental, psychological & spiritual wellbeing	<ul style="list-style-type: none"> • Assists with quality of life needs such as belonging and love, community, autonomy, purpose, psychological/ emotional/ spiritual well-being. • Assist with communication for a patient with hearing, visual, speech, cognitive, intellectual or memory deficits • Supports regulating emotions and behaviours by asking the Health Care Professional how.
Stimulating the mind of your loved one	<p>Being in hospital can be confusing to some patients with the changes in a person’s daily routines and environment. Usual items/activities that provide orientation, cues for actions and general stimulation may be missing. It’s important to determine what can be done to address these deficits and assist with recovery.</p> <p>Providing mental stimulation during your visit may include:</p> <ul style="list-style-type: none"> • Reminding them of who they are, where they are, and the day, month or year as needed, as well as what brought them to the hospital • Talking about pleasant events from past and present. • Opening window curtains and/or adjusting bed curtain. • Organizing bedside table and minimizing clutter. • Consider bringing mind stimulating activities such as music, photos, a calendar & clock. Promote discussion about time/events (i.e. season, time of day, current events, family events/happenings)
Encouraging self-management & coping with illness experience	<p>Participates in patient and family education any time you can.</p> <p>Participating in planning care in hospital and preparing for transition home.</p> <ul style="list-style-type: none"> • Advocates for the patient’s health/well-being, the patient’s values, beliefs & what is important to them

Activity	Description
	<ul style="list-style-type: none"> • Shares information with the healthcare team about the patient; informs the team when they see a change in the patient • Provides clarity on communications and asks questions on the patient's behalf • Assists with care decisions, transitions and discharge plans; supports the decision that is best for the patient

5. Other important information:

- **Know what is an Emergency. You need to Get help immediately! If:**
 - Patient not breathing
 - Patient suddenly unresponsive
 - Patient missing
 - Patient falls or collapses
 - Patient harms self or others
- **Know what is important, requires a nurse, report right away:**
 - IV pump beeping
 - Problem with tubes, wires, dressings
 - Change in patient condition
 - Nausea/Vomiting
 - Agitation
 - Hallucinations/perceptual changes (e.g. hearing voices or seeing things that aren't there)
 - Pain
 - Skin, any change in the integrity of the skin, redness, swelling, discoloration.

When in Doubt, Get the Nurse! Report all findings in a timely manner!

Appendix A: Common Healthcare Terminology

Understanding the complexity of the health system takes time. Over time, you will learn how a specific process, program or department works. There are many aspects of our health system that can affect how decisions are made (funding, professional bodies, legislation, research etc.) and it is quite difficult to ‘know everything’. We work as a team and to help each other make the right decisions. Don’t forget, you are an expert when it comes to the caregiver and patient’s voice, experience, and needs and are an integral part of the team.

Common terminology that you may hear or read

When people in the healthcare system say THIS...	...They’re talking about THIS
Outcomes of Care	Getting better, feeling better.
Clinical Quality	Getting the right care from the right people at the right time.
Service Excellence	Being treated with respect and dignity.
Involvement	Information, communication, having a say; receiving clear information and explanations; being able to actively participate in decisions about treatment options.
Navigation	Assistance and support to access healthcare services; guidance through the healthcare system.
Psychosocial Support	Practical and emotional support – this includes support for family, loved ones and caregivers.
Environment of Care	A safe, clean, comfortable place to be, including privacy, food and hygiene.
Access: Convenience	Right treatment in the right place – convenient locations, transport, parking etc.
Access: Timeliness	Right treatment at the right time; prompt response to an emergency, wait times, etc.
Continuity of Care	A smooth journey between different sections of the health service, e.g. staff are prepared for the patient when he/she makes a transition from one department or facility to the next, e.g. support and services in the community are prepared and in place for the patient’s arrival home.

Appendix B: Resources:

- Infection and Prevention and Control for Caregivers and Families – free on line course from McMaster University, can be accessed on: [Infection Prevention and Control for Caregivers and Families](#)
- Ontario Caregiver Association - [Ontario Caregiver Association](#)
- Sinai Health Hospital toolkit - [Essential Care Partner Toolkit - Sinai Health](#)
- The Canadian Institute of Healthcare Improvement - <https://www.cihi.ca/en>
- Institute for Healthcare Improvement - www.ihl.org
- Institute for Patients Family Centre Care - [IPFCC Family Presence.pdf](#)