

JULY 2021

# STRENGTHENING OUR COMMUNITIES AS PARTNERS IN CARE

## EVALUATION OF THE GREY COUNTY DESIGNATED CARE PARTNER PROGRAM



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## GREY COUNTY LONG-TERM CARE

Grey County Long-Term Care (LTC) homes provide exemplary care communities that enrich quality of life through resident-centred care guided by the philosophy Colour It Your Way. Grey County strives to create mutually beneficial relationships among health care providers, residents, and families to provide care that focuses on optimizing life purpose.

Grey County care communities recognize the important role of families, friends, and other loved ones as allies for safety and quality by acknowledging that these connections are integral to the health and overall wellbeing of each resident. These partners in care are recognized for their critical role in providing physical, emotional, social and cognitive support to their family members, partners and friends living in LTC.

### IMPACT OF COVID-19

Grey County care communities are committed to building a culture that engages residents and families as partners in care. However, the COVID-19 pandemic brought strict non-essential visitor restrictions to protect residents and staff, and reduce transmission of the virus.

Although Grey County leadership strived to mitigate these risks while promoting the mental, physical, emotional, social and spiritual needs of residents, the unprecedented restrictions of family and friends had significant consequences for residents' holistic health. Recognizing the need to balance infection prevention measures with the wellbeing of residents, Grey County LTC developed a Designated Care Partner (DCP) program to welcome back essential family members and friends into their care communities in Summer 2020 when the Government of Ontario lessened LTC visitor restrictions.

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## DESIGNATED CARE PARTNER PROGRAM

After extensive planning and collaboration with regional and provincial colleagues, the County of Grey Long Term Care homes introduced the Designated Care Partner (DCP) program to its care communities in August 2020. This program allows each resident to designate up to two people who can visit the care community to provide support without time limits or restrictions outside of LTC and public health regulations, including if the home is experiencing a COVID-19 outbreak.

At the time of this report, **227 or 72% of residents** in Grey County LTC homes **have at least one designated care partner**, and **a total of 350 designated care partners** participate in the program.

## EVALUATING THE DCP PROGRAM

Grey County leadership partnered with two consultants (the authors of this report) to evaluate their Designated Care Partner program. This was partly done in collaboration with other health care leaders, including Hôtel-Dieu Grace Healthcare, Bruyère Research Institute, Healthcare Excellence Canada, and the Ontario Caregiver Organization.

With the help of a retired executive volunteer, surveys were conducted with **56** residents, **39** staff members and **182** care partners to better understand the role of DCPs within the care communities.

The surveys examined:

- ① Perceptions of the DCP Program
- ② Benefits of the DCP program
- ③ How best to support DCPs during COVID-19 and beyond



## WHAT IS A DCP?

**Designated Care Partners are friends, family members and loved ones who provide essential support to residents.**

In Grey County care communities:

- DCPs were usually adult children (69.1%), spouses (16.6%), or other family members or friends (14.4%).
- Most DCPs were adults between the ages 55-64 (34.3%) or age 65+ (42.5%)
- DPCs usually visited their relative or friend once (43.8%) or multiple (32.4%) times per week; only 9% visited daily.

## NOTABLE ACHIEVEMENTS

Residents, staff and families have all benefited from the DCP program. Residents were delighted and thankful to see their close family and friends in-person again, and families and staff were relieved to have family members and friends safely re-join the care community.

Families are essential for the wellbeing of *everyone* in Grey County LTC, and the DCP program solidified the crucial role of family members as partners in care.

## IMPACT

*“The DCPs greatly benefited the residents in times of loneliness, restlessness. [They] take the pressure off the nursing and recreation staff.”*

DCPs are a vital part of the care team, according to staff. Staff frequently relied on DCPs to ensure residents received holistic support. Staff regularly communicated with DCPs about residents' needs, and relied on them for information related to activity and food preferences, health issues, as well as past roles and routines.

DCPs provided a key link between residents and staff. While staff provided hands-on medical and physical care, DCPs enhanced quality of life. Residents thrive off of the care they receive from staff and the psychosocial support of DCPs, and highly valued the emotional support and companionship that DCPs provided.



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## ROLE OF THE DCP

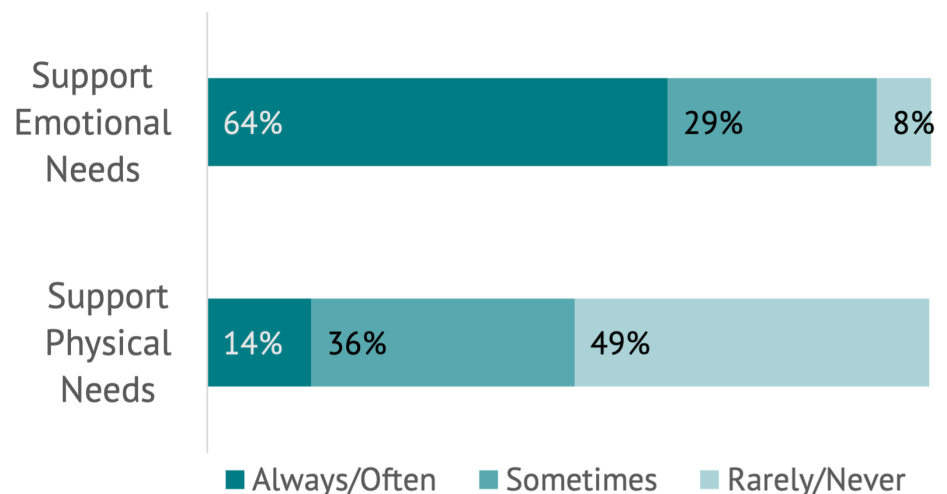
**Designated Care Partners provide essential support to residents to enhance their physical mental, emotional, social and spiritual wellbeing.**

At Grey County care communities, DCPs provided:

- Emotional support (85.2%)
- Social support (63.7%)
- Scheduling coordination (41.2%)
- Transportation (23.1%)
- Decision-making assistance (18.7%)
- Mealtime support (15.9%)
- Personal care (15.4%)

Residents frequently reported that DCPs played games and socialized with them, and staff noted that DCPs helped with communication and mobility.

### DCPS FEEL THEY MORE FREQUENTLY PROVIDE EMOTIONAL RATHER THAN PHYSICAL SUPPORT TO RESIDENTS



## PART OF THE CARE TEAM

“

*I like that [DCPs] come in to help the resident and support them. But I find it hard when staff aren't informed about what they can and can't do to work well with them and support the residents together.*

”

The DCP program provided a formal way for staff and essential care partners to collaborate with one another to ensure that residents' holistic needs were being met.



- **98%** of DCPs felt **respected** by staff
- **77%** of DCPs felt **supported** by staff
- **73%** of DCPs felt staff **regularly addressed their concerns** about their loved one
- **92%** of staff felt DCPs were **effective members of the care team**
- **84%** of staff relied on DCPs for **information** about their loved one
- **70%** of staff involved DCPs in **care planning**

## TRAINING & SUPPORTS

- **92%** of DCPs felt their **training was informative**
- **89%** of DCPs **knew who to talk to** if they had questions
- **89%** of DCPs felt they **received regular updates** about the program and changes in policies
- **90%** of DCPs felt the **IPAC procedures** would keep them and their loved one safe
- **70%** of staff felt the DCPs were **adequately trained** to safely re-enter the care community
- Most staff were not involved in DCP training program, and many did not know what the DCP training consisted of.

**ONLY ONE-THIRD OF STAFF FELT DCPS WERE CONSISTENTLY FOLLOWING IPAC GUIDELINES DURING THEIR VISITS.**

Staff discussed how there were challenges regarding rules about visits, interacting with other residents, and PPE usage; however, they acknowledged that **DCPs' compliance improved over time** with ongoing communication from the care community and increased familiarity with infection control routines in the home.



**85%**

**OF DESIGNATED CARE PARTNERS**

were satisfied with the program

**100%**

**OF RESIDENTS**

were satisfied with the program

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## RECOMMENDATIONS

### OPPORTUNITIES TO GROW THE DCP PROGRAM

**“** *I think this is an excellent program that has been developed from the ground up, and it will only continue to improve.* **”**

Designated Care Partners (DCPs), staff, residents and external health care leaders shared several ideas and recommendations to expand the DCP program and promote more engagement of DCPs and resident choice.

#### **Recommendations focused on 6 key areas:**

1. Increase Program Awareness Among Staff
2. Strengthen DCPs' Knowledge
3. Expand DCP Visits as COVID-19 Restrictions Ease
4. Enhance Resident Choice
5. Ensure All Residents Have a DCP
6. Integrate DCPs Beyond the Pandemic

*Note that at the time this report was finalized, many suggestions from the surveys had been implemented.*

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## INCREASE PROGRAM AWARENESS FOR STAFF

**Deliver staff education** about the DCP program so all staff are aware of the DCP selection process, online and in-person training requirements, and commitments. Staff also want more support to understand the role of DCPs and what they can and cannot do while onsite, opportunities to work together with DCPs to support residents, and steps to take if there are DCP compliance issues.

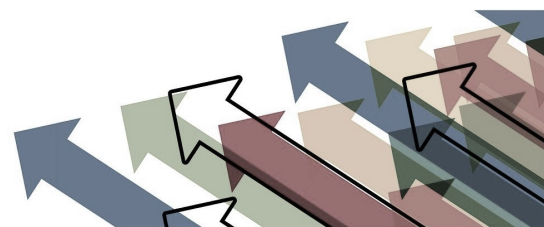
**Edit the Caregiver ID name tags** by adding a symbol, such as a noticeable asterisk, to make it easy for staff to determine if the DCP is a power of attorney or substitute decision maker.

## STRENGTHEN DCPS' KNOWLEDGE

**Enhance DCP materials** with additional examples and demonstrations of essential information, such as hand washing demonstrations and how to properly don and doff masks as some people learn better by practicing with others than by reading or watching materials alone.

**Offer community resources** for DCPs about what to do and what to expect when their loved one's care needs change due to declines in cognition and mobility, difficulties chewing and swallowing, or when their loved one requires end-of-life care.

**Provide a list of contacts** so DCPs know who to speak to if they have questions or concerns, and guidance on which questions/concerns would be best addressed while they are visiting the home versus those that could be addressed afterwards via phone. DCPs realize staff are very busy and do not want to interrupt them unless needed.



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**Include DCPs in relevant parts of staff education**, such as orientation, and online and in-person training about:

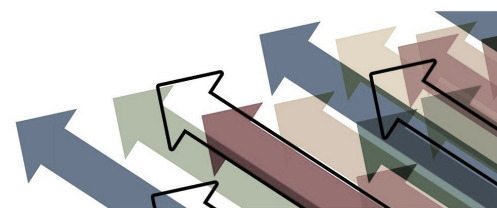
- Supporting residents during meals and snacks.
- Providing light personal care, such as electric shaving, hairstyling, other personal grooming, and face and hand washing.
- Providing mobility support with the proper use of wheelchairs, walkers and other personal assistive devices, including helping residents get to and from their rooms.
- Supporting residents living with dementia or who have other memory and/or communication issues.
- Providing emotional support for residents going through difficult transitions, who are having a bad day, or who have emotional and/or mental health issues.
- Knowing how and when to get a staff member involved in a situation the DCP is not comfortable with or is concerned about.

## EXPAND DCP VISITS AS COVID-19 RESTRICTIONS EASE

Some DCPs expressed a desire to **visit more than once per day**, and to have more opportunities to use other areas of the home (e.g., dining room, sitting area), and do **hands-on activities** with residents.

Use common areas with larger windows where **DCPs can facilitate scheduled window visits** with other family members and friends who are not able to visit in-person.

If space, timing and health guidelines permit, **allow two DCPs to visit at the same time**. Many DCPs reported that they require support or assistance from another person to get to and around the care community, and to participate in the visit. Allowing two DCPs at the same time would ensure they are able to equitably and easily participate in the visit with their family member or friend in LTC.



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## ENHANCE RESIDENT CHOICE

Because of COVID-19 restrictions, residents miss having opportunities to be outside, be entertained, participate in religious services, host multiple visitors, and enjoy home-cooked meals from family.

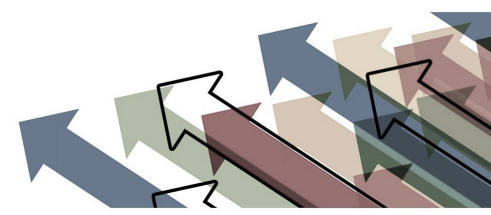
These can resume using **safe, creative and equitable solutions**, such as:

- Providing outdoor entertainment and spiritual services accessed via open windows, in designated outdoor spaces, or streamed digitally.
- DCPs facilitating outdoor window visits.
- DCPs scheduling and participating in outdoor visits, including outdoor strolls and using outdoor seating areas.
- DCPs visiting more than once per day when possible.
- DCPs bringing in home-cooked meals, snacks and drinks.

## ENSURE ALL RESIDENTS HAVE A DCP

Since not all residents have a DCP for various reasons, there are ways to **ensure each resident has someone to provide social and emotional support**. This can be done by:

- **Asking residents** who do not have a DCP if they would like to have someone visit them weekly to engage in their preferred conversation topics and hobbies or activities.
- Integrating the DCP program with Grey County's LTC volunteer program so interested **volunteers** can serve as DCPs.
- Informing local high school, college and university **students** who are considering or are pursuing careers in health care, counselling, social justice, research, education and other helping professions about the opportunities in LTC, such as being a volunteer DCP.
  - Contact the principal, teacher/instructor, program coordinator or guidance counsellor about the need for volunteer DCPs in Grey County LTC homes and benefits for students who require community volunteer hours, experiential education or onsite placements.



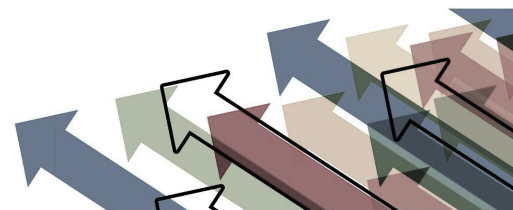
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## INTEGRATE DCPS BEYOND THE PANDEMIC

Although the role of DCP was created to ensure family and friends could safely visit their loved ones during the COVID-19 pandemic, DCPs should remain part of life in Grey County care communities.

Actions are already underway by Grey County leadership to ensure DCPs maintain their essential and valued roles. In addition to the aforementioned recommendations, there are several other opportunities to ensure that the DCP role evolves into an ongoing Care Partner program:

- **Rebrand the role** from "Designated Care Partner" to "Care Partner."
- Develop **ongoing communication** strategies to promote the continuation of the DCP program after the pandemic.
- Ensure there are **common terms everyone understands** to describe the different and shared supports that Care Partners and staff provide, such as light personal care, mealtime support, etc.
- **Update policies to reinforce the role of Care Partners** as members of the team, such as inviting all residents to identify one or two Care Partners upon moving into the community, and ensuring Care Partners are involved in care planning meetings.
- **Link the Care Partner program into existing policies and programs**, such as responsive behaviour/personal expression supports, care planning, and relevant staff education and training.
- **Teach staff strategies** to support Care Partners and effectively engage them in the care community.
- **Formally recognize the important contributions** of Care Partners during post-pandemic celebrations that bring together leadership, staff, residents, Care Partners, families, friends and volunteers.
- **Regularly ask residents, Care Partners and staff how they want the role to grow** as part of Grey County LTC homes' Colour It culture change journey.





## **Our Mission**

Helping You to Colour Your Life Your Way!

**We promise to help you colour your life your way through:**

**C**ommunity

**O**ppportunity

**L**eadership

**O**rganizational Quality and Safety

**U** are the Centre of All We Do

**R**elationships

**I**ntegrity

**T**ogether for Tomorrow