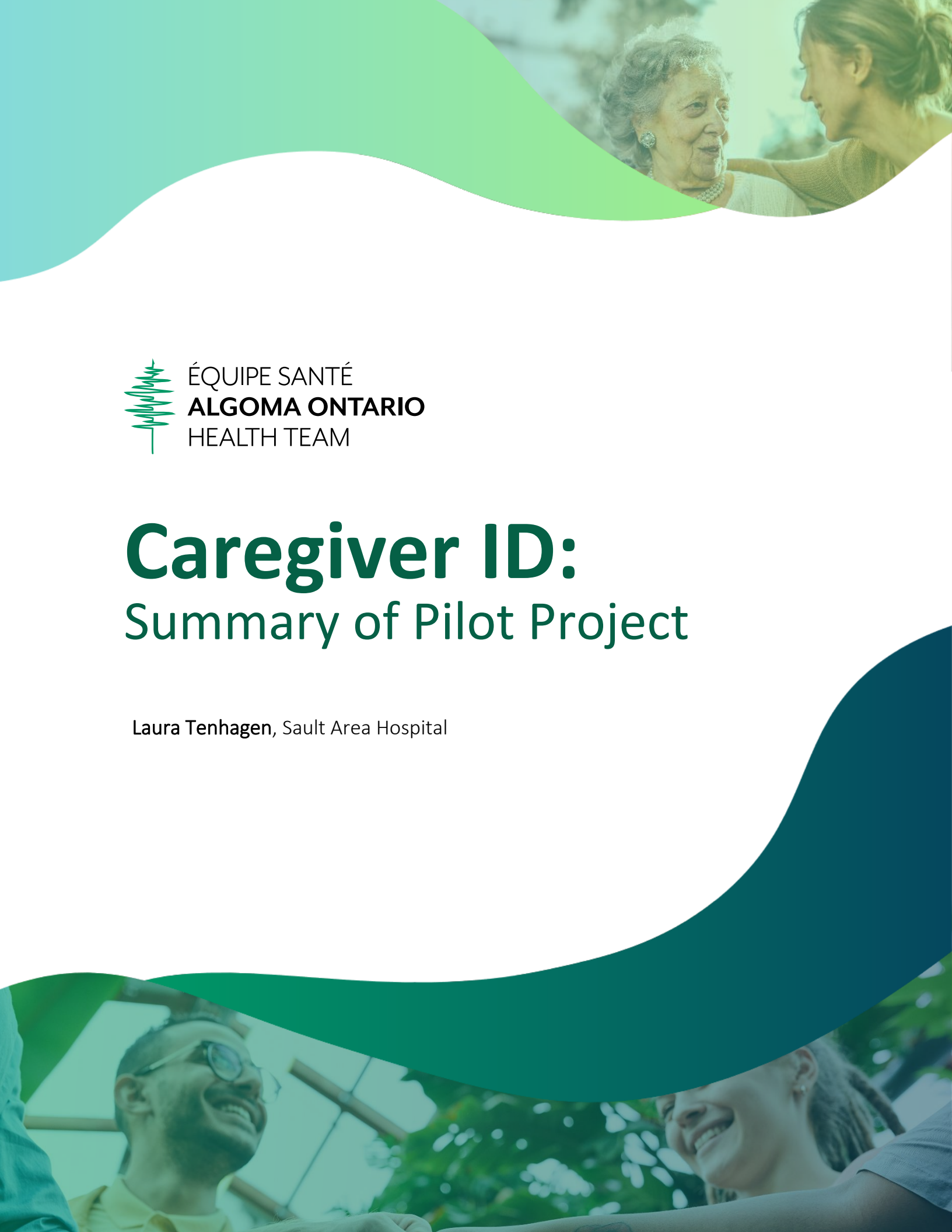


Caregiver ID: Summary of Pilot Project

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Caregiver ID – Essential Together

Contents

- Background 2
- Our Approach..... 3
- Early Challenges 3
- Project Benefits..... 4
- Evaluation 4
 - Graph 1: Pre implementation survey for caregivers..... 5
 - Graph 2: Pre implementation survey for caregivers..... 5
- Recommendations Moving Forward 6
- Conclusion..... 7

Background

With restrictions to visitation, many essential caregivers were prevented from looking after their loved one(s) during the pandemic, which had a significant impact and unintended consequences on our patients and their families. The goal of this project was to formally establish the essential caregiver as part of the care team. The role of the caregiver has been, and will continue to be, a vital role. Caregivers are ordinary people who provide physical and emotional support to a family member, partner, friend or neighbour. This work strives to create mechanisms to ensure staff, patient and caregiver safety and allow them to seamlessly perform their caregiving role.

The Sault Area Hospital launched a pilot project titled *Caregiver ID* in partnership with the Algoma Ontario Health Team. This project was initiated in the fall of 2020 and was officially launched on January 18th, 2021. Every week, new caregivers were identified and

“Serving a community of persons living with dementia, it is abundantly clear that caregivers are an essential part of the health system and we need to continue to ensure they feel supported and valued. Now more than ever, the continued involvement and engagement of caregivers increases patient/client satisfaction, enhanced quality, and safety.”

Terry Caporossi, Executive Director, Alzheimer Society, Sault Ste. Marie & Algoma District

onboarded to the program. At the conclusion of the pilot, Sault Area Hospital identified approximately 30 Essential Caregivers as members of the care team.

Our Approach

This project was identified as a priority by partner members of the Algoma Ontario Health Team (AOHT). Sault Area Hospital, primarily Floor 2B (Rehabilitation Services), was identified as the pilot location for the Caregiver ID project. From the onset of this work, it was emphasized that this would be a regional effort and that the pilot would need to be flexible and adaptable to the specific needs of each partner organization.

Project team members were identified and consisted of a diverse panel of internal Sault Area Hospital representatives and external partners (such as the Alzheimer’s Society, and Group Health Centre). Two representatives from Sault Area Hospital’s Patient and Family Advisory Program were also appointed to the project team and worked diligently to ensure that the patient, family and caregiver voice was embedded in the co-design of this work.

The location for the pilot was identified as 2B (Rehabilitation). This quickly expanded early in the pilot to include 2A, 2C and 1B.

Early Challenges

The Caregiver ID pilot project launched with the second wave of the COVID-19 pandemic and continued to run through the third wave. This created early challenges with hesitancy for onsite presence of caregivers and their clear delineation between visitors. Strong and consistent messaging and advocacy for the role of the essential caregiver was important.

Original processes and protocols needed to be re-examined, due to the changing environment. Many staff were appointed supportive roles to this work, however, due to changing and competing priorities, on/off site workers, etc., a flexible approach was required to ensure the appropriate staff were available and had the capacity to support this work.



Essential Caregiver Janine with mother Iside.

In addition to shifting roles and responsibilities, there has been the continued need for a strong onsite champion of this work. It is critical to have a point person to respond to questions arising from all involved, including staff, patients and essential caregivers.

Project Benefits

There are many benefits to this work. The first is the visual identification of essential caregivers that differentiates them from visitors. This assists in partnering with caregivers and in the delivery of care. It also communicates to staff that the caregivers are trained and have the tools to safely remain on site. The visual identification also quickly allows door screeners to grant access into the hospital or care setting.

An additional benefit to this work is that essential caregivers are empowered in their role. They are able to more easily integrate themselves as members of the care team and communication is facilitated. This allows caregivers to be more involved in the care of their loved ones and more knowledgeable of the aspects of their care.

This project also has the added benefit of the provision of education to staff regarding the role and value of essential care partners and their safe re-entry as partners in care.



Custom Caregiver ID badge and lanyard.

Evaluation

As part of the pilot, four surveys were produced and shared with staff and also caregivers. They included:

1. Pre Implementation Survey – Caregivers
2. Pre Implementation Survey – Staff
3. Post Implementation Survey – Caregivers
4. Post Implementation Survey – Staff

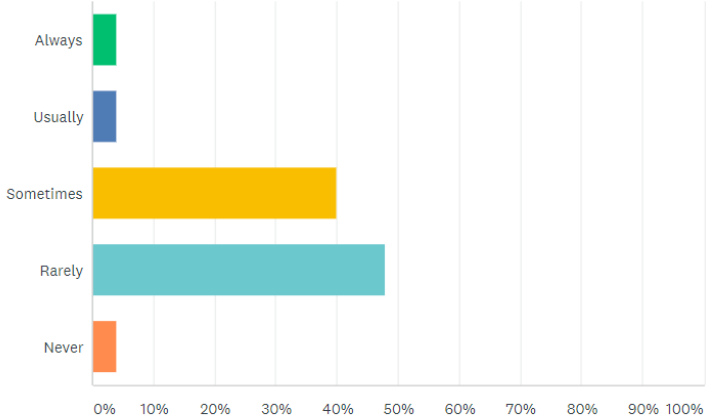
The surveys provided insightful information regarding the shift in the relationship between staff and essential caregivers. The data also served to highlight the benefits of the program and identify any gaps in support for the sustainability of the project.

At the time of this report, evaluation results are not available across all four surveys. Preliminary baseline data (released at the beginning of the pilot), shown below, highlights a significant gap and potential opportunity to strengthen the relationship between care teams and caregivers.

Graph 1: Pre implementation survey for caregivers

How often did healthcare providers recognize that you are a family caregiver?

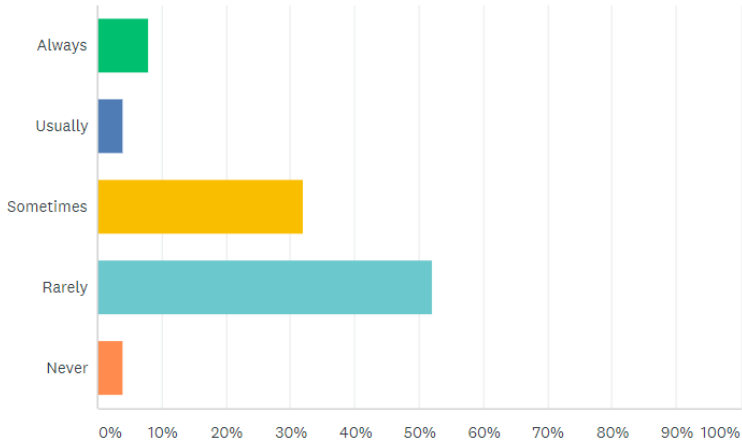
Answered: 25 Skipped: 1



Graph 2: Pre implementation survey for caregivers

How often did you feel meaningfully involved in your family/friends care planning by healthcare providers?

Answered: 25 Skipped: 1



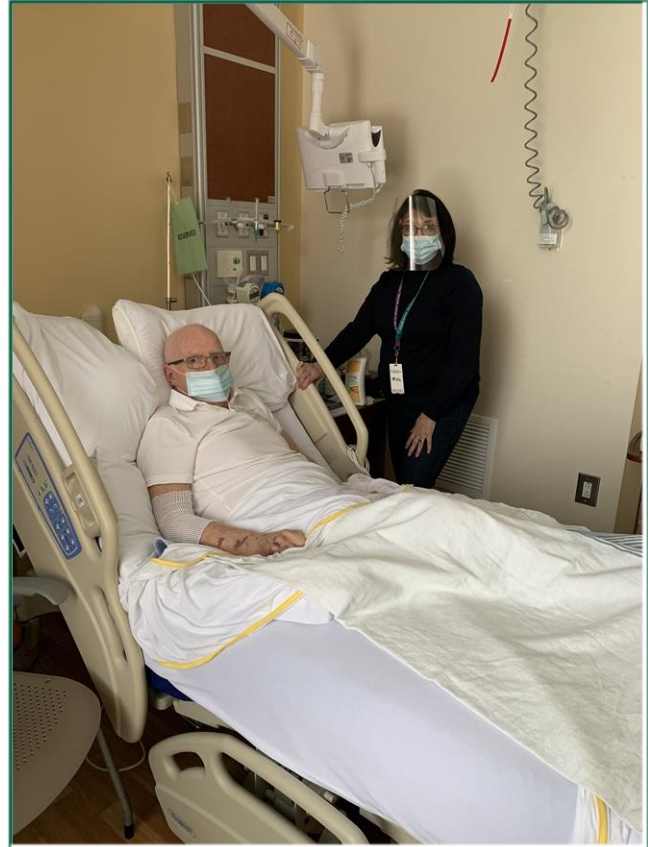
Recommendations Moving Forward

Based on the lessons learned from the pilot phase of this work, the project team recommends the following moving forward:

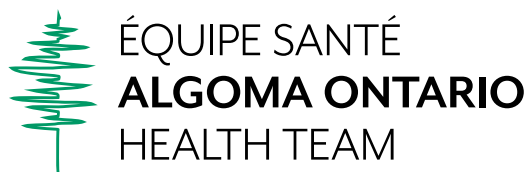
Internal Spread: Sault Area Hospital	External Spread: Sault Ste. Marie and the District of Algoma
<ul style="list-style-type: none"> • This project saw early natural spread beyond 2B during the early phases of the pilot. • Spread within the pilot phase included 2A, 2C and 1B. • Going forward, it is recommended to host a meeting with key leaders from additional areas throughout the hospital (occurred on May 4th). • The goal of this meeting should be to share highlights from the pilot, share the impact to patients/caregivers through a caregiver story, share the processes and tools with other areas throughout the hospital and encourage and support broad uptake to all applicable areas of the hospital. • Ongoing support will be required through a champion to ensure a consistent approach and application to the patient/caregiver experience throughout the hospital. • Distribution of the toolkit to all leaders is required. • Consideration of a caregiver council is encouraged to ensure consistent application of the project. 	<ul style="list-style-type: none"> • It is recommended to host a meeting with key leaders from long term care and retirement homes across Sault Ste. Marie with representation from the District of Algoma (occurred on May 6th). • The goal of this meeting should be to share highlights from the pilot, share the impact to patients/caregivers through a caregiver story, share the processes and tools with others to encourage and support broad uptake throughout the region. • At the conclusion of the meeting, attendees are encouraged to complete a form highlighting how they will apply these learnings within their care settings. • Forms will be shared with the AOHT Leadership Council to monitor ongoing support required. • Ongoing support will be required through a champion to ensure a consistent approach and application to the patient/caregiver experience throughout the hospital. • Distribution of the toolkit to all partners is required. • Consideration of a caregiver council is encouraged to ensure consistent application of the project. • Ongoing support and check ins are also recommended to ensure a consistent and standardized approach.

Conclusion

This project has been successful and well established within the pilot setting. It will be critical to ensure that this work continues to formulate a consistent and standardized approach throughout the Sault Area Hospital, other AOHT partners, and the Algoma district. Strong promotion, communication and partnerships are required for ongoing success of the project.



Rick Cobean with wife and Essential Caregiver Mary Cobean.



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