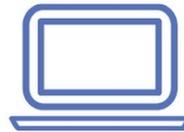




Upcoming Webinar



August 25, 2021

12 - 1:30 PM ET.

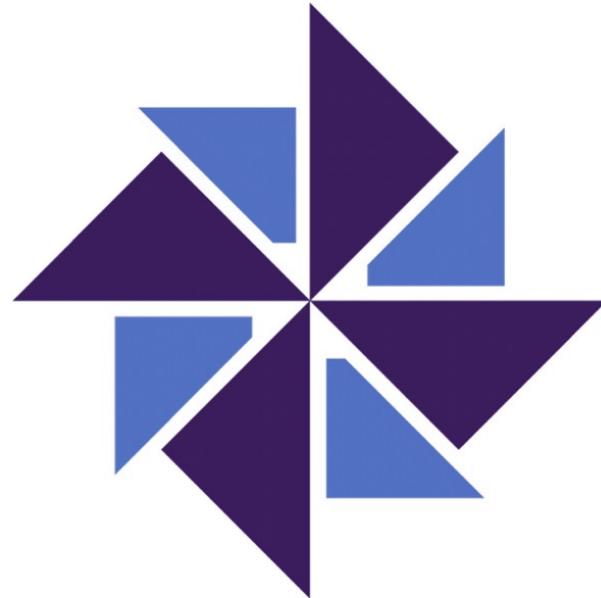
Better Together: Recommitting to Family Presence



General Tips

- ❖ All participants will be muted upon entering
- ❖ Please use the chat box for all questions and comments
- ❖ A recording of this presentation and all handouts will be available at <https://ipfcc.org/events/webinar-recordings.html>
- ❖ If you come across any technical difficulties, please call or text Natasha Reed at 646-789-1613





INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE®

www.ipfcc.org

Better Together: Recommitting to Family Presence

Webinar Faculty:



Beverley H. Johnson, FAAN
President and Chief Executive Officer
Institute for Patient- and Family-Centered Care



Deborah L. Dokken, MPA
Coordinator, Patient and Family Partnerships
Institute for Patient- and Family-Centered Care



Sherry Perkins, PhD, RN, FAAN
President
Luminis Health, Anne Arundel Medical Center



Jessie Checkley
Senior Improvement Lead
Patient Engagement and Partnership, Healthcare
Excellence Canada



In our time together...

- ❖ Develop a shared understanding of the harms of family presence restrictions from the perspectives of patients, families, staff, and clinicians.
- ❖ Describe best practices in supporting both safety and family presence during the pandemic.
- ❖ Learn about strategies and resources to move forward safely with renewed commitment to family presence and participation



Patient- and Family-Centered Care — True North

In a pandemic, the core concepts of patient- and family-centered care (PFCC) can serve as a **North Star**, to help inform decision-making, practices, and public health strategies.



“Our commitment to a philosophy of patient and family centred care, is at the heart of everything we do and is the foundation for our values . . .

Through meaningful engagement and co-creating mutually beneficial partnerships among employees, physicians, patients, families, clients and residents, together we ensure a seamless health system that supports Healthy People, Healthy Saskatchewan.”

www.saskhealthauthority.ca/our-organization/quality-care-patient-safety/patient-family-centred-care



Patient and family partners serve on:

- ◆ Vaccine Committee
- ◆ Family Presence Expert Panel, Family Presence Task Team, and Family Presence Support Team
- ◆ Emergency Operations Command Centers
- ◆ Patient and Family Leadership Council, linked to the SHA Board and the HSA Executive team
- ◆ Patient and Family Partners Rapid Response—providing rapid feedback for messages going out to the province re COVID (3 groups)
- ◆ Patient and Family Partner Influencer Group, working on messages to, from, and with communities during COVID-19



2014 . . . United States & Canada



Changing the Concept
From Families as "Visitors" to Families as Partners





Families: Essential Care Partners, Not Visitors

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





“A hospital without loved ones is slowly becoming our new normal, a reality that threatens to upend the role of the family in the care of our hospitalized patients . . . **Unless we focus on hospital visitor policies with real urgency, regularly and openly revisiting these rules as the coronavirus caseloads change in a given region, I can see our gains slipping away.**”

Critical care physician, NYTimes, 8/17/20





<https://muschealth.org/patients-visitors/coronavirus-information/visitor-restrictions>

www.statnews.com/2021/07/28/covid-shows-barring-bedside-visitors-deprives-patients-of-best-care/

Leadership Messages



*Danielle Scheurer,
M.D.*

Visitation Guidance Explained

Quality / Safety / Patient Experience / Value based care message from the Chief Quality Officer, MUSC Health

As the pandemic continues, one practice which has been difficult to balance is visitation. During the early part of the pandemic, MUSC Health and most other health centers severely restricted visitation.

What we and others discovered is that, with these restrictions in place, many of our quality and throughput metrics worsened in patients with and without COVID-19. Most hospital-acquired infections, falls, pressure injuries, and length of stay all increased as visitor restrictions tightened.

Although it will remain a delicate balance between allowing some, but not too many visitors for our patients, MUSC is committed to "err on the side" of visitation and uphold our unwavering dedication to patient- and family-centered care. Please read this [article](#) supporting the benefits of families at the bedside, and click [here](#) to view our current practice across MUSC Health.



Staff &
Clinicians . . .

Moral distress

Post-traumatic
stress

Fatigue

Tracking the Impact of COVID-19 Hospital Restrictions on PFCC

From a survey of 541 respondents from
394 hospitals in 35 countries

65% of respondents reported that **ZERO** support
persons allowed at the bedside in adult ICUs, inpatient
units, & behavioral health units.

Data reported July 30, 2021

IPFCC and UW and UCSF School of Nursing
www.ipfcc.org/bestpractices/covid-19/survey-tracking.html



Staff &
Clinicians . . .

Moral distress

Post-traumatic
stress

Fatigue

From a US survey of 3,613, respondents
conducted by the American Nurses Foundation

Supporting patients with little or no access to
family members has created an additional burden
on nurses during COVID-19

81% Responded Strongly Agree or Agree

Data reported May 2021

www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/survey-series-results/



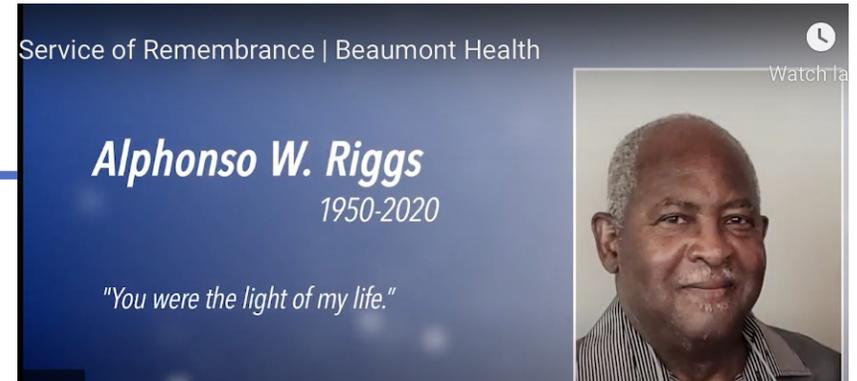
Support for Staff and Clinicians

❖ Reflection and Emotional Support

- Service of Remembrance:
www.beaumont.org/patients-families/service-of-remembrance
- Code Lavender facilitated by chaplains

❖ Practical and Finance Support

- Colleague to colleague support for food insecurity — donated breakfast boxes
- Financial bonuses, ability to advance pay, with delayed payback
- PTO not required for COVID vaccinations, tests, or illness
- Extra days off or mental health days (could be added to PTO balance)



Support for Staff and Clinicians

- ❖ Fun and Stress Reducing Activities
 - Annual employee picnic changed to include 20 Food trucks, live music, and COVID pinatas
 - The Seeds for Smiles team within a Child Life Department planned stress reducing activities with for their team members.

- ❖ For additional information: PFCC.Connect Informal Conversation <https://vimeo.com/582155755>



Hospitals Separating Patients And Families Due To Covid-19 Causes Needless Suffering *Forbes, July 12, 2021*

“Restrictions on visitation made a little sense early in the Covid epidemic when hospitals and staff were overwhelmed, and we lacked a reliable supply of masks and personal protective equipment (PPE). It was cruel but could be justified . . .

But this is no longer our reality. Now barring families from a patient’s bedside is cruel and senseless.”





Disruption of family connections has lifelong implications . . .

“The psychological impact of COVID-related separation on ICU families will reverberate for years and likely result in high numbers of people needing trauma-related services.”

Montauk & Kuhl, *Trauma Psychology*, 2020





Darnysus Jackson (patient): *You had to deal with your family from afar. You felt like you were alone.*



Anita Jackson (mother): *It was so heartbreaking not to be able to see my son - to help him with his needs at the hospital.*

❖ The Patient Story Library: <https://medicine.umich.edu/dept/pt-experience/patient-story-library?tid=3711>

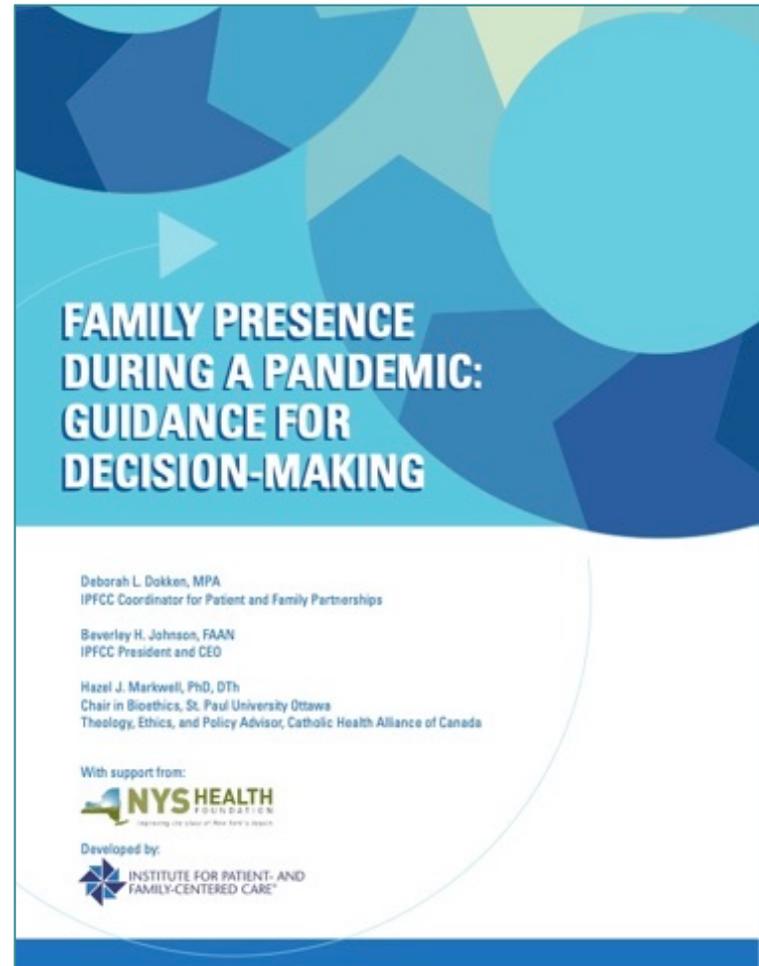


Deborah L. Dokken, MPA
IPFCC Coordinator of Patient and Family
Partnerships

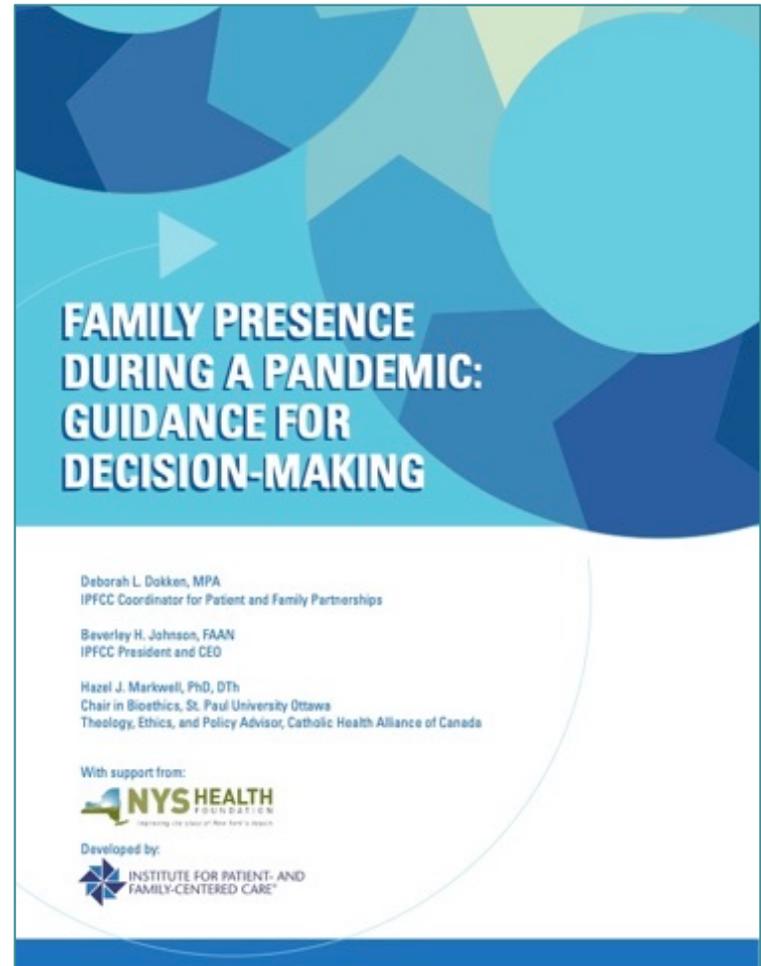


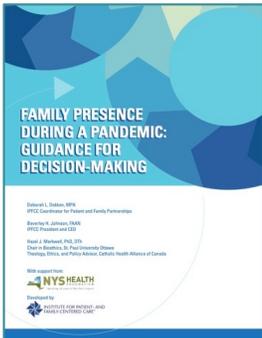
Introducing a new IPFCC Resource . . .

Developed with support from:



Balancing the benefits and harms of new policy changes . . .





- Learnings about restrictions on family presence during SARS and H1N1;
- Evidence about the benefits of family presence and emerging evidence about infection spread and family presence and the harms caused by the restrictions;
- Core concepts of patient- and family-centered care, i.e., dignity and respect, information-sharing, participation, and collaboration; and
- Key ethical principles, i.e., autonomy (grounded in respect for persons), benefic non-maleficence, and justice.



PFCC Core Concepts

- ◆ Dignity and Respect
- ◆ Information Sharing
- ◆ Participation
- ◆ Collaboration

The four core concepts of patient- and family-centered care can serve as the **framework** to improve value, reliability, safety, quality, the experience of care, **AND** the work experience.



Connecting PFCC Core Concepts and Key Ethical Principles

- ◆ Dignity and Respect
- ◆ Information Sharing
- ◆ Participation
- ◆ Collaboration
- ◆ Respect for Persons
- ◆ Beneficence, i.e., do good
- ◆ Non-maleficence, i.e., avoid harm
- ◆ Justice

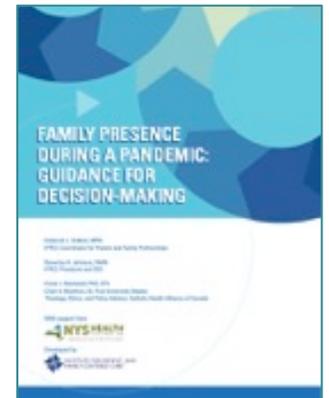


Tools for Guiding Decision-Making for Family Presence and Participation

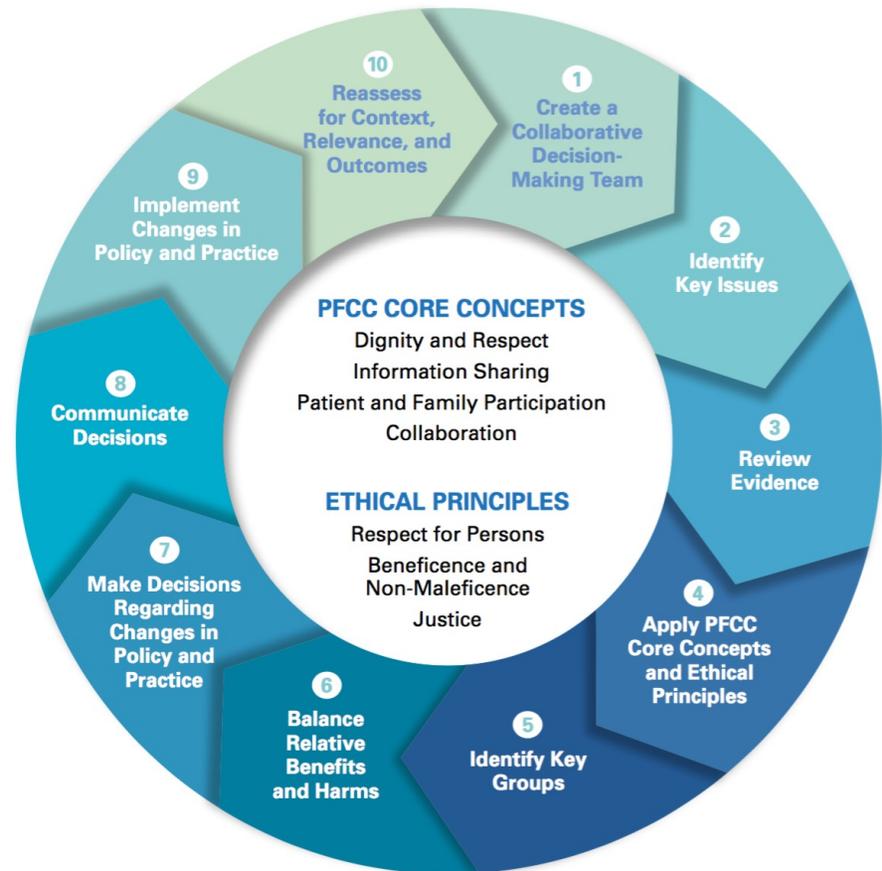
The initial tool is a graphic outlining a 10-step iterative, collaborative, decision-making process

The second tool outlines key questions for each of the 10 steps

The third tool, a matrix, supports the decision-making team in considering the relative balance of benefits and burdens/harms to key groups in both the short and the longer-term

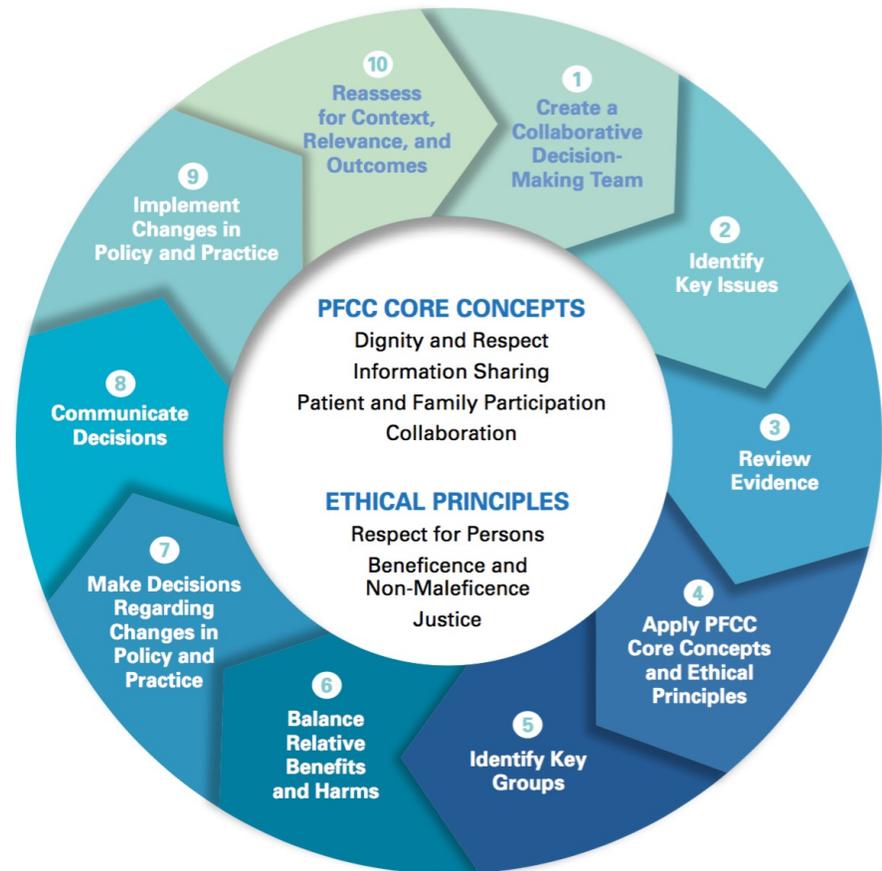


10-Step Iterative Process



10-Step Iterative Process

Key Questions for Each of the 10 Steps



Interactive Matrix to Balance Relative Benefits and Harms

- For key groups
- In short-term and longer-term

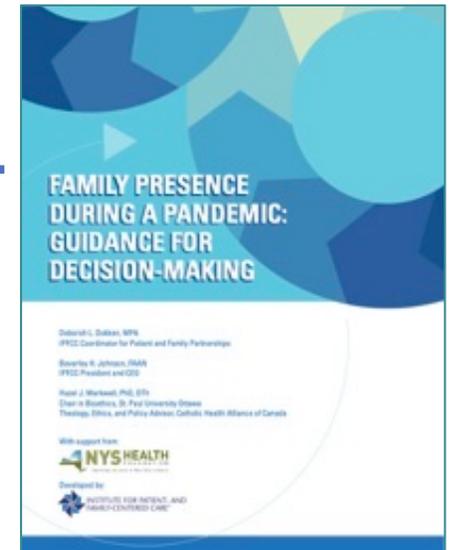
PROPOSED ALTERNATIVE #1 _____											
	Clinicians	3/2/1 (H/M/L)	Other Staff	3/2/1 (H/M/L)	Patients	3/2/1 (H/M/L)	Family/Caregivers	3/2/1 (H/M/L)	Community	3/2/1 (H/M/L)	Total
Short-term Benefits											0
											0
Long-term Benefits											0
											0
Total		0		0		0		0		0	0
Short-term Harms											0
											0
Long-term Harms											0
											0
Total		0		0		0		0		0	0

Note: Indicate relative significance/relative impact for each item listed using high (H), medium (M), or low (L) in H/M/L columns above. For high (H) put #3 in column, for medium (M) put #2 in column, for low (L) put #1 in column.



Additional Resources

- 42 references, over half from 2020 or 2021
- www.ipfcc.org/bestpractices/covid-19/IPFCC_Family_Presence.pdf
- www.ipfcc.org/bestpractices/covid-19/Partnerships_with_Patients_and_Families_During_COVID.pdf
- www.ipfcc.org/bestpractices/covid-19/index.html



Sherry Perkins, PhD, RN, FAAN
President, Luminis Health, Anne Arundel
Medical Center





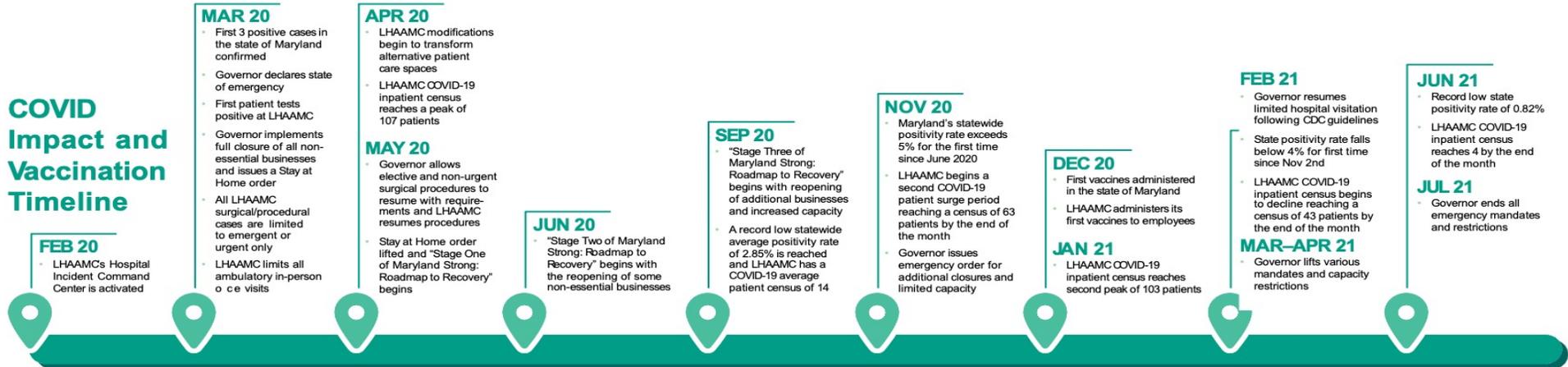
Family Presence in Acute Care During the COVID- 19 Pandemic

Sherry B. Perkins, PhD, RN, FAAN
President, Luminis Health
Anne Arundel Medical Center

Kamila Frederick, PT, MPT, NCS

Katherine McGrath, MHA

COVID Impact and Vaccination Timeline



FEB 20

- LHAAMC's Hospital Incident Command Center is activated

MAR 20

- First 3 positive cases in the state of Maryland confirmed
- Governor declares state of emergency
- First patient tests positive at LHAAMC
- Governor implements full closure of all non-essential businesses and issues a Stay at Home order
- All LHAAMC surgical/procedural cases are limited to emergent or urgent only
- LHAAMC limits all ambulatory in-person office visits

APR 20

- LHAAMC modifications begin to transform alternative patient care spaces
- LHAAMC COVID-19 inpatient census reaches a peak of 107 patients

MAY 20

- Governor allows elective and non-urgent surgical procedures to resume with requirements and LHAAMC resumes procedures
- Stay at Home order lifted and "Stage One of Maryland Strong: Roadmap to Recovery" begins

JUN 20

- "Stage Two of Maryland Strong: Roadmap to Recovery" begins with the reopening of some non-essential businesses

SEP 20

- "Stage Three of Maryland Strong: Roadmap to Recovery" begins with reopening of additional businesses and increased capacity
- A record low statewide average positivity rate of 2.85% is reached and LHAAMC has a COVID-19 average patient census of 14

NOV 20

- Maryland's statewide positivity rate exceeds 5% for the first time since June 2020
- LHAAMC begins a second COVID-19 patient surge period reaching a census of 63 patients by the end of the month
- Governor issues emergency order for additional closures and limited capacity

DEC 20

- First vaccines administered in the state of Maryland
- LHAAMC administers its first vaccines to employees

JAN 21

- LHAAMC COVID-19 inpatient census reaches second peak of 103 patients

FEB 21

- Governor resumes limited hospital visitation following CDC guidelines
- State positivity rate falls below 4% for first time since Nov 2nd
- LHAAMC COVID-19 inpatient census begins to decline reaching a census of 43 patients by the end of the month

MAR-APR 21

- Governor lifts various mandates and capacity restrictions

JUN 21

- Record low state positivity rate of 0.82%
- LHAAMC COVID-19 inpatient census reaches 4 by the end of the month

JUL 21

- Governor ends all emergency mandates and restrictions

Family Presence Timeline

PRE-PANDEMIC

- Open visitation 24/7 with no limit on the number of visitors

MAR 20

No visitors allowed with the exception of the following

L&D – 1 care partner / day during Labor. No switching.

InPt – EOL on case by case basis at the discretion of physician.

PeriOp – 1 care partner allowed for patient transport. Must wait outside facility.

ED – No Visitors Allowed.

COVID Positive – No Visitors Allowed.

MAY 20

- 1 support person allowed to accompany patients with a disability 24/7

JUN 20

InPt– EOL may have 1 care partner. Possibility of a 2nd on a case by case basis at physician discretion. Applies to all patients, including COVID positive patients. No care partner switching.

AUG 20

L&D – 1 care partner allowed for entire LOS

InPt – acute life threatening event / EOL patients allowed 2 care partners 24/7. ICU care partners allowed 2 care partners daily from 8am-8pm. COVID negative patients can switch care partners.

COVID Positive no care partner switching.

SEP 20

policies re-expanded to all areas, allowing 1 care partner per day, with switching allowed. Additional expansions below:

ED – 1 care partner for duration of stay, possibility of 2 at physician discretion if EOL

PeriOp 1 care partner allowed visitation after completion of procedure. Visiting hours 11 – 8.

COVID Positive – care partner switching now allowed.

NOV 20

Governor issues emergency order restricting all hospital visitation, with the exception of allowing 1 visitor for patient's with disabilities, pediatric, L&D, EOL, situations. No other visitors allowed.

Community Partners and Family Presence Team Timeline

FEB 21

Community Partners and Family Presence Team created to help inform policy in the wake of new COVID surges

ED – 1 care partner / day

MAR-APR 21

L&D – 2 care partners allowed 24/7. no switching of partners.

InPt – 2 care partners per day. No partner switching during a single day. EOL: 2 care partners allowed.

PeriOp – 1 care partner allowed.

ED – 1 care partner allowed 24/7.

COVID Positive– 1 care partner, no switching.

MAY 21

InPt – 2 care partners allowed. Switching allowed.

COVID Positive – 2 care partners allowed, switching allowed.

JUL 21

InPt – EOL or patients with acute life threatening events allowed up to 4 care partners. Switching allowed. Includes all COVID positive patients.

PeriOp – 2 care partners allowed

2011- March 2020



Just as the pineapple is a symbol of welcome, Anne Arundel Medical Center is proud to welcome families 24 hours a day, 7 days a week, according to the patient's preference. Family is defined and determined by the patient.

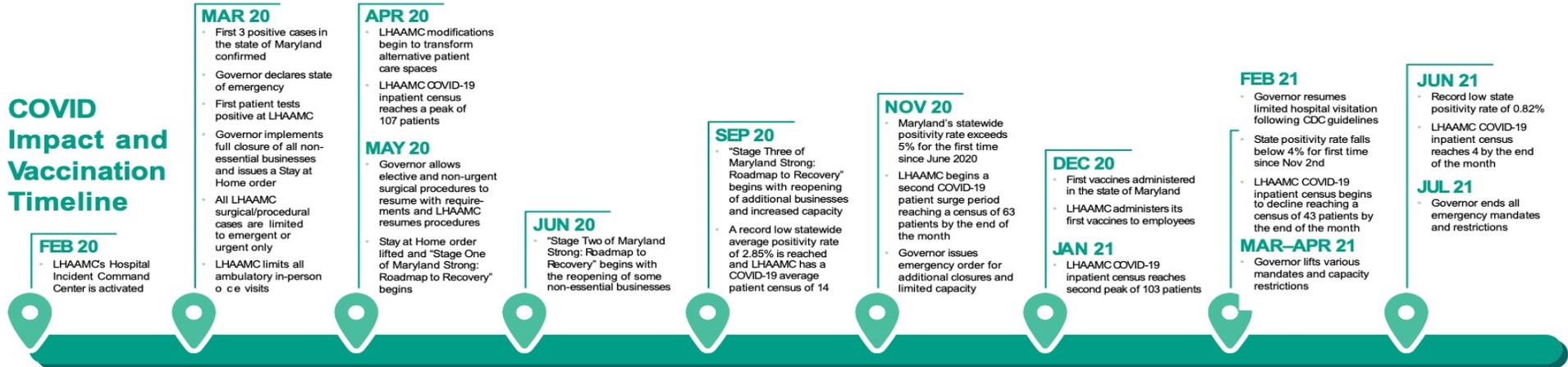
At AAMC, we believe families play an important role in helping patients recover. They provide support, comfort, and are welcome as a vital member of our health care team regardless of time of day or day of week.

Hospital Incident Command Structure

Objectives:

- Safe Spaces
- Safe Staffing
- Safe Supplies
- Safe Equipment

COVID Impact and Vaccination Timeline



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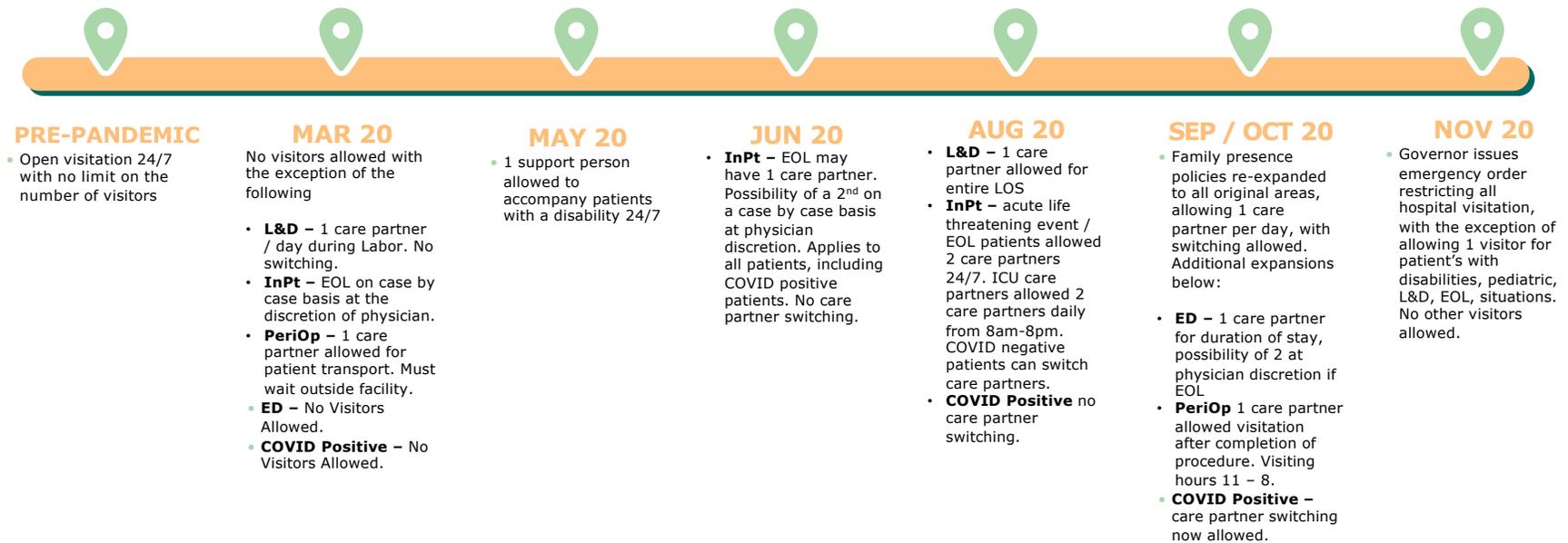
JUL 21

InPt – EOL or patients with acute life threatening events allowed up to 4 care partners. Switching allowed. Includes all COVID positive patients.

PeriOp – 2 care partners allowed

"I live with metastatic breast cancer and have to spend my trial days at a hospital – all by myself to wait for appointments, to sit through my treatments and diagnostic tests, to be there when my doctors have news. It is extraordinarily sad."

Visiting Policy Trajectory – 2020 Family Presence Changes Timeline



Community Partners & Family Presence Team



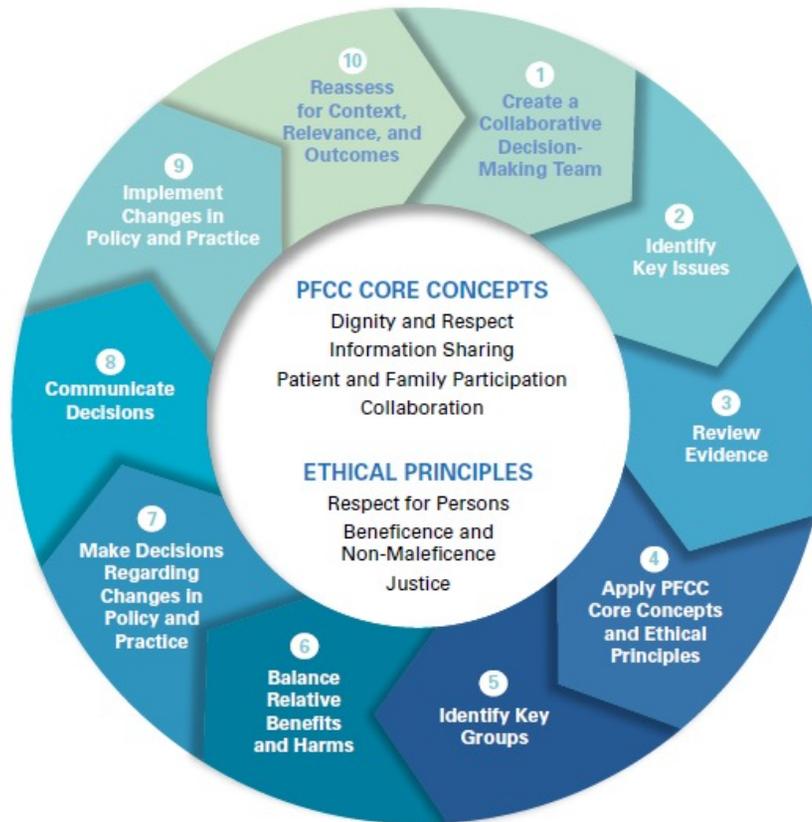
Team Objective
Safely and ethically engage families to preserve family presence

Community Partners & Family Presence Team

- Patient Family Advisors
- Community Leaders – Mayor’s office Hispanic Community Services, senior pastor of African American church
- Front line care givers:
 - Medicine Residency Chief and Hospitalist, Medical Director Obstetrics, Medical Director Epidemiology
 - Clinical Ethicist
 - Tech, social worker, nurses, techs, community care clinicians, charge nurse
 - Clinical and administrative support – nursing, clinical/support, marketing/communications, PFAC, patient relations, information technology
- Hospital Chief Nursing Officer
- Hospital President



The Process...



Community Partners & Family Presence Team: Survey 1

Pre-implementation Survey (February 2021)

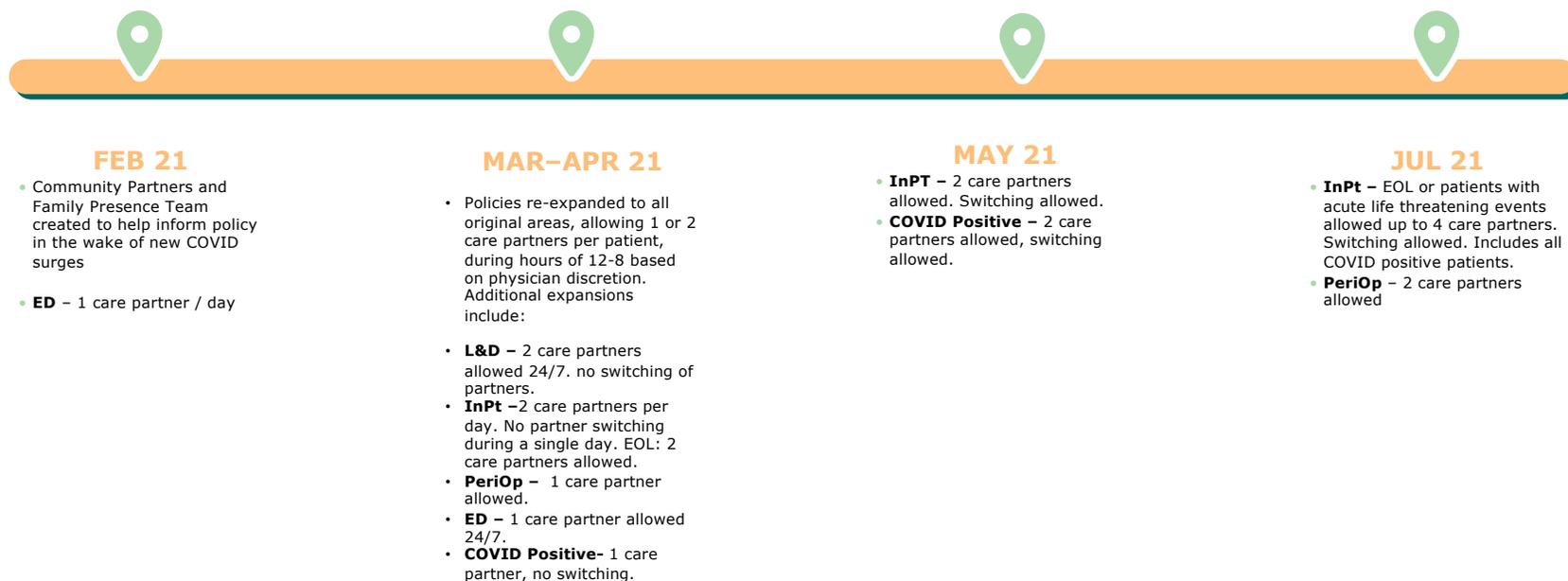
Survey Objective – elicit reactions from the community about the implementation of potential family presence policy revisions

Respondents – 458 respondents, both community members and staff (delineate mix of staff, community)

Key Themes

- Going well -Appreciation for dedication to this type of work during COVID
- Areas for Improvement – increased access, communication about changes

Visiting Policy Trajectory – 2021 Family Presence Changes Timeline



Community Partners & Family Presence Team: Survey 2

Post-implementation survey (April, 2021)

Survey objective – to understand what was going well, 2 months after implementation of new family presence policies, and what could be improved

Respondents – 124 staff members

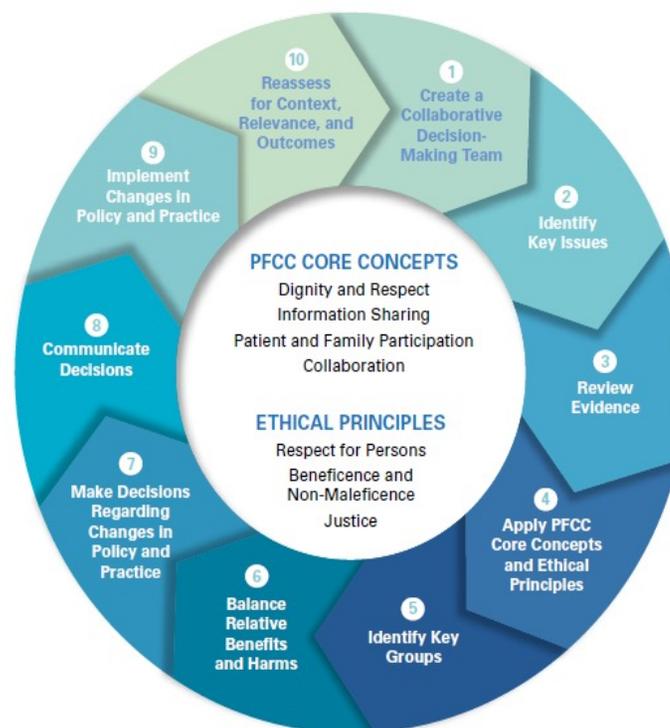
Key Themes

- **Going well** – screening of family members
- **Area for Improvement** – ensuring broad communication about the new policy

“Patients have support from family at the bedside – and this is very helpful to staff.”

The New York Times

Delta Surge Drives Home Painful Truth: Covid Isn't Going Away



Lessons Learned

- The negative impact of the absence of family presence in response to COVID-19 highlighted its importance
- Need for a systematic, structured, sustainable, process, to “revisit” decisions – at regular intervals with new science and data plus PFCC and ethical principles
- Centering on organizational values – Respect, Inclusion, Service, and Excellence (RISE)
- Essential role of collaborative leadership, medical staff, workforce, patients/families, and community on team
- Communication and education for staff re changing operations
- Communication with patients and families and community
- Team supports the importance of family presence-with appropriate safety, ethical, patient and family centered care principles

What's Next?

1. Continued Hospital Incident Command Structure
2. Managing surges, labor market
3. Community and Workforce Vaccination
4. Continued Systematic Review and Improvement in Family Presence Based on Evidence, PFCC Core Concepts, and Ethical Principles



Hospital Incident Command Structure

Objectives- Updated:

- Safe Spaces
- Safe Staffing
- Safe Supplies
- Safe Equipment
- Safe Family Presence

What's Next?

1. Continued Hospital Incident Command Structure
2. Managing surges, labor market
3. Community and Workforce Vaccination
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Jessie Checkley
Senior Improvement Lead,
Patient Engagement and Partnership
Healthcare Excellence Canada



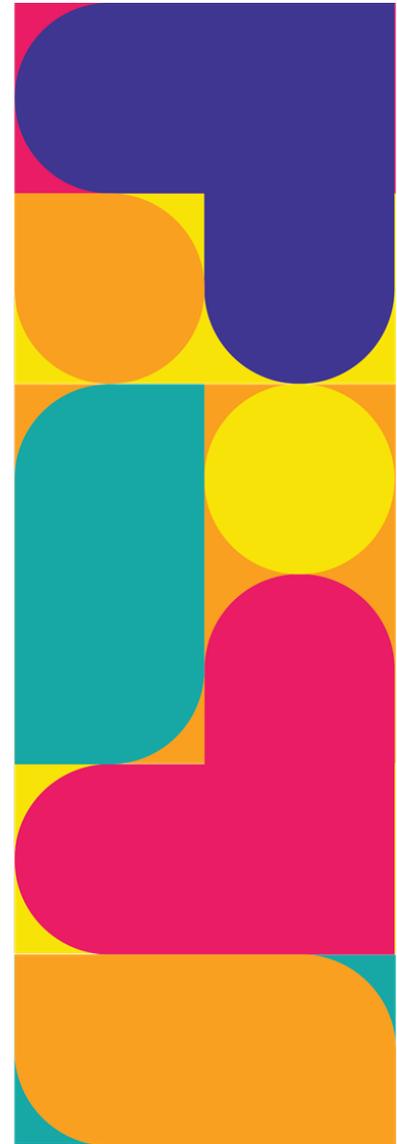


Better Together: Recommitting to Family Presence

Healthcare Excellence Canada

Jessie Checkley, Senior Program Lead
Patient Engagement and Partnerships

August 25, 2021



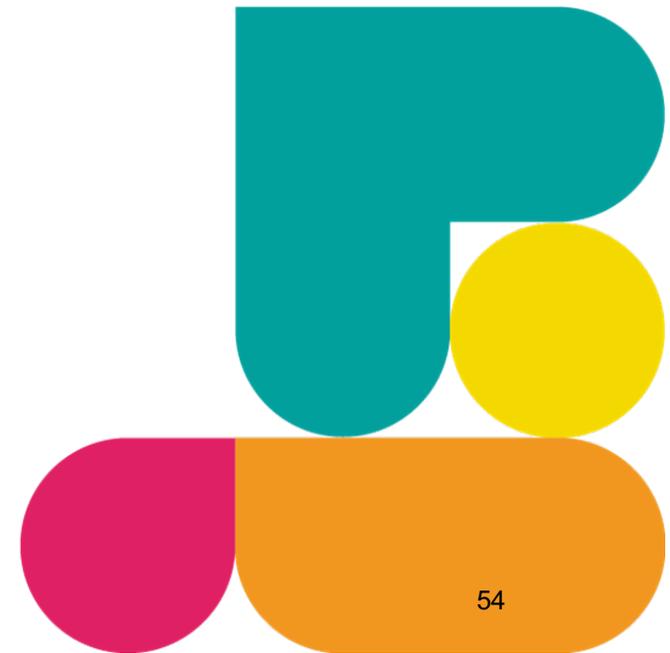
Healthcare Excellence Canada honours the traditional territories upon which our staff and partners live, work and play. We recognize that the stewardship of the original inhabitants of these territories provides for the standard of living that we enjoy today.

Excellence en santé Canada honore les territoires traditionnels sur lesquels son personnel et ses partenaires vivent, travaillent et se divertissent. Nous reconnaissons que c'est l'intendance de ces territoires par leurs premiers habitants qui nous donne notre niveau de vie actuel.



Shaping the future of quality and safety. Together.

Façonner l'avenir de la qualité et de la sécurité. Ensemble.



In this session, you will:

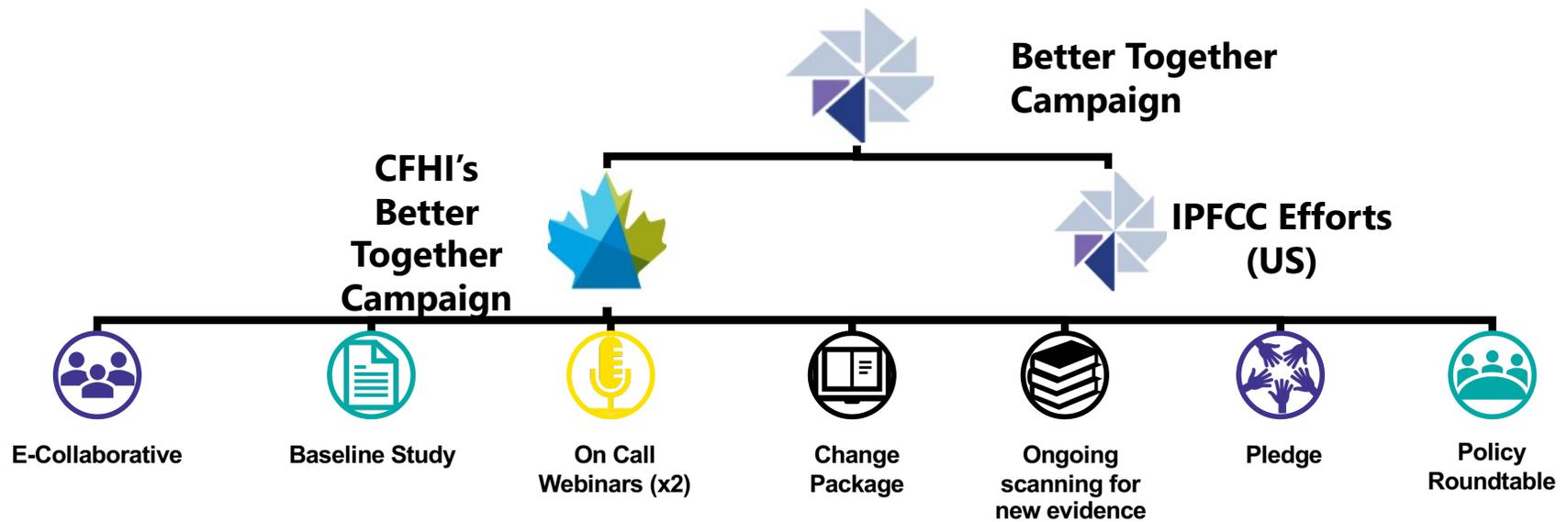
1 Learn about the move from Better Together into Essential Together in Canada

2 Learn about the evidence base that supports Essential Together and development of policy guidance

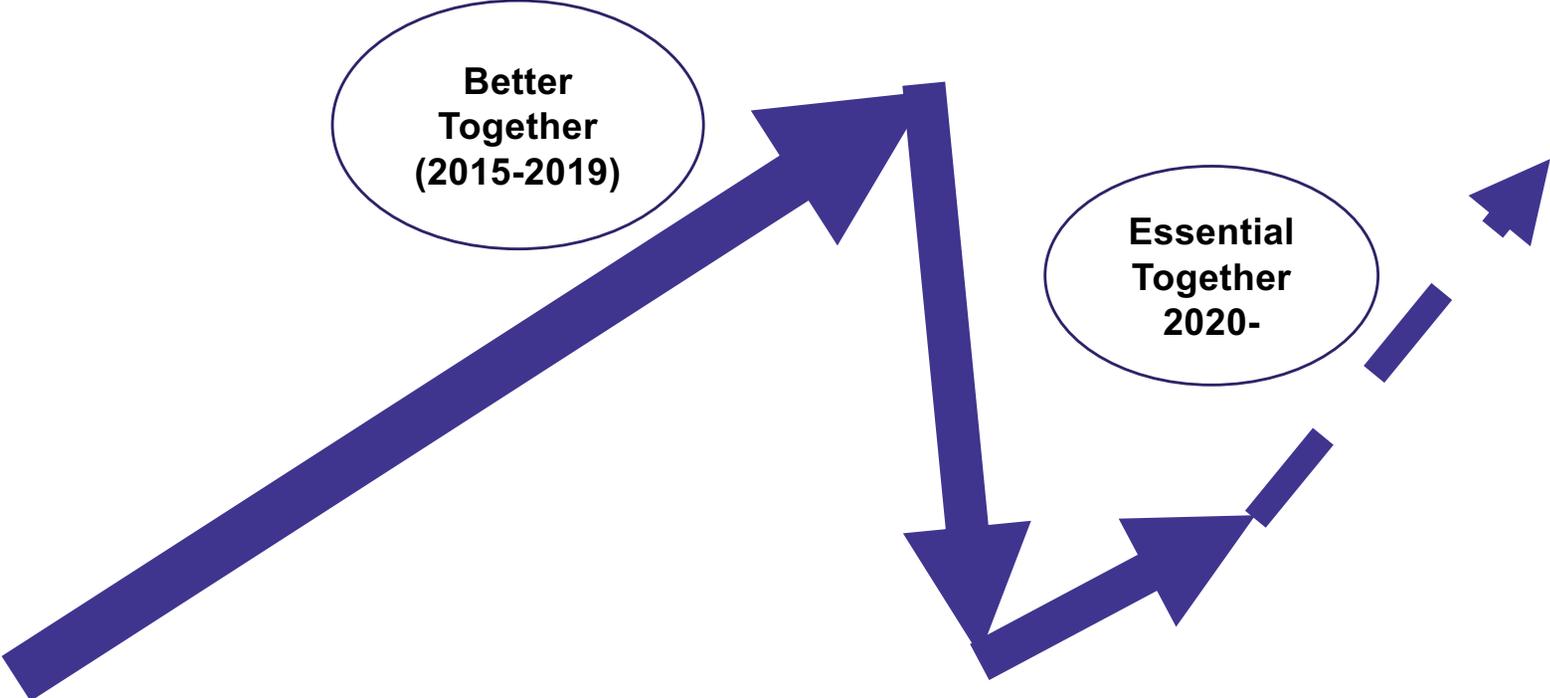
3 Gain insights into the Essential Together program, its goals and approach to programming

4 Understand how Essential Together continues to respond to priorities and needs of patients, families and caregivers during the Covid-19 pandemic **and beyond**

Better Together 2015-2019



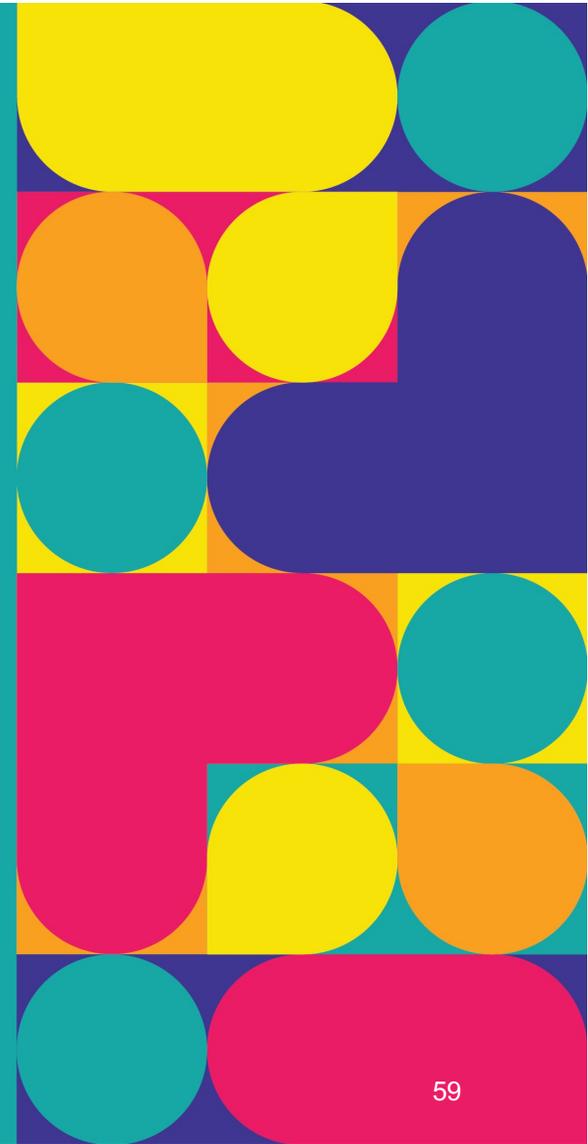
Family presence policies across Canada

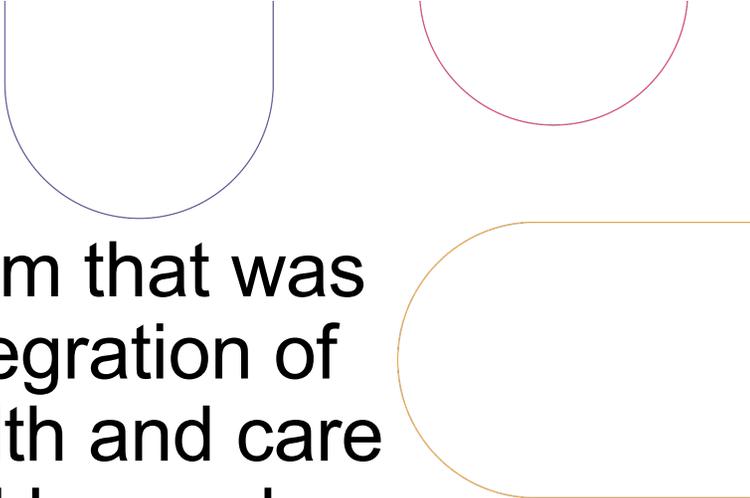


Storyblocks

Lessons learned from the
2003 Severe Acute
Respiratory Syndrome (SARS)
outbreak that were forgotten
during this pandemic

What is Essential Together?





Essential Together is a program that was developed to support the reintegration of essential care partners into health and care settings during pandemic and beyond.

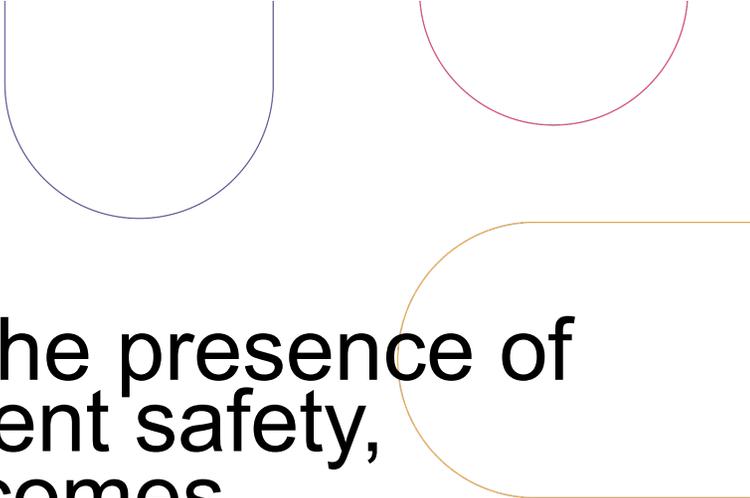
There are specific goals for each of the three intended audiences:

- Policy Makers
- Those who implement policy
- Those who are impacted by policy

Differentiating roles

Visitors have an important social role but do not participate as active partners in care.

Essential care partners provide physical, psychological and emotional support, as deemed important by the patient. This care can include support in decision making, care coordination and continuity of care. Essential care partners can include family members, close friends or other caregivers and are identified by the patient or substitute decision marker.

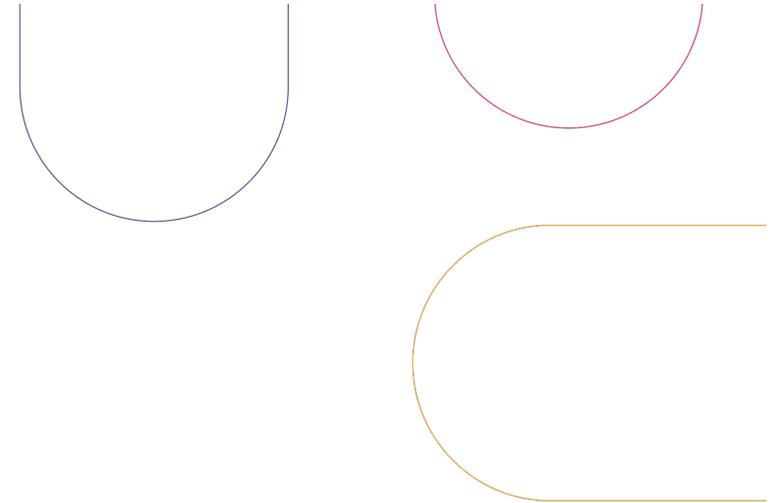


The **evidence is clear** that the presence of caregivers benefits patient safety, experience and outcomes.

There are clear benefits to staff morale and experience as well.

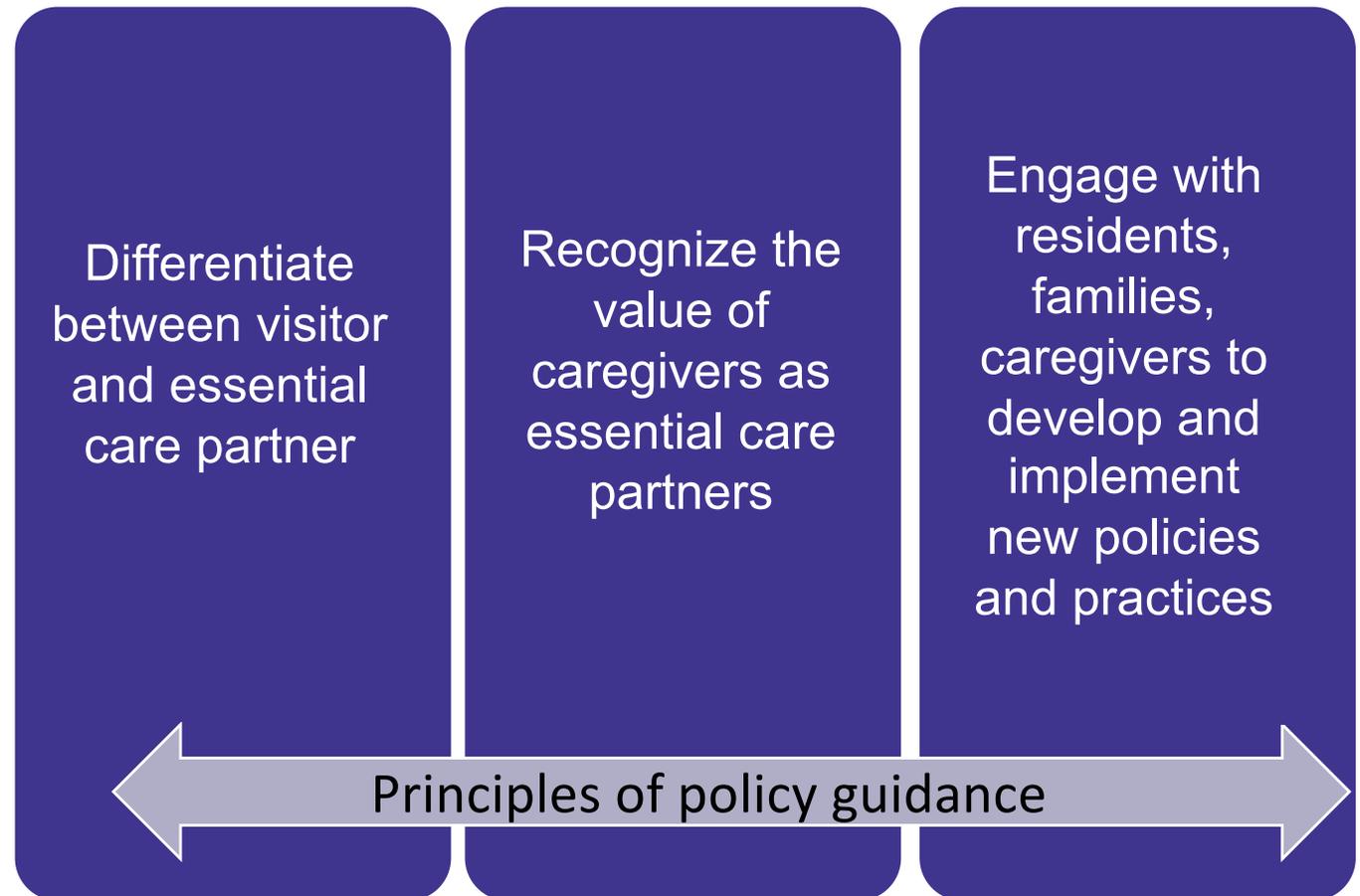
Emerging Evidence

- › Caregiver presence policies
- › Transmission of Covid-19 in health and care settings
- › Impacts of restrictive visitor policy restrictions



How can we safely reintegrate essential care partners?

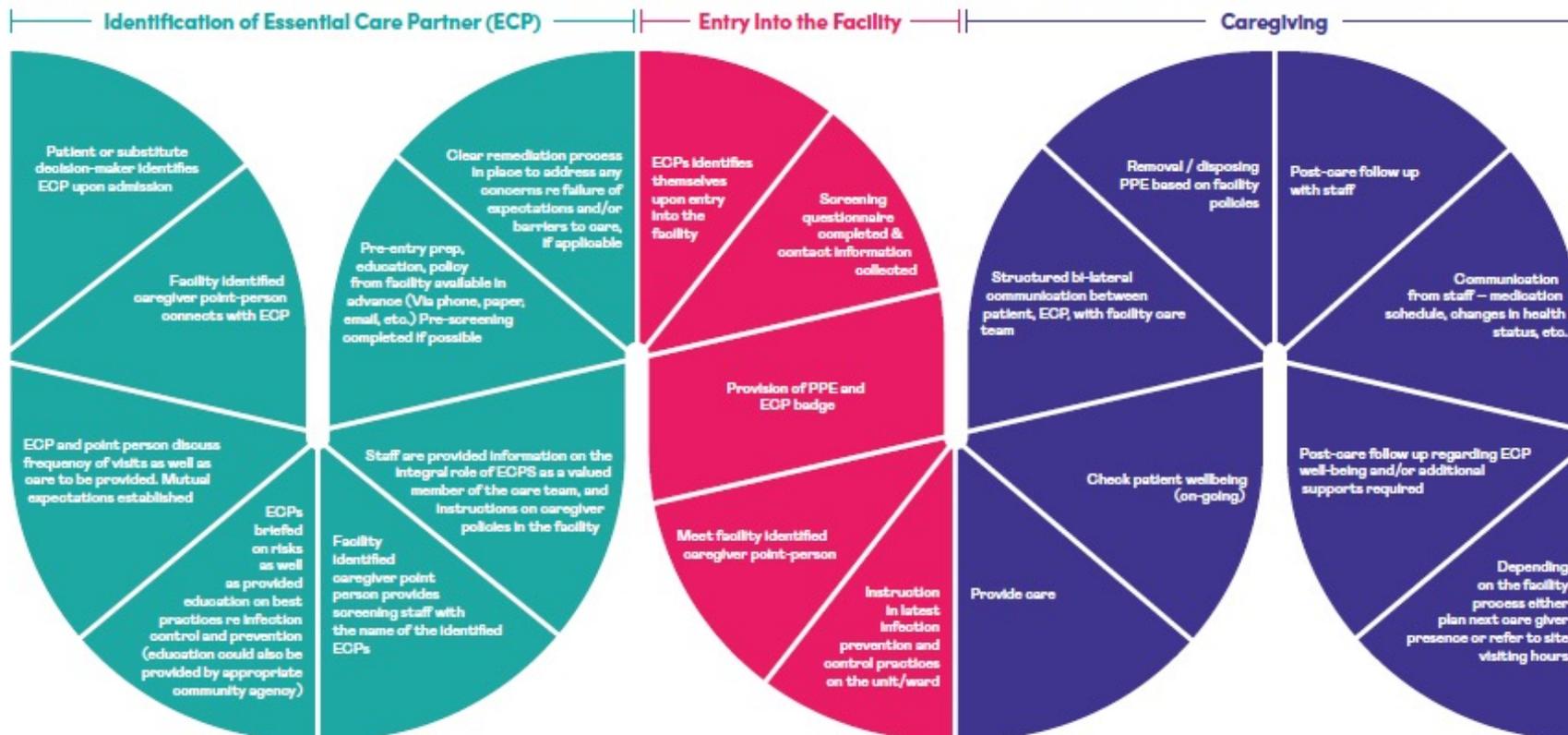
Development of policy guidance



Map for the Reintegration of Essential Care Partners

NOVEMBER 2020

This map for reintegration of essential care partners was created as part of the process to co-design [Policy Guidance for the Reintegration of Caregivers as Essential Care Partners](#). It was through a policy lab process that brought together people with a diverse range of expertise and COVID-19 related experience – including policy makers, healthcare administrators, providers, patients, families and caregivers. The map was generated based on a range of organizational and lived experience, and provides a visual construction of the key actions deemed critical to enable the safe reintegration of essential care partners.



Policy Guidance for the Reintegration of Caregivers as Essential Care Partners (ECPs)

Identification and preparation of essential care partners (ECPs)

Develop mutual expectations of responsibilities

Establish pre-entry preparation for essential care partners

Establish staff education to understand roles and safety protocols for ECPs

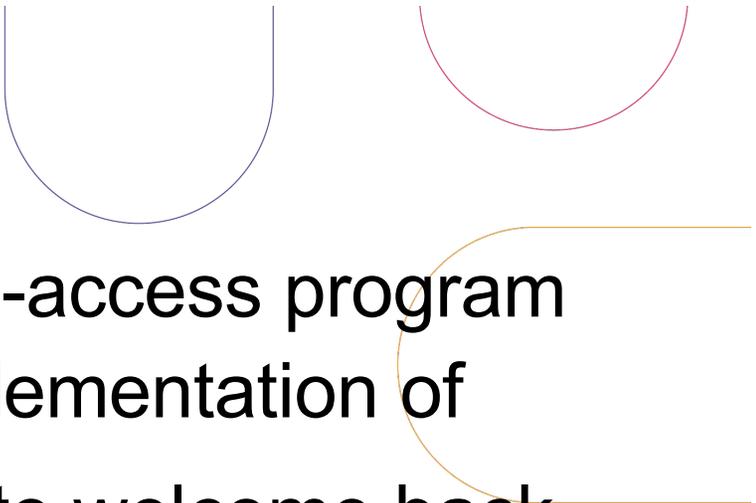
Establish a rapid appeals process

Entry into facility

Establish a clearly communicated screening process

Establish caregiver IDs for essential care partners

Ensure essential care partners are informed about existing and updated infection prevention and control protocols



Essential Together is an open-access program available to support the implementation of co-developed policy guidance to welcome back essential care partners in all health and care settings **during the pandemic and beyond**

Audiences

Those who
make
policy

Those who
implement policy

Those
who are
impacted
by policy



- › **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 those who are receiving health or care services to identify essential care partners.**
- › **We are committed to welcoming back and supporting essential care partners to safely participate as part of care teams.**

Essential Together: Supporting the implementation of policy guidance

Step One



CALL TO ACTION

Step Two

Essential Together Tool



Step Three

*Learning Bundles:
Self-directed
activity and curated
resources and tools*

Step Four

Register

Peer Learning Coaching



National Huddles return in Fall 2021

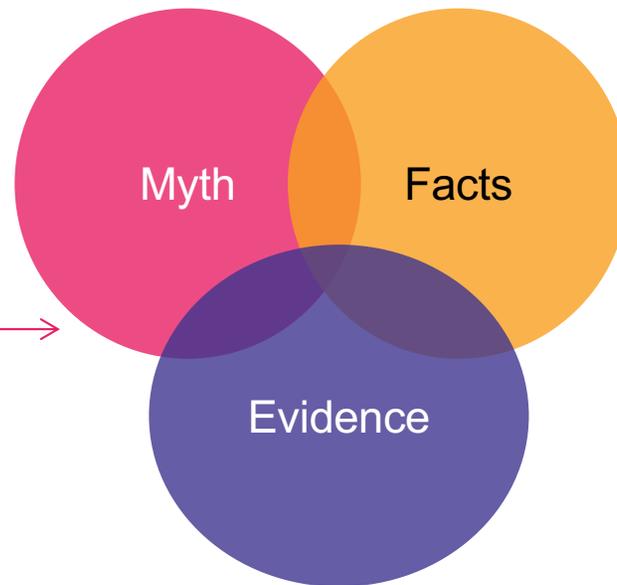
- September 23, 2021, 1:00pm – 1:45pm ET
- October 13, 2021, 1:00pm – 1:45pm ET
- November 3, 2021, 1:00pm – 1:45pm ET
- November 24, 2021, 1:00pm – 1:45pm ET
- December 8, 2021, 1:00pm – 1:45pm ET

Patients and Caregivers

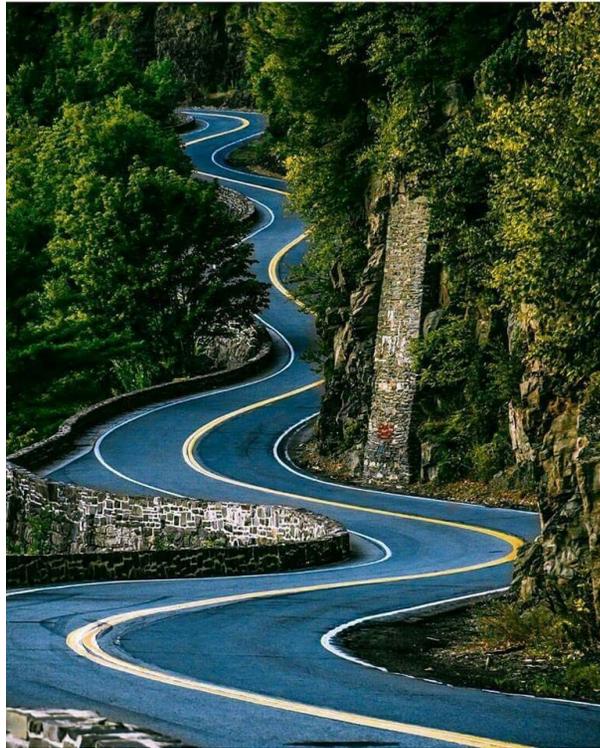
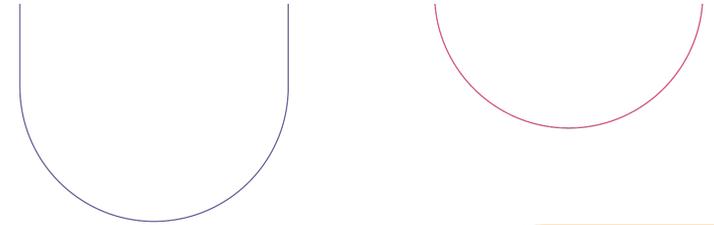
We brought together a group of patients and caregivers from across Canada and to talk about their experiences as essential care partners during the pandemic and to co-design resources to support the reintegration of essential care partners

Mythbusters

What are some the myths and barriers related to engaging and including essential care partners in the care team?



Where to next?



October 25-29, 2021 is Canadian Patient Safety Week

A national annual campaign started in 2005 to inspire extraordinary improvement in patient safety and quality. The theme for 2021 is Essential Care Partners.

Healthcare facilities and health organizations across Canada will participate in the week by holding events and activities to increase their understanding of the role and value of essential care partners in their local area.

Interested in learning more?

[Join](#) Essential Together

#EssentialCarePartner

Please contact Essential.Together@hec-esc.ca

[Visit Our Website](#)

[Download the Policy Guidance](#)

[Subscribe to the Newsletter](#)



**Healthcare
Excellence**
Canada

**Excellence
en santé**
Canada

Building the Essential Together Program

› Generating pan-Canadian discussions:

- › [National Health Engagement Network Discussion: Family Presence during Covid-19 \(April 2020\)](#)
- › [Spotlight Series Webinar: Family and Caregiver Presence and Partnership during the COVID-19 Pandemic \(April 2020\)](#)
- › [Spotlight Series Webinar: #MoreThanAVisitor – Reintegration of Family Caregivers as Essential Partners in Care \(August 2020\)](#)
- › [Spotlight Series Webinar: Policy Guidance for Reintegrating Essential Care Partners During COVID-19 and Beyond \(November 2020\)](#)

› Harnessing and generating an evidence base:

- › [MUCH MORE THAN JUST A VISITOR: An Executive Summary of Policies in Canadian Acute Care Hospitals \(May 2020\)](#)
- › [EVIDENCE BRIEF: Caregivers as Essential Care Partners \(December 2020\)](#)
- › Co-investigators on current research studies related to the impact of restrictive family presence policies with the University of Alberta and strengthened patient partnerships during Covid-19 with Trillium Health Partners -

Building the Essential Together Program (cont'd):

Co-creating a path forward: Recommendations and policy guidance:

- › [Re-Integration of Family Caregivers as Essential Partners in Care in a Time of COVID-19](#) (July 2020)
- › [Policy Guidance for the Reintegration of Caregivers as Essential Care Partners](#) (November 2020)
- › [Map for the Reintegration of Essential Care Partners](#) (November 2020)
- › [Essential Together Tool](#) (December 2020).

Lessons Learned from SARS

- › [When Family-Centered Care Is Challenged by Infectious Disease: Pediatric Health Care Delivery During the SARS Outbreaks - Donna F. Koller, David B. Nicholas, Robyn Salter Goldie, Robin Gearing, Enid K. Selkirk \(sagepub.com\), 2006](#)
- › [ARCHIVED: Learning from SARS: Renewal of public health in Canada – Report of the National Advisory Committee on SARS and Public Health - Canada.ca](#) - A report of the National Advisory Committee on SARS and Public Health, October 2003
- › [Ethics and SARS: Learning Lessons from the Toronto Experience \(yorku.ca\)](#)
- › [Lessons for the global primary care response to COVID-19: a rapid review of evidence from past epidemics \(nih.gov\), February 2021](#)
- › [The key lesson from SARS that Canada failed to heed when COVID-19 hit | CBC News, October 2020](#)
- › [SARS taught us lessons. Then we forgot them | The Star, January 2021](#)

Q and A





Upcoming PFCC.Connect Informal Conversation

Re-Energizing Partnerships Amid COVID's Resurgence

September 15, 2021, Noon ET
[Register here](#)

<http://pfcc.connect.ipfcc.org/home>



