WE LISTENED. WE HEARD. WE CO-DESIGNED.
WE MEASURED & EVALUATED.

MEASUREMENT & EVALUATION:
CASE STUDIES + KEY INSIGHTS
In early 2017, the Foundation selected four partnerships from across Ontario, from over 70 applications, who were committed to improving the family and caregiver experience. As a part of our evolution, we expanded our focus from patient-centred care to patient and family centred care. All four Changing CARE partnerships were designed with family caregivers in key design and decision-making roles. The Foundation provided funding and capacity-building opportunities over a three year period to support this work.

From the very beginning, we started to think about how to measure impact. We pulled together a coordinating group in June 2017 to help create an evaluation plan for Changing CARE which articulated evaluation goals and principles and provided a roadmap that our four projects used as a data collection plan. The coordinating group also developed data collection tools – a caregiver survey and a provider survey – through an iterative co-design process. The group met on an on-going basis until March 2020 to review emerging quantitative survey results and qualitative data.

One of the principles articulated in the Changing CARE evaluation plan was to “learn along the way” and capture learnings and findings as they occurred rather than at the end of the project. Our Lessons from Changing CARE reports were released beginning in June 2018, with the last report in the series published in November 2020.

- **The Discovery Phase of Experience Based Co-Design** presents practical tips to help guide organizations in their caregiver and provider engagement efforts.
- **Co-Design Events** focuses on what the projects learned from initial co-design events.
- **Testing and Implementation** focuses on lessons about implementing co-designed change initiatives.
- **Sustainability and Spread** reflects on what the projects learned about sustainability and spread of change initiatives during the project and beyond the project funding period.
Now that we are at the end of the Changing CARE journey, we wanted to reflect on some key questions - what were the big learnings? What has changed for family caregivers? What is different for providers? Are we closer to a culture that acknowledges caregivers as partners in care? This report has been constructed to answer those questions. We’ve profiled five key change initiatives that our Changing CARE projects have co-designed and implemented – Family Presence policies, Caregiver Identification (ID), Caregivers as Partners eLearning for Providers, Care Binders and Stroke Education videos. These case studies describe the purpose of the tool, how it works, relevant data, lessons learned and implications for moving forward. We’ve also developed four “insights” that profile take-aways from across the four projects, supported by the survey data and qualitative feedback, as well as implications for moving forward.

All of this work highlights the importance of giving a shout-out and sincere thank-you to the many people who helped shape and execute our evaluation of Changing CARE.

The Evaluation and Measurement Coordinating Group included members from the four Changing CARE teams and members with expertise in caregiving and evaluation:

- Jennifer Hubbard, Michelle Carter, Monique Hancock, Lindsay McGee, Debbie Turner - Connecting The Dots For Caregivers
- Jennifer Ridgway, Michael Palomo, Susan Anstice, Nandita Bijur - Cultivating Change
- Joanne Sidorchuk and Sarah Kaplan - Embrace
- Jacobi Elliott - Improving Care Together
- Katherine Arnup - author, retired professor and caregiver; and
- Shawn Tracy and Ross Upshur from Bridgepoint Collaboratory for Research & Innovation.

The Evaluation Advisory Group worked intensely from June to September 2020 advising on the development of evaluation products resulting in this evaluation report:

- Katherine Arnup - author, retired professor and caregiver;
- Hsien Seow, Canada Research Chair, McMaster University, past Change Foundation Board member;
- Jacobi Elliott - Evaluation Lead, Specialized Geriatric Services, St. Joseph’s Health Care London Centre; and
- Shawn Tracy - research consultant.
The Changing CARE Project Managers deserve a special note of gratitude. They took the time to do a careful review of draft documents and validate final evaluation products, throughout and beyond the project funding period.

The impact of the Changing CARE projects would not have happened without the strong leadership and dedication from the executive sponsors and clinical champions, and the partnerships and collaboration demonstrated within and between the project partners.

And none of this would have been possible without the hard work and creativity offered by the many caregivers and providers who participated in the co-design and implementation of change initiatives undertaken by the Changing CARE projects.

Finally, the Foundation would also like to acknowledge Sue Bhella, Senior Program Associate, for her role in developing this report - her deep knowledge of the four projects and knowledge translation skills were invaluable.

The Change Foundation has been in the enviable position of supporting this journey of co-design with patients, caregivers and providers. We hope that you will be inspired by what we’ve learned about co-designing, implementing and spreading change initiatives to improve the way healthcare organizations, providers, patients, families and caregivers work together. As we continue to navigate the challenges of the COVID-19 environment, the profiled change initiatives and key insights are more relevant than ever.

Sincerely,

Lori Hale
Executive Lead, Research and Policy
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| PROFILED CHANGE INITIATIVES | Case Study 1: Family Presence Policy | Case Study 2: Caregiver Identification (ID) | Case Study 3: Caregivers as Partners eLearning | Case Study 4: Care Binders | Case Study 5: Stroke Care Education for Caregivers |

| KEY INSIGHTS | Key Insight 1: Caring for caregivers is part of the job | Key Insight 2: You don’t need to know all the answers… Just where to find them | Key Insight 3: Caregivers are essential members of the care team | Key Insight 4: Advance meaningful change by building capacity for co-design |
Connecting the Dots included six local health care organizations and family caregivers to create tools and resources to help caregivers feel more supported, valued and engaged in their role.

**Partner organizations:**
- Huron Perth Healthcare Alliance
- Alzheimer’s Society of Perth County
- North Perth Family Health Team
- ONE CARE Home and Community Support Services
- South West Local Health Integration Network
- STAR Family Health Team

**Location:**
- Huron and Perth counties, Ontario

**Caregiver focus:**
- Caregivers across all health care conditions (through family doctors offices and hospital and in community)

**Streams of work:**
- Awareness and recognition
- Communication and information
- Education, training and supports
Cultivating Change aimed to co-design a caregiver-friendly hospital and community. The project partners focused on building a culture of care in which caregivers were partners, and where caregivers were formally identified, valued for their deep knowledge and actively listened to.

**Partner organizations:**
- Sinai Health System
- WoodGreen Community Services

**Location:**
- Toronto, Ontario

**Caregiver focus:**
- Those caring for family and friends in hospital receiving stroke rehabilitation services, neo-natal intensive care, or palliative care, and in the community (through WoodGreen) using community respite and developmental services.

**Streams of work:**
- Neonatal intensive care
- Stroke care
- Community
- Caregiver resilience for individuals with serious illness
Embrace aimed to improve interactions between family caregivers and providers with a focus on caregivers of those with mental health and addiction challenges.

**Partner organizations:**
- The Cornwall and District Family Support Group
- Cornwall Hospital, Community Addiction and Mental Health Services

**Location:**
- Cornwall and area (Stormont, Dundas, Glengarry and Akwesasne), Ontario

**Caregiver focus:**
- Those caring for family or friends with mental health and addiction challenges.

**Steams of work:**
- Family inclusion
- Caregiver support
- Provider education
- Young carers
- Sharing our story
- A physical and virtual resource hub
Improving Care Together aimed to improve family caregiver engagement and acknowledgement in program planning and direct clinical care at all sites of St. Joseph’s Health Care London – St. Joseph’s Hospital, Parkwood Institute, Mount Hope Centre for Long Term Care and the Southwest Centre for Forensic Mental Health Centre.

**Partner organizations:**
- St. Joseph’s Health Care London

**Location:**
- London, Ontario

**Caregiver focus:**
- Prior to Changing CARE the team focused on specialized geriatric population and spinal cord injury rehabilitation. Now the focus is on spreading of caregiver initiatives across the organization to programs such as mental health, long-term care, ambulatory clinics, and more.

**Streams of work:**
- Family caregiver involvement
- Family caregiver education and training
- Care transitions
FAMILY PRESENCE POLICIES: FACILITATING CARE PARTNERSHIPS WITH FAMILY CAREGIVERS

What is a Family Presence Policy (FPP)?

A formal hospital policy that replaces the traditional model of firmly established visiting hours and enables patients to designate caregivers to be able to stay by their side at anytime of the day or night.

What is the purpose?

A family presence policy (FPP) builds a foundation that fosters “the engagement of patients, families, and caregivers as partners in care, improves care experiences and outcomes” (CFHI, 2015), reduces feelings of isolation, enhances emotional support and care transitions.

How does it work?

The Canadian Foundation for Healthcare Improvement (CFHI) launched the Better Together campaign to support healthcare delivery organizations to adopt FPPs. Though implementation varies, in most cases, “visiting hours” are replaced by “Quiet Hours” and patients are able to designate caregivers who can stay with them during Quiet Hours.

For patients, FPP enhances the continuity of care by enabling greater communication among caregivers and providers.

For caregivers, FPP enables greater flexibility to juggle competing demands on their time.

For providers, FPP provides clarity around who the designated caregivers are and thus enhances opportunities to engage and support caregivers.

73% of Canadian hospitals have implemented FPP (as of early 2020).

- Caregiver-friendly hospital
- Patient & family-centred care
- Family inclusion
**Where has it been implemented?**

**Bridgepoint Active Healthcare**  
Implemented Summer 2018 | Toronto, Ontario

Families and caregivers are an integral part of the collaborative care team at Bridgepoint. Recognizing that the presence of families and caregivers during a hospital stay improves outcomes, reduces the risk of falls and decreases readmission, Bridgepoint implemented a hospital-wide FPP.

As a part of this process, Visiting Hours were discontinued and replaced with Quiet Hours (10 p.m. to 7 a.m.) to ensure patients can get the rest they need without restricting access to family caregivers. Patients may designate up to 2 caregivers who are issued an ID badge (see Case Study 2) that enables designated caregiver(s) to access the patient’s care unit at any time.

**Caregiver Feedback:**

**OBSERVED BENEFITS:**
- Improved caregiver experience
- Greater mutual trust
- Enriched patient care
- Supports positive culture shift

**OBSERVED CHALLENGES:**
- Change fatigue among staff
- Initial staff resistance
- Initial concerns regarding building security and safety of staff

---

**The FPP is a good system. It allows my daughter to be here more.**  
- Hospital inpatient

**Implementing our FPP at Bridgepoint is a major milestone in our Quality Improvement Plan.**  
- Bridgepoint Active Healthcare

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**69%** Very/extremely helpful  
**24%** Somewhat helpful  
**7%** Not at all helpful
St. Joseph’s Health Care London
Implemented Summer 2019 | London, Ontario

In recognition of the central role of family caregivers in the well-being of patients/residents, caregivers are now welcome at any time in accordance with the wishes and care needs of the individual patient/resident (balanced with the well-being, safety, and security of all) across all five care sites at St. Joseph’s Health Care London.

Quiet Hours are in place from 10 p.m. to 7 a.m. to ensure a restful environment and caregivers are encouraged to make prior arrangements with the unit staff if they plan to be present during this time period.

6-month post-implementation evaluation findings:

100% of patients and caregivers indicated that the FPP is beneficial in supporting patient well-being.

86% of clinical staff expressed confidence that they are currently supporting Family Presence on their unit.

OBSERVED BENEFITS:
• Greater opportunities for staff to provide caregiver education
• Promotion of family inclusion principles

OBSERVED CHALLENGES:
• Competing priorities for staff
• Staff feeling overwhelmed by multiple change initiatives
• Unexpected external factors (e.g., outbreaks, pandemics)

I’ve definitely noticed a change – family is more present on the units and in conversations.
- Senior administrator

It feels good to tell families that we have no set visiting hours.
- Healthcare provider
Lessons Learned

1. Co-design the policy
Engage with different patients, caregivers, healthcare providers and staff groups (e.g., security, administration) to co-design the FPP. You want to ensure you have diverse range of voices at the table from the start.

2. Build enablers to facilitate family presence
Align processes and mechanisms that enable Family Presence across the care setting (e.g., EMR documentation, sleeper chairs in patient rooms).

3. Communicate frequently with intention
Communicate meaningfully and extensively about the change in policy. Join staff huddles and meetings, and consider hosting unit breakfasts, lunches or afternoon tea to reach all unit staff.

Implications

Caregiver ID
Implementation of a FPP affords a prime opportunity to introduce a Caregiver ID program, which likewise aims to promote a healthcare culture that embraces family caregivers as key members of the patient’s care team (see Case Study 2).

COVID-19
In the COVID-19 environment, the issue of visitor rules and family presence in hospitals is greatly magnified. The Changing CARE experience can inform present and future efforts to tackle this pressing challenge.
CASE STUDY 2

CAREGIVER ID: CREATING THE CONDITIONS AND CULTURE FOR PARTNERING WITH FAMILY CAREGIVERS

What is Caregiver ID?

Caregiver ID is any form of official identification (i.e., card, badge, button) issued by a healthcare organization to a patient’s caregiver (i.e., family member, friend). It is a strong demonstration of an organization’s commitment to family caregivers.

What is the purpose?

Caregiver ID promotes a healthcare culture that embraces caregivers as partners in care - by recognizing caregivers and facilitating their role as key members of the patient’s circle of care.

How does it work?

To uniformly symbolize caregivers, a heart-shaped icon was developed that can be added to the Caregiver ID.

The Caregiver ID and heart-shaped symbol have been implemented in different ways across various healthcare settings.

For staff and providers, the high visibility of the ID facilitates greater identification and engagement with caregivers.

For caregivers, it is a concrete way to recognize and validate their role within the care setting.
Where has it been implemented?

Cornwall Community Hospital
Implemented Spring 2018 | Cornwall, Ontario

Rolled out as part of a broader program designed to facilitate a culture change in the inpatient mental health unit, Caregiver ID badges were provided to caregivers to acknowledge their role and promote dialogue with healthcare providers.

Along with the ID badges, complementary initiatives such as a caregiver welcome package and a caregiver focused discharge checklist were implemented. Caregivers’ response to the ID badge initiative was neutral and staff felt the badge was not needed over time. The project team feels that the badge played an important role in the early days — as the badge acted as a means to start the caregiving conversation. Based on feedback, the Caregiver ID initiative was discontinued in Summer 2019.

Caregiver Feedback*:
How often did providers recognize you are a caregiver?

Provider Feedback:
How often are you able to identify if your patient has a caregiver?

I did not see the point at first, but then upon reflection I see that doing the Caregiver ID there is a better environment as it triggers the importance of the recognition of caregivers.
- Staff member

*As multiple quality improvement initiatives were implemented simultaneously, the improvement reflected cannot be attributed to the Caregiver ID alone. Also, no data is available to demonstrate that the improvement has been sustained over time.

OBSERVED BENEFITS:
• More caregivers meaningfully involved
• Improved recognition of caregivers on the unit
• Greater staff awareness of caregiver’s role on team

OBSERVED CHALLENGES:
• Limited utility of the badge
• Lack of “ownership” of the badge felt by caregivers
• Staff perception
• Limited staff champions
Caregiver ID was launched in conjunction with a new Family Presence Policy to welcome families and caregivers with 24-hour access to their loved ones.

As part of this process, Quiet Hours were introduced from 10pm to 7 a.m. to ensure that patients can get the rest they need without restricting access to caregivers. Each patient may designate up to 2 caregivers who are issued an ID badge by Security that enables access to the patient’s unit. To mitigate staff concerns regarding safety, the ID only grants access to elevators and doors leading to the unit where the patient is.

Caregiver Feedback:

**OBSERVED BENEFITS:**
- Improved caregiver experience
- Greater mutual trust
- Enriched patient care
- Supports positive culture shift

**OBSERVED CHALLENGES:**
- Change fatigue among staff
- Initial staff resistance
- Initial concerns regarding building security and safety of staff

Security was extremely helpful... even though there were some bumps, they explained everything to me.
- Family caregiver

904 caregiver ID badges issued (June 2018 - March 2020)
Caregiver ID was initially implemented at the Huron Perth Healthcare Alliance (HPHA) in the Fall of 2019.

As soon as the COVID-19 visitor restrictions were put into place, HPHA adapted the Caregiver ID program to support the safety of staff, patients and caregivers while enabling a continued care partnership during the pandemic. While many organizations implemented a blanket “No visitor” policy, HPHA quickly engaged with their caregiver partners to determine how to maintain their commitment to patient and family centred care.

HPHA modified their Family and Caregiver Presence Guidelines, defined essential caregivers and leveraged Caregiver ID to enable essential caregivers into the hospital.

The Caregiver ID was used to recognize essential caregivers and for staff to validate that the essential caregiver has passed screening. Furthermore, through the process of providing the ID an opportunity to converse about personal protective equipment (PPE) was created. Approximately 80 essential caregivers were provided with a Caregiver ID between April and August 2020 at HPHA.

The visual tool made the process of welcoming essential caregivers much smoother at a time of uncertainty and re-affirmed how healthcare organizations can support caregiver well-being and safety (e.g., PPE and hand hygiene best practices).

Essential family caregivers were defined to ensure that patients who would be palliative, patients who would be at risk if they were alone, mothers giving birth, or other patients who needed a caregiver for compassionate reasons, were able to have a caregiver by their side.
**Lessons Learned**

1. **It’s not only about the badge**
   Caregiver ID initiatives are best conceived as one part of a larger suite of changes designed to enhance the caregiver experience.

2. **There is no one-size-fits-all approach**
   Successfully developing and implementing a caregiver ID program requires significant outreach to all stakeholders and a design carefully-tailored for the local context.

3. **Bias (perceived or real) can derail positive change**
   It is possible that persistent stigma in mental health care negatively impacted the acceptance of this change idea.

**Implications**

**Family Presence Policies**
There is a strong link between Caregiver ID programs and the introduction or expansion of hospital family presence policies (which enable patients to designate caregivers to be able to stay by their side at any time of the day or night, as contrasted with traditional visiting hour policies). See [Case Study 1](#) for more information.

**COVID-19**
In the COVID-19 environment, the issue of visitor rules and family presence in hospitals is greatly magnified. Implementing Caregiver ID can inform present and future efforts to tackle this pressing challenge.
CASE STUDY 3

CAREGIVERS AS PARTNERS ELEARNING: IMPROVING THE CAREGIVER EXPERIENCE

What is Caregivers as Partners?
The Caregivers as Partners learning suite was co-designed by healthcare providers, patients/clients and caregivers in recognition of the need for practical and tangible education for healthcare providers and staff on how to partner with caregivers.

What is the purpose?
The suite aims to support healthcare providers and staff to improve the caregiver experience by highlighting how small changes in behaviour, communication and practice can improve patient and system outcomes and the experience of the entire care team.

Caregivers as Partners
• Provides practical learnings on how to engage, support and empower caregivers
• Applicable across health and community care
• Certified by the College of Family Physicians of Canada and the Ontario Chapter
• Accredited by the Canadian Nurses Association

Caregivers as Partners – Mental Health & Addiction
• Highlights practical skills and resources to improve the caregiver experience by highlighting what makes the caregiving journey different when caring for someone living with mental illness and/or addiction
• Accredited by the Canadian Nurses Association

✓ Patient and family-centred care
✓ Caregiver engagement
✓ Communication
How does it work?

The Caregivers as Partners suite has been developed using Bloom’s Taxonomy, adult learning principles and e-learning best practices. Each eLearning module takes approximately 20 minutes. Completion of a series results in a certificate of completion. Rooted in open learning, the suite is accessibility compliant and available in three formats:

- Online format for individual learning (HTML)
- Learning management system (LMS) formats for organization integration
- PowerPoint (PPT) for group learning

The HTML and PPT version are available free of charge through https://ontariocaregiver.ca/elearning. The modules can be published for LMS integration for a nominal fee, please contact info@ontariocaregiver.ca for more information.

For staff and providers, the eLearning fosters an understanding of the caregiver experience and shares how to better engage and support caregivers.

For caregivers, the eLearning influences how staff and providers communicate and work together with caregivers in the circle of care.

OBSERVED BENEFITS:
- Better understanding and awareness of the role of caregivers
- Improved communication with caregivers
- Improved recognition of caregivers

OBSERVED CHALLENGES:
- Time constraints and competing priorities for providers and staff
- Culture change is not achieved through education alone
Where has it been implemented?

Within Changing CARE
The Caregivers as Partners elearning suite has been implemented across Changing CARE project sites in slightly different ways dependent on the organization’s infrastructure, strategic priorities and initiatives and number of mandatory staff training and education.

Some organizations have:
• Embedded all of the modules into their learning management system while others have been more selective
• Made the training mandatory for all staff while others have assigned the modules to only staff who interact with families and caregivers on a day-to-day basis or specific programs/units (e.g., the mental health modules have been implemented in the in-patient mental health units only)
• Chosen to use the Refresher module from the initial series as mandatory continuing education training for all staff and made the other more in-depth modules available should staff be interested
• Further customized the content in the modules by adding in information about the organization’s strategic priorities and initiatives
• Delivered the modules (available in PowerPoint format) as ‘lunch and learns’ to their staff as they don’t have a learning management system

Where has it been implemented?

Outside of Changing CARE
The Caregivers as Partners elearning suite is available in an open source, free of charge, web-version format for individuals and organizations to use. Initially piloted in January 2019 and officially launched in May 2019, the tool has more than 600 registered users (as of October 2020) with varying health, community and social care backgrounds, including front-line providers, middle management and executive leadership from across Canada, the United States, Hong Kong and Australia.
During the pandemic, there was a surge in registered users from universities and colleges in Ontario. Upon further exploration, the majority of these users were in nursing programs.

The diagram above illustrates the background of registered users between June 2019 to June 2020.
The diagram below highlights the organizations of registered users. Witnessing a number of registrations from some organizations, the Change Foundation has reached out to learn about how the Caregivers as Partners elearning modules are being used.

For example, in a community care setting, the modules are being used to support a strategic focus to deliver more patient and family centred care. The modules provide staff with baseline knowledge required to shift behaviours and apply a patient and family centred care lens to all aspects of program planning and delivery.

This diagram was created with the registration profile data collected as of October 2020

Lessons Learned

1. **Build capacity in adult learning**
   To develop skills and broaden knowledge to influence attitudes and behaviours, understanding the principles of adult learning can be helpful. Effectively applying these principles in developing modules can also support accreditation efforts.

2. **Develop in multiple formats**
   Education can be delivered in group settings, be web-based or delivered through organizational learning management systems.
Try to offer the modules in more than one format to increase uptake, especially when the education may not be mandated.

3. Form a working group to co-design
A coordinating group can play a supportive role in each step of the development process. Initially, the group can support co-designing and curating content by brainstorming and prioritizing topics to include and directing the group towards existing resources.

Implications

Impact
Endorsement by executive leaders and embedding the modules into Learning Management Systems appears to be a successful strategy. The modules were well received by all staff, including operational and financial departments and help support the culture shift across an organization.

Different delivery formats allow the modules to be customized to different settings. For more information about how to integrate modules into your LMS visit: https://ontariocaregiver.ca/elearning/

COVID-19
There is an opportunity to include the eLearning modules for providers as part of the Essential Caregiver Identification implementation.

The modules are included in the COVID-19 Learning platform that has over 10,000 registrants from provincial, national and international jurisdictions. https://criticalcarelearning.ca/login/index.php

Health care educators should consider making this part of their online curriculum as they adapt their courses during COVID.
CASE STUDY 4

CARE BINDERS: IMPROVING CARE TRANSITIONS AND IMPLEMENTATION OF CARE PLANS THROUGH INFORMATION-SHARING AND EDUCATION

What is a Care Binder?

Care Binders are a tool that supports caregivers and patients in managing their health-related information, education, appointments and documenting any questions that may come up between appointments through a series of organized templates.

What is the purpose?

Recognizing that caregivers are essential members of the care team and take on many roles to support the person they are caring for, Care Binders can facilitate caregiver involvement and education; enhance communication among the health care team, patients and caregivers; and improve care transitions.

How does it work?

Care Binders can be implemented in different ways across various health care settings. They can be tied to specific programs/units, provided during admission or be distributed more broadly to support patients and caregivers.

For caregivers, it can help with maintaining a record of medical history and supporting treatment plans within the home.

For staff and providers, it can enable greater opportunities to engage with caregivers to address questions and check-in to see how they are managing in the role of caregiving.

[The] binder is an excellent idea especially if just starting out [on your journey] as you don’t know what is ahead.
- Caregiver

✓ Family inclusion in care planning
✓ Communication
✓ Enhance care transitions
Where has it been implemented?

St. Joseph’s Health Care London
Implemented Spring 2018 | London, Ontario

The Care Resource Binder enables caregivers to seek the information and education they need to support the person they are caring for. The Binder is provided at admission and updated throughout a patient’s stay. Upon discharge, the binder functions as a record of the patient’s journey during their stay and a portable resource for on-going care needs in the community. Binder content is unit/program specific, though there are some standard components (e.g., a list of defined care team roles, a discharge checklist, and medication lists).

The Binder has been implemented within several units/programs at St. Joseph’s Health Care London.

The spread process involves customizing the binder’s content to the unit through a co-design process with unit staff/providers and caregivers with lived experience on the unit. The process takes about 6 weeks and a guide to support adaption and implementation has been developed.

Caregiver and Provider Feedback:

Provider: How often did you involve the family caregiver in care planning?

Caregiver: How often did you feel meaningfully involved in your family/friend’s care planning by providers?

I’m the type that would just sit there and look through the Binder while I was visiting ...it would allow me to process the information and get me a step ahead ... “
– Caregiver

[ Patients and caregivers] are more informed .... before they were not sure if someone provided information... The binder does make the interaction more friendly and more meaningful ... because you have the information to reference right there
– Social Worker
Huron Perth Healthcare Alliance  
Implemented Fall 2019 | Huron & Perth Counties, Ontario

The My Healthcare Journey Binder was created to provide caregivers with a **compass on ‘how-to’** manage and coordinate health-related information when caring for someone. Seasoned caregivers co-designed several templates that caregivers can use to create a Care Binder that works for them.

Initially piloted in an inpatient care unit, the project team quickly learned that there were challenges with implementation. Patients on the unit relied heavily on staff to perform activities of daily living and some staff had difficulty finding dedicated time with caregivers to share the benefits of using the tool. Subsequently, the Binder was piloted in other settings, with the addition of education checklists, and yielded positive results. The checklist guides the orientation process with caregivers, assisting with key messages and supporting a user-friendly approach.

With this adjustment, the Binder has been successfully implemented across hospital, primary and community care in the Huron and Perth Counties.

**OBSERVED BENEFITS:**  
• Greater communication amongst the care team  
• Improved caregiver experience  
• Enhanced capacity and comfort in the role of caregiving

**OBSERVED CHALLENGES:**  
• Staff/provider capacity in some care settings to orient caregivers to the Binder  
• Physical space to store binders  
• Caregivers may feel overwhelmed (e.g., feel they need to complete entire binder at once)

---

**The binder has given me peace of mind as everything is in one place**  
– Caregiver

**Binders Distributed**  
(Fall 2019 – March 2020)

**It has taken the feeling of sole responsibility off our shoulders to have our son’s information in one resource, so that he can spend time with other caregivers. After filling out the binder my husband and I felt more comfortable to travel a few hours away for a weekend for the first time in years.**  
– Caregiver
Lessons Learned

1. Balance utility with need
Avoid the complex solution trap. We tend to think solutions must be more complicated and complex than they need to be. In our digital dependent world, don’t assume that technology is always the answer. There is merit in simplicity.

2. Co-design the adaptation
Engage with patients, caregivers, healthcare providers and staff within the unit/program where the Care Binder is to be implemented. By co-designing the customizations, the Binder becomes more meaningful and purposeful for the intended audience.

3. The process is as important as the tool
Processes need to be established to embed the Care Binder within practice to enable engagement and communication between staff/providers and caregivers.

Implications

COVID-19
During the pandemic, many caregivers found their workload intensify as fewer supports were available. Similarly, the pandemic gave rise to many first-time caregivers. The Care Binders can support new and seasoned caregivers in documenting health-related information and support contingency planning in the event the caregiver is no longer able to continue their caregiving role.

Additionally, with restrictive family presence policies preventing caregivers from entering care settings, participating in discharge meetings became challenging. The Care Binders in a pandemic environment are even more critical as they facilitate information sharing and can up-date the caregiver on the patient’s hospital stay.
CASE STUDY 5

STROKE CARE EDUCATION: BUILDING THE CAPACITY OF CAREGIVERS TO SUPPORT PATIENT HEALTH OUTCOMES

What is Stroke Care Education for Caregivers?
The Caregiver Training and Education Program in Stroke Care proactively provides caregivers with equitable access to stroke training and education. A key component of the education is the series of animated videos that educate patients and caregivers on recovery, challenges and adjustments, daily living and transitioning home.

What is the purpose?
Through user-friendly education and training, caregivers are supported to better understand the diagnosis and recovery process. This can enable caregivers to feel better prepared to support the execution of the care plan, positively impacting patient health outcomes.

How does it work?
The online stroke care education consists of a series of six animated videos. User-friendly practical tips to enhance stroke recovery are embedded throughout the short videos that are based upon an existing in-person stroke education program.

For staff and providers, the video series is a highly-accessible tool that can be suggested to stroke patients and their family caregivers.

For stroke caregivers, the videos are an easy way to learn about stroke care at their own pace.

- Stroke education
- Caregiver empowerment
- Health literacy to build caregiver capacity
**Where has it been implemented?**

**Bridgepoint Active Healthcare**  
Implemented Summer 2019 | Toronto, Ontario

Patients and family caregivers were brought together in a co-design team to identify current gaps in care and determine how caregivers could be better enabled to support a stroke patient’s recovery. The series of animated videos are accessible through YouTube, Sinai Health’s website and available in 7 languages. As a part of patient care on the stroke unit, patients and caregivers are made aware of and encouraged to watch the videos to learn about strokes, impact and the recovery process. Patients and caregivers can access the videos through loaned iPads from Bridgepoint.

**Evaluation Findings**

Caregivers have found the series of videos to be incredibly helpful in gaining knowledge to support the recovery of a stroke patient. For example, caregivers were asked, prior to watching the video series and after watching the videos, to name some ways to make swallowing safer for stroke patients?

**Pre-Video**
Prior to watching the videos, the number of responses received from caregivers were: 2

**Post-Video**
Following the videos, the number of responses received from caregivers were: 11

**OBSERVED BENEFITS:**
- Improved caregiver knowledge
- Enhanced 24/7 access to vital information
- Ability to re-watch with videos as needed

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The video gives you hope ... there's a lot of information packaged in there [but] you can keep replaying it  
- Caregiver
OBSERVED CHALLENGES:
• Access to education is dependent on internet and technology
• Translation is limited to a few languages
• Passive mode of education

Lessons Learned

1. Take the time to co-design
The co-design process can be time-intensive, but it is well worth the effort to maximize the effectiveness of the final product.

2. Equity is better for everyone
Use a health equity lens to ensure that the end product is accessible to a broad audience. Leverage equity-based data your organization may already collect to help you better understand the population your organization serves.

3. Partnering is powerful
Connect with community partners to spread a new innovation or education tool beyond your organization.

Implications

Spread and Scale
Collaborative efforts with CorHealth Ontario, the Toronto Stroke Network, Stroke Best Practices, and the Heart and Stroke Foundation of Canada hold great promise to enhance stroke education access locally, provincially across Ontario and nationally.

COVID-19
Online education videos are one tool to help mitigate the COVID-19 hospital visitor restrictions that have had the unintentional consequence of limiting access to stroke education for family caregivers.
KEY INSIGHT 1

“CARING FOR CAREGIVERS IS PART OF THE JOB”

The Current Challenge

• Family caregiving, by its very nature, is often an isolating experience, particularly for longer-term caregivers.
• Providers can be well-suited to identify family caregivers who are at risk of negative outcomes.
• However, due to insufficient time and knowledge, providers feel ill-equipped to engage with family caregivers.

The Vision

Family caregivers play an invaluable role in the lives of those they care for and in Ontario’s health care system. We envision a healthcare system that actively partners with family caregivers, fostering a caregiver-friendly healthcare system in which caregivers in every care setting are acknowledged, involved and supported, and providers know who the caregiver is and that they can help caregivers with their needs too.

The Near Goal

• Providers should identify family caregivers at the point-of-care and ask how they are doing.
• This provides an opportunity to identify those caregivers who are at risk of negative outcomes, identify resources to help with their caregiving role and determine whether they need a referral for support.
• Basic training should be provided to providers so that they feel sufficiently equipped to involve and support family caregivers.

“I think this whole program is an awesome step in the right direction of total care. It’s given me the tools to back up when asking the caregiver how they are doing.”
- Provider

“The caregiver often needs more support than patients. There needs to be better communication amongst the entire circle of care and we need to speak their language.”
- Provider
How big is the current care gap?

To assess how often family caregivers are being asked how they are doing, we surveyed caregivers and healthcare providers across the four Changing CARE projects.

[Provider] “How often do you ask how the caregiver is doing?”

[Caregiver] “How often were you asked how you are doing?”

**CONNECTING THE DOTS**
HURON & PERTH COUNTIES, ON
STAR FHT

- **Winter 2017/18:** 51% providers, 34% caregivers
- **Jan – May 2019:** 63% providers, 31% caregivers
- **Winter 2019/20:** 68% providers, 53% caregivers

**CULTIVATING CHANGE**
TORONTO, ON
BRIDGEPONT STROKE UNIT

- **June 2018:** 46% providers, 49% caregivers
- **August 2019:** 60% providers, 47% caregivers
- **February 2020:** 58% providers, 49% caregivers

**EMBRACE J’EMBARQUE**
CORNWALL, ON
IN-PATIENT MENTAL HEALTH

- **May 2018:** 54% providers, 41% caregivers
- **April 2019:** 57% providers, 55% caregivers
- **September 2019:** 53% providers, 55% caregivers

**IMPROVING CARE TOGETHER**
LONDON, ON

- **Spring 2018:** 54% providers, 52% caregivers
- **Fall 2019:** 62% providers, 55% caregivers
- **Winter 2019/20:** 56% providers, 62% caregivers
**Data Points**

**Among family caregivers:**
The degree of observed improvement varied from slight to significant but there remains much room for improvement across all sites.

**Among providers:**
The Changing CARE survey scores showed improvement across all four sites and were consistently higher (sometimes much higher) than the scores reported by caregivers.

**Key take-away:**
These findings indicate that providers tend to overestimate how often they are checking in on the well-being of the family caregiver, and caregivers often feel they are living in the shadows of the patient.

**Moving Forward**

**Education**
Continuing education should be provided to healthcare providers on how to ask caregivers how they are doing, and most importantly, how to listen to their answers. The Caregivers as Partners eLearning suite equips providers and other non-clinical staff with knowledge on how-to better communicate and partner with caregivers.

**Quality Improvement**
Healthcare organizations should embed the process of identifying caregivers into daily operations and consider how to assess and monitor the well-being of their caregivers. Quality directors and patient care managers should use established QI methods to monitor progress on caregiver engagement and use findings to direct ongoing improvement initiatives.

**Partnership**
The Caregiver ID Learning Collaborative — which includes hospitals, long-term care and community care organizations and is supported by the Ontario Caregiver Organization — can be leveraged to support the sharing of experience to spread caregiver-focused initiatives and build a caregiver-friendly healthcare system in Ontario.

“Usually caregivers do not reach out for help until they are utterly at their breaking points..... We should also give caregivers a clear message about the benefits of asking for help early and that asking for help is not a weakness on their part.”
- Provider

“I am so pleased that there are things being put into place to ease the burdens of caregivers and make some difficult journeys more manageable. Thank you.”
- Caregiver
KEY INSIGHT 2

“YOU DON’T NEED TO KNOW ALL THE ANSWERS... JUST WHERE TO FIND THEM”

The Current Challenge

- Family caregivers face multiple competing demands and are increasingly overwhelmed and distressed.
- Recent data indicate only about 1 in 5 (20%)* family caregivers in Ontario feel they are coping very well.
- Healthcare providers are too often unaware of the local services and resources available to support family caregivers in their role.
- Owing to this knowledge gap, providers are reluctant and apprehensive to engage with family caregivers and are hesitant to ask how caregivers are doing.

The Vision

Family caregivers play an invaluable role in the lives of those they care for and in Ontario’s health care system. We envision a healthcare system that actively partners with family caregivers, fostering a caregiver-friendly healthcare system in which caregivers in every care setting are acknowledged, involved and supported, and providers know who the caregiver is and that they can help caregivers with their needs too.

The Near Goal

Once a family caregiver has been identified, it is essential that the provider reach out and ask how the caregiver is doing and assist them with getting any needed supports. Ideally, all providers would be knowledgeable about the full range of available local resources. In the near term, providers should know where to refer family caregivers to local caregiver supports for those who request support or who appear at risk.

*Spotlight on Ontario’s Caregivers, 2019.

“I feel helpless when I don't know what resources exist.”
- Provider

“I want to help the caregiver. I just don’t know how”
- Provider
**How big is the current care gap?**

To assess the level of caregiver support being provided, we surveyed caregivers and healthcare providers across the four Changing CARE projects.

**[Provider]** How often were you able to direct caregivers to supports to care for themselves?

**[Caregiver]** How often did you get the support you needed for yourself?
Data Points

Among family caregivers:
The Changing CARE survey data indicate a general positive trend over time (with some variations across projects) in which caregivers increasingly reported that they received the support that they needed for themselves. While the trend-line is encouraging, there remains a great deal of room for improvement.

Among providers:
In contrast, regarding the ability of providers to direct family caregivers to the supports they needed for themselves, the trend-lines were essentially flat (with the notable exception of Huron Perth).

Key take-away:
These findings suggest that family caregivers are seeking support elsewhere, which aligns with recent data indicating that caregivers are turning to online support networks. There appears to be a system issue as healthcare providers could be doing a better job of linking caregivers to existing underutilized supports. Ideally, information about supports should be available at the point of care.

Moving Forward

Innovation
The pressing need for a “one stop shop” for caregiver supports and resources persists. Further work is required so caregivers know where they can get support and not have to ask for it. New improvement initiatives such as caregiver supports should be co-designed with patients, caregivers, providers and staff (see Key Insight 4).

Partnership
Greater partnerships and collaboration are the best path forward to improve services for caregivers. The Ontario Caregiver Organization and the Ontario Caregiver Helpline are key sources of support for caregivers. Collaborative efforts with local partners and regional networks can also be leveraged to provide supportive services and tools and resources for family caregivers.
The Current Challenge

• The majority of family caregivers do not readily identify with the caregiver role (“I’m not the caregiver, I’m her daughter”) which can make it more difficult for providers to identify a patient’s caregivers.
• Family caregivers provide almost 3/4* of all patient care and can provide a crucial and unique perspective as a member of the care team.
• Providers may not value or encourage input or participation from family caregivers though the healthcare system relies heavily on caregivers to care for patients/clients.
• During COVID-19, the importance of family caregivers on patient care became front and centre as challenges in patient care emerged when family presence policies and visitor hours were suspended.

The Vision

Family caregivers play an invaluable role in the lives of those they care for and in Ontario’s health care system. We envision a healthcare system that actively partners with family caregivers, fostering a caregiver-friendly healthcare system in which caregivers in every care setting are acknowledged, involved and supported, and providers know who the caregiver is and that they can help caregivers with their needs too.

The Near Goal

• Given that identification with the caregiver role remains an issue, it is imperative that providers are aware of this and endeavour to include family caregivers at the point of care.
• Caregivers should be engaged with empathy and be invited and encouraged to actively participate in the care planning process for the person they provide care for.
• The unique perspective of caregivers should be acknowledged and their ongoing caregiving role should be supported by healthcare providers.

*Ontario Caregiver Organization, 2020

“Quite a few healthcare providers don’t accept the need for action on family inclusion ... [they] think they are already compassionate and kind.”
- Healthcare manager
**How big is the current care gap?**

To assess how often family caregivers are being involved in care planning, we surveyed caregivers and healthcare providers across the four Changing CARE projects.

**[Provider]** “How often do you involve the family caregiver in care planning?”

**[Caregiver]** “How often did you feel meaningfully involved in your family/friend’s care planning by healthcare providers?”
Data Points

Among family caregivers:
Findings were mixed as the Changing CARE survey scores indicated significant improvement for two projects and were essentially flat for the other two projects.

Among providers:
Survey scores showed mostly modest gains, but the improvements were not always sustained over time.

Key take-away:
These findings suggest that it is possible for change initiatives to positively impact the meaningful involvement of family caregivers in care planning; however, greater attention is required to sustain the change over time.

Moving Forward

Education
There is a pressing need for enhanced provider education regarding the role and value of family caregivers. Useful resources are: Caregivers as Partners E-learning modules for providers and ‘When You Include Me in My Loved One’s Care Plan’ provider booklet.

Co-design
The content for new provider education tools and resources should be designed in close collaboration with patients, family caregivers, and providers in order to maximize effectiveness and uptake.

Partnership
There is an opportunity for groups such as the Ontario Caregiver Organization to champion a movement encouraging family caregivers to identify as such and for providers and organizations to partner with caregivers.
ADVANCE MEANINGFUL CHANGE BY BUILDING CAPACITY FOR CO-DESIGN

What is co-design?

Co-design is an approach to quality improvement that enables staff/providers, patients and family caregivers to co-create services or care pathways together in partnership.

The U.K’s experience-based co-design (EBCD) methodology focuses on designing experiences rather than systems or processes and involves six phases or building blocks (as shown).

Based upon the purpose, co-design events can take a variety of forms: they can be large and involve many participants talking about general themes; they can be small with a limited number of participants focusing on a specific change initiative; and they can be time limited or continuous and embedded in daily project activities.

Co-design requires being comfortable with:

NOT being the expert in the room. Your co-design participants are the experts as everyone brings valuable perspectives to the table.

NOT knowing what the final solution may fully entail from the start of a quality improvement initiative.

I realize how huge it is to change hospital culture – before I wouldn’t have realized how much is involved.
- Caregiver, Embrace
Why a focus on co-design?

Using the co-design approach when making improvements results in an enhanced experience of care for patients and families, improved relationship between patients and providers, and improved service delivery (Bates & Robert, 2006*, Van Citters, 2017**).

Co-design was a fundamental feature of Changing CARE. The Changing CARE teams included family caregivers at every step of the way, making adaptations and remaining flexible and open to the spirit of co-design.

The four teams collectively co-designed and implemented over 60 initiatives. For these teams, caregiver engagement was not a checklist exercise — rather it was core to their being and crucial to their success.

Our experience with EBCD

Each project team leveraged the EBCD methodology and tailored it to meet their local community and project’s needs. Below are some facets from Changing CARE that highlight how the projects used EBCD.

Project Set-Up

Embedding the caregiver voice at all levels of a project ensures caregivers are part of the decision-making, planning and solution-creation, reflective of a true collaborative partnership.

- In one project, a caregiver was hired as a project co-lead
- 2 to 4 caregivers were members of each project’s Steering Committee
- 5 to 10 caregivers were members of a project’s advisory council/operations committee
- 23 caregivers were compensated for their participation throughout one of the Changing CARE projects

Patients and caregivers - and their stories of experience - are effective ambassadors for change in healthcare practice and culture.

- Provider,
  Connecting the Dots

The beauty of co-design is its adaptability to suit different purposes, budgets and timelines, as well as its focus on stories, experiences and emotions, rather than attitudes and opinions, especially at the outset.

- Cathy Fooks, Former CEO, The Change Foundation


Discovery
Discovery is the engagement phase of co-design, and is an opportunity to listen to patients, caregivers and providers/staff to understand the current environment and experience.

Community forums, coffee chats, world café, interviews, focus groups and surveys were conducted by the teams to hear from their stakeholders.

A minimum of 230 participants were engaged with by each Changing CARE team.

606 staff & providers and 450 family caregivers were engaged with during the discovery phase across the 4 Changing CARE projects.

Over a period of five weeks, one project team sponsored 36 local engagement events.

Co-design
Meaningful and sustainable change becomes more feasible when patients and caregivers are part of the process and solutions are co-designed. Using co-design philosophy and methodology takes more time and effort but gets a more valuable result than using more traditional improvement methodologies and can have a multiplier effect.

<table>
<thead>
<tr>
<th>CONNECTING THE DOTS</th>
<th>HURON &amp; PERTH COUNTIES, ON</th>
</tr>
</thead>
<tbody>
<tr>
<td>912</td>
<td>hours of caregiver participation</td>
</tr>
<tr>
<td>725</td>
<td>hours of staff and provider participation</td>
</tr>
<tr>
<td>100%</td>
<td>of providers shared the sessions were valuable and meaningful</td>
</tr>
<tr>
<td>99%</td>
<td>of caregivers felt valued, respected and supported during the sessions</td>
</tr>
</tbody>
</table>
Prototyping events: 7
Journey mapping sessions with caregivers and providers/staff: 12
Working group meetings: 50+

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TORONTO, ON

initiatives were co-designed with caregiver co-leads in each working group under 6 project streams.

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CORNWALL, ON

FAMILY INCLUSION
Establish a local health system culture that embraces family caregivers as part of the client’s circle of care.

PROVIDER EDUCATION
Give health providers the information and tools they need to embrace family caregivers.

CAREGIVER SUPPORT
Provide family caregivers of all ages with the information and tools they need to navigate the addiction and mental health system, optimally support their loved ones, and take care of themselves.

RESOURCE HUB
Provide local family caregivers with a virtual space and a physical space that they can turn to for reliable information.

CAREGIVER FRIENDLY FRAMEWORK
What are some key points?

For family caregivers, participating in co-design can:

- **Empower** caregivers to feel that their voice matters — for many, it validated that they have a valuable perspective to contribute.

- **Encourage** caregivers to participate in other advisory roles and co-designing processes outside of the current initiative.

- **Foster** greater awareness of the environment providers work in and the complexity of healthcare services including how challenging it is to make change

For healthcare staff and providers, participating in co-design can:

- **Facilitate** greater understanding of the patient and caregiver experience.

- **Support** the development of new skills and knowledge in quality improvement leveraging co-design methodology

- **Activate** a mission-centric and collaborative perspective that includes taking on greater ownership and responsibility to co-create solutions.
Moving Forward

Effectiveness
Take the time to fully understand the problem and all possible solutions.
• Do not bring pre-conceived ideas about solutions and what needs to be done.
• Do not jump into developing approaches to a problem without first fully understanding the problem.

Partnership
The Ministry of Health requires “meaningful patient, family and caregiver engagement” in the development of Ontario Health Team models of integrated care and expects OHTs to “uphold the principles of patient partnership, community engagement, and system co-design.”

The four Changing CARE partner organizations are well positioned to play a leadership role in the development of their local OHT (Cornwall and Area, Western/London, Huron Perth and Area, Toronto/East York) by providing co-design guidance and expertise; and connecting to patients, family caregivers and providers with co-design experience.

Resource
The Change Foundation has worked in partnership with family caregivers, patients and providers across the health and social care system. This work has deepened our knowledge and experience of co-design and engagement, and we’ve translated our learnings into various resources including the Engagement & Co-Design Inventory.
APPENDIX

PROJECTS & PARTNERSHIPS

**CONNECTING THE DOTS**

**HURON & PERTH COUNTIES, ON**

**Huron Perth Healthcare Alliance, ONE CARE, North Perth Family Health Team (FHT), STAR FHT, Alzheimer Society of Perth County, South West Local Health Integration Network**

- TIME TO TALK TOOLKIT
- MY HEALTHCARE JOURNEY BINDER
- CAREGIVER CONNECTION GROUP
- CAREGIVER GUIDE & VIDEO SERIES
- WHO TO CALL IN HURON PERTH CARD

- CAREGIVERSHURONPERTH.CA
- CROSS-SECTORAL PROVIDER EDUCATION
- CAREGIVER VISUAL MANAGEMENT
- ELECTRONIC MEDICAL RECORD (EMR)
- CAREGIVER INCLUSION DOCUMENTATION

**CULTIVATING CHANGE**

**TORONTO, ON**

**Sinai Health System (Mount Sinai Hospital & Bridgepoint Active Healthcare), WoodGreen Community Services**

- THE CAREGIVER RESILIENCE PILOT
- FAMILY PRESENCE POLICY
- CARE DESCRIPTION WALL
- STROKE CARE: TRAINING & EDUCATION
- E-ROUNDS
- E-TALK

- THE CAREGIVER COMMITMENT STATEMENT
- CAREGIVER FORMAL SUPPORT GROUP
- SELF-CARE FOR PARENT CAREGIVERS
- CAREGIVER CHECK-INS
- CAREGIVER PROFILE
- PEER TO PEER SUPPORT GROUP FOR CAREGIVERS

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**CORNWALL, ON**

**Cornwall Community Hospital, Cornwall & District Family Support Group [Mental Health & Addiction (MH&A)]**

- FAMILY CAREGIVER CENTER
- CONSENT “IT’S ALL IN THE ASK”
- PATIENT PRIVACY AND CONSENT (MH&A)*
- RIGHTS OF FAMILY CARERS
- EMBRACECAREGIVERS.CA
- AIDANTNATUREL-JEMBARGUE.CA
- A MESSAGE FOR CAREGIVERS POSTCARD
- DISCHARGE CHECKLIST & PAMPHLET FOR THE FAMILY CAREGIVER
- WHEN YOU INCLUDE ME IN MY LOVED ONE’S CARE PLAN
- WE ARE YOUNG CARERS ZINE

- YOUNG CARER ADVISORY COMMITTEE
- RIGHTS OF YOUNG CARERS
- ARE YOU A YOUNG CARER? / YOUNG CARERS AWARENESS
- CAREGIVER WELCOME PACKAGE
- PEER SUPPORT GROUP
- RESOURCE LIST & MONTHLY CALENDAR FOR CAREGIVERS
- CAREGIVER STRESS TIPS
- WAITING ROOM TV CAREGIVER FRIENDLY MESSAGING
- PROJECT SUPPORT TOOLS
St. Joseph’s Health Care London

• CARE PARTNERSHIP OFFICE
• FAMILY PRESENCE POLICY
• DISCHARGE EDUCATION CHECKLIST
• CARE RESOURCE BINDER

• ORGANIZATIONAL ENGAGEMENT TOOLKIT
• UNDERSTANDING YOUR CARE TEAM
• ONLINE LIBRARY FOR PATIENT & FAMILY EDUCATION
• A PATIENT & FAMILY-CENTRED CARE MOVE-IN PROCESS

Developed using a Cross-Project Approach with Centralized Support from the Change Foundation

• CAREGIVER ID
• CAREGIVERS AS PARTNERS ELEARNING
• CAREGIVER ASK

*This visual map highlights unique initiatives. Adaptations of implemented initiatives are not captured here.