

MLH Family Presence and Guest Policy

Patients and families are the heart of all we do. In keeping with this philosophy, this document is provided to guide staff regarding patients and their support system of family and friends regarding presence, roles, and participation in care.

This policy applies to all open-access care settings. Some locations have limited access to ensure the safety, modesty, confidentiality and/or well-being of the patient or visitor (examples: surgery, radiology, MRI, behavioral health, obstetrics, nursery, and any areas where patients have infectious diseases or compromised immunity). Patients, families and guests are partners with staff and share a common goal that appropriate measures will be taken to ensure optimal care and emotional support are provided to every patient.

Definitions:

Family - MLH accepts a broad definition of “family,” as being inclusive of individuals defined by the patient or their legally defined surrogate or the patient’s parent or guardian. This concept is generally recognized by The Joint Commission (2010) and the American Academy of Family Physicians (2009). Presence of family or guests is not limited or denied on the basis of race, color, national origin, religion, gender, sexual orientation, or disability. If a patient lacks the capacity to make his/her own healthcare decisions, the patient’s designated healthcare agent or surrogate decision maker may define family as described above.

Partners in Care - Up to two individuals, identified by the patient, as their designated primary interpersonal support persons. In the case of minor children, the parents or legal guardian will serve in this role or designate other Partners in Care. To the extent allowable by law, they become partners in healthcare communications. As such, they may provide support, comfort and receive important information during the patient’s hospital stay. They may be contacted regardless of date or time if there is a need to communicate critical information. They also assist by providing updates to other family and friends. Their names will be listed in the patient’s medical record.

Designation as a Partner in Care does not replace or substitute standing of “medical decision maker” or “next of kin” as legally defined. There are specific legal guidelines defining these statuses. The charge nurse or Chaplain’s Office can arrange for information regarding designating these roles.

Guests – Non-family who call on a patient or family while they are in the inpatient setting. Guest presence typically takes place during the day and early evening (e.g.. 9:00 AM – 9:00 PM). These hours allow for much needed rest and recovery time for the patient. However, guest presence time can be flexible according to patient need.



MLH Family and Guest Presence

Purpose: This document provides guidance regarding the presence, roles, and participation of Partners in Care, parents, legal guardians, other family members, and guests. Methodist Le Bonheur Healthcare (MLH) supports creating an environment conducive to the well being of all patients. This policy is intended to enable patients to both enjoy and benefit from the companionship, support, and engagement of family and concerned others in accordance with their own desires and the ability afforded by their health status.

Policy Guidelines

MLH recognizes families are in the healing process and are vital members of the healthcare team. To this end, MLH accepts a broad definition of "family," as being inclusive of specified individuals identified by the patient.

These guidelines are intended to be flexible and responsive to the diverse and individual needs and preferences of each patient and their support system. In all instances patient needs are to be kept as the top priority. All MLH care team members are expected to support these guidelines so as to maintain a patient-and family-centered culture. *For the purpose of this policy, "patient" refers to the patient or the patient's legally authorized representative (i.e. parents or guardians in the case of minor children) should the patient be unable to make their own decisions.*

Guidelines for Family and Guest Presence:

- I. Accommodations for patient- and family-centered care:
 - A. MLH welcomes families 24 hours a day, according to patient preference, patient safety, and patient well-being.
 1. Family presence is balanced to:
 - maintain the MLH mission and its commitment to patient- and family-centered care
 - honor patient needs and wishes
 - provide patient safety
 - protect the confidentiality and dignity of all patients
 - honor family needs
 - maintain the safety of staff

2. It is suggested that (non-family) guests spend time with patients during the day and early evening (e.g., 9:00 AM – 9:00 PM). Presence at the bedside is based on patient preference, and staff should be prepared to intervene on the patient's behalf, in a respectful and considerate way, to provide privacy or rest at any time of the day or night.
3. After regular hours (e.g. after 9:00 PM), security will provide support to the patient and clinical staff to coordinate access to the hospital, keeping in mind the importance of family presence.

B. Inpatient Care

1. On admission, staff will ask patients to define up to two Partners in Care. These individuals are part of the communications team and will be documented in the medical record. Family members who are not designated Partners in Care may be included, as well, according to patient wishes. In the case of minor children, parents or legal guardian will serve in this capacity or designate Partners in Care.
2. Additionally, the name of decision-maker, medical power of attorney or healthcare proxy will be discussed and documented in the medical record by clinical nursing staff.
3. As soon as possible, upon admission, clinical staff will talk with the adult patient or the parent or guardian of a minor patient to clarify the role of Partners-in-Care as well as other family members' roles.

Patient preferences will be clarified regarding:

- Partners in Care or family presence during rounds
 - Partners in Care or family presence during change of shift report
 - Partners in Care or family presence during exams or procedures
 - the ability of Partners in Care or family to get clinical updates from staff
4. Patients with decisional capacity may modify their preferences or the names of their Partners in Care at any time during the hospital experience.
 5. If a patient is unable to make these designations themselves, and there is no one legally authorized to do so, then the attending physician is empowered to make the most appropriate decisions possible under the circumstances, such as in emergency situations. These designations might change based on patient preferences or other circumstances.
 6. Healthcare team members provide respectful guidance to patients, Partners in Care and other family members in a variety of ways over time regarding how:
 - they might want to partner to maintain safety and quality of care
 - to be involved in care, care planning, and decision-making, if appropriate

- to support the patient during the hospital stay and during the transition to home and community care
 - to honor privacy and be respectful of other patients and families in close proximity or who share the same space.
- C. A safe and therapeutic environment is a top priority. Disruptive behavior by family or guests or unsafe practices are not acceptable.? These situations, while rare, will be addressed directly and promptly.
- Examples: Group of people talking loudly and disturbing others or a family member or guest changing settings on a piece of medical equipment.

Family Presence

- A. The presence of any person at the bedside is contingent upon the wishes of the adult patient.
1. Family presence must be consistent with the commitment to safe and reliable care, the right to privacy, and the recognition that the physical, emotional, and spiritual needs of patients and their families will vary.
 2. Bedside presence may be temporarily limited if family or guest presence is detrimental to the patient or if medically necessary.
 3. Partners in Care, family members, or guests with active signs of infection or with recent communicable disease exposures (e.g., ., chickenpox, measles, flu) should alert staff. These concerns will be assessed for potential risk of patient transmission and in special circumstances such requests might be accommodated with appropriate understanding and implementation of infection prevention guidelines. It is appropriate for clinical staff to screen children or others using accepted infection screening practices.
- B. The number of people welcomed at the bedside at any one time will be determined in collaboration with the patient and family.
1. The number of people at the bedside must also be consistent with space limitations and the need for clinicians to have ready access to the patient.
 2. The professional caregiver's priority is patient safety. The professional caregiver may ask others to leave the area if the care being given could be

compromised by the presence of a crowd.

- C. In situations where there is shared space, this discussion will include the other patient, his or her family, and other Partners in Care.
- D. Overnight Family or Guest Presence: Should patient request or condition require, a reasonable attempt will be made to accommodate Partners in Care, family or guest sleeping at the bedside. Food service is provided only for the patient, so family or guests should be appropriately advised.
 - 1. Decisions regarding sleep-over arrangements are made considering:
 - Patient preference
 - Patient's need for rest and privacy
 - Needs of concerned family members
 - 2. Individuals who "sleep-over" should be at least 18 years of age, except in special circumstances. Staff is encouraged to seek supervisory guidance for unique situations.
- E. Forensic Patients. Patients hospitalized under protective custody or incarceration are not permitted guests except as allowed by law enforcement or the locked setting guidelines.
- F. Presence of Children and Teens. In most cases, children and teens are welcome at the bedside. Children 12 years or younger must be accompanied by a parent or an adult, 18 years or older. The patient cannot be considered as the supervising adult. Teenagers, 13-17 years of age, who exhibit respectful behavior, are welcome at the bedside without adult supervision.
 - 1. A patient's mother or father, of any age, does not require adult supervision; staff will encourage their presence and involvement in their child's care.
 - 2. Stays at the bedside by children should be based on the needs and preferences of the patient. In order to promote a positive and developmentally appropriate experience for children, it is beneficial to plan for their presence at the bedside. In some cases it might be helpful to consult the patient's physician or other professionals, such as a chaplain, social worker or Child Life.
 - 3. Although younger children may be developmentally unable to remain with the patient for lengthy periods of time, contact with these children can be of significant importance to the patient and therefore, should be honored.
 - 4. Children must be free of infection; it is appropriate for clinical staff to screen children using accepted infection screening practices.

II. Methodist Le Bonheur Healthcare Associates:

Off-duty Associates who spend time with patients as family or guests must follow these guidelines.

Note: Obstetrics and Nursery, Behavioral Health have separate policies

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