ARE FAMILIES CONSIDERED VISITORS IN OUR HOSPITAL OR UNIT?

In advancing the practice of family-centered care—changing the concept of families as visitors and recognizing families as partners in the care of patients—it is important to examine staff practices and the infrastructure of a hospital to determine how well family presence and participation is supported. This checklist may be useful in understanding current policies and practices and prioritizing action steps for a plan for change.

	Yes No			Priority nge	
▼ Philosophy of Care					
Does the philosophy of care statement for the hospital or unit acknowledge the importance of families to the care and comfort of patients?			1	2	3
Were patients and families involved in developing the philosophy of care statement?			1	2	3
▼ Policies					
In written policies, is there acknowledgment of varied family structures and composition, and an acknowledgment of a patient's right to self-define family?					
,			1	2	3
In written policies, is there a distinction made between <i>families</i> (however family is defined by the patient) and <i>visitors</i> , those friends, colleagues, or distant relatives who may wish to visit the patient or the patient's family?			1	2	3
Are policies regarding family presence and participation written as guidelines to foster flexibility and the individualization of staff practices to each patient's priorities and preferences?			1	2	3
Do hospital or unit guidelines (or policies) welcome families 24 hours a day, even during rounds, shift changes, a code, or emergency situations?			1	2	3

Source: Ahmann, E., Abraham, M.R. & Johnson, B.H. (2003). Changing the Concept of Families as Visitors: Supporting Family Presence and Participation. Bethesda, MD: Institute for Family-Centered Care.

This checklist has been adapted from other self-assessment inventories developed by the Institute for Family-Centered Care. Additional checklists are included in each of the Pinwheel Series publications produced by the Institute for Family-Centered Care.

	Yes	No	Perceived Priority for Change			
Do hospital and unit policies reflect a view of patients and families as partners:						
 In decision making for individual patients? 			1	2	3	
• In the care of individual patients?			1	2	3	
 In design of the physical environment? 			1	2	3	
 In developing guidelines and policies related to family presence and participation? 			1	2	3	
 In training staff regarding working with families? 			1	2	3	
 In evaluating patient and family perceptions of care? 			1	2	3	
 Are staff at all levels, faculty, and trainees involved with families in developing, implementing and evaluating guidelines and polices related to family presence and participation? 			1	2	3	
▼ Environment and Design						
Are first impressions of the hospital and each of its clinical areas welcoming to families?			1	2	3	
Is the signage in the unit and throughout the hospital: • Welcoming to families?			1	2	3	
Worded positively and respectfully?			1	2	3	
 Written in languages and at a reading level understandable to families served? 			1	2	3	
At the bedside and in inpatient and outpatient treatment areas, is there: • Comfortable seating for families?			1	2	3	
Adequate space for family presence?			1	2	3	
 Adequate space for family members to provide care? 			1	2	3	
 Adequate space for staff to work with families present? 			1	2	3	
In inpatient settings, do families have access to: • Comfortable sleeping arrangements in the patient's room?			1	2	3	
Secure storage space for personal belongings?			1	2	3	
Showers?			1	2	3	
			1	2	3	
 Food storage areas? (refrigerator/cabinet) 						
Food preparation areas? A love dry facilities?			1	2	3	
• Laundry facilities?			1	2	3	
 Computer/Internet access? 			1	2	3	

	Yes	No	Perceived Priority for Change		
Do patients and families have access to: • Gardens and outdoor spaces?			1	2	3
Places for spiritual support?			1	2	3
Is there space for young children visiting a family member to play safely?			1	2	3
▼ Patterns of Care/Collaboration in Caregiving Do staff members view families as key participants or partners in care?			1	2	3
Do staff practices encourage the patient to define their family and how family members will be involved in care and decision-making?			1	2	3
Do staff members welcome families 24 hours a day, including during: Admissions?			1	2	3
• Rounds?			1	2	3
Change of shift report?			1	2	3
Treatments and procedures?			1	2	3
Anesthesia induction and post-anesthesia?			1	2	3
• Resuscitation?			1	2	3
Do staff members: • Recognize and support the strengths and competencies of all families?			1	2	3
 Support families as full members of the health care team? 			1	2	3
Offer family members training and practice in new care skills?			1	2	3
 Respect family choices regarding how they wish to participate in the care of their loved one? 			1	2	3
Are the concerns, priorities, and needs of families elicited and respected in the care planning process?			1	2	3
Do documentation procedures/forms obtain information about the family's strengths, preferences, concerns, and goals for their family member?			1	2	3
Do patients and families have the opportunity to participate in discussions relating to care, discharge planning, and transitions to new settings?			1	2	3
▼ Information and Decision Making Does all written information given to patients and families (including preadmission packet, patient/family handbook) express the belief that patients and their families are viewed as members of the health care team?			1	2	3
Do families receive the information they need and want regarding their family member and his or her care?			1	2	3

		No	Perceived Priority for Change		
Do patients and family members have the opportunity to share insights, observations, and questions:					
In the patient's chart?			1	2	3
 During rounds and other discussions regarding care? 			1	2	3
With individual care providers?			1	2	3
Do patients and families collaborate with the nursing staff in the development of the nursing care plan?			1	2	3
Is there continual open and honest communication between families and professionals about medical, psychosocial, and ethical issues relevant to the patient and family?			1	2	3
Does the hospital provide access to and support families in using: • A patient and family resource library?			1	2	3
The medical library?			1	2	3
A skills training lab for learning and practicing care procedures?			1	2	3
The Internet (in the patient's room and the resource center)?			1	2	3
Educational resources in audiovisual and other media formats?			1	2	3
Is information made available to families in the language and formats (verbal, written, other) they can use most comfortably?			1	2	3
▼ Family Support					
Does the staff involve the patient and family in identifying visiting preferences, such as:					
 Other family members and close friends who will support them? 			1	2	3
Sibling or child visitation?			1	2	3
 Preferences regarding frequency and timing of visiting by others? 			1	2	3
Are young children offered developmentally appropriate preparation and support for visiting a hospitalized family member?			1	2	3
Are financial supports offered to families to increase the amount of time they can spend with their family members, such as:					
• Parking?			1	2	3
• Meals?			1	2	3
• Transportation?			1	2	3
Nearby lodging?			1	2	3
Supervised childcare services at the hospital? ARE FAMILIES CONSIDERED VISITORS IN OUR HOSPITAL OR LINIT?			1	2	3

Are means provided for family members to keep in touch with staff when they are not on the unit (e.g., beepers, telephones, teleconferences, e-mail, personalized Web sites)?		INO	for Change		
			1	2	3
Are emotional supports offered to families, such as: • Social worker or counselor?			1	2	3
Chaplains or other clergy?			1	2	3
Family-to-family support?			1	2	3
Community support groups?			1	2	3
▼ Patients and Families as Advisors Is there a systematic procedure for gathering information about patient and family satisfaction with policies and practices related to family presence and participation?			1	2	3
 Are patients and their family members involved in: Developing, implementing, and evaluating policies, programs, practices, and facility design relevant to family presence and participation? 			1	2	3
 Responding to and finding solutions for concerns and suggestions about family presence and participation shared by other families? 			1	2	3
 Developing, implementing, and evaluating quality improvement initiatives related to family presence and participation? 			1	2	3
Are patients and families involved in hospital/unit committees and workgroups focused on issues related to the experience of care?			1	2	3
▼ Personnel Practices Are policies and practices in place that encourage recruiting and hiring individuals who are committed to working collaboratively with families?			1	2	3
Do position descriptions and performance appraisals for staff clearly articulate the necessity of working in respectful and collaborative ways with patients and families?			1	2	3
Are orientation and in-service programs offered for staff to develop skills relating to family presence and participation in care, and collaboration with families?			1	2	3
Do patients and/or their family members participate as faculty in orientation and continuing education programs for staff, faculty, and trainees?			1	2	3
Are there systems and supports in place to help staff during the process of change in policies related to family presence and participation?			1	2	3
Are there systems and supports in place to help staff cope with challenges that may arise when working collaboratively with patients and families? ARE FAMILIES CONSIDERED VISITORS IN OUR HOSPITAL OF	□ R IINIT?		1	2	3