

## Bakersfield Memorial Hospital

### Policies and Procedures

SUBJECT: VISITATION RIGHTS OF PATIENTS

CATEGORY: Administrative

SECTION: Rights and Responsibilities of the Individual

#### **Purpose:**

To provide guidelines regarding the assurance that patients visitation rights are protected.

#### **Definition:**

Family/Partners in Care: The hospital uses a broad definition of “family” as defined by each patient. This concept is recognized by the American Academy of Family Physicians, which defines “family” as “a group of individuals with a continuing legal, genetic and/or emotional relationship” (American Academy of Family Physicians, 2009). Patients, their families, and other partners in care are respected as essential members of the health care team, helping to ensure quality and safety. Patients define their “family” and how they will be involved in care, care planning, and decision-making. Family members, as identified by the patient, provide support, comfort, and important information during ambulatory care experiences, a hospital stay in critical care, medical/surgical, and specialty units, in an emergency room visit, and in the transition to home.

Visitors: Visitors are guests of the patient or family. In some cases, visitors may be relatives.

Visitors are encouraged to visit during the hospital visitation hours of 8am to 10 pm. Due to the critical nature of intensive care units, hours for visitors may be more limited. These limitations are for visitors and **not for** families/partners in care as identified by the patient.

#### **Guidelines/Policy Statement:**

1. Written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation, are in place;
2. Each patient, or his/her representative, be informed of the patient’s visitation rights – to receive the visitors whom he/she designates, whether a spouse, a domestic partner, another family member or friend, and the right to withdraw or deny such consent at any time. In addition, the hospital must communicate its policy on limited or restricted visitation to patients when apprising them of their rights. This notice will be given in writing and given in advance of furnishing patient care, whenever possible;
3. Visitation is not restricted, limited, or otherwise denied on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
4. All visitors enjoy full and equal visitation consistent with patient preferences.
5. The Hospitals’ limitations on visitation must be reasonable or clinically necessary in medically appropriate circumstances, taking into account all aspects of patient health and safety, including any negative impact that patients, visitors, and staff may have on other patients in the hospital or when a visitors behavior creates a direct risk or threat to patients, families, staff, or others in the immediate environment or is disruptive of the functioning of the patient care unit..

6. Visitors may be referred to visiting guidelines.

**Procedure:**

The following guidelines are intended to be flexible in order to respond to the diverse and individual needs and preferences of each patient and unanticipated and unique circumstances, as well as to assure the safety of patients, families, and staff.

1. Families/Partners in Care are welcome 24 hours a day according to patient preference.
2. At the beginning of an ambulatory care experience, inpatient stay, or emergency room visit, each patient, or his/her representative, will be:
  - a. Informed of the patient's visitation rights – to receive the visitors whom he/she designates, whether a spouse, a domestic partner, another family member or friend, and the right to withdraw or deny such consent at any time, as well as the policy on limited or restricted visitation to patients when apprising them of their rights. This notice will be given in writing and given in advance of furnishing patient care, whenever possible;
  - b. Asked to identify whether a patient has a designated representative, such as a power of attorney for health care or a health care proxy.
3. Hospital staff will also clarify patient preferences regarding who may be present during rounds, change of shift report, exams, and procedures.
  - a. Patients may modify their preferences at any time during their hospital experience.
4. In situations where the patient cannot speak for him or herself, is otherwise incapacitated and cannot identify who should be present, or when there is no obvious significant other, such as a spouse or life partner, or parent or adult child, hospital staff make the most appropriate decisions possible under the circumstances. Taking a broad definition of family/partners in care into account, staff welcomes whoever has arrived with the patient. Decisions about the presence of family/partners in care made under emergency situations may need to be revised.
5. All hospital staff and clinicians encourage families/partners in care to be involved and supportive of the patient according to patient preference. They recognize and reinforce that families are integral to patient safety, comfort, medical and psychological well-being, and the healing process.
6. Nurses and others on the health team provide guidance to patients and families/partners in care in a variety of ways about:
  - a. How to partner to ensure safety and quality of care;
  - b. How to be involved in care, care planning, and decision-making, and how to support the patient during the hospital stay and during the transition to home and community care; and
  - c. How to honor privacy and be respectful of other patients and families in close proximity or who share the same patient room.
7. Patients, families, nurses, and other members of the health care team can ask to reevaluate or modify the presence and participation of families..
8. The number of people welcomed at the bedside at any one time will be determined in collaboration with the patient and family. In situations where there are shared rooms, this negotiation will include the other patient, his or her family/partners in care. To ensure safety, considerations will also be given to the physical limitations of the space.
9. In respect to the presence of children:

- a. Children supervised by an adult are welcomed. Children are not restricted by age. 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.
  - b. Children are prepared for the hospital environment and the patient's illness as appropriate.
  - c. Children are expected to remain with the adult who is supervising them .
  - d. Children's behavior is monitored by the responsible adult to ensure a safe and restful environment for the patient(s) and a positive and developmentally appropriate experience for children.
10. Families are encouraged to designate a family spokesperson to facilitate effective communication among extended family members and hospital staff.
  11. Disruptive behavior and unsafe practices are not acceptable; these situations, while usually rare, will be addressed directly and promptly. Family or visitors may be asked to leave the premises if they become disruptive or interfere with the general comfort and care of the patients, visitors, or staff. Public Safety will be notified to handle disruptive issues as needed.
  12. Family/partners in care, and any visitor of a patient, must be free of communicable diseases and must respect the hospital's infection control policies.
  13. If an outbreak of infection requires some restrictions for public health, the staff must collaborate with the patient and family to ensure that selected family members are still welcomed to assure safety and offer emotional support to the patient.
  14. The hospital has an interdisciplinary committee, involving patient and family advisors and representatives from relevant departments to implement, monitor, and evaluate these guidelines.

### **Additional Information**

1. The following documents could serve as proof to establish the appropriateness of a visitor when a patient is incapacitated and no representative or support person is available to exercise a patient's visitation rights on his/her behalf – Advance directive listing approved visitor status; shared residence; financial interdependence; bank statements, lease agreements. This list is not intended to be exhaustive of all potential sources of information regarding patient visitation.
2. Consideration of when to restrict visitation during procedures include:
  - a. The patient's need of at least one support person to provide support and comfort during a potentially frightening and painful procedure
  - b. Patient's preference for privacy during this time
  - c. Visitor's ability to witness the physical aspects of some patient care interventions and procedures
  - d. The physical limitations of the patient's room
  - e. Requirement of aseptic technique, where additional persons may compromise the healthcare professional's ability to control for infection
3. Legitimate reasons for restricting or limiting visitors include, but is not limited to:
  - a. Any court order limiting or restraining contact
  - b. Behavior presenting a direct risk or threat to the patient, hospital staff, or others in the immediate environment
  - c. Reasonable limitations on the number of visitors during a specified period of time
  - d. Patient's risk of infection by the visitor
  - e. Extraordinary protections because of a pandemic or infectious disease outbreak
  - f. Substance abuse treatment protocols requiring restricted visitation
  - g. Need for privacy or rest by another individual in the patient's shared room

h. Need for privacy or rest by the patient.

Original:	Attachments: (if required)
Last Reviewed:	
Last Revised:	
Approval Committees & Dates:	

APPROVAL SIGNATURE (if required):

Date:

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**References: (if required)**

Federal Register Vol.75, No. 223, November 19, 2010/Rules and Regulations pp. 70831 – 70844.

Department of Health and Human Services Centers for Medicare & Medicaid Services 42 CFR Parts 482 and 485

Institute for Patient and Family Centered Care Changing Hospital Visiting Policies and Practices: Supporting Family Presence and Participation.