

**PITT COUNTY MEMORIAL HOSPITAL
POLICY & PROCEDURE**

MANUAL: Administrative

SUBJECT: Family Presence and Visitor Guidelines (link to Behavioral Health guidelines on p. 4)

NUMBER: 151 Page 1 of 5

EFFECTIVE DATE: 06/09

PREPARED BY: Office of Patient and Family Experience

REVISED: 9/81, 9/84, 7/86, 8/92, 5/95, 7/96, 9/06draft, 7/97, 1/98, 12/98, 11/99, 9/02,

REVIEWED: 1/05, 12/08

APPROVED BY:

(President or designee)

Philosophy:

PCMH promotes and supports a patient- and family-centered approach to care. The diagnosis and treatment of illness and disease can result in a range of stressful circumstances for the patient and family. Most patients and families require assistance and support, at different times and in different ways, from people important to them. This support may involve someone to assist in decisions about medical care, someone to provide transportation to appointments, someone to provide companionship, or someone to provide care in the home after treatment. For some patients, their support may come from immediate family members. For other patients, their support may include other relatives, neighbors, friends, co-workers or clergy.

Definitions:

The purpose of this policy is to provide guidelines regarding persons spending time with hospitalized patients. This policy specifically differentiates between visitors and family.

Family: Family is defined by the patient. When the patient is unable to define family, the patient's designated representative will provide this definition. The UHS Corporate Informed Consent Policy (UHS-CS4) provides guidance in the determination of the patient's designated representative. Family members are the people who provide the primary physical, psychological, or emotional support for the patient. Family is not necessarily blood relatives. Family members are encouraged to be involved and supportive of the patient and are integral to the overall well-being of the patient. With the concurrence of the primary nurse and patient, family members generally have greater access to the patient than visitors.

Visitor: Visitors are guests of the patient or family. In some cases, visitors may be relatives. Visitors have restricted times during which they may see the patient. Visitors are encouraged to visit during the hospital visitation hours of 09:00a.m. to 2:00 p.m., 4:00-6:30 p.m. and 7:30-9:00 p.m. Due to the critical nature of intensive care units, hours for visitors may be more restrictive. These restrictions are for visitors and **not** family members.

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Objectives:

The objectives of the Family Presence and Visitation Guidelines are to provide patients with:

- Quality medical care in a safe environment that promotes healing and recovery
- A supportive and comfortable environment that encourages family and visitors to participate in the caring process
- An environment that respects and protects the rights of patients, families, visitors and employees.

Guidelines:

Guidelines for the participation of family and visitors should be flexible in order to respond to the diverse and changing needs and preferences of each patient.

Hours

A. Family members are welcome 24 hours a day unless one or more of the following considerations are noted.

The patient or the patient's designated representative, in conjunction with the primary nurse and health care team, may make visitation limitations. Special considerations that determine the amount of time the family and visitors spend with the patient include:

1. Clinical and emotional needs of the patient. No harm to the patient with having family or visitors present. Examples include as exhaustion, overstimulation, or marked increase in agitation.
2. Inability to follow infection control policies
3. The need to maintain a sterile environment during bedside procedures.
4. Limitations as requested by the patient or patient's designated representative
5. Space limitations in patient rooms—In the intensive care areas, the preferred number of family members at the bedside is no more than two at a time.
6. Patient, family, or employee safety issues
7. Family members are asked to respect change of shift during the hours of 6:30-7:30 a.m. and from 6:30-7:30 p.m. by having minimal interruptions

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in entering and leaving the unit.

8. Family members and visitors should be able to take care of their personal care needs. If this is not possible, family members and visitors should be accompanied by a caregiver.
9. Visitors or family members with prohibitive legal documentation such as a restraining order will not be allowed to visit

Note: These restrictions should be reevaluated each time the patient's plan of care and medical orders are reviewed by the physician, primary nurse or at the patient's request. Visitation limitations should be documented in the medical record.

- B. Visiting hours for visitors are from 09:00 a.m.-2:00 p.m., 4:00-6:30 p.m. and 7:30-9:00 p.m. To help patients recover and to not overly tire patients, visits should be brief, quiet and pleasant. The considerations noted above also apply to visitors. The patient or patient's designated representative, in conjunction with the primary nurse and health care team, may make additional limitations for visitors especially in the intensive care units. Quiet time is observed from 2:00 p.m.- 4:00 p.m. We ask visitors to allow this time for patients to rest. Quiet time is based on individual patient preference and clinical condition.
- C. Children should always be accompanied by an adult other than the patient. Visits by children less than 12 years of age should always be coordinated with the patient's primary nurse and the patient or patient's designated representative. Coordination with Child Life is also encouraged. Information and access should be developmentally appropriate. There are also a variety of ways other than visiting that children under 12 can stay in touch with their loved ones. These include sending notes or letters, poems, artwork, tapes of talking, reading or singing, photos and by making phone calls. Children can only visit if they are able to comply with all isolation precautions.

Note: There may be unique and extenuating circumstances that require compassionate exceptions to these guidelines. It is recommended that the primary nurse and the health care team, in collaboration with the patient or the patient's designated representative, use professional judgment in considering the unique family circumstances and patient needs when applying these guidelines.

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Entry process:

- a. Family and visitors should check with staff before entering the unit.
- b. Family and visitors should always wash hands each time they enter and leave the patient room or unit
- c. Family and visitors should follow all isolation precautions as instructed by nursing staff.
- d. Family and visitors are asked not to come to the hospital if they are feeling ill or have signs of, or have recently been exposed to, communicable illnesses or infections.
- e. To maintain the privacy of other patients, family and visitors should only enter the room of the patient that they are here to spend time with.
- f. To maintain patient privacy and minimize disturbances to other patients and families, congregating outside in the hallways is discouraged.
- g. To facilitate the rest and recovery of all patients, family members and visitors should be mindful and sensitive to the needs of other patients and families by keeping noise and disturbances to a minimum.

Unacceptable and/or Disruptive Behavior:

- a. 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. Hospital police will be notified to handle disruptive issues as needed.
- b. Family or visitors may not utilize tobacco products or consume alcohol or illegal drugs while on the hospital campus.

Special Points:

- a. A family member may spend the night with the patient if space is adequate and contributes to the well being of the patient. The family member must be able to safely stay alone and take care of their own needs.
- b. Behavioral Health units have additional information regarding visitation. http://intranet.uhseast.com/pcmh/documents/Public/PCMH/BehavioralHealth/PoliciesandProcedures/VisitorGuidelines_1_09.doc

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Guidelines for Health Care Providers:

- a. The primary nurse should review the family presence and visitor guidelines with the patient on or shortly after admission so the patient may make choices about family presence and visitor access. If the patient is unable to participate in these discussions and decisions, the patient's designated representative should be involved.
- b. The nurse should communicate that the patient, or patient's designated representative may make changes to their choices at any time.
- c. The nurse should discuss the balance between providing support to the patient and allowing the patient sufficient rest and privacy.
- d. The nurse should provide clear expectations about what family members and visitors can do to help with the patient, where they can be on the unit, and any limitations on their participation.
- e. When appropriate, the nurse may also discuss the risk of caregiver fatigue.
- f. The healthcare team should be flexible in order to respond to the needs and preferences of each patient and because time and treatment alters patients needs and/or wants.

References:

Institute of Family-Centered Care

Children's Hospital and Women's Services Family Presence Guidelines

University of Wisconsin Guidelines for Participation of Patient's Primary Supports and Guidelines for Visitors