

Guidelines for the Presence and Participation of Families and Other Partners in Care—A Template

The purpose of this document is to provide guidelines regarding the presence and participation of families and other partners in care. This document replaces the hospital's previously existing visiting policies.

[Note: insert name of hospital] promotes and supports a patient- and family-centered approach to care.

DEFINITION OF FAMILY

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 and community care.

GUIDELINES

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 and other 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, patients are asked to define their “family” and other “partners in care” and how they will be involved in care and decision-making. Also identify whether a patient has a designated representative, such as a power of attorney for health care or a health care proxy. Clarify patient preferences regarding who may be present during rounds, change of shift report, exams, and procedures, and who may have access to written or electronic clinical information.
 - a. Document these preferences documented in paper or electronic charting and communicated consistently and comprehensively to all who are involved in the patient’s care across settings.
 - b. Patients may modify their preferences during their hospital experience.
3. 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 and other “partners in care” into account, staff welcome whoever has arrived with the patient. Decisions about the presence of family and other “partners in care” made under emergency situations may need to be revised.
4. All hospital staff and clinicians encourage families and other 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.
5. Nurses and others on the health team provide guidance to patients, families and other partners in care in a variety of ways over time 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.

6. [NOTE: Insert name of hospital] has developed the following system for families and other partners in care to be clearly identified: [NOTE: Insert the identification system].
7. Patients, families, nurses, and other members of the health care team can ask to reevaluate or modify the presence and participation of families. All such collaborative decisions will be documented in the patient record.
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, and other partners in care.
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 family member's illness as appropriate.
 - c. Children are expected to remain with the adult who is supervising them unless there is a supervised playroom for siblings and other children.
 - d. Children's behavior is monitored by the responsible adult and the nurse 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.
12. All partners in care, and any guest 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 (for further guidance, see Pandemic Planning And Patient- And Family-Centered Care Retrieved from http://www.ipfcc.org/resources/Pandemic_Planning_and_PFCC.pdf or available at <http://www.ipfcc.org/resources/downloads.html>).
- 14.** The hospital has an interdisciplinary committee, involving patient and family advisors and representatives from clinical areas, patient relations, security, housekeeping, dietary, risk management, and other relevant departments to implement, monitor, and evaluate these guidelines.

