

CATEGORY:	<b>CLIENT/PATIENT/RESIDENT CARE PROGRAMS AND SERVICES</b>
SUB-CATEGORY:	<b>CLIENT/PATIENT/RESIDENT CARE - GENERAL</b>
GROUP:	
DISTRIBUTION:	<b>STAFF IN PATIENT SERVICES (WMRH &amp; STRH), POPULATION HEALTH (Mental Health Unit only), MEDICAL SERVICES (Physicians) AND CORPORATE SERVICES (Security Personnel &amp; Environmental Services Staff-WMRH &amp; STRH)</b>
TITLE:	<b>FAMILY PRESENCE AND PARTNERS IN CARE</b>

**PURPOSE**

Western Health aims to provide patient and family-centered care to all of our patients, clients, and to all persons. Family refers to the individuals with a binding legal, genetic, or emotional relationship with a defined patient. Family can also be a close friend. Patient and family members are viewed as partners in care. Family contributes to the caring and healing process of patients by reducing anxiety and the sense of isolation felt by the patient.

**POLICY**

1. Families and designated care partners are welcomed as essential members of the health care team and as partners in care.
2. Family presence is balanced with patient, family and care team safety while protecting the confidentiality and privacy of all patients. This policy is intended to be flexible in order to respond to the diverse and individual needs and preferences of each patient.
3. Family and partners in care are welcome 24 hours a day according to patient preferences and in coordination with the care team. Visiting hours for visitors may be individualized based upon the care priorities of the patient(s). This occurs in discussion with the patient or substitute decision maker and with the care team.
4. Family and partners in care who have a negative impact on the patient’s or other patients’ health and well-being may be asked to postpone their visit or leave the room/area. This occurs in discussion with the patient’s family/partners in care and the care team. Disruptive behavior or unsafe practices are not tolerated.

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This includes but is not limited to: alcohol or illicit drug use; foul language; aggressive or disrespectful behavior to the patient care team, patients or other family members; etc.

5. The health care team may be required to interrupt family presence to protect the privacy rights of other patients for clinical requirements or to maintain safety and security.
6. The number of people welcomed at the bedside at any one time will be determined in collaboration with the patient or substitute decision maker, family and patient's care team. In situations where there are shared rooms, or in some areas in the hospital where patients have special needs, the consultation also involves the other patients and their family. To ensure safety, consideration will be given to the physical limitation of the space available on the unit and in the room. NOTE: Rest periods may be encouraged as part of treatment plan for a patient in some clinical areas. Cooperation with these times is requested. At these times, visitors may be asked to wait in the hallway, unit lounge or common spaces within the hospital (cafeteria, chapel).
7. Family and visitors who are feeling unwell, have an infection or communicable disease, or have any of the following symptoms should refrain from entering the hospital environment:
  - cough
  - fever
  - runny nose
  - diarrhea
  - vomiting

For the safety of our patients, families and visitors are required to perform hand hygiene with soap and water or alcohol-based hand rub upon entering and leaving the patient's room.

If an infectious or potentially infectious outbreak or other emergency situation requires restrictions to protect public health or safety, staff will collaborate with the patient and their family to enable and ensure that family members may still visit if permitted by Public Health or security as per the policy [Outbreak Management in Acute and Long Term Care \(15-04-50\)](#)

8. Individuals who have concerns regarding the application of this policy should refer the issue to a member of the care team or the manager. The clinician is the expected to be reasonable in the application of this policy and is deemed the best person to determine the care needs of the patient with the patient or substitute decision maker. If the issue cannot be resolved, it should be referred to the clinical manger or delegate or the Site Clinical Manager (SCM) as appropriate. It is expected that all communication is completed respectfully. Concerns with the communication approach of a team member, a patient or family/visitor should be brought to the attention of the clinical manager for follow up.

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9. Personal pet visitation will be determined for each patient through discussion with the patient or substitute decision maker, the care team and family/partners in care. The potential risks and advantages must be also considered when allowing animals into the healthcare setting including: space limitations, infectious risk, allergies, phobias, and animal caused injuries. Based on these risks, pet visitation may need to occur in an alternate location or be denied. If accommodations are unable to be made at a given time, it can be revisited at a later time.

## DEFINITIONS

**Substitute Decision Maker:** Where a person requires the administration of health care but lacks the competency to make a health care decision and has not, while he or she was competent appointed a substitute decision-maker, or a guardian has not been appointed for the purpose by a court, or a person has been appointed but is unable or refuses to act, the first named person or a member of the category of persons on the following list may, if he or she is at least 19 years of age, act as a substitute decision-maker:

- a. The incompetent person's spouse or partner
- b. The incompetent person's children
- c. The incompetent person's parents
- d. The incompetent person's siblings
- e. The incompetent person's grandchildren
- f. The incompetent person's grandparents
- g. The incompetent person's uncles and aunts
- h. The incompetent person's nephews and nieces
- i. Another relative of the incompetent person
- j. The incompetent person's health care professional who is responsible for the proposed health care (Section 10, Health Care Directives Act).

**Family:** Any individual with a continuing legal, genetic and/or emotional relationship to a patient. Patients define their "family" and how they will be involved in care, care planning, and decision making. This includes close friends. Family are partners in care

**Partner in care:** is anyone identified by the patient or substitute decision maker as important support who the patient wishes to be included in any encounters with the health care system, including but not limited to immediate and extended family, friends and caregivers.

**Care team:** health care providers who are responsible to provide treatment, consultation and care for all patients.

**Personal Pet:** an animal kept by an individual for pleasure or companionship with the exception of reptiles and rodents due to the higher risk of infectious disease

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***Pet Handler:*** individual who brings the animal to the health care system for personal pet visitation. This is usually the pet owner or family.

***Overnight:*** between the hours of 2200-0600

## **PROCEDURE**

### **Family/partners in care wishing to remain with the patient overnight:**

1. If arriving at WMRH between the hours of 2200 and 0600, family may only enter through the side entrance closest to the emergency department. If you arrive at STRH between 2300 and 0800, family may only enter through the side Emergency Department entrance. You will be asked to sign in and will be issued a temporary form of identification. Security staff will escort family to the designated unit as available.
2. If you are already on a unit and staying after 2200 hour, you can request that the nurse provide a temporary form of identification for when you go off the unit. Overnight guests may not be able to stay at the patient's bedside overnight (particularly in a semi or 4 bed ward) and may be directed to the unit lounge. This may need to be coordinated depending on the number of requests for the same evening.
3. Children (i.e., less than 14 years) are required to be supervised by an adult who is not the patient at all times.
4. Family/partners in care are required to be mindful and sensitive to the needs of other patients, families and the care team by keeping noise and disruption to a minimum.
5. Clothing which covers top and bottom is required to be worn at all times.
6. If behavior becomes disruptive to any patient, family, a care team member, or interferes with general comfort, care, care planning, or decision making of any patient, the person causing the disruption will be asked to leave the facility by a member of the care team or Security Services (where applicable).

### **Assigned Nurse**

1. Ensures Western Health *Family/Partners in Care Questions and Answers (Appendix A)* is available and provided upon request during the admission orientation.
2. Discuss the patient or substitute decision maker's preferences re: visitation upon admission or at the earliest possible moment during the admission taking into consideration the patients' needs and those who may be sharing a room with the

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- patient. Records the decision re: family and visitor presence in the patient health record using the Patient Visitation preference screen.
3. Revisit the patient or substitute decisions maker's preference as needed and update the patient's health record.
  4. Follow up with concerns as they arise in a proactive supportive manner.
  5. Monitor the situation.
  6. Report conflict that is unable to be resolved to the clinical manager or site clinical manager as appropriate.
  7. Involve security or delegate if required.
  8. Issue family presence identification to family support person present on the unit from 2200-0600 hour.

#### **All Physicians and Allied Health**

1. Understand the patient and or substitute decision makers agreed upon care plan related to family presence.
2. Ask family and/or visitors to leave as appropriate.
3. Follow up with concerns as they arise in a proactive supportive manner.
4. Monitor the situation.
5. Report conflict that is unable to be resolved to the assigned clinical manager or SCM.

#### **Housekeeping**

1. Ask family and or visitors to leave as appropriate.
2. Follow up with concerns as they arise in a proactive supportive manner.
3. Monitor the situation.
4. Report conflict that is unable to be resolved to the assigned nurse or clinical manager.

### Security or delegate

1. Respond to concerns brought forth by any staff member of nursing, any clinician or management.
2. Issue visitor identification to family support person from 2200-0600 hours and escort person to the unit if available.
3. Round at 2200 and request unauthorized visitors to leave the building and escort if necessary.

### Ward Clerk or Delegate

1. Ensure *Family Presence Questions and Answers (Appendix A)* handout is available upon request for staff, family and visitors.

### REFERENCES

American Academy of Family Physicians. (2009). *Definition of family* (policy statement). Leawood, KS: Author. Retrieved from

<http://www.aafp.org/about/policies/all/family-definition.html>

Institute for Patient and Family-Centered Care. (2011). *Changing Hospital Visiting Polices and Practices: Supporting Family Presence and Participation*. Bethesda, MD: Author

Johnson, B., Abraham, M., Conway, J., Simmons., L., Edgman-Levitan, S., Sodomka, P., Schlucter, J., & Ford, D (2008). *Partnering with patients and families to design a Patient and family-centered health care system: Recommendations and promising practices*. Bethesda, MD: Institute for Patient- and Family Centered Care.

Kingston General Hospital. (2012). Administrative Policy No. 07-070: Family presence.

Leape, L., Berwick, D., Clancy, C., Conway, J., Gluck, P., Guest, J., et al. (2009). Transforming healthcare: A safety imperative. *Quality and Safety in Health Care*, 18, 424-428

The Ottawa Hospital. (2015). Administrative Policy No. 00327: Visitors and Family Presence. Retrieved

Health PEI (2017). Family Presence policy. Retrieved. Jun 06 2017

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**APPENDICES**

Appendix A – WMRH & STRH Family Presence Questions and Answers

**KEYWORDS**

Visiting hours, visiting regulations, visitors, unauthorized visitor, visiting, visitation, family, family presence, pets, animals, personal pet

**TO BE COMPLETED BY STAFF IN QUALITY DEPARTMENT**

Approved By: Vice President – Patient Services (Acting) Vice President – Medical Services Vice President – Corporate Services Vice President – Population Health & Human Resources	Maintained By: Director Patient Services – Medicine Program
Effective Date: 19/December/2008	<input type="checkbox"/> Reviewed: <input checked="" type="checkbox"/> Revised: 14/June/2018
Review Date: 14/June/2021	<input checked="" type="checkbox"/> Replaces: (WH) 15-01-30 Visiting Regulations WMRH & STRH <input type="checkbox"/> New

## Appendix A

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**Western Memorial Regional Hospital & Sir Thomas Roddick Hospital**  
**Family Presence**  
**Family and Visitor Questions and Answers**

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**1. Why does Western Health have flexible visiting hours?**

Research shows that visits from family and friends are important supports to patients during their hospital stay; they help to reduce anxiety and isolation and to improve healing and recovery.

Encouraging family presence means that we want to invite patients and families to be more engaged in care, and we ask that you discuss your visiting plans when possible with your loved one's care team to determine what times will work best for everyone.

**2. How does visiting at night work?**

If you are planning to visit between 10 p.m. and 6 a.m., please discuss in advance with the care team what time will work best with your loved one's care plan.

There is a security desk at the entrance of WMRH and STRH; please sign in there so that you can be issued a temporary form of identification and security will escort you to the unit as available.

If you are already on a unit and are staying through these hours, a nurse can issue temporary identification so that you can be easily identified as a visitor elsewhere in the hospital. Overnight guests are requested to stay on the unit if at all possible.

Visitors may be unable to stay at the patient's bed side overnight and may be requested to stay in the unit lounge. Nursing staff will alert the family member if the patient requires any assistance overnight if that is what the patient and visitors request. Any request to stay at night may need to be coordinated as there may be more than one request for a particular evening.



### **3. How many visitors are allowed?**

We must balance the wishes and needs of all patients and families in each room, and allow for patient care. The appropriate number of visitors at any time for each patient can be determined with the care team. If a room is overcrowded (this is determined by the care team caring for the patient(s)), we must consider the safety of our patients and staff and some family members may be asked to wait in the unit lounge, hallway or common spaces in the hospital (i.e. family lounge, cafeteria or chapel).

### **4. What about children?**

Children less than 14 years old are welcome in most areas of the hospital but must be directly supervised by an adult who is not the patient. Units with immunocompromised patients might need to restrict visits by children in order to protect and the child's health. Please check with your care team if unsure.

### **5. What if the care team needs to provide care?**

Family may be asked to wait in the waiting area while the care team provides care. However, sometimes family may ask or be asked to stay so they can better understand the care needed for their loved one after discharge.

### **6. Are any areas of the hospital exempt from this policy?**

Providing care for your loved one is our top priority so that we can support them in healing and recovery. Often, this means encouraging family presence. Sometimes, it means we may need to restrict the length of visits or the number of visitors. This will be determined through discussion between the care team, the patient, and the family.

### **7. What about visitors in rooms where there are multiple beds?**

We must balance the wishes and needs of all patients in the room. Visiting may be interrupted to provide patient care, to protect the privacy rights of other patients or to maintain safety and security decisions. If a room is overcrowded, some family members may be asked to wait in the waiting area or outside the unit.

## **8. Are there any other reasons a family or visitor may be asked to leave?**

Family and partners in care who have a negative impact on the patient's or other patients' health and well-being may be asked to postpone their visit or leave the room/area. This occurs in discussion with the patient, their family/partners in care and the care team.

Disruptive behavior or unsafe practices are not tolerated. This includes but is not limited to: alcohol or illicit drug use; foul language; aggressive or disrespectful behavior to the patient care team, patients or other family members; or property etc.

## **9. Can my pet visit?**

Personal dog and cat visitation can be arranged through discussion with the care team and family. The potential risks and advantages must be considered when allowing animals into the healthcare setting including: space limitations, infectious risk, allergies, phobias, and animal caused injuries.

Based on these risks, pet visitation may need to occur in an alternate location or be denied. If accommodations are unable to be made at a given time, it can be revisited at a later time.