

CATEGORY:	LTC AND RURAL HEALTH
SUB-CATEGORY:	GENERAL
GROUP:	
DISTRIBUTION:	STAFF – LONG TERM CARE & RURAL HEALTH, MEDICAL SERVICES (Physicians) AND CORPORATE SERVICES (Environmental Services/Utility Staff)
TITLE:	FAMILY PRESENCE IN LONG TERM CARE & RURAL HEALTH

PURPOSE

To ensure that Western Health maintains a safe and secure environment while enabling an approach to visitation that will accommodate needs of clients, patients, residents, families, visitors and staff and promote family presence.

POLICY

Western Health aims to provide person-centered care to all of our clients, patients, and residents. Family members of clients, patients and residents are an important part of the healthcare team and contribute to the caring and healing process. Visits from family and friends are important to patients and residents during their stay at a Western Health facility. Research demonstrates that these visits reduce anxiety and the sense of isolation and improve healing.

Families and visitors can choose to visit patients and residents at Western Health at any time according to the preference of the patient/resident or the substitute decision maker (SDM). The need of patient/resident to maintain contact with their family and friends during their stay will be balanced with the inter-professional care team’s need to provide timely and effective care to all patients/residents in the room.

The number of people welcomed to visit (family and visitors) at any one time will be determined in collaboration with the patient/resident or SDM, family and the inter-professional care team. In situations where there are shared rooms or where patients/residents have special needs, consideration will be given to all patients/residents and their families.

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It is recognized that inter-professional care team need to provide procedures, therapy and treatment and visitors may be asked to leave to allow for privacy. Visitors are expected to cooperate when there is a need for privacy for nursing care, treatment or procedures in a patient's/resident's room or bathroom, such as during the provision of personal care. The morning hours are when most patient/resident care is provided although there may be other times throughout the day when privacy is required. Also, rest periods may be encouraged as part of treatment plan for a patient/resident. During this time, visitors may be asked to wait in the lounge or other common spaces (i.e. waiting area, cafeteria).

Families may not be able to stay overnight (particularly in a semi or 4 bed wards) and may be directed to the lounge. Children (ie. less than 14 years) must be supervised by an adult who is not the patient/resident.

For the safety of patients, residents, staff and volunteers, Western Health strives to minimize as much as possible the risk of spreading contagious disease by limiting access when required, and promoting hand washing and other measures to prevent the spread of infection. Families and visitors are required to perform hand hygiene with soap and water or alcohol-based hand rub upon entering and leaving the patient/resident rooms. Family and visitors who are feeling unwell or have a cough, fever, runny nose, diarrhea or vomiting or a communicable disease should not visit.

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

Visitors must:

1. Observe all fire, smoking, and alcohol regulations,
2. Seek direction from nursing staff,
3. Inform the nursing staff whenever they accompany the patient/resident off the unit or facility,
4. Comply with Infection Prevention and Control Precautions including hand hygiene and use of personal protective equipment.

Restrictions to Visiting

Restrictions include but are not limited to:

1. Requests by the resident, patient or the SDM to restrict visitors,
2. Situations when the well-being of the resident or patient may be compromised,
3. Circumstances when the rights of other residents or patients may be compromised,
4. Situations when visitors display unacceptable behaviors.

Visitors who display unacceptable behaviors of any kind will be subject to security measures, including visitation restrictions and/or legal action.

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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 inter-professional care team are expected to be reasonable in the application of this policy and are deemed the best persons to determine the care needs of the patient/resident in collaboration with the patient/resident or SDM. If the issue cannot be resolved, it should be referred to the Manager/Director as appropriate and it is expected that all communication is completed respectfully.

Personal pet visitation will be determined for each patient/resident through discussion with the patient/resident or SDM. 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).

Visitor: A person who visits patient/resident during general visiting hours.

Unauthorized visitor: A visitor who the patient/resident does not want to visit and the visitor does not want to leave.

Unacceptable behaviors: Include but are not limited to the following behaviors:

- unreasonable interference in a resident/patient plan of care,
- harassment of any kind, including inappropriate phone calls to a staff member,

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- loud, threatening, abusive or obscene language,
 - physical violence or act in a threatening manner towards staff or a client/patient/resident,
 - Offensive remarks of racial, sexual, or personally derogative nature,
 - arrive under the influence of drugs or alcohol on Western Health property,
 - Damage to Western Health property,
 - Theft,
 - Possession of weapons or firearms,
 - Retaliation against any person who addresses or reports unacceptable behaviors,
 - Excessive noise that is obstructive to others in the vicinity.

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

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

PROCEDURE

Assigned Nursing Staff:

1. Ensures Western Health Family Presence Policy Frequently Asked Question document (Appendix A) is provided during the admission orientation if requested,
2. Discuss the patient's/resident's or SDM's preferences regarding visitation upon admission or at the earliest possible moment during the admission taking into consideration the patient's/resident's needs and those who may be sharing a room with the patient/resident. Record the decision in the COD,
3. Revisit the patient's/resident's or SDM's preference as needed and update the 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 Care Coordinator/Facilitator or Manager/Director as appropriate,
7. Involve housekeeping/utility staff proving building security if required,
8. Completes *Occurrence Report* when required and documents in the health record.

All Physicians and Allied Health

1. Understand the patient's/resident's or SDM's agreed upon care plan related to family and visitor presence,
2. Ask family and/or visitors to leave as appropriate to provide procedures, therapy and treatment,
3. Follow up with concerns as they arise in a proactive supportive manner,
4. Monitor the situation,

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5. Report conflict that is unable to be resolved to the Care Coordinator/Facilitator or Manager/Director as appropriate,
6. Completes *Occurrence Report* when required and documents in the health record.

Housekeeping/Utility Staff

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 Care Coordinator/Facilitator or Manager/Director as appropriate.

Ward clerk or delegate

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

REFERENCES

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APPENDICES

Appendix A – Long Term Care & Rural Health Family Presence-Family and Visitor Frequently Asked Questions

KEYWORDS

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

TO BE COMPLETED BY STAFF IN QUALITY DEPARTMENT

Approved By: Vice President – Long Term Care, Rural Health & Quality Vice President – Medical Services Vice President – Corporate Services	Maintained By: Director of Health Services DCLLHC Director of LTC
Effective Date: 31/March/2010	<input type="checkbox"/> Reviewed: <input checked="" type="checkbox"/> Revised: 08/June/2018
Review Date: 08/June/2021	<input checked="" type="checkbox"/> Replaces: (WHCC) CL-V-500 Visiting Long Term Care New

Long Term Care & Rural Health Family Presence Family and Visitor Questions and Answers

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/residents and families to become more engaged in care. 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?

Depending on the room, visitors may be unable to stay at the patient's/resident's bedside overnight and may be requested to stay in the unit lounge. Nursing staff will alert the family member if the patient/resident requires assistance overnight if that is what the patient/resident 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/residents and families in each room *and* allow for patient care. The appropriate number of visitors at any time for each patient/resident can be determined with the care team. If a room is overcrowded (this is determined by the care team caring for the patient(s)/resident(s)), we must consider the safety of our patients/residents and staff and some family members may be asked to wait in the unit lounge or common spaces in the facility (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/resident. Units with immunocompromised patients/residents might need to restrict visits by children in order to protect the patient/resident and the child's health. Please check with your care team if unsure.

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

Family and friends 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 health center/home 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/resident, and the family.

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

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

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

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