

<b>FAMILY PRESENCE AND GENERAL VISITATION</b>	<b>Quality, Patient Safety and Risk Management</b> <b>QRM-040</b>
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<b>Issuing Authority</b>	Debbie Molloy, Vice President Signed by Debbie Molloy August 31, 2017
<b>Office of Administrative Responsibility</b>	Quality, Patient Safety and Risk Management. Client- and Family- Centred Care
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## Overview

Eastern Health is committed to creating an environment supportive of client-and family-centred care. Research has demonstrated that the presence and participation of one's family- as partners- enhances the client and family experience of care, improves safety and facilitates continuity of care. It is important for clients to experience the support of family and friends to the degree they wish. Eastern Health is committed to providing a safe, secure and comfortable environment for clients, families and staff. Family Presence establishes the ability of a support person to be present twenty-four hours a day. General visitation hours are available for family and visitors not specified as the support person. Support persons and families are essential members and partners of the health care team.

## POLICY

1. During the admission process, clients are informed of the Family Presence and Visitation Policy, advised that they can appoint a support person, and provided with a *Family Presence: Your Role In Your Loved One's Care* brochure.
2. The support person, identified by the client/ Substitute Decision Maker for

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family presence, is welcome 24 hours a day according to the client preference.

3. All other persons considered visitor(s) are required to adhere to general visitation. (see point 7)
4. Any persons known to be legally prohibited from contact with a client cannot be permitted to visit (e.g. restraining orders and court ordered visiting prohibition). Security measures will be implemented.
5. Any persons who have a legal prohibition from contact with a client cannot be identified as the support person.

#### 6. **Support Person**

- 6.1. The client chooses their support person and the degree to which that individual participates in his/her care.
- 6.2. The client has the right to change the support person identified to meet the individual needs.
- 6.3. Any changes to the identified support person is to be communicated to the health care professional assigned to the client, and documented accordingly in the client's health record.
- 6.4. If the client is unable to name the support person, the Substitute Decision Maker is contacted by the health care professional assigned to the client to determine if they want to name a support person.
- 6.5. The support person is welcome twenty-four (24) hours a day, as per the client preference.
- 6.6. Eastern Health staff does not impose time restrictions on the support person's presence.

#### 7. **General Visitation**

- 7.1. Visitors are welcome within the visiting hours of 1100- 2100, unless otherwise designated.
- 7.2. Only two visitors per client are recommended at one time, including child(ren), unless otherwise identified by the care provider, client and family as part of the health care plan.

#### 8. **Children**

- 8.1. Child(ren) under the age of 12 years are welcome to visit when supervised at all times by an adult who is not the client.

#### 9. **All Support Persons, Visitors, and Visiting Family**

- 9.1. Must be free of communicable diseases and adhere to infection prevention and control policies.
- 9.2. Must be educated on (by health care professional assigned to care of

- the client) infection prevention and control practices where designated (i.e. additional precautions and isolation rooms).
- 9.3. If an infectious disease outbreak requires restrictions for the public, employees and Infection Prevention Control will work with clients and support persons so that support persons are able to visit to provide support to the client according to outbreak management guidelines.
  - 9.4. Must adhere to the Scent Safety Policy, HR-OH(o) – 270.
  - 9.5. Must adhere to the Smoke- Free Environment Policy ADM-135.
  - 9.6. If unacceptable behavior occurs the health care professional assigned to client care will:
    - Inform the person(s) of the unacceptable behavior.
    - Make reasonable efforts, without compromise to the safety of others, to resolve the concerns with consideration of appropriate alternate options to support meeting client individual needs.
    - Document incidents of unacceptable behaviour in CSRS, report the incident on the Employee Incident Report and Investigation form and inform the appropriate Division Manager/Site Clinical Manager/Designate, as applicable.
    - Should reasonable efforts not resolve the conflict/unacceptable behaviour security measures will be implemented.

## Scope

This policy applies to all employees, students, physicians and agents of Eastern Health's facilities.

This policy should be read in conjunction with unit specific policies as listed in the linkages.

## Purpose

The purpose of this policy is to:

- Cultivate an environment that supports CFCC while balancing client needs with the health care team's responsibility to provide quality care.
- Ensure provision of information to clients, support person, family and visitors.

## Procedure

1. At the beginning of an inpatient stay, emergency room visit or long-term care placement, clients are asked the following information by the health care professional assigned: to define their support person and how they will be involved in care and decision-making; to clarify client preferences regarding

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who may be present during rounds, exams and procedures; to use an information pamphlet to support discussion of the following:

- Hand hygiene with instructions provided.
- How the support person can be most helpful and supportive to the client.
- How the support person can be involved in the care of the client to a level agreed upon by the client and support person.
- Individuals are responsible for all personal belonging.

Note: belongings must not obstruct health care provider's access.

2. The client establishes family presence and visitation limitations in conjunction with the health care team:

- 2.1 In situations where there are shared rooms, the visitation discussion will include:

- the other client(s) and his/her support person(s),
- consideration of the physical space and limitations,
- the balance between providing support to the client and allowing the individual sufficient rest, recovery and privacy.

- 2.2 In the interest of privacy and rights of all clients, the support person may be asked to step outside of the room for brief periods of time.

- 2.3 Visitation should not impede the rest and recovery of anyone with shared rooms.

3. Clients and their support person have a shared ethical duty to protect the privacy rights of other clients.

- 3.1 The client and their support person are asked to respect and help protect the privacy rights and to not disclose or repeat private information to others.

- 3.2 Staff must adhere to the Privacy and Confidentiality Policy ADM – 030.

4. Mutually agreed upon family presence will be documented in the client health record and communicated to all members of the healthcare team by the health care professional assigned to the client.

5. The determination of a support person's presence during a code or procedure will be at the discretion of the physician and the health care team.

6. When the main entrance is locked after general visitation hours, the family presence support person will be informed of the appropriate site specific alternate entrance by the health care professional assigned to the client.

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## Roles and Responsibilities:

### *Employees/Physicians/Students*

- Provide the Family Presence and Visitation pamphlet to clients, and families and used to support discussion and identification of support person(s).
- Inform the client and support person of the client's rights and responsibilities.
- Review visiting guidelines for visitors.
- Identify and document in the plan of care, the client's request for a support person, who will be present outside of general visiting hours.
- Communicate and work collaboratively with the client and support person.

### *Support Person:*

- Provides support to the client beyond what a regular visitor does.
- Is an active member of the health care team.
- Talk about and agree on their role with their loved one. Participate in supporting the care of their loved based on the client preferences and needs.
- Introduce themselves to staff and describe their relationship to the client and how they would like to participate in care.
- Prepare for the transition to home or community care. Ask questions and ensure those of the client have been answered. Know what will be needed afterwards (medications, treatment, equipment, follow-up appointments) and what changes in the client's condition should be reported to health care providers.
- Respect the privacy and needs of other clients/ patients/ residents and their families at all times.
- In a shared room, step outside when requested by the health care professional to support the privacy needs of other clients/patients/residents and their families.
- Minimize noise disruption during quiet times to maximize opportunities for rest and recovery.
- Discuss with the health care professional the need to make a change in the identified support person or if the role needs to be shared.

### *Telecommunications Operators*

- Announces the start and end of general visiting hours each day.

### *Protection Services/Security Personnel/ or Designates*

- Provide support and direction for support persons identified under family presence to access clients outside of the standard visitation hours.
- Support employees in addressing unacceptable behaviors during family presence or visitation.
- Escort support persons and/or visitors who display unacceptable behavior from hospital property when requested by appropriate Administrative Manager/ Director/Designate.

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*Directors and Managers/ or Designates*

- Ensure that all employees are educated on the policy.
- Ensure that family presence and general visitation information is posted on each unit and information is available in a pamphlet.

## Guideline

1. The client/substitute decision maker is encouraged to designate a family spokesperson to facilitate effective communication among extended family members. This spokesperson may be the support person.

## Supporting Documents *(References, Industry Best Practice, Legislation, etc.)*

- Planetree Patient Directed Visiting. <http://planetree.org/wp-content/uploads/2016/09/2-Planetree-Patient-Preferred-Practice-Primer-Patient-Directed-Visiting.pdf>
- Family Presence Policies Take Hold Across Canada. Better Together Campaign: <http://www.cfhi-fcass.ca/WhatWeDo/better-together>
- Better Together, Family Presence Resources: <http://www.cfhi-fcass.ca/WhatWeDo/better-together/resources>
- Changing Hospital “Visiting” Policies and Practices: Supporting Family Presence and Participation, Executive Summary. Institute for Patient and Family Centered Care (IPFCC). <http://www.ipfcc.org/resources/visiting.pdf>
- Better Together: Partnering with Families. Changing the Concept From Families as “Visitors” to Families as Partners. Better Together Toolkit: <http://www.ipfcc.org/bestpractices/better-together-partnering.html>
- Statement of Rights and Responsibilities for Clients, Patients, and Residents of Eastern Health. <http://www.easternhealth.ca/OurServices.aspx?d=2&id=734&p=202>
- Institute for Patient and Family Centered Care (2017). Changing Hospital “Visiting” Policies and Practices: Supporting Family presence and Participation.
- “Family Presence: Your Role In Your Loved One’s Care”, Brochure, Eastern Health, 2017.

## Linkages

- Policy 270CH-NICU-25. Visiting Guidelines for the Neonatal Intensive Care Unit, (NICU only).

- Policy 275H-JWPS-060. Visiting Guidelines.
- Policy 275H-FOR-020. Forensic Visitor Policy.
- Policy HR-OH-100. Prevention and Resolution of Harassment in the Work Environment.
- Policy HR-OH-050. Conflict Management
- Policy QRM-100. Responding to Complaints.
- Policy QRM-080. Occurrence Reporting and Management.
- Policy HR-OH-060. Critical Incident Stress Management (CISM).
- Policy HR-OH (o)-070. Employee Incident-Accident Investigation.
- Policy HR-OH (o)-080. Employee Incident-Accident Reporting
- Policy IPC-200. Routine Practices
- Policy ACP-130. Disclosure of Information to Police.
- Policy IPC-185. Outbreak Management for Acute and Long-Term Care.
- Policy IPC-150. Hand Hygiene
- Policy ADM-135. Smoke-Free Environment
- Policy HR-OH(o) – 270. Scent Safety
- Policy ADM – 030. Privacy and Confidentiality
- Policy HR-OH-150. Violence Prevention, Response and Support
- Policy 275CS-YTC-640. Family Engagement
- Policy 410-CSE-010. Quality Policy Customer Service
- Policy 280-PCH-210. Responding to Complaints- Personal Care Home Programs
- Policy 275CS-YTC-690. Orientation of Youth and Families-Guardians
- Policy 257CS-YTC-9280. Visitation - Approved Visitor List
- Policy 270-MNG-GEN-001. Visiting Hours and Guidelines- Woman’s Health Inpatient Unit (Health Sciences Centre).

## Key Words

Family presence, support person, visitor(s), visiting, visitation, family, general visitation, general visiting hours, visiting hours, hours, patient, client preference

## Definitions & Acronyms

<b>Client</b>	The term ‘client’ is used to mean the recipient of care, who may also be called a patient, consumer, individual, or resident. (Accreditation Canada)
<b>Family</b>	Person(s), related (biologically, legally, emotionally), including immediate family, partners, friends, advocates, guardians, substitute decision makers.  Client defines the makeup of the family and has the right to decide who is included.

<b>Support Person</b>	<p>An individual who provides support to the client beyond what a regular visitor does. This person is chosen by the client/ substitute decision maker and is involved in his/her care. A support person may or may not be related to the client. The support person identified by the client may change.</p> <p>The support person role includes but is not limited to: being part of the health care team and providing a level of care agreed on by the client/patient/resident and the health care team.</p>
<b>Visitor</b>	<p>A person who visits the client during general visiting hours.</p>
<b>Family Presence</b>	<p>Support persons are integral in the care provided for client and are considered part of the health care team. Therefore, family presence of support persons is welcomed 24-7, with consideration for client rights, safety and infection control.</p>
<b>Client- and Family- Centred Care</b>	<p>Client-and Family- Centred Care means working collaboratively with clients and their families to provide care that is respectful, compassionate, culturally safe, and competent while being sensitive to their needs, values, cultural backgrounds, beliefs and preferences.</p>
<b>Substitute Decision Maker (SDM)</b>	<p>A person appointed by the maker of an advance health care directive to make a health care decision on his/her behalf or who is designated to do so under Section 10 of the <i>Advance Health Care Directives Act</i>.</p>
<b>CSRS</b>	<p>The Clinical Safety Reporting System (CSRS) is the tool utilized to manage client occurrences.</p>
<b>Agent</b>	<p>A person, other than an employee, authorized by Eastern Health to act on its behalf. This term includes, physicians, volunteers, pastoral care, staff of contractors and other persons working within Eastern Health facilities or affiliated with Eastern Health</p>
<b>Health Care Team</b>	<p>Clients/ Substitute Decision Maker and designated support persons working together with a number of health care providers from different disciplines for the provision of health care services.</p>



<p><b>Unacceptable Behaviour</b></p>	<p>Behaviour demonstrated by the support person, family or visitor that interferes with safe patient care, rest for recovery or the privacy of other clients. Examples include, but are not limited to: refusal to step outside of the client room when requested for a client/patient round that is related to another client/patient in a shared room, loud noises that interrupt sleep/recovery of the patients.</p>
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**Policy History** This policy replaces the following policies:

Legacy Board	Policy #	Policy Name	Date Revised
EH	ADM-170	VISITING HOURS AND GUIDELINES – ACUTE CARE (**this policy to be replaced when Family Presence and General Visitation implemented across all of Eastern Health)	

Key: EH – Eastern Health