HOSPITAL VISITATION:
A New Normal

Like 9/11, Covid-19 is a great disruptor, especially for hospitals and health systems. A new language (PPE, testing, social distancing, quarantine, asymptomatic versus symptomatic, elective surgery, restricted access, surge and tracing) alerts every American daily about the severity and challenges of COVID-19. But the disruption is more than a new language. Lessons learned in 2020 will have a profound impact on the way we plan, prepare, and respond to communicable diseases or other challenges in the future.

A New Normal?

The 9/11 attacks on America changed our nation's approach to physical security. In a similar fashion, COVID-19 has created an opportunity for hospital leaders to reassess our security policies and protocols. ***The American public is now accustomed to the new norms of tightly controlled access and rigorous check-in procedures; hospital leaders must determine the extent to which these new norms will remain in place.***

Valuable Lessons Learned

We learned to quickly and effectively restrict access to hospital buildings and to implement strict visitation policies. We successfully implemented these policies out of situational necessity to protect patients, our staff members, and the community at large from the transmission of COVID-19. In doing so, we discovered that the environment we created is more suitable for providing care, improving health, and protecting our team members.

The new restrictive COVID-19 environment created unintended, but positive outcomes including:

- ***Improved recovery for patients*** by reducing their risk of exposure to germs or viruses from visitors outside the hospital

- ***Greater protections for community members*** by reducing their risk of exposure to infection from sick patients inside the hospital

- ***Faster recovery time***, less stress, improved rates of breast feeding, etc.

- ***Calmer healing environment*** for patients, particularly in the emergency department

- ***Safer working conditions*** for healthcare employees who can focus on patient care instead of concerns about disease spread, security events or violence.

Visitation in the Short Term

As the COVID-19 pandemic continues and the public experiences less restrictions in the marketplace, ***many hospitals are considering adjustments to the visitation policies implemented early in the pandemic***. SCHA offers the following for your consideration as you review ~~your~~ visitation policies in the short term.

- **Control access to buildings and campuses.** Hospitals, outpatient facilities, physician offices, and other medical campuses should maintain restrictions on the number of publicly accessible entrances. All other doors should be locked and marked with appropriate signage directing visitors to approved entrances.

- **Screen all visitors at check-in.** For inpatient or large ambulatory buildings, appropriate visitor screening or check-in procedures should take place at all public entrances. We also recommend issuing temporary ID badges to visitors to provide visual cues that these individuals have legitimate reasons to be in the building.

- **Limit the number of visitors.** Visitation should remain limited. Visitation may be expanded to include 1 visitor per patient or a visitor to accompany the patient for certain procedures, i.e. surgical discharge. Visitation should be limited to family or whomever the patient identifies as a primary caregiver. In the emergency room, visitation should be limited to no more than 1 person.

- **Limit visiting hours.** Any visitors that are allowed should follow approved visiting hours.

- **Provide flexibility with case-by-case exceptions.** Appropriate exceptions should be made for certain situations (end-of-life, pediatrics, obstetric, etc.) and should be handled on a case-by-case basis.

Visitation in the Long Term

After the COVID-19 pandemic winds down, hospitals will likely relax the visitation policies implemented during the public health emergency. SCHA offers the following for your consideration as you review your visitation policies for the long term.

- **Control access to buildings and campuses.** Hospitals, outpatient facilities, physician offices, and other medical campuses should limit the number of entrances. All other doors should be locked and marked with appropriate signage directing visitors to approved entrances. New procedures should be introduced to offer appropriate parking and/or visitor transportation to main entrances. For example, using texting technology and golf carts or shuttles, hospitals could transport visitors with limited mobility to appropriate access points.

- **Screen all visitors at check-in.** For inpatient or large ambulatory buildings, appropriate visitor screening or check-in procedures should take place at all public entrances. This enables hospital security to be informed as to the number of visitors on campus and their intended destination. An appropriate visitor management check-in system should be used to track visitors by patient location and to issue visitor ID badges.

- **Limit the number of visitors.** Visitation should be limited to a small number of visitors per patient at any given time (ideally no more than 2). Visitation should be limited to family or whomever the patient identifies as a primary caregiver, but still no more than 2 persons at a time. In the emergency room, visitation should be limited to no more than 1 person. Consider ongoing use of technology such as iPads, FaceTime, etc. for additional visitation options.

- **Care support.** A new category should be created for individuals serving as *care support* for a patient. Individuals designated as care support should always be allowed access, when deemed clinically necessary.

- **Limit visiting hours.** Except for care support, general visitation should be limited to designated hours and should respect quiet time for patients on units.

- **Provide flexibility with case-by-case exceptions.** Appropriate exceptions should be made for certain situations (end-of-life, pediatrics, obstetrics, etc.) and should be handled on a case-by-case basis.

- **Clergy visitation.** Members of the clergy should be allowed visitation to provide spiritual support for patients. Hospitals should create an orientation for members of the clergy to include appropriate information on safe patient interaction, proper hand hygiene, visitation tracking, etc. Clergy members should be required to complete the orientation and be given a permanent identification badge before rounding on patients.

- **Vendor access.** All vendors should be required to register via an appropriate vendor management system before they are granted access to the hospital. After initial registration, all vendors should access the hospital via a common department or point of contact every time they visit the campus.

- **Communicate new visitation policies to staff and the community.** Hospitals should aggressively communicate how community members can support patients in the healing process by respecting the limitations on visitation.