Hospital Family Presence & Visitation Road Map



As we move into a post-pandemic environment, many hospitals are reassessing visitation and access restrictions that were necessary to protect patients and staff and help prevent the spread of COVID-19. We recognize that patients benefit from the presence of family and friends while they are hospitalized. At the same time, we observed some beneficial outcomes during restricted visitation, such as quiet time for patients to rest, a more peaceful or productive work environment, and enhanced security. At the direction of the South Carolina Hospital Association Board, SCHA activated a task force of hospitals leaders with diverse expertise and perspectives to rethink hospital visitation and access practices from the standpoint of patient safety, quality of care, and security while ensuring commitment to patient- and family-centered care.

The goal is to create a consistent approach to enhanced family presence and visitation but not overtly require or mandate specific policies or practices. The intent is to provide tools, templates, best practices and other materials that hospitals and health systems can use to design a visitation program that best suits local needs.

To accomplish its goals, the task force established the following Guiding Principles:

- First and foremost, the safety, privacy, and infection prevention of patients should guide and inform all decisions around visitation practices.
- The hospital environment should be one that enables healing, rest, and recovery.
- The hospital as a workplace should be a productive, supportive, safe environment for employees.
- All patients benefit from having family members or support persons who are actively involved members of the care team.
- The care team is defined as those individuals involved in the care, discharge instruction, transition to home or next site of care, or other duties directly impacting the care and recovery of patients.
- Family or support person presence is encouraged and supported and differs from social visitation. The definition of family is at the discretion of the patient.
- Social visitation can be supported or facilitated via enhanced virtual visitation technologies or other options, including limiting the number of visitors in the room or specific hours for visitation.
- Health system leaders should listen to care team members (both staff and families or support persons) and think critically and compassionately when exceptions or changes should be made to the visitation program.
- To maintain a safe environment for patients and staff, hospitals and health systems should continue to restrict access or entrance points to all hospital buildings on campus.
- Hospital and health system leaders should develop processes and mechanisms to enable awareness of who is in the building.

The task force identified core areas of focus which are outlined below. With each section, additional ideas, resources or best practices have been provided. We invited members to share any lessons learned or best practices with <u>Lara Hewitt</u> or <u>Beth Morgan</u>. At the direction of the task force, SCHA will continue to update this road map to provide guidance for member hospitals.

ENTERING THE FACILITY OR HOSPITAL CAMPUS

• Restrict or designate main entrances:

- To maintain a safe environment for patients and staff, hospitals and health systems should designate a main public access or a few public entrance points to campus buildings.

- Clearly mark these public entrances with appropriate signage.
- All other doors or entrances should be locked and clearly marked with appropriate signage.
- Consider badge access or codes to internal or external doors that are not designated for the public.
- Designate parking areas:
 - When possible, designate parking areas closest to designated entrances for patients and visitors.
 - Post appropriate signage in parking lots to direct patients and visitors to designated entrances.
 - Consider transportation assistance from parking areas to designated entrances for patients or visitors with mobility limitations.
 - Ensure lighting in parking areas is adequate to promote a safe environment.
 - Install emergency call boxes around all designated parking areas.
 - Include visitor parking areas in security rounding and security camera installation.
- Develop processes and mechanisms for visitor management:
 - Appoint greeters, volunteers, or other representatives at designated entrances.
 - Consider a technology solution to enable visitor management, check-in, and tracking.
- Create signage that supports patient and family engagement:
 - Collaborate with patient and family advisory councils to create updated signage that is clear and public facing.

- Collaborate with patient and family advisory councils to ensure website guidance on visitation is updated, clear, public facing and easy to access.

VISITATION PLAN

- Carefully and purposefully define or make distinctions between social visitation and family or support person presence. Generally, the latter are people who will be involved in admission, discharge and transportation and who can serve as a source of information for staff.
- Family presence should be welcomed and accommodated at all times during the care experience. Hospitals can create an environment that enables patients to have care support throughout the experience and which allows the patient to define family.
- Limit the number of visitors allowed in each patient room, although the most appropriate number may vary from hospital to hospital or unit by unit.
- Consider minimum age limits for visitors.
- Consider designated hours for open visitation, knowing that could include hours at multiple times during the day or evening.

TECHNOLOGY SUPPORT

- Deploy a visitor management software or technology system, ideally that integrates with EMR or other internal security or technology systems.
- Support or facilitate social visitation via enhanced virtual technologies.
 - Ensure WiFi is easy to access and available across the campus
 - Ensure appropriate signage or patient information for how to access WiFi
 - Consider specific WiFi networks for patients and visitors, similar to that of hotel spaces.
- Consider new virtual visitation tools to enable family and visitor communication:
 - Repurpose waiting rooms or conference rooms as communication rooms for extended families.

- Offer iPads or other technology devices to enable communication for patients or family members who don't have their own devices.

- Encourage patient or family use of online digital journals such as Caring Bridge to communicate with extended family and friends.

VENDOR ACCESS

- Consider new models for enabling vendor access to hospital facilities and locations which combines virtual visitation and in person access for specific patient needs.
- Consider which vendors are necessary to support patient care or the patient's transition to community services, i.e. home health agencies, durable medical equipment providers, oxygen and home infusion service, etc.
- Consider enabling access for specific vendors based on identified patient needs or active patient care referrals.
- Involve case management in the decision making and coordination of vendors who may support patient care needs.
- Involve security or other operational departments in the decision making and/or coordination of access for other vendor types.

FUTURE FACILITY DESIGN

- Consider re-imagining waiting rooms or other spaces where people would typically gather in groups. Think about how to convert those spaces for other needs, particularly as we have seen effective use of cars as waiting areas and increased use of texting technology and virtual communication with families and friends.
- Build flexible space that could be easily converted for in-patient or out-patient surges in volumes.
- Consider how to create isolation spaces or units versus individual rooms. This will enable quicker response to in-patient surge volumes and help control the additional staff, PPE, or other supplies necessary for isolation level of care.
- Review and enhance air quality and air controls in all hospital spaces or other buildings.
- Review and enhance touch-less technologies wherever possible to include restrooms, doors, staff access areas, etc.
- Consider limiting multiple entrances in favor of a few designated main entrances.

COMMUNICATIONS SUPPORT

• Patients & families

- Effectively and frequently communicate to these people the importance of everyone's roles in the patient care support, discharge planning, transition to home, etc.

- Publicly demonstrate the hospital's commitment to the family presence in the care support for the patient and the care experience.

• Community members and partners

- Proactively partner with community or faith-based organizations that can assist with messaging on the renewed expectations of family presence and social visitation.

- Highlight the importance of social support once the patient is discharged from the hospital stay (meal delivery, transportation to doctor's appointments, etc.)

- Have a clear and prominent link to visitor information guidelines on your website's home page and key landing pages.

- Utilize our Communications Toolkit for news release templates, talking points, social media messages and other materials that can be tailored to your hospital branding.

• Staff

- Ensure that all staff can speak to the process of getting assistance if a patient/family member has feedback/ questions/is upset about the visitation plan.

- Ensure all staff use standardized messaging related to visitor/family/support person access.

- For hospitals using the shared governance model, openly discuss and get feedback from staff nurses as to appropriate messaging to patients and families, additional resources to support enhanced patient communication, or other support needs.

ADDITIONAL RESOURCES

International Association for Healthcare Security & Safety has additional resources on a full facility security design, including <u>healthcare security industry guidelines</u>.

American Journal of Infection Prevention (49), <u>The Impact of Visitor Restrictions on Healthcare Associated Respiratory Viral</u> <u>Infections During COVID-19 Pandemic: Experience of a Tertiary Hospital in Singapore</u>, 2021, p. 134-135.

Association for Professionals in Infection Control and Epidemiology, <u>Healthcare Facilities Must Continue Adherence to</u> <u>Stricter Measures to Prevent Spread of COVID-19 Despite CDC's Relaxed Guidance for the Community</u>, May 14, 2021.

Building Design & Construction, <u>Healthcare Design Post-COVID</u>, February 5, 2021.

Healthcare Design, <u>Reimagining Healthcare Design After COVID</u>, May 7, 2020.

MASS Design, Ariadne Labs, <u>Redesigning Hospital Spaces on the Fly to Protect Healthcare Workers</u>, April 27, 2020.

Becker's Hospital Review, <u>How Healthcare Providers Are Redesigning the Waiting Room Experience</u>, May 25, 2021.

ACKNOWLEDGMENTS & APPRECIATION TO THE HOSPITAL ACCESS, FAMILY PRESENCE & VISITATION TASK FORCE MEMBERS

Dan Allen McLeod Health
Sue Bennett Roper St. Francis
Corey Bishop Newberry County Memorial Hospital
Todd Bridges Spartanburg Regional Healthcare System
Maura Callanan I MUSC
Cindy Causey McLeod Health
Stacy Collier Kershaw Health
Caroline Delongchamps MUSC
Matt Desmond Roper St. Francis
Tammy Gillespiel AnMed Health
Eric Muhlbaier Aiken Regional Medical Center
Todd O'Quinn I AnMed Health
Doug Rhodin Beaufort Memorial Hospital
Connie Steed Prisma Health

Gayle Resetar, Chair | Tidelands Health

Amy Stevens | Tidelands Health