

ADMINISTRATIVE OPERATIONS POLICY

Subject: *Visiting – Family Presence*

Applicable to all Entities Below (Systemwide):

- Delivery System
- Priority Health
- Corporate
- Medical Group
- Hospital Group
- Continuing Care
- Foundation
- Other (Specify) _____

Original Effective Date: 2/20/06
Last Reviewed / Revised Date: 6/6/12

Policy Number:

Functional Area Policy Committee: Administrative Operations

Functional Area Policy Sub Committee: Patient Rights

I. Purpose

To outline the process for how family members will be encouraged and supported, in partnership with the health care team, to provide care and involvement at the level chosen by the patient and family.

II. Definitions

Family: The definition of family is made by the patient/patient representative, recognizing that family may include anyone who normally provides physical, psychological, or emotional support to the patient. Visiting privileges will not be restricted, limited, or otherwise denied on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

Family Presence: Family members are integral in the care provided for patients and are considered part of the patient’s care team. Therefore, family presence is welcomed and encouraged at any time mutually agreed upon by the patient/patient representative, parent/legal guardian, family, and patient’s nurse and/or other members of the healthcare team. The patient/patient representative, parent/legal guardian, family and the health care team will collaborate on a plan for family involvement and presence that best meets the needs of patients, families, and health care team members in order to create a healing, supportive environment for all patients and families. This policy recognizes the importance of individualized family presence and takes into consideration the safety and well being of all patients and family members.

III. Policy

Hospital

- A. A plan of care will be developed with patient that supports family presence. Modifications to the plan will be reviewed and decided upon with the patient, parent/legal guardian, members of the health care team and the family, as appropriate. Visitors and family members may be asked to leave the room during specific medical procedures and exams with the goal of accommodating room space and the safety of the patient.
- B. To help facilitate effective communication among family members, families are encouraged to name one or two spokespersons that can provide information to the rest of the family.
- C. A responsible adult, other than the patient, must accompany children at all times. Exceptions to be approved by administrator/designee.
- D. The mutually agreed upon plan for family presence will be documented and communicated to members of the healthcare team visit by visit, via the Cerner Patient Profile or electronic medical record.
- E. Nursing staff will work with the patient and family members to create a plan for those who will be present after hospital-specific evening hours. In this case, nursing staff and security (where applicable) will issue identification labels for safety and way finding for appropriate units.
- F. Access during hospital-specific evening hours is limited to hospital-specific entrances for security reasons:
 - Blodgett – ED entrance
 - Butterworth – ED entrance
 - HDVCH – ED entrance or pedestrian bridge
 - Gerber Memorial – main lobby entrance
 - United – ED entrance
 - Kelsey – ED entrance
 - Reed City – ED entrance
 - Zeeland Community Hospital – ED entrance
 - Continuing Care facilities (GR) – main entrance

During evening hours, family members visiting patients will be given an identification label by Security staff.
- G. Unit staff and physicians will make every attempt to provide useful information about times that the patient and family may expect the physician and other health care team members to make rounds in order for the patient and family to be updated about care and treatment plans.
- H. All family members and other visitors should be healthy and free of signs and symptoms of an infection that could be transmitted to the patient. All visitors should wash their hands with soap and water or hand sanitizer before and after visiting patients.

- I. The patient’s nurse will be responsible for facilitating a plan for family presence and overnight stays. Renucci Hospitality House or community-based resources listed in patient handbook or on the internet are a helpful resource for families.

- J. Family staying overnight with the patient must be 18 years of age or older unless accompanied by another adult family member. Exceptions may be made by leadership.

- K. Family situations/concerns regarding visitation that cannot be resolved by unit staff should be referred to Care Management. Questions regarding potential legal issues regarding visitation, such as custody issues or restraining orders, should be referred to on site manager, supervisor, Charge Nurse, Clinical Services Coordinator (CSC) or facility/program administrator, Risk Management, Care Management, and/or Patient Relations.

Ambulatory and Spectrum Health Medical Group

- A. For ambulatory and physician office visits, family presence is supported where possible per patient’s preference. Safety of patient and family must be taken into consideration.

IV. Revisions

Revisions to this policy go before the SPER Patient Rights FAPC group and the System VP of Patient Affairs.

V. Signature Template:

Authored by: James Bonner, BA, LMSW, Director, Patient Affairs

Reviewed by: Julie Bulson MPA, BSN, RN, Director, Emergency Preparedness, SHHG
Molly Nolan, Risk & Compliance
Joan Rikli, MSN, RN, CPNP, NE-BC, Director of Pediatric Critical Care Services
Tom Theoret, Director, Facility Support Services
Patient Rights FAPC

Approved by: Kurt Knoth, Vice President, Performance Improvement and Patient Affairs

References: Institute for Healthcare Improvement website