CMS Final Hospital CoP
Patient Visitation Rights

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Visitation Law in a Nutshell
- Require all hospitals that accept Medicare or Medicaid reimbursement
- To allow adult patients to designate visitors
- Not legally related by marriage or blood to the patient
- To be given the same visitation privileges as an immediate family member of the patient
Visitation Rights for All Patients

- CMS issued proposed changes to the CAH and PPS hospital conditions of participation (CoPs)
  - Published in the June 28, 2010 Federal Register (FR) with comments until August 27, 2010
  - Had 7,600 comments but 6,300 were form letters
  - CMS publishes the final rule in the November 18, 2010 FR
  - Regulation effective January 18, 2011
  - Applies to all hospitals that accept Medicare and Medicaid reimbursement
  - This includes all critical access hospitals

Patient Visitation Right

- This rule revises the hospital CoPs to ensure visitation rights of all patients including same sex domestic partners
- Hospitals are required to have policies and procedures (P&P) on this
- P&P must set forth any clinically necessary or reasonable restrictions or limitations
- Hospitals will have to train all staff
- Hospitals will be required to give a written copy of this right to all patients in advance of providing treatment
The new final rule implements the April 15, 2010 Presidential memo.

The President gave HHS (Health and Human Services) the task of requiring any hospital that receives Medicare reimbursement to preserve the rights of all patients to choose who can visit them.

Patients or their representative have a right to visitation privileges that are no restrictive than those for immediate family members.

Visitation Rights for All Patients

- Memo was entitled “Respecting the Rights of Hospital Patients to Receive Visitors and to Designate Surrogate Decision Makers for Medical Emergencies”

- President says there are few moments in our lives that call for greater compassion and companionship than when a loved one is admitted to the hospital

- A widow with no children is denied the support and comfort of a good friend

- Members of religious organizations unable to make medical decisions for them (can do DPOA)

Visitation Rights for All Patients

- Medical staff may not have best information on H&P and medications if friends or certain family members are unable to serve as intermediaries

- Notes that some states have passed laws on this already such as North Carolina in the Patient’s Bill of Rights

- Gives each patient the right to designate visitors who shall receive the same visitation privileges as the patient’s immediate family members, regardless of whether the visitors are legally related to the patient
State Visitation Laws

- Delaware, Nebraska, and Minnesota have adopted similar laws
- States that have passed a specific state law will need to review the proposed CMS Hospital CoP section
- Will need to contrast it with their state law requirement
- State law must be at least as stringent as CMS but okay if it is more stringent
- Consider consent and DNR issues with surrogate decision maker such as guardian or DPOA

Patient Visitation North Carolina

“A patient has the right to designate visitors who shall receive the same visitation privileges as the patient’s immediate family members, regardless of whether the visitors are legally related to the patient.” (10A NCAC 13B.3302 Amend. Eff. April 1, 2008.)

President’s 3 Mandates

1. Requires Medicare or Medicaid hospital to respect the rights of patient to designate visitors
   - Can include designated visitors in AD
   - Can not make them anymore restrictive than as those for immediate family members
   - Can not deny visitation on the basis of race, color, national origin, sex, sexual orientation, gender or disability

2. Medicare hospitals must guarantee that all patient advance directives (ADs) are respected
   - Such as DPOA, guardian, and Healthcare proxies
Visitation Rights for All Patients

1. President requested HHS give additional recommendations within 180 days and actions HHS can take to address hospital visitation and medical decision making
   - Office of Secretary tasked CMS with developing new regulations
   - In response to this CMS issues a new release in response to this on June 23, 2010.
   - Contains a summary of the issues and information that is published later in the FR


Visitation Rights for All Patients

- "Every patient deserves the basic right to designate whom they wish to see while in the hospital."
- "Today’s proposed rules would ensure that all patients have equal access to the visitors of their choosing—whether or not those visitors are, or are perceived to be, members of a patient’s family."
  HHS Secretary Kathleen Sebelius.
- Aimed at providing equal rights and privileges from the healthcare system regardless of their personnel and family situation
Visitation Rights for All Patients

- Would be included in the CAH and PPS hospital CoP
- All hospitals that accept Medicare payments are required to follow the CoP
- This is a requirement for all patients and not just Medicare patients such as private insurance, no pay, worker compensation patients etc.
- Medicare hospitals (about 98% of hospitals in the US, not VA Hospitals or Shiners since don’t take Medicare)

Visitation Rights for All Patients in a Nutshell

- Hospitals would have to explain to all patients their right to choose who may visit them during their inpatient stay
- Regardless of whether the visitor is a family member, a spouse, or a domestic partner (including a same-sex domestic partner)
- As well as the right to withdraw such consent at any time
- Reasonable or necessary restrictions would be in the P&P

Visitation Rights Federal Register

- FR discusses the President’s memo when the proposed changes were published
- Some patients are denied most basic of human needs because their loved ones and close friends do not fit the traditional concept of family
- Discusses current requirements of the hospital CoPs
- These patient rights are in the PPS hospital CoP
- CAH do not currently have a patient rights section but these two new sections would apply to all CAH
Current Patient Rights PPS Hospitals

- Starts at tag number 95
- Right to make informed decisions about care
- Right to participate in care plan
- Right to refuse treatment (but educated one)
- Right for formulate advance directive and to have it followed
- Inform patient of their patient rights
- Right to have a family member and family doctor notified or their admission

Current Patient Rights PPS Hospitals

- Right to file a grievance and complain to QIO
- Right to privacy
- Right to receive care in a safe setting
- Right to be free from all forms of abuse, neglect and harassment
- Right to be free from unnecessary restraint and seclusion (R&S)
- Appropriate training of staff on R&S
- Would add visitation rights to this section

Final Language on Patient Visitation Rights

- Standard: Patient visitation rights
- A hospital must have written P&P regarding the visitation rights of patients
  - This includes setting forth any clinically necessary
  - Or reasonable restriction or limitation that the hospital may need to place on such rights
  - And the reasons for the clinical restriction or limitation
Final Language on Patient Visitation Rights

1. Inform each patient (or support person, where appropriate) of his or her visitation rights
   - Including any clinical restriction or limitation on such rights
   - When he or she is informed of his or her other rights under this section (previously mentioned)
   - For CAH hospitals the last bullet is absent and it says to do this in advance of furnishing patient care
   - Note CAH do not have a pre-existing patient rights section

2. Inform each patient (or support person, where appropriate) of the right
   - Subject to his or her consent
   - To receive the visitors whom he or she designates
   - Including, but not limited to, a spouse, a domestic partner (including a same sex domestic partner),
   - Another family member, or a friend, and his or her right to withdraw or deny such consent at any time

3. Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability

4. Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences

So what does this mean??
**Patient Visitation Rights**

- All hospitals would have to inform all patients of their visitation rights in **writing** in advance of care furnished.
- This includes the right to decide who may and may not visit them.
- Some hospitals may give a one page sheet to each patient upon admission.
- Hospitals would want to amend their patient rights statement to include this information.
  - Example: written patient rights given to patients on admission and could have also brochure in admission packet.

**Patient Visitation Rights**

- Competent patients can verbally give this information on admission.
- There is no requirement that this has to be in writing if a competent patient gives oral confirmation as to who he or she would like to visit.
- Some patients may sign a written patient visitation advance directive.
- Some patients may add a section to their advance directive adding a section on who they would like to visit or deny visitation.

**Patient Visitation Rights**

- CMS does suggest that this be documented in the medical record for future reference.
- Reading of the Federal Register helps to provide an understanding of what it means and how to implement it.
- Federal Register (FR) summarizes the comments and publishes a response.
- CMS will eventually add this to the hospital CMS interpretive guidelines.
Patient Visitation Rights

- Hospitals would need to have written documentation of patient representatives such as DPOA or healthcare proxies
  - CMS changes name from representative to support person
  - Support person is broader term and could be family, friend, or any individual who is there to support the person during the course of the stay
  - If patient is not competent then representative gets to decide who may or may not visit the patient such as a guardian, parent, or DPOA

Visitation Rights Federal Register

- For example, if the patient is incompetent then the guardian, parent, or DPOA steps into the shoes of the patient
  - So in these cases the authorized representative would make the decision about visitation when patient is incompetent
- Requires hospitals to have written P&P regarding visitation rights of patients
  - Must inform patients of any clinical restrictions or limitations of these rights
  - Including the right to withdraw consent at any time

Patient Visitation Right Restrictions

- Can still have restrictions or limitations if based on a clinically necessary or reasonable restrictions
- These must include these in your P&P
- CMS mention 3 broad examples of where hospitals may want to impose restrictions
  - When the patient is undergoing care interventions
  - When there may be infection control issues
  - When visitors may interfere with the care of other patients
Patient Visitation Rights

- There are other obvious areas where restrictions or limitation of visitation would be appropriate
- Be sure to state in the P&P that it is impossible to delineate or anticipate every clinical reason that could warrant restrictions or limitations
- The hospital reserves the right to determine any other situation where it is necessary to limit visitation
- Other clinically appropriate or reasonable restrictions to visitation might include:

Patient Visitation Right Restrictions

- Disruptive behavior of the visitor
- Patient or room mate need for privacy (especially during procedures or tests)
- Care of other patients in a shared room such as the room mate
- Court order limiting or restraining contact
- Substance abuse treatment protocols requiring restricted visitation in the plan of care
- Behavior presenting a direct risk or threat to other patients or staff

Patient Visitation Rights

- Competent patient is the one who gets to decide
- Hospital can not deny visitation privileges on the basis of sex, race, color, gender, national origin, religion, gender, sexual orientation or disability
- So could not restrict ICU visitation hours to immediate family members any more
- All visitors designated by the patient enjoy the same visitation privileges that are no more restrictive that those that immediate family members would enjoy
- Hospitals must have a non-discriminatory P&P that treats all visitors equally
Patient Visitation Rights

- Failure to follow the visitation regulation could result in the hospital's loss of Medicare and Medicaid reimbursement
- Could file a grievance against the hospital
- Mentions Title VI of the Civil Rights Act of 1964
  - Patients must be notified in writing of the right to receive visitors of their choosing before care is furnished
  - Regarding patients with limited English proficiency need to provide notice in a manner and language that patients can understand

CMS said no requirement to have wall signage but hospitals can post this if on their own volition

CMS does not have any particular format

Hospitals are encouraged during the staff training sessions to address issues of cultural competence specific to the needs of individual patients

May want to add to the P&P if 2 or more individuals claim to be the patient’s support person if the patient is incapacitated
  - Person may need to leave to obtain written documentation of the patient’s wishes

Hospitals may choose to examine licenses, state identification cards, bank statement, deeds, lease agreements etc. to show support person preferences

Hospitals may want to consider maintaining an electronic data base such as an advance directive registry

Also discusses that patient has right to make informed decisions
  - Can refuse treatment
  - Informed of health status and involved in plan of care
Patient Visitation Rights

- Advance directives remain a viable and important option to document treatment preferences.
- Recommend hospitals honor advance directives from other states including patient preferences about visitation.
- CMS currently has a section in the patient rights section about honoring advance directives and other advance directives requirements.
- Confirmed patient representatives have the right to make informed decisions when the patient becomes unable as based on current state law.

Patient Visitation Rights

- Mentions the JAMA article published in 2004 on Restricting Visitation Hours in ICU: A Time to Change.
  - Restricting hours is neither caring, compassionate or caring.
  - Gives history of regulating visitor hours.
  - Discusses the health and safety benefits of open visitation.

JAMA Restricted Visiting Hours in ICU

- Too many hospitals have restricted ICU visiting hours.
- Despite patient rights and ability for patients to make their own decisions.
- Who is visiting whom?
- Discusses IHI challenge to open up ICUs.
- Recent experiences show three initial concerns did not materialize (would cause patient stress, interfere with care, and exhaust family and friends).

1. [http://jama.ama-assn.org/cgi/content/full/292/6/736](http://jama.ama-assn.org/cgi/content/full/292/6/736)
Visitation Rights JAMA article

- Articles discusses the pros and cons
- Does a review of the literature
- Bottom line is evidence shows the problems of open visitation is overstated and is manageable
- Provides support system for patients and families
- Friends and family tends to reassure and soothe the patients
- Notes that this may not be appropriate for every patient

Visitation Rights JAMA Article

- Found that open visitation ICU hours did not provide a barrier to care
- Did not make it more difficult for nurses and doctors to do their jobs
- Families and friends were a helpful support system
- Helped with patient education
- Gave better feedback than the patient could give
- Okay to stipulate no visitation during procedures or treatments or emergencies (ACEP and ENA position of family presence during codes)
IHI Initiative for Open ICU Visiting Hours

- Dr. Don Berwick made a challenge as then head of IHI (now head of CMS)
- Eliminate restrictions on visiting hours in the ICU
- Toward a patient-centered approach
- Allow patient to decide if someone can not visit
- Started an ICU visiting hours discussion group

www.ihi.org/IHI/Topics/CriticalCare/IntensiveCare/ImprovementStories/DonBerwicksChallengeEliminateRestrictionsonVisitingHoursintheIntensiveCareUnit.htm

Restricted Visiting Hours in ICUs
Time to Change

- Increased physiological stress for the patient
- Reduced patient satisfaction
- Decreased patient outcomes
- Increased these restrictions may be beneficial

- Increased these restrictions may be beneficial
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CCU/ICU Flier for Visitors and Patients

Welcome visiting hours consider the needs of the patient, family, and the unit. The time set aside is not intended to be a patient and family social event. Therefore, your guidelines may differ from hospital policy. No food, drinks, ice, plants, or cell phones are permitted in the unit.

- Staff will direct you to the right wing, and your visit will be limited to the patient's room. A staff nurse will accompany you to the patient's room and provide information about the patient. You will be shown the specific area in the hospital where the patient is located.

- Staff will provide the patient with a list of visiting hours. This list is not intended to be a list of patient records. The list does not include personal information about the patient or family. Staff will also provide you with information about patient care and medical procedures. Staff will also provide you with information about patient care and medical procedures. Staff will also provide you with information about patient care and medical procedures.

We’ve Done That for More Than a Decade

Restrictions on Family Presence in the ICU

Since this article does not have an abstract, we have provided the first 150 words of the full text and any other headings.

To the Editor: The Commentary by Dr. Borkowski and Ms. Kost [1] suggests that presumably all ICUs require care and treatment of patients in the ICU. Data from the International Collaborative Patient and Public Involvement Synergies (ICPACS) project [2] support this conclusion. The ICPACS project involved interviews with patients and family members about their experiences in the ICU and their preferences for care. The project found that patients and family members had a wide range of preferences for care in the ICU, including the presence of family members and friends. The project also found that patients and family members had a range of preferences for care in the ICU, including the presence of family members and friends. The project also found that patients and family members had a range of preferences for care in the ICU, including the presence of family members and friends.

Robert L. Bolli, MD
The Cleveland Clinic Foundation
Cleveland, Ohio

ALLINA HOSPITALS & CLINICS
TEMPORARY System-wide Policy

| Department: Allina Hospitals |
| Policy Title: Patient isolation during Pandemic of Influenza A(H1N1) | |
| Page: 1 of 3 | Page: 10 of 10 |
| Approved by: Allina Infection Prevention and Control Council, Allina Infection Control Committee, and unit IC committees | Review Date: |
| Reference Number: | Revised: |

Scope: This policy is applicable to all Allina Hospitals and augment existing facility level policies covering the same or similar content.

Purpose: To provide system-wide guidance regarding patient isolation during the H1N1 pandemic and other times when there is ongoing transmission of infectious disease in the community, and unrestricted isolation could place our patients at risk.

Policy:

The following isolation restrictions are implemented when there is ongoing transmission of infectious disease in the community, and there is a need to protect the health of our patients on CBR and pediatric units and throughout the hospital and our staff. Individual hospitals may implement isolation restrictions that are based on community prevalence and patient population.

Procedure

General Hospital

1. Visiting hours

A. Visiting hours are limited to: 9 a.m. to 8 p.m.

B. Family members will be asked on a case-by-case basis to follow the recommendation of the physician's orders. Evaluate clinical condition of patient's condition, and grant exceptions based on critical conditions.
Considerations

- Restrictions for chemo patients for visitors with fever, cough, or cold like symptoms
- Restrictions for pandemic flu or other infectious disease outbreaks
- Any limitations on age such as no visitors under the certain age as in children under 12 with exceptions
- How many visitors are allowed and what about doula?
- Patients in Isolation, visitor behavior that presents a direct threat to staff or other patients
- Prison guarded patients, disruptive visitors, privacy or rest issues for the roommate

- Sensitive areas such as OB and security of infant
- Visitor dress requirements such as must wear shirt and shoes
- Leadership determine based on a crisis or special situation
- No visitor doorknob hanger indicates patient has requested no visitation

- Pastoral care visit or clergy visits
- Over night stays, substance abuse treatment protocols on restricted visitation
- Recall under the federal HIPAA law if patients read the Notice of Privacy Practices and elect to be a no publicity
  - This means the patient is not listed in the directory so if anyone calls then the hospital will say “I’m sorry that patient is not listed in the directory”
  - Hospitals may decline mail or flowers also
Visitation Rights

- IHI challenged a number of hospitals working on improvement to open their ICUs by having unrestricted visiting hours (as discussed)
- Several hospitals instituted this and came forth to share what they had learned from open hours
- Literature shows presence of family and friends can reduce physiologic stress lowering BP, heart rate and intracranial pressure
- Patients should be allowed to determine visiting hours

Visitation Rights

- Current hospice CoP allows visitors at any hour include small children
- Current LTC CoP allows residents to receive visitors any time or to withdraw or deny consent to visit for immediate family members
- So would need written P&P on visitation including any reasonable limitations and if justified
- Each patient must be informed of their right to receive visitors they want whether friend or family
  - Denial of visitation only if health and safety of the patient are effected

Visitation Rights

- Patient has the right to designate a representative (support person) who can act on their behalf
  - Parents act on behalf of their children
  - DPOA
  - Guardian appointed by probate court
  - Healthcare proxies or mental health declarations
  - Note 2011 TJC Patient Provider Communication (now called Patient Centered) standards and under RI.01.0.01 on patient access to chosen support person
    - Patient access to chosen support person RI.01.0.01 and discussed later
CMS

- Thought it would only take hospitals 15 minutes to update their P&P
- Estimated the cost to provide the patient with a one page printed disclosure form detailing visitation rights on admission would be 2 cents a page
- Would anticipate this form would be put in admission packet so would reduce cost
- Make sure P&P includes any clinically necessary or reasonable restrictions or limitations and reasons for these

Resources

- A challenge accepted: open visiting in the ICU at Geisinger, [www.ihi.org](http://www.ihi.org)
Resources


http://ccn.aacnjournals.org/cgi/content/full/25/1/72

In Our Unit
Process Helped Gain Acceptance for Open Visitation Hours

Marylin Pierson

This feature article highlights successful ways nurses, administrators, and other workers in a cardiac care unit developed and implemented a plan that allowed more open visiting hours. Nurses work in various patient care settings, so they need to be knowledgeable of the visiting hours that are in place. Patients in the ICU are often critical or at the end stages of their lives. Families need to be together at such a time without restrictions. Positive reinforcement for critically ill patients is vital, so it is best for family members to be present when they are needed—anytime around the clock. Family members working long days or unconventional hours, including healthcare workers, need to be able to visit at different times during the day and night. As a trauma center, St. John’s Mercy often receives patients who are sent from the immediate area or whose families are traveling long distances to be with them. When patients are admitted, the first thing their families want to do is see them. Open visiting hours allow them this comfort. Because critically ill patients need plenty of rest, open visiting hours allow family members to rotate in and out of the room according to the patient’s needs instead of the clock.
Breaking Down Barriers

- Document states that lesbian, bisexual, gay, and transgender (same sex) families face discrimination when attempting to access healthcare system
- Includes visitation access and medical decision making during emergencies and end of life care
- Human Rights Campaign Foundation administers the Healthcare Equity Index of healthcare policies and procedures and identifies best practices and policies with equal treatment
Recommendations

- First establish a definition of permitted visitors
- Then enumerate restrictions on visitor access such as restriction to sensitive areas such as behavioral health unit or OB (infant security issues)
- Health concern restrictions such as preventing ill visitors
- Definition of family is critical and must be broad and encompass concept of family
- Provides a sample definition of family and recommendation for what should be in the P&P

Definition of Family

- Family means any person who plays a significant role in an individual’s life.
- This may include a person not legally related to the individual.
- Members of family include spouses, domestic partners, and both different-sex and same-sex significant others.
  - Family includes a minor patient’s parents, regardless of the gender of either parent. Solely for purposes of visitation policy, the concept of parenthood is to be liberally construed without limitation as encompassing legal parents, foster parents, same-sex parent, step-parents, those serving in loco parentis, and other persons operating in caretaker roles.
- 36 Kaiser Permanente hospitals implemented them in June 2010

Sample Visitation Authorization

Hospital Visitation Authorization

Signature: __________________________ Date: ______________
Address: ____________________________
Witness #1: __________________________ Date: ______________
Address: ____________________________
Witness #2: __________________________ Date: ______________
Address: ____________________________
American Hospital Associations

http://www.putitinwriting.org/putitinwriting_app/index.jsp

Visitation Expanded in the ED

Pediatric Safety in the Emergency Department: Identifying Risks and Preparing to Care for Child and Family

Deborah Vezian, PhD, RN, FAAN; Priscilla Watergardner, RN, RN

The Joint Commission Update

In this edition as a joint effort the Joint Commission provides an update for readers.

SPEAKERS: Improvement in the understanding of patient safety problems and the development of effective solutions has resulted in a number of interventions that improve patient safety in the emergency department. This presentation will continue to follow the course of the prior session in providing an overview of the history of care in the ED and the current safety issues. The ED is a single patient system where patients are admitted, discharged, and transferred, making it a challenging environment. A recent study of EDs across the country found that care in children is more effective and safe when the patient is a child. This presentation will focus on the ED's role in improving care for children and the importance of educating families on the risks and preparing them for care in the ED. The presentation will also address the importance of understanding the ED's role in improving care for children and the importance of educating families on the risks and preparing them for care in the ED.

http://www.putitinwriting.org/putitinwriting_app/index.jsp
Introduction

- Patient-Centered Communication standards were approved in December 2009
- Surveyors will evaluate compliance with the standards on January 1, 2011
- However, findings will not affect the accreditation decision
- Information will be used during this pilot phase to prepare the field for implementation questions and concerns
- Compliance in the accreditation decision will be no earlier than January 2012 except visitation is July 1, 2011
Study Finds Few Hospitals in Compliance

- Study published February 14, 2011 finds few hospitals in compliance with the TJC standards on patient centered communication
- Lack of compliance with language access requirements for limited English proficiency (LEP)
- Communication breakdowns are responsible for 3,000 unexpected death every year
- Standards to improve patient provider communication and ensure patient safety
  - "The New Joint Commission Standards for Patient-Centered Care" report can be found at http://www.languageline.com/jointcommission2011report
Topics Covered in the White Paper

- Language challenges that impact healthcare
- Why language services are critical
- The unfortunate truth: most hospitals are not compliant
- The origins of medical interpreting
- Patient/provider understanding and acceptance
- Joint Commission mandates for training and certification

The standards that apply to language access services
- The consequences of non-compliance
- Developing a system-wide language services program
- The Joint Commission is serious
- Hospitals CAN prepare themselves

The New Joint Commission Standards for Patient-Centered Communication
Hospitals remain Unprepared As The Joint Commission Standards Go Into Effect

WHITE PAPER
TJC R3 Report

Patient-centered communication standards for hospitals

Requirements:

An effective patient-centered communication standard is provided in the Joint Commission's monograph, "Patient-Centered Communication: Cultural Competence, and Patient- and Family-Centered Care." The standard provides hospitals and health systems with guidance on how to improve patient-centered communication. The standard includes requirements for hospitals to establish a process for evaluating the effectiveness of patient-centered communication, and to develop and implement policies and procedures to ensure that patient-centered communication is provided to all patients.

PC.02.01.21. The hospital requires a written procedure for evaluating the quality of patient-centered communication, and a process for evaluating the effectiveness of patient-centered communication is provided.

http://www.jointcommission.org/R3_issue1/

TJC Patient-Centered Communication

- Joint Commission has standards in the following four chapters with two in the Patient Rights chapter:
- Human Resources
  - HR.01.02.01
- Provision of Care
  - PC.02.01.21
- Patient Rights
  - RI.01.01.01 and RI.01.01.03
- Record of Care
  - RC.02.01.01
RI.01.01.01

- Standard: Hospital respects, promotes, and protects patient rights
- EP28 The hospital allows a family member or friend to be with patient during the course of stay for emotional support
  - As long as does not infringe on the other patients' rights
  - Does not have to be the patient surrogate or legal decision maker
- CMS has a changes to the hospital CoP regarding visitation rights
- Patients should be able to define who they want to visit

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So What’s in Your Policy?

Visitation Policy

Visitation Policy is designed to protect the patient's privacy and increase their comfort. The purpose of this policy is to provide reasonable, reasonable policy that allows all patients with the opportunity to visit and receive in a comfortable, quiet, private atmosphere while visiting the patient and to participate in the healing process. To enhance the cohesiveness of the body unit and patient support system, and to promote decision-making that ensures the patient's rights, the resident, and employees, to a safe, environment where the patient can make decisions about their care.

Policy: At St. Peter's, visitors are welcome 24 hours a day. Visitation will be restricted for the following reasons:

- A patient request or legal guardian if patient is under age or becomes incapacitated.
- Patient is observed by the or her nurse to be sleeping.
- Patient is undergoing a medical procedure.
- Restrictions initiated by St. Peter's senior leadership or safety officer due to a crisis or special situation.

Restrictions will be posted in the patient door or in case of hospital-wide restriction, all the main entrances.

Failure to follow the hospital's restrictions or to cooperate with Hospital staff may result in removal from hospital property.

Guidelines and information for public:

- "Stop Signs" are posted on patient room door indicating visitation precautions. Visitors must check with a patient's nurse prior to entering the patient room in order to receive specific instructions about visitation.

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So What’s in Your Policy?

Family Members Specific Rules:

- General visitation rules are enforced on the Family Members until the patient's condition changes.
- The patient's family is always welcome to visit, but they are asked not to enter the patient's room. Family members are allowed to visit in the patient's room, but they are asked not to leave the patient's care area.
- Family members are required to follow the hospital's guidelines and must comply with hospital policy.

Private-Diagnosed Patients: All patients diagnosed with cancer are asked to consider limitations on family visits and those with special considerations as approved by the care team.
Highland Hospital Intensive Care Unit

Visitation Policy

Highland Hospital's ICU accommodates flexible visitation for patients and their families. We ask that you partner with us to help make patient care and safety our first priority. Also, because of the critical tasks to be completed during shift changes, please minimize questions of the health care team. We encourage visitors to visit the patient between the hours of 10 a.m. and 10 p.m. and 11 p.m. to 8:30 a.m. to promote a safe and healing environment.

Before entering the ICU to visit a patient, we request that you call in to the unit using the phone located in the waiting room. The nurse or unit secretary will let you know if the patient is able to receive visitors at that time. You may then proceed to the ICU entry doors where you will be required to press the doorbell to gain access.

Visitation is open to direct family members and significant others. To ensure patient safety, please limit your visits to two at a time. Two visitors is the maximum that our rooms will accommodate and still allow us to care for your loved one. Additional visitors, should please wait in the waiting room.

For the safety of our patients, as well as their own safety, children under the age of 12 are not permitted to visit.

The ICU staff believes that family involvement in your loved one’s care benefits their well-being. Our goal is to provide the highest quality care possible.

Maternity Center

Patient benefit greatly from the support of visitors. That’s why Holy Cross Hospital has an open visiting policy for women in labor, delivery, and recovery. Your presence during these special moments can be very comforting for you and your family. However, please respect the needs and desires of other women during this same time frame. Please notice that we have a dress code in place for all women in labor, delivery, and recovery. The policy is as follows:

- Hospital gowns are available upon request.
- No recreational drugs, alcohol, or smoking is allowed inside the hospital.

Neonatal Intensive Care Unit (NICU)

Neonatal Intensive Care Unit (NICU) care is available to infants weighing less than 1,500 grams (3.3 pounds). Access to this unit is granted to parents of infants born at any time. Parents are encouraged to participate in the care of their newborn by providing the following services:

- Filipino language services in the NICU help facilitate communication between the nursing staff and families. Services include:
  - Patient education
  - Family support
  - Cultural sensitivity

- Parents are expected to provide a family culture that promotes the best possible care for their infants. This includes:
  - Providing a supportive environment for the infant
  - Allowing the infant to maintain a consistent schedule
  - Promoting healthy eating habits

- Parents are encouraged to participate in the care of their newborn by:
  - Providing a family culture that promotes the best possible care for their infants
  - Allowing the infant to maintain a consistent schedule
  - Promoting healthy eating habits
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