

 <b>HUTCHINSON</b> <small>REGIONAL MEDICAL CENTER</small>	Manual	Clinical Practice
	Section (Department)	Administrative
	Title	Patient Visitation
	Number	A124
	First Approved Date	10/06/1980
	Review or Revise Date	8/20/2024

## I. PURPOSE

The purpose of this policy is to ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences and patient rights. Hutchinson Regional Medical Center recognizes that having a support person present promotes patient safety, and leads to faster recovery of all patients.

## II. POLICY

### A. Definitions

1. **Justified Clinical Restrictions** - any clinically necessary or reasonable restriction or limitation imposed by the hospital on a patient's visitation rights when restriction or limitation is necessary to provide safe care to patient or other patients. A justified clinical restriction may include, but need not be limited to one or more of the following:
  - a. A court order limiting or restraining contact.
  - b. Behavior presenting a direct risk or threat to the patient, hospital staff, or others in the immediate environment.
  - c. Behavior disruptive of the functioning of the patient care unit.
  - d. Reasonable limitations on the number of visitors at any one time.
  - e. Patient's risk of infection by the visitor.
  - f. Visitor's risk of infection by the patient.
  - g. Extraordinary restrictions because of a pandemic or infectious disease outbreak.
  - h. Substance abuse treatment protocols requiring restricted visitation.
  - i. Patient's request for privacy or rest.
  - j. When the patient is undergoing a clinical intervention or procedure and the treating healthcare professional deems it to be in the patient's best interest to limit visitation before, during and/or after the clinical intervention or procedure.
2. **DPOA** - a person designated by the patient in a Durable Power of Attorney for Healthcare Decisions Document. This person has decision making authority for medical decisions when the patient is unable to make their own decisions.
3. **Patient** - anyone admitted to the Hospital, regardless of status.
4. **Support Person** - a family member, friend, and/or other individual who is at the hospital to support the patient during the course of the patient's treatment. The support person may exercise the patient's visitation rights on patient's behalf if patient is unable to do so. Such individual may be, but is not required to be, the individual legally responsible for making medical decisions on the patient's behalf. Two support people are allowed in the patient's room during active labor.
5. **Visitation Areas** - Visitors can access all public use areas of the hospital, the patient's room, and the visitor waiting rooms. Hallways, unused patient rooms, and the team centers are not visitation areas and visitors are restricted from these areas. This is for patient safety, patient privacy, employee safety, and the security of protected health information. Visitors may be asked to move

from non-visitation areas, and if multiple requests are made visitors may be asked to leave the hospital property.

**6. Family Visiting Program** – is defined by the policies outlined in this document.

- B.** The patient or their support person has the right, subject to their consent to receive the visitors whom they designate, including, but not limited to: a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and has the right to withdraw or deny such consent at any time.
- C.** The hospital will not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
- D.** The hospital will restrict or limit visitation privileges only when visitation would interfere with the care of the patient and/or the care of other patients consistent with the hospital's overarching goal of advancing the care, safety, and wellbeing of all of its patients.
- E.** All visitors must be able to care for themselves. Visiting adults who are unable to care for themselves must be accompanied by another adult caregiver. Hospital staff are not responsible for caring for the visitor of a patient; this includes assisting with toileting, feeding, positioning, and calling to have the visitor picked up.

#### **Visitation Guidelines:**

Exceptions to these guidelines may be made on a case-by-case basis by the Patient Care Supervisor/Unit Charge Nurse/Manager/Director.

- 1. General Visitation hours are between 6:00 am and 9:00 pm.
- 2. Visitation between the hours of 9:00 pm and 6:00 am is restricted to provide a safe and secure nighttime hospital environment.
- 3. One support person may sleep overnight in the patient's room, at the nurse's discretion.
- 4. Children are allowed to visit as long as they are always accompanied by an adult and the patient cannot be responsible for providing care/supervision for a child.
- 5. **Visitation by specialty units:**
  - a. Emergency Department:
    - 1) Visitation is limited to two visitors per patient total.
      - a) Exceptions will be made for patients who are minors, and patients who have multiple minor children present.
    - 2) Multiple family members may be allowed at the discretion of the ED Charge Nurse.
  - b. Labor and Delivery & Women and Children's:
    - 1) Visitors/support persons will be allowed in the patient's room at the patient's request and at the nurses and/or physician's discretion based on the patient condition.
    - 2) Visitors/support persons will be limited to two at a time during labor and delivery.
    - 3) One support person may stay overnight with the patient.
  - c. Behavioral Health Unit:
    - 1) Visitation hours for the Behavioral Health Unit are between 1:00 pm – 4:00 pm or by provider exception.
    - 2) The additional details for the Behavioral Health Visitation policy are located in policy PSY117.

### **III.SCOPE**

This policy applies to visitors, patients, the hospital, its physicians and clinical staff members and all hospital personnel involved in the decision-making process with respect to patient visitation.

#### **IV. PROCEDURE**

- A.** Upon registration, the patient or the patient's support person will sign the Condition of Admission, which will inform the patient and/or support person of the patient's visitation rights:
  - 1.** Including any clinical restrictions or limitations on such rights.
  - 2.** The patient's right to receive the visitors whom the patient designates, including a spouse, a domestic partner (including a same-sex domestic partner), another family member or friend.
  - 3.** The patient's right to decline visitors or withdraw his or her direction about any visitor at any time.
  - 4.** The patient has the right to request non-report status and withdraw the non-report status at any time.
- B.** The hospital can apply reasonable clinical restrictions and other limitations on patient visitation. See Justified Clinical Restrictions in the definitions section.
- C.** The patient may designate a support person who will be authorized to exercise patient's rights regarding visitation.
  - 1.** The patient can designate the support person, if any, by an oral or written direction (which includes a direction written in advance). If the patient cannot verbalize or write his or her directions, the patient can also designate the support person by gestures such as pointing and blinking.
  - 2.** If the patient has not provided any direction concerning a support person and the patient is incapacitated, hospital personnel may attempt to reasonably identify a person who may serve (with that person's consent) as a support person for the patient.
  - 3.** Any designation by the patient or determination by the hospital of a support person is to be recorded in the patient's medical record.
- D.** If the patient is incapacitated and there is no support person, the hospital will take reasonable efforts to determine who can visit the patient.
- E.** A support person has the authority to implement the patient's visitation rights, but a support person does not have the authority to be the consent decision maker concerning any proposed treatment or care for a patient who lacks decision making capacity (i.e., incapacitated). The patient's Durable Power of Attorney for Healthcare Decisions (DPOA) for an incapacitated patient has the authority to provide the consent for clinical decision-making. The DPOA can also be the patient's support person if so designated by the patient. In that situation, the individual has the authority to exercise both the patient's visitation rights and rights concerning consent to medical treatment.
- F.** Inappropriate behavior or refusal to follow hospital policy and rules can compromise patient health and safety, and may result in visitors being asked to leave the premises. If the visitor(s) do not comply with hospital rules, the hospital's Security Officer will be contacted.
- G.** Any complaints regarding visitation (from the patient or an individual who is or wants to visit the patient) will be made pursuant to the hospital's complaint and grievance policy (QQ102 Patient Complaints and Grievance Process).
- H.** For questions about pet visitation, please refer to policy number GG116 (Animals in the facility).
- I.** For questions about service animals in the facility, please refer to policy GG151 (Service Animals).

## **V. REFERENCES**

- A.** Code of Federal Regulations 482.13 Condition of Participation Patient's Rights (h) Standard: Patient Visitation Rights
- B.** Federal Register November 19, 2010 Medicare and Medicaid Programs: Changes to the Hospital and Critical Access
- C.** (Kansas Administrative Regulations, 1986) Hospital Conditions of Participation to Ensure Visitation Rights for All Patients Final Rule
- D.** Hutchinson Regional Medical Center Patient Complaint and Grievance Policy, QQ102.
- E.** The Joint Commission (2023). Rights of the Individual (RI) RI.01.01.01 & RI.01.07.01 EP7
- F.** Bell, L. (2011). Family Presence: Visitation in the Adult ICU. American Association of Critical-Care Nurses Practice Alert.
- G.** Retrieved from <http://www.aacn.org/WD/practice/docs/practicealerts/family-visitation-adult-icu-practicealert.pdf>
- H.** Institute for Patient and Family Centered Care. (2010). Changing Hospital "Visiting" Policies and Practices: Supporting
- I.** Family Presence and Participation. Retrieved from <http://www.ipfcc.org/visiting.pdf>