

Status **Pending** PolicyStat ID **13033062**

Effective 8/3/2020
Approved N/A
Next Review 1 year after approval

Owner **Megan Koorn:**
Chief Nursing
Officer
Area **Clinical**
Operations Group
(Facility)
Applicability **HCA Florida UCF**
Lake Nona
Hospital
Type Of **Policy**
Document



Visitation and “Partner in Care”

SCOPE:

All UCF Lake Nona Hospital employees and departments as defined within their scope of practice and/or job description.

PURPOSE:

To provide patient directed visitation and identification of a "Partner in Care." UCF Lake Nona Hospital (UCFLNH) is committed to provide visitation in accordance with our non-discrimination policy that provides access without regard to race, color, sex, national origin, disability, age, religion, marital status, citizenship, gender identity, gender expression, sexual orientation, and/or other legally protected classification.

STATEMENT:

The diagnosis and treatment of illness and disease can result in uncertainty for patients, their families, and significant others. Many patients and families require assistance and support from those who are important to them. This support may involve someone to assist in decisions about medical care, to provide companionship, or someone to provide care in the home after discharge. For some patients, support may come from immediate family members; while for others it may include other relatives, neighbors, friends, co-workers or clergy. Guests spending time with the patient should be flexible in order to respond to the care needs and preferences of each patient. Time and treatment may alter patient

wants, desires or needs. Wherever possible, staff will recognize and honor a patient's wishes regarding family and guest presence.

DEFINITIONS:

Family or Family Member:

The terms "family" or "family member" are understood and interpreted to include any person(s) who plays a significant role in an individual's socio-emotional life. This may include a person(s) not legally related to the individual. Members of "family" may include spouses, domestic partners, and both different-sex and same-sex significant others. "Family" may include a minor patient's parents, regardless of the gender of either parent. Solely for purposes of this policy, the concept of parenthood is to be liberally construed without limitation as encompassing biological parents, legal parents, foster parents, same-sex parents, step-parents, those serving in loco parentis, and other persons operating in caretaker roles, consistent with applicable law. In short, "family" is defined by the patient.

Guest:

A "guest" is defined as anyone who visits (a visitor) the patient.

"Partner in Care"

A "Partner in Care" is defined as the person(s) designated by the patient to participate in his/her care during the hospitalization. Participation in care will be defined by the patient and/or the "Partner in Care" to the degree to which they are comfortable. The "Partner in Care" will also serve as the communication link to other family members regarding the patient's progress and may stay with the patient around the clock if appropriate.

POLICY:

UCFLNH generally allows visitation 24 hours a day unless contraindicated by the patient's condition or the patient/physician requests visiting restrictions. UCFLNH encourages family and other guests to visit between 8:00 am and 9:00 pm, as the hours between 9:00 pm and 8:00 am are considered "quiet hours" designed to promote a restful healing environment for the patient. To support this, an overhead announcement will be made daily at 8:30 pm, stating "Good evening. The time is currently 8:30 pm and it is time for our patients to rest. Thank you for coming to UCF Lake Nona Hospital and thank you for respecting our patients "time for healing."

- : [The policies and procedures of UCF Lake Nona Hospital allow consensual physical contact between a patient and the visitor. For example, during a routine visit, a patient and their visitor will not be prohibited from a supportive hug or handshake.](#)
- : [Consensual physical contact is allowed](#)
- : [The Chief Nursing Officer, or designee, is responsible for oversight of the visitation process at UCF Lake Nona Hospital.](#)

Patient Rights

- a. **Notice of rights** - All patients will be notified of their right to guests of their choice, including a "Partner in Care". At the time of admission, UCF Lake Nona Hospital (UCFLNH) will inform

each patient if there are any clinical restrictions or limitations on such visitation rights based on unit guidelines and/or the patient's particular clinical needs.

- b. **Right to designate a support person or a "Partner in Care"** – A patient has the right to designate a "Partner in Care" to be present with the patient for emotional support during his or her outpatient visit or during the course of the hospital stay. UCFLNH will allow for the presence of the support person unless the individual's presence infringes on other's rights, safety, or is medically or therapeutically contraindicated.

The "Partner in Care" does not necessarily have to be the same person as the patient's representative, who is legally responsible for making medical decisions on the patient's behalf in the event that the patient is unable to make or communicate his or her own decisions. The support person may be a family member, friend or other individual who supports the patient. UCFLNH will accept the patient's designation, orally or in writing, of an individual as the patient's "Partner in Care."

- i. **Incapacitated patients with an advance directive** – When a patient is incapacitated or otherwise unable to communicate his or her wishes and an individual provides an advance directive designating that person as the "healthcare agent", UCFLNH will accept this designation, notify this individual of visitation rights and allow this individual the right to exercise the patient's visitation rights on the patient's behalf. The healthcare agent is the patient's "legal representative."

The patient may have both a legal representative and a "Partner in Care", which may be two different individuals. If so, both individuals must be notified of visitation rights. In the event that a patient's legal representative and "Partner in Care" disagree on who should be allowed to visit the patient, UCFLNH will defer to the decisions of the legal representative. Legal representatives shall be granted the same visitation rights and privileges as are permitted to immediate family members, significant others or spouses.

- ii. **Incapacitated patient without an Advance Directive** – If an individual asserts that he or she is the patient's spouse, domestic partner (including a same-sex domestic partner), parent or other family member, friend or otherwise, as the patient's "Partner in Care", UCFLNH will accept this designation without demanding support documentation, notify this individual of patient visitation rights, and allow this individual to exercise the patient's visitation rights on behalf of the patient.

If more than one individual claims to be the patient's "Partner in Care" and there are disagreements between those claiming this right, then UCFLNH will ask each individual for documentation supporting his or her claim to be the patient's "Partner in Care." If necessary, UCFLNH will involve chaplains or its ethics committee to help resolve any conflicts regarding visitation rights. For those situations in which conflict cannot be resolved among those claiming to be the patient's "Partner in Care", UCFLNH will follow state law regarding decision-making rights for incapacitated adults. Disputes will be resolved in a non-discriminatory and expeditious manner. UCFLNH's refusal of an individual's request to be treated as the patient's "Partner in Care" with respect to visitation rights will be documented in the patient's medical record along with the specific basis for the refusal.

- c. **Right to designate guests of patient's choosing** – A patient has the right to receive guests whom the patient designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, regardless of whether the guests are legally related to the patient.
- d. **Right to deny consent to visit** – A patient has the right to decide if he or she does not want to receive visits during certain times or from certain individuals. The patient may withdraw or deny consent to visit at any time. This includes the right to revoke visitation rights previously consented to by the patient.

PROCEDURE:

1. "Partners in Care"

- 1. "Partner in Care" will obtain a guest pass with their picture – as noted below.
- 2. Staff will make every effort to make a "Partner in Care" who is staying with the patient comfortable.
- 3. Staff will encourage and provide the "Partner in Care" with the knowledge to participate in the patient's care to the extent both they and the patient are comfortable. They should be encouraged to check with the nurse if they are uncertain of what they can or should be doing. Activities they may wish to participate in include but are not limited to:
 - a. Assisting in feeding the patient
 - b. Assisting in bathing and personal hygiene for the patient
 - c. Alerting the nurse if the patient tries to get out of bed
 - d. Encourage the patient to turn his/her side to relieve skin pressure
 - e. Encouraging the patient to keep his/her arm straight if the IV is in an awkward position
 - f. Informing the nurse if they feel a change in the patient's status is occurring
 - g. Helping the patient to move his/her arms and legs while they are unable to get out of bed

2. Guests

- 1. All guests may enjoy full and equal visitation privileges consistent with patient preferences. However, it may be necessary to limit the number of guests for one patient due to patient care issues, safety, respect for other patient's needs and the space available for visiting.
 - a. The primary point of entry into the hospital is through the Main Lobby. The Emergency Department entrance may be used during off hours.
 - b. Guests will be screened according to the facility's infectious disease screening process. Any guest that screens positive will not be allowed into the facility.
 - c. Upon arrival guests will be asked for their identification – e.g., driver's license. The identification will be swiped, the information saved, a picture

of the guest is obtained and a guest pass is printed. Passes will be valid only for the day issued. Guests are instructed that they must display their Guest Pass at all times while they are in the facility.

As part of the hospital's security plan, staff will either talk with the guest or contact Security if:

- The pass is outdated
- The guest is not wearing a pass
- A guest is observed in an area different from the destination listed on their pass

After "Business Hours" (9:00 pm – 8:00 am), the Emergency Department is designated as the entrance/exit point for guests and/or "Partner in Care" requesting entrance after hours. The Security Officer will contact the nursing unit and verify if a guest is able to go to the patient's bedside after hours. If the Charge Nurse of the unit grants permission, the Security Officer will issue an after-hours Guest Pass and direct the guest to the nursing unit.

2. Patient may impose restrictions – The patient (or the patient's "Partner in Care" or legal representative) may limit the visiting privileges of the patient's guests, including providing for more limited visiting privileges for some guests than for others. However, except as indicated in this policy, UCFLNH will not differentiate among guests without any clinically necessary or reasonable basis.
3. UCFLNH will exercise best clinical judgment in determining when visitation is, and is not, appropriate. Best clinical judgment takes into account all aspects of patient health and safety, including the benefits of visitation on a patient's care as well as potential negative impacts that guests may have on other patients in the hospital. Examples of circumstances reasonably related to the care of the patient or other patients where UCFLNH might restrict or limit visitation include, but are not limited to, when:
 - a. There may be infection prevention issues (for example, there may be a need to restrict visitation due to COVID-19 (or during flu season). All guests with symptoms of infectious diseases are asked to engage in respiratory etiquette or refrain from visiting. All guests are encouraged to practice hand hygiene and must adhere to isolation precautions.
 - b. Visitation may interfere with the care of other patients.
 - c. The critical nature of certain units, as well as the clinical and emotional needs of the patient. Having family present must not put the patient at risk or bring the patient harm. Examples include exhaustion, over-stimulation, or marked increase in agitation. However it should be noted that often times it is the presence of family that will mitigate the aforementioned.
 - d. UCFLNH is aware that there is an existing court order restricting contact or the patient is in custody of law enforcement and cannot receive guests.
 - e. Guests engage in disruptive, threatening or violent behavior of any kind; or

fail to comply with facility or unit policies such as tobacco use and contraband.

- f. The patient needs rest or privacy; or otherwise request no visits.
 - g. There is an emergency on the unit that requires guests to leave or not be allowed to enter.
 - h. The patient is undergoing care interventions. However, to the extent that it is safe and practical, UCFLNH will accommodate the needs of any patient who requests that a support person be allowed to remain in the room to provide support and comfort during the care intervention.
4. Children generally are welcome to visit patients in most units. Children under the age of 16 must be supervised by an adult family member or friend during visitation. While visits by children generally are not restricted, some specialized units (for example, the Intensive Care Unit or the Family Birthing Unit) may encourage or restrict visitation by age or limit visits to those who are children of the patient due to the clinical severity of the patients on the unit. Younger children may be developmentally unable to remain with the patient for lengthy periods of time; however, contact with these children may be of significant importance to the patient. Children should be prepared for the hospital environment and the family member's illness as appropriate. Children under the age of 16 are expected to remain with the adult who is supervising them. This is necessary to ensure a safe and restful environment for the patient(s) and a positive and developmentally appropriate experience for children.

If a child's presence is not in the patient's best interest, there are a variety of ways other than physical presence that children can stay in touch with their loved ones. These include sending notes or letters, poems, artwork, tapes of talking, reading or singing, sending photos and making telephone calls or using applications such as FaceTime. Children can only be present if they are able to comply with isolation and/or infection control precautions. While overnight stays are discouraged, some situations may be warranted (e.g. sibling of a newborn) and an adult, other than the patient, must stay with and be responsible for the child.

- 5. There will not be a restriction on amount of time guests are allowed to spend visiting with patient except under special circumstances as listed in this policy.
 - 6. The number of guests allowed to visit at a given time is dependent upon the circumstances of the patient. Factors such as criticality of patient, infections, procedures, end of life etc. are all taken into consideration when determination of what is best for each patient. However, the state of Florida requires a number limit be placed on the maximum number of visitors allowed. For purposes of meeting that requirement, a maximum of 4 visitors will be allowed in a patient's room except in cases where the number of visitors needs to be revised due to factors listed above. Exceptions can be made by Administration, Administrator on Call, Nursing Supervisor, or Department Nursing Leader.
7. Patient Care Areas:
- a. **Inpatient Care Units – 2nd and 3rd floor** – In accordance to this policy

guests are welcomed in the inpatient care areas, while giving consideration to the patient clinical care needs.

b. **Intensive Care Unit (ICU)** – Guests are welcomed in the ICU, while giving consideration to the patient clinical care needs. Guests are asked to discuss any possible visits by children with the patient's physician prior to them visiting. The unit may need to limit visitation to only one (1) support person at a time in order for the patient and other patients to rest.

c. **Surgical Services** –

- i. Guests may be allowed in the patient care area based on physician/surgeon/anesthesia request and at the discretion of the nurse caring for the patient.
- ii. Guests are not typically permitted in the operating room at any time unless needed for special communication needs and then only until the need is met or the patient is anesthetized.
- iii. Significant other/support persons may be allowed to attend the Cesarean Section delivery only when there is no evidence of compromise of the health of the mother or the infant in the judgment of the surgeon and/or anesthesiologist.
- iv. Parents/guardians of pediatric patients will be allowed in the area as soon as possible based on the patient's condition during recovery.

d. **Family Birthing Unit (FBU)** – Guests are welcomed, while giving consideration to the patient's clinical care needs. FBU may limit the number of guests during delivery in order to safely care for the patient. Except for children of the patient, children under the age of 12 should not visit a patient who is in labor. FBU promotes and encourages "quiet time" to limit traffic/noise, allowing moms/dads and baby to rest and bond.

e. **Emergency Department (ED)** -

- i. Patients may have a guest accompany them to the treatment area, if the patient condition allows.
- ii. Both parents are allowed to accompany their child (under 18 years) to the treatment area if patient condition allows.
- iii. In the event a critical patient presents to the ED, every effort is made to bring a family member or significant other to the bedside within 15 minutes of arrival. If this is not possible due to a life threatening situation, a staff member will strive to provide a status report within this time-frame.
- iv. Guests may be asked to step outside of the room or return to the waiting area as necessary for a proper physical exam or because of limited work space.
- v. Guests are expected to remain at the immediate bedside and refrain from moving outside of the patient's designated room.

This is necessary to provide privacy and confidentiality for other patients.

- vi. Under extreme circumstances, it may be necessary for the ED staff to require all guests to return to the waiting area.
 - vii. Frequent transfer of different guests in and out of the ED is discouraged.
8. Hospitalized patients who desire rooming in with baby – In limited circumstances, a patient may be permitted to have her/his baby room in with her/him. The patient must have a physician's order to allow baby rooming-in.
- a. UCFLNH Nursing staff shall not be responsible for the care of the baby at any time.
 - b. If the patient is not well enough to take care of the baby, then she/he must arrange for another adult to be in the room with her/him at all times to take care of the baby.
 - c. If the patient must leave the room for an x-ray or other procedure, there must be an adult in the patient's room to take care of the baby until the mother/father returns. If no other adult is available, then the procedure must be postponed until someone can take care of the baby. Under no circumstances may the baby be left unattended in the patient's room or taken to a procedural area.
 - d. If an admitted mother/father desires to room in with her/his baby and has no family / support person to assist in the care of the baby, notify unit leadership to assist.
 - e. Baby care items such as diapers and clothing should be provided by the patient.
 - f. If the baby needs non-urgent medical care, the baby's doctor should be called by the parent. For emergent needs, the baby may be taken to the Emergency Department.
9. **Compliance / Assistance -**
- a. Notify Security for assistance with visitation compliance issues, as appropriate and as needed.
 - b. Notify unit leadership for assistance with patient/family visitation issues as appropriate. Example: Family member(s) staying with patient 24/7 and are unable to care for themselves in home environment due to patient being in the hospital and patient is the primary caregiver (ex. children, elderly, etc.).
 - c. Refer guests requesting overnight accommodations to Nursing Supervisor for a list of area accommodations available.

REFERENCES:

Nickel, W., Weinberger, S., Guze, P. (2018). *Principles for patient and family partnership in care: An*

Approval Signatures

Step Description	Approver	Date
Policy and Procedure Committee	Jeanette Dos Santos: Exec. Assistant	Pending
Quality	Shana Harper: Director, Quality	1/25/2023
Patient Safety Director	Shana Harper: Director, Quality	1/25/2023

COPY