



TITLE

VISITATION WITH A FAMILY PRESENCE FOCUS

SCOPE

Provincial

APPROVAL AUTHORITY

Executive Leadership Team

SPONSOR

Quality and Chief Medical Officer

PARENT DOCUMENT TITLE, TYPE AND NUMBER

Not applicable

DOCUMENT #

HCS-199

INITIAL EFFECTIVE DATE

June 15, 2017

REVISION EFFECTIVE DATE

Not applicable

SCHEDULED REVIEW DATE

June 15, 2020

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To support and encourage **family** presence within **Alberta Health Services (AHS) settings**. All AHS programs will follow the AHS *Visitation With a Family Presence Focus* Policy principles. There may be some programs which require further specific program limitations due to legislation or program requirements (such as health care in correctional facilities, addiction and mental health recovery centres, among others).
- To provide clear and transparent guidance which supports clinical judgment in those rare and unique circumstances where limitations to visitors or family presence will benefit the patient or protect the health or safety of others.
- To outline processes of resolution and appeal should individuals disagree with imposed visitors or family presence limitations.

PRINCIPLES

Visitors and family presence are integral to **patient safety**, the healing process, the patient's medical and psychological well-being, comfort and quality of life.

Patients and their families are welcomed as full partners in care. Families are essential members of the care team: they are not visitors in the lives of the patient. Families provide pertinent information essential to the patient's care plan and should be respected and recognized for their knowledge and expertise about the patient and his/her care needs and preferences.

Visitors and family presence shall be balanced in consideration of patients and **health care providers** while protecting the confidentiality and privacy of all patients. Limitations by AHS to visitors and/or family presence shall be a last resort and communicated collaboratively with the

patient and family. AHS shall make all reasonable efforts to accommodate patient wishes, family presence, and visitors.

Health and safety are paramount considerations for patients, families, visitors and health care providers and sometimes necessitates limitations on visitation or family presence. AHS shall follow a transparent, consistent and predictable process in terms of addressing and managing limitations on visitors or family presence.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary), excluding community care settings.

ELEMENTS

1. Visitors and Family Presence

- 1.1 AHS is committed to creating and fostering a welcoming, respectful and supportive environment that ensures the well-being, safety and security of all individuals - patients, family, visitors and health care providers.
- 1.2 AHS welcomes and promotes family presence and visitation in all AHS settings.
- 1.3 Patients and/or their **alternate decision makers** have an ongoing right to decide who is to be identified as the patient's family, as well as their desired level of family support and involvement.
- 1.4 Particularly in complex situations, designating a family spokesperson is recommended and encouraged, if possible. This can facilitate effective and efficient communication among family, visitors and health care providers.
- 1.5 For some unique program areas, based upon the clinical needs of the patient, it may be appropriate to limit the number of family and visitors. AHS' accommodation of the number of family and visitors shall, wherever possible, be decided in collaboration with the patient and/or their alternate decision maker, family or visitors, and care team. AHS, in its duty to all, retains the final decision to introduce necessary limitations.

2. Expectations and Responsibilities – Health Care Providers

- 2.1 Health care providers shall:
 - a) acknowledge the presence of families and visitors and provide a welcome through identifying one's name, occupation and duty (NOD);
 - b) respond to requests, questions or concerns in a timely manner;
 - c) demonstrate cultural understanding and sensitivity;

- d) treat all patients, families and visitors with respect, dignity and compassion;
- e) share information and education on how families and visitors can help to support safe and caring visitation and assist in the accommodation of patient and unit particular circumstances; and
- f) share information only in accordance with privacy laws, and in accordance with the AHS *Collection, Access, Use and Disclosure of Information Policy*.

3. Expectations and Responsibilities – Family and Visitors

3.1 AHS staff shall inform family and visitors that they are expected to:

- a) respect the dignity and privacy of all individuals, including health care providers, other patients and their family, and visitors;
- b) be respectful and courteous and assist health care providers in complying with any privacy legislation and applicable governance (i.e.. policies, procedures and practice support documents) when taking photographs, video recordings or audio recordings of health care providers, other patients, their families or visitors;
- c) assist in providing a safe (following proper hand hygiene, isolation precautions, etc.) and restful environment for patients to recover. This may include closely supervising children brought to visit;
- d) be mindful and sensitive to the needs of other patients, their families and visitors by keeping noise and disturbances to a minimum;
- e) respect designated quiet times;
- f) communicate with health care team to address any concerns or questions; and
- g) discuss and participate in any specific requirements or limitations to support patients' health.

4. Considerations Prior to Imposing Limitations to Visitors or Family Presence

- 4.1 Limitations to visitors or family presence in an AHS setting by AHS shall be a last resort and occur only after careful consideration.
- 4.2 AHS shall not impose limitations on visitors or family presence based on age, race, ethnicity, religion, culture, language, physical or mental disability, socio-economic status, gender, sexual orientation and/or gender identity or expression.
- 4.3 Specific recommendations related to visitors and family presence limitations that support patients' wellness and the provision of health care services shall be

discussed with the patient and/or their alternate decision maker, documented on the chart and, as appropriate, discussed with family and visitors.

- 4.4 When imposing limitations to visitors or family presence, the least restrictive approach shall first be attempted, advancing through progressively more restrictive interventions as may be required by the situation. Limitations to family presence or visitation imposed by AHS may include, but are not limited to:
- a) a conversation to outline expectations of conduct for visitors or family. The conversation should include the collaborative development of an action plan;
 - b) partial restrictions (e.g., visitor or family requires supervision or may be limited to attend at designated times and/or designated spaces, potentially supervised, alternate days); or
 - c) complete restriction of family presence or visitation, in which there is no access to the AHS setting for a specified period of time.
- 4.5 Concerns about limitations to visitation or family presence may be voiced at any time to any member of the health care team, the **accountable leader** or alternatively, to the AHS **Patient Relations Department**.

5. Implementation of Limitations to Visitors and Family Presence

- 5.1 Visitors and family presence considerations include, but are not limited to:
- a) the patient and/or their alternate decision maker's wishes;
 - b) the patient's health status;
 - c) the health care or **treatment/procedure** being provided;
 - d) the potential impact on others (patients, staff);
 - e) environmental, shared spaces or program constraints;
 - f) time of day (rest and quiet hours); and
 - g) length of stay.
- 5.2 After review and discussions of the considerations in element 5.1 of this policy with patient and/or their alternate decision maker, family, visitor(s) and health care team, limitations on family presence or visitation may be required or actioned as below:
- a) wishes of the patient and/or their alternate decision maker or due to legal authority of court order:

- (i) AHS acknowledges that patients with **capacity** have the right to determine who is to be identified as their family or who may visit them;
 - (ii) alternate decision makers, with the requisite legal authority, may specify parameters around family presence or visitation presence; and
 - (iii) court orders may provide the requisite legal requirement and authority to limit family or visitor access to a patient.
- b) Patient's health status:
- (i) clinically-based determinations of the care team may require limits on visitors or family presence where care of the patient could be compromised or the health or safety of other patients could be negatively impacted. The patient and/or their alternate decision maker shall be consulted and the patient's needs and preferences shall be considered in the decision.
- c) Need for privacy (impacts on others, space constraints):
- (i) visitors or family presence may be limited in situations where a patient in a shared room/space requires enhanced privacy due to health or personal reasons (e.g., a sensitive/private discussion or treatment/procedure); and
 - (ii) standing limitations in specific environments may be beneficial to all patients and families to ensure privacy, rest, procedural requirements, inter-disciplinary consultations and health information privacy.
- d) Presence of an illness or a communicable disease:
- (i) visitors and family should be discouraged from visiting a patient, or they may be asked to refrain from visiting a patient, if they are feeling ill;
 - (ii) visitors and family should not visit a patient if they or the patient are at risk of transmitting an infectious or communicable disease;and
 - (iii) during a declared outbreak, visitors and family may be asked to refrain from visiting a patient.
- e) Conduct of an individual visiting an AHS setting:
- (i) visitors or family may have limitations placed on them if their words or actions negatively impact:

- the ability of health care providers to carry out their duties;
 - others within the AHS setting to feel safe and secure; and/or
 - the well-being and safety of any patients, family, visitors or health care providers.
- f) Urgent need to protect the well-being, safety and security of any person:
- (i) if there are reasonable grounds to believe that limiting visitors or family presence is immediately necessary to protect the well-being or safety of any person, the accountable leader may impose an urgent limitation on that person to the AHS setting without first conducting any informal resolution as described in section 6 of this policy.

Note: Refer to the AHS *Workplace Violence: Prevention and Response Policy* for strategies for the prevention of and response to violence against AHS staff.

6. Issuing a Limitation to Visitors or Family Presence

- 6.1 The accountable leader shall make a decision with respect to any necessary limitation to visitors or family presence. Decisions to impose a limitation shall be in alignment with the considerations outlined in section 4 of this policy.
- 6.2 Any decision to limit visitors or family presence shall be communicated by the accountable leader to:
- a) the patient and/or their alternate decision maker, and to the family or visitor (done both verbally and in writing);
 - b) health care providers of the AHS setting; and
 - c) anyone else identified by the AHS setting as necessary to be informed.
- 6.3 The decision to limit visitors or family presence shall:
- a) identify the reason and duration of the limitation;
 - b) identify when the matter will be next reviewed, including how to request a modification to the current limitation;
 - c) outline available resources and options to attempt to resolve the issue;
 - d) be communicated within a timeframe that is appropriate to the situation; and
 - e) be appropriately documented.

7. Concerns Resolution

- 7.1 Individuals, including patients and/or their alternate decision maker, family or visitors who raise concerns about limitations to visitors or family presence shall not be subject to any negative repercussions for doing so and may voice their concern following steps in this section of this policy and the AHS *Visitor Management Appeal Procedure* (#HCS-199-01), if required.
- 7.2 Whenever possible, concerns about limitations imposed by AHS to visitors or family presence shall be addressed as close as possible in time and place to the concern with the patient and/or their alternate decision maker being afforded an opportunity to participate.
- 7.3 All concerns shall be reviewed in a fair, respectful, and transparent manner, in accordance with the AHS *Ethics Framework* and the Patient Relations *Administrative Fairness: The Fine Art of Fairness* Resource. Efforts will be taken to resolve the concern in a timely manner.
- 7.4 Anyone who raises a concern about limitations to visitors or family presence shall be informed by a health care team member of the process for managing their concern. This shall include information about informal dispute **resolution** as outlined in this policy, as well as the role of the AHS Patient Relations Department. The option of the Visitor Management Appeal Panel (VMAP), as per the AHS *Visitor Management Appeal Process Procedure* shall also be outlined.
- 7.5 If the proposed limitations to family visitors or family presence is not found to be acceptable to the patient and/or their alternate decision maker and family and visitors and resolution attempts are not satisfied at the unit/local level, then the issue shall be escalated to either the Patient Relations Department or the accountable leader of the AHS setting, with the agreement from the individual who lodged the concern.
- 7.6 Should the AHS Patient Relations Department be requested to provide assistance, dialogue on how best to resolve the concern shall take place with:
- a) the accountable leader of the AHS setting;
 - b) the individual who lodged the concern; and
 - c) the patient and/or their alternate decision maker.
- 7.7 The VMAP may be requested by anyone identified in section 6.3 of this policy or their advocates; however, agreement by the patient and/or their alternate decision maker is required in order to access the services of VMAP. Any appeal pursuant to the VMAP shall proceed pursuant to the AHS *Visitor Management Appeal Process Procedure*.

8. Documentation

8.1 Health care providers shall document:

- a) the wishes of the patient and/or their alternate decision maker with respect to who may visit as well as individuals to be identified as family;
- b) any limitation to visitors or family presence, including the grounds upon which the decision was made; and
- c) communication and steps taken to resolve any concerns pertaining to any limitation to visitors or family presence.

DEFINITIONS

Accountable leader means, for the purposes of this policy, the individual who has ultimate accountability to ensure consideration and completion of the listed steps in the management of the *Visitation and Family Presence Policy*. Responsibility for some or all of the components of management may be delegated to the appropriate level responsible administrative leader, but accountability remains at the senior level of management of care in the applicable AHS setting.

Alberta Health Services (AHS) setting means any environment where treatment/procedures and other health services are delivered by, on behalf of or in conjunction with, Alberta Health Services.

Alternate decision maker means a person who is authorized to make decisions with or on behalf of the patient. These may include a specific decision maker, a minor's legal representative, a guardian, a 'nearest relative' in accordance with the Mental Health Act [Alberta], an agent in accordance with a Personal Directive, or a person designated in accordance with the Human Tissue and Organ Donation Act [Alberta].

Capacity means (1) the patient understands the nature, risks and benefits of the procedure, and the consequences of consenting or refusing; and (2) the patient understands that this explanation applies to him/her. In the context of treatment of a formal patient or a person subject to a Community Treatment Order under applicable mental health legislation, capacity is addressed in section 26 of the *Mental Health Act* [Alberta], which states that a person is mentally competent to make treatment decisions if the person is able to understand the subject matter relating to the decisions and able to appreciate the consequences of making the decisions.

Family means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family members, legal guardians, friends and informal caregivers.

Health care provider means a person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

Limitation (to visitation/family presence) means, for the purpose of this document, the establishment of reasonable boundaries for accessing an AHS setting based upon circumstances. Limitations can range from visitation based on adherence to agreed-upon actions to a complete restriction in which access is denied.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients, and outpatients.

Patient Relations Department means, for the purpose of this document, the department of Alberta Health Services, led by the Patient Concerns Officer and Executive Director, who facilitates the patient concerns resolution process as guided by the *Patient Concerns Resolution Process Regulation 124/2006* and supports the patients and staff/management/medical staff involved in the process.

Patient safety means the reduction of harm associated with health care.

Resolution means the point at which the review of the concern is concluded and where there is a level of mutual understanding of the outcome between parties involved. Resolution may differ with individual concerns and could mean that the complainant is:

- a) satisfied with the review process and outcome;
- b) satisfied with the review process and dissatisfied with the outcome;
- c) dissatisfied with the review process and satisfied with the outcome;
- d) dissatisfied with the review process and the outcome; or
- e) the concern is dismissed as frivolous or vexatious, or it is found that no follow-up is possible/practical.

Treatment/procedure means a specific treatment, investigative procedure(s), or series of treatments/procedures planned to manage a clinical condition.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Code of Conduct*
 - *Collection, Access, Use and Disclosure of Information Policy*(#1112)
 - *Visitor Management Appeal Process Procedure* (# HCS-199-01)
 - *Workplace Violence: Prevention and Response Policy* (# 1115)
- Alberta Health Services Resources:
 - *Administrative Fairness: The Fine Art of Fairness* [Patient Concerns/ Patient Relations]
 - *Ethics Framework*

VERSION HISTORY

Date	Action Taken
Click here to enter a date	Optional: Choose an item
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