

TITLE

FAMILY PRESENCE: DESIGNATED FAMILY / SUPPORT PERSON AND VISITOR ACCESS

SCOPE

Provincial

DOCUMENT

HCS-199

APPROVAL AUTHORITY

Executive Leadership Team

INITIAL EFFECTIVE DATE

June 15, 2017

SPONSOR

Vice President, Quality & Chief Medical Officer

REVISION EFFECTIVE DATE

October 1, 2021

PARENT DOCUMENT TITLE, TYPE, AND NUMBER

Not applicable

SCHEDULED REVIEW DATE

October 1, 2024

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.

If you have any questions or comments regarding the information in this document, please contact Policy Services at policy@ahs.ca. The Policy Services website is the official source of current approved policies, procedures, directives, standards, protocols, and guidelines. Only the electronic version of this document, as hosted on the Policy Services website or www.ahs.ca, is valid.

OBJECTIVES

- To set the standard practice for **family presence** in Alberta Health Services (AHS).
- To set the expectation for safe **designated family / support person** and **visitor** practices across AHS.
- To differentiate between the roles of a designated family / support person and visitor.

PRINCIPLES

AHS supports **patient** experience through **patient and family-centred care** in accordance with the AHS *Patient First* commitments. AHS recognizes the need to involve designated family / support persons as essential partners in the provision of safe, quality patient care. AHS supports the presence of a patient's designated family / support person(s) and visitor(s), while balancing the safety of all patients, designated family / support persons, visitors, and **AHS representatives**.

This Policy Suite does not apply to individuals who are remanded, intermittent or sentenced servers in custody in an Alberta Federal or Provincial Correctional Facility, who receive health services at an AHS facility. Correctional Services individuals fall under the authority of the Alberta Justice and Solicitor General or Justice Canada.

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).

ELEMENTS

1. Designated Family / Support Persons

- 1.1 Family presence means the mindset, practice, and support systems in place that ensures designated family / support persons are involved as essential partners in care, and welcomed to participate and collaborate with **health care providers** in providing safe and quality health care services to patients, whenever the patient desires.
- a) Designated family / support persons are not visitors.
 - b) AHS recognizes that patients have the right to have designated family / support persons involved in their care.
- 1.2 Upon initiation of a health service, as appropriate, the health care team shall document the name(s), contact information, and preferred roles of the designated family / support person(s) that the patient identifies in the patient's **health record**. These preferred roles include, but are not limited to the following:
- a) with whom the patient would like health information to be shared;
 - (i) Sharing of health information shall be done in accordance with the *Health Information Act* (Alberta), and AHS confidentiality, information, and privacy policies.
 - b) with whom the patient would like to collaborate on health decisions;
 - (i) Decision-making shall be consistent with the *AHS Consent to Treatment/Procedure(s) Policy Suite* and the *AHS Advance Care Planning and Goals of Care Designation Policy and Procedure*.
 - c) with whom the patient would like to be physically present in the patient care environment, including but not limited to, during appointments, home visits, and overnight stays in AHS settings;
 - (i) The designated family / support person(s) shall have 24/7 access. If a **limit** is required, refer to the *AHS Managing Limits to Designated Family / Support Person and Visitor Access Procedure*.
 - (ii) The designated family / support person(s) must be able to safely and independently manage their own personal needs (e.g., food, medications, personal care).
 - (iii) In the event of space limits in the patient care environment, the patient, their designated family / support person(s), and health care team shall collaborate to determine options for where and when the patient and designated family / support person(s) may

- be physically present together considering patient care needs and available space.
- (iv) If it is not possible for the designated family / support person(s) to be physically present with a patient (e.g., public health limits, geography), AHS staff shall provide options for partnering with the health care team and supporting the patient (e.g., virtual connections).
 - (v) Although **specific decision-makers** may offer insight to a patient about their social network, they do not have the legal authority to decide with whom the patient may associate with.
- d) with whom the patient prefers to be physically present during acute clinical deterioration and/or resuscitation. In the event of acute clinical deterioration and/or resuscitation, an assigned staff member shall:
- (i) invite the designated family / support person(s) to be present;
 - (ii) notify the health care team that the designated family / support person(s) are present;
 - (iii) ensure the safety and well-being of the designated family / support person(s) during the event;
 - (iv) explain what is happening to the designated family / support person(s) during the event;
 - (v) continually assess the designated family / support person(s) preference to be present during the event; and
 - (vi) offer to arrange post-event support for the designated family / support person(s).
- 1.3 In the event of a communication barrier between the health care team and the patient, the health care team shall engage appropriate communication assistance or an interpretation service to obtain the contact information and preferred roles of the designated family / support person(s).
- 1.4 Although the patient may identify their preferred roles of their designated family / support person(s), the designated family / support person(s) may also decide what patient-identified roles they want to participate in. The health care team shall respect the decision of the designated family / support person(s) to participate or not participate in the patient's care.

2. Visitors

- 2.1 AHS recognizes that visitors have a unique role in providing temporary support to the patient but are not essential partners in care. Visitors are different from designated family / support persons.
- 2.2 The patient and health care team shall discuss the best time for the patient's visitor(s) to be present.

3. Supporting Family Presence: Responsibilities for Health Care Providers

- 3.1 In keeping with AHS Values, the responsibilities for health care providers regarding designated family / support persons and visitors include, but are not limited to:
- a) creating a welcoming and supportive environment for family presence;
 - b) treating all patients and their designated family / support person(s) and visitor(s) with respect, including being sensitive to diversity and the unique needs of individuals and groups;
 - c) maintaining the dignity, privacy, and confidentiality of patients and their designated family / support person(s) and visitor(s) by:
 - (i) asking patients to have a conversation in that time and place. Health care providers may offer to have a conversation with the patient in a private area or alternative time, if the patient prefers; and
 - (ii) informing patients and their designated family / support person(s) and visitor(s) of the guidance regarding photographs, video recordings, or audio recordings.
 - d) informing patients and their designated family / support person(s) and visitor(s) of space and resources that may support their in-person presence with the patient;
 - e) listening to and considering the ideas, requests, questions, and concerns of patients and their designated family / support person(s) and visitor(s), and responding in a compassionate and timely manner;
 - f) informing patients and their designated family / support person(s) and visitor(s) how to support a culture of safety and respect in health care environments, as per Section 4 below and the AHS *Respectful Workplaces and the Prevention of Harassment and Violence Policy Suite*;
 - g) sharing with patients and their designated family / support person(s) and visitor(s) the opportunities and resources to support the patient's cultural, spiritual, or religious practices;

- h) discussing available options that may enhance communication between patients and their designated family / support person(s) and visitor(s);
- i) facilitating virtual options for patients and their designated family / support person(s) and visitor(s) where in-person options are not available;
- j) sharing transparent information about site access requirements, including any limits in place; and
- k) informing and teaching patients and their designated family / support person(s) and visitor(s) about infection prevention and control processes required prior to, or while spending time with a patient.
 - (i) The health care provider shall advise the designated family / support person(s) and visitor(s) to postpone spending time with the patient if the designated family / support person(s) or visitor(s) have symptoms of an illness or have recently been exposed to a communicable disease.

4. **Supporting Family Presence: Responsibilities for Designated Family / Support Persons and Visitors**

- 4.1 The responsibilities for designated family / support persons and visitors include, but are not limited to:
- a) demonstrating **respectful behaviour** towards health care providers, patients, designated family / support persons, visitors, and AHS property;
 - b) being sensitive to the privacy of health care providers and other patients and their designated family / support person(s) and visitor(s) when taking photographs, video recordings, or audio recordings;
 - c) maintaining safe and restful care environments for patients, especially in shared spaces and during designated quiet times;
 - d) following all access requirements for the site, including but not limited to, wearing **personal protective equipment (PPE)**, performing **hand hygiene**, and postponing in-person visiting while ill;
 - e) wearing designated family / support person or visitor identification; and
 - f) providing accurate information, concerns, or questions regarding the patient's wellness with the health care team.

5. **Managing Limits**

- 5.1 Refer to the AHS *Managing Limits to Designated Family / Support Person and Visitor Access Procedure* when limits are being considered or applied.

DEFINITIONS

AHS representative means 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).

Alternate decision-maker means a person who is authorized to make decisions with or on behalf of the patient. These may include, specific decision-maker, a minor's legal representative, a guardian, a 'nearest relative' in accordance with the *Mental Health Act* (Alberta), or an agent in accordance with a Personal Directive, or a person designated in accordance with the *Human Tissue and Organ Donation Act* (Alberta). This also includes what was previously known as the substitute decision-maker.

Designated family / support person(s) means one or more individuals identified by the patient as an essential support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family, relatives, friends, and informal or hired caregivers.

Family presence means the mindset, practice, and support systems in place that ensures designated family / support person(s) are involved as essential partners in care, and welcomed to participate and collaborate with health care providers in providing safe and quality health care services to patients whenever the patient desires.

Hand hygiene means proper practices which remove micro-organisms with or without soil from the hands (refers to the application of alcohol-based hand rub or the use of plain/antimicrobial soap, and water hand washing).

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

Health record means the collection of all records documenting individually identifying health information in relation to a single person.

Limits means restrictions to partnership, participation, information sharing and/or physical access to a patient, environment, or service.

Patient means all persons, inclusive of residents and clients, who receive or have requested health care or services from Alberta Health Services and its health care providers. Patient also means, where applicable:

- a) a co-decision-maker with the person; or
- b) an alternate decision-maker on behalf of the person.

Patient and family-centred care means care provided working in partnership with patients and families by encouraging active participation of patients and families in all aspects of care, as integral members of the patient's care and support team, and as partners in planning and improving facilities and services. Patient and family-centred care applies to patients of all ages and to all areas of health care.

Personal protective equipment (PPE) means any specialized clothing or safety items worn by individuals prior to contact with potential or identified hazards, such as from a direct exposure to blood, tissue, and/or body fluids.

Respectful behaviour means behaviour that shows due regard for the feelings, wishes, rights, or traditions of others. Respectful behaviours support a safe, healthy, and inclusive workplace and are aligned with AHS' *Code of Conduct*, the principles of a just culture, and the AHS Values.

Specific decision-maker means a nearest relative who may be selected from a hierarchy of relatives to make a specific decision on behalf of the patient according to the *Adult Guardianship and Trusteeship Act* (Alberta).

Visitor means an individual who spends time with the patient for a temporary period for the purposes of providing support to the patient, and is not an essential partner to care planning and/or decision-making.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Advance Care Planning and Goals of Care Designation Policy* (#HCS-38)
 - *Advance Care Planning and Goals of Care Designation Procedure* (#HCS-38-01)
 - *Code of Conduct*
 - *Collection, Access, Use, and Disclosure of Information Policy* (#1112)
 - *Consent to Mental Health Treatment/Procedure(s): Formal Patients and Persons Subject to Community Treatment Orders Under the Mental Health Act Procedure* (#PRR-01-04)
 - *Consent to Treatment/Procedure(s): Adults with Impaired Capacity and Adults who Lack Capacity Procedure* (#PRR-01-02)
 - *Consent to Treatment/Procedure(s): Deceased Donation of Human Organs and Tissues Policy* (#PRR-01-05)
 - *Consent to Treatment/Procedure(s): Minors/Mature Minors Procedure* (#PRR-01-03)
 - *Consent to Treatment/Procedure(s) Policy* (#PRR-01)
 - *Managing Limits to Designated Family / Support Person and Visitor Access Procedure* (#HCS-199-02)
 - *Privacy Protection and Information Access Policy* (#1177)
- Alberta Health Services Resources:
 - *Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites*
 - *Patient First Strategy*
- Non-Alberta Health Services Documents:
 - *Freedom of Information and Protection of Privacy Act* (Alberta)
 - *Health Information Act* (Alberta)

© 2021, Alberta Health Services, Policy Services



This work is licensed under a Creative Commons Attribution-Non-commercial-Share Alike 4.0 International license. The licence does not apply to AHS trademarks, logos or content for which Alberta Health Services is not the copyright owner. This material is intended for general information only and is provided on an "as is", "where is" basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.