

## Visitation with a Family Presence Focus Policy & Visitor Management Appeal Panel (VMAP) Procedure

### Why has Alberta Health Services (AHS) implemented a Visitation with a Family Presence Policy and VMAP Procedure?

The Minister of Health asked AHS to develop a standardized policy and procedure to guide visitation and family presence. AHS' move toward a province wide visitation policy and procedure began with the implementation of the Visitation and Family Presence *Directive* on March 31, 2016. The Directive provided temporary guidance until a broad internal and external consultation process could be completed, and a province wide policy and procedure applicable to all acute care settings could be developed.

The policy and procedure will go into effect on April 1, 2017 and will replace the current Directive and any former health entity governance documents on this topic. The effective implementation date of the policy and procedure is June 15, 2017.

### What do we mean by family presence?

Family presence enhances communication and relationships between patients, families and healthcare providers. Family presence creates a welcoming environment that enables family to participate in patient care. Patients and families are welcomed as partners in care at all our healthcare sites. Family/support persons are not "visitors" in the lives of patients; they are essential members of the care team and are partners in care.

### What do we mean by visitors?

Guests of the patient and family, and may include friends, colleagues, or relatives who may wish to visit the patient or family. Visitors can positively affect a patient's overall well-being and their presence is supported and encouraged.

### What is the purpose of the policy and procedure?

AHS is committed to a culture of patient and family centred care. The policy and procedure outlines AHS' position on visitation in support of the delivery of quality patient care, identifies situations where limitations on visitation or family presence may need to occur, and provides processes of resolution and appeal should individuals disagree with those limitations.

### What factors could influence a decision to limit visitation and family presence?

AHS has a duty to maintain a safe, respectful, and supportive environment in which to deliver care and services, while ensuring the safety and wellbeing of patients, families, visitors and staff. We welcome and promote patient visitation and family presence, whenever possible, in all AHS settings. AHS includes patients and families at the centre of care teams and decisions. There may be times when visitation and family presence needs to be limited. Considerations may include, but are not limited, to:

- Wishes of the patient (or their chosen alternative decision maker)
- Health needs of the patient as determined by the care team

- Privacy needs of the individual patient or other patients
- Public and individual health concerns such as illness or contagious disease
- Legal reasons (e.g. Court Order)
- Time of day (rest and quiet hours)

Limitations to visitation or family presence shall only be instituted after careful consideration of the situation and potential alternatives.

## **I have concerns about limited access to my loved one. What can I do?**

Please speak with the **charge nurse and/or manager** if you have any concerns about limitations to visitation. They will work closely with you and the patient involved helping you understand the reason(s) for the limitation and to find a solution everyone can agree to.

## **I disagree with limitations to my visitation. What can I do?**

If you have a concern about a limitation that has not been resolved by speaking to the **charge nurse and/or manager**, you can contact AHS Patient Relations directly.

**Tel:** 1-855-550-2555

**Online:** <https://www.albertahealthservices.ca/273.asp>

**Mail:** Patient Relations Concerns Officer  
Suite 300, North Tower 10030 107 Street  
Edmonton, Alberta T5J 3E4

## **What can I expect from Patient Relations?**

You will speak to a Patient Concerns Consultant (PCC) who will listen to your concerns and bring them forward to the appropriate leadership to review. For example, if you have worked with the patient care manager on the unit and have not been able to resolve your concerns the PCC may contact the Director of the Unit to assist in addressing and resolving your concerns.

Once the review has been completed the PCC will provide you with the response in the manner you requested. If you still have questions and are not satisfied the PCC can bring this forward to have it further reviewed.

## **The charge nurse, manager and patient relations team have not been able to resolve my concerns. What is my next course of action?**

If you have brought forward your concerns and they are not resolved, Patient Relations will coordinate your appeal. AHS created a Visitor Management Appeal Panel that may be available to hear concerns that have not yet been resolved through site management. Patient Relations will work with you to access the appeal process. The panel will include at least one patient and family advisor and at least two of the following: a healthcare provider, a medical staff member, a healthcare professional or a representative from Clinical Ethics, who will work with parties involved to come to an agreement/solution.