## Cabinet Peaks Medical Center

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| Originating Department: | Index: | |
| **Nursing Services** | NSG-1011 | |
| Affected Departments/Employees: | Original Effective Date: | Revised Date: |
| All Clinical Departments and Employees | 10/09/12 | 06/17/14 |

**Patient Visitation**

**Purpose:**

To ensure that all visitors of Cabinet Peaks Medical Center (CPMC) enjoy equal visitation privileges consistent with patient preference and subject to the justified clinical restrictions.

1. **Definitions:**
   1. Justified Clinical Restrictions: Any clinically necessary or reasonable restriction or limitation imposed by CPMC on a patient’s visitation rights when restriction or limitation is necessary to provide safe care to the patient or other patients. A justified clinical restriction may include, but need not be limited to one or more of the following:
      1. A court order limiting or restraining contact.
      2. Behavior presenting a direct risk or threat to the patient, medical center staff, or others in the immediate environment.
      3. Behavior disruptive of the functioning of the patient care area.
      4. Reasonable limitations on the number of visitors at any one time.
      5. Patient’s risk of infection by the visitor.
      6. Visitor’s risk of infection by the patient.
      7. Extraordinary protections because of a pandemic or infectious disease outbreak.
      8. Substance abuse treatment protocols requiring restricted visitation.
      9. Patient’s need for privacy or rest.
      10. Need for privacy or rest by another individual in the patient’s shared room.
      11. When a patient is undergoing a clinical intervention, treatment or procedure and the treating health care professional believes it is in the patient’s best interest to limit visitation during the clinical intervention or procedure.
   2. Patient: Anyone admitted or is seeking services within the facility or properties.
   3. Support Person: A family member, friend or other individual who is at the facility or properties to support the patient during the course of the patient’s stay, treatment, procedure and may exercise the patient’s visitation rights on the patient’s behalf if the patient is unable to do so. Such individual should be legally responsible for making medical decisions on the patient’s behalf.
2. **Policy:**
   1. Full and equal visitation for all visitors is available based on a patient’s or his or her support person’s designation consistent with the patient’s preferences.
      1. Patient’s have the right to be informed of their visitation rights to include identifying any clinically necessary or reasonable restriction or limitation that may need to place on such right and the reasons for the clinical restrictions or limitations.
      2. Patients are advised that they may withdraw visitation rights at any time.
      3. Visitors are not restricted or limited or otherwise denied visitation privileges on the basis race, color, national origin, religion, sex, gender identity, sexual orientation or disability.
      4. Whenever possible, patients are notified of their visitation rights before care is provided.
   2. Visiting hours are flexible and may vary based on patient care needs.
      1. After hours when the front entrance of the main medical center campus is locked, the visitor is to use the phone in the entry way to communicate with staff as to who they will be visiting.
      2. The staff will contact and/or notify the respective departments that visitors are present and if appropriate visitation is acceptable after hours based on the justified clinical restrictions.
3. **Procedure:**
   1. Prior to care being provided, CPMC should inform each patient of his or her other rights (or his or her support person, where appropriate) in writing through the CC-004: Patient Rights handout of:
      1. Patient’s visitation rights;
      2. Patient’s right to receive the visitors whom he or she designates, including but not limited to, a spouse, domestic partner (including a same sex domestic partner), another family member or friend;
      3. Patients’ right to withdraw or deny such consent at any time;
      4. Justified clinical restrictions which may be imposed on a patient’s visitation rights.
   2. Visitors can have a positive impact on patients and family members.
      1. However, patient care is the primary objective.
      2. Guidelines are based on the patient and family needs taking into consideration family culture and the patient/family response to illness.
      3. In the interest of patient safety, the nurse may be in the best position to determine whether any restrictions are clinically necessary and may document any restrictions on the care plan.
   3. All visitors designated by the patient (or support person where appropriate) shall enjoy visitation privileges that are no more restrictive than those that immediate family members would enjoy.
   4. CPMC shall accept verbal confirmation from a patient of individuals who would be admitted as visitors of the patient and individuals who should be denied visitation rights.
      1. CPMC may record such information in the patient’s medical record for future reference.
      2. In the event the patient is a minor, the legal parent of the minor shall be given the opportunity to verbally designate the individuals permitted to visit the minor child.
   5. A patient may verbally designate a support person to exercise the patient’s visitation rights on his or her behalf, should the patient be unable to do so.
      1. Upon such designation by a patient, the legal status of the relationship between the patient and the designated support person shall be irrelevant.
      2. The designation of any individual as the patient’s support person however does not extend to medical decision making.
      3. In the event the patient is unable to exercise his or her patient visitation rights, CPMC shall recognize the support person’s verbal directive as to who should be admitted as visitors of the patient and individuals who should be denied visitation rights with respect to such patient.
   6. In the event the patient is unable to select visitors due to incapacitation and such patient has not designated a support person to exercise the patient’s visitation rights, CPMC may consider the following non-exhaustive forms of proof to establish the appropriateness of a visitor or to designate a support person for the incapacitated patient when two or more individuals claim to be the incapacitated patient’s support person capable of exercising the patient’s visitation rights;
      1. An advance directive naming the individual as a support person, approved visitor, or designated decision maker (regardless of the state in which the directive is established);
      2. Shared residence;
      3. Shared ownership of a property or business;
      4. Financial interdependence;
      5. Marital/relationship status;
      6. Existence of a legal relationship (may be a legal relationship recognized in another jurisdiction, even if not recognized in Montana or Lincoln County jurisdiction, including parent-child, marriage, or domestic partnership);
      7. Acknowledgement of a committed relationship (e.g., an affidavit);
      8. Written documentation of the patient’s chosen individual(s) even if it is not a legally recognized advance directive.
   7. CPMC may impose justified clinical restrictions on a patient’s visitation rights.

When restricting visitation rights, CPMC shall explain to the patient (or Support Person as applicable) the reasons for the restrictions or limitations on the patient’s visitation rights and how CPMC‘s visitation policies are aimed at protecting the health and safety of all patients.

* 1. Children visitation overnight is discouraged except if death is believed to be imminent.
  2. If a female patient is admitted and requests a newborn to stay, CPMC requires that another responsible adult stay at all times to provide care for the child.
  3. Larger crowds should be directed to the Quiet Room or other General Waiting areas.

The nurse may suggest one or two individuals to serve as communicators and make frequent visits to the patient for an update to facilitate communication.

* 1. Overnight visitation should first be at the patient’s request, if the patient is capable of providing input into that request.

Some of the common situations that warrant overnight visitation are:

* + 1. Patient is terminal and end-of-life care is being provided.
    2. Unstable/critical condition.
    3. Family members are needed to provide care, e.g. communications, to provide safety needs etc.
    4. Night following surgery.
    5. Ethnic or family culture dictates not to leave family members alone.
    6. Pediatric patient.
  1. Nursing staff will make reasonable accommodations for the overnight visitors, e.g. recliner, if available, roll-away bed, if available, blanket, pillow etc.
  2. If any patient of CPMC believes that his or her patient visitation rights have been violated, they may file a complaint using CPMC internal grievance process.

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| **Rule/Cite/Tag:** | | | | | |
| CoPs, Tag C-1000 | | | | | |
| **Medical Center Policy Cross Reference:** | | | | | |
| ED-26-02-47: Visitors and Crowd Control; OR-2016: Nonsurgical Services People in the OR; CC-004: Patient Rights | | | | | |
| **Revision and/or Replacement Date(s):** | | | | | |
| 11/01/13 | | | | | |
| Approved By: | | | Approval Date: | | |
|  | ***See Hard Copy for Signature*** |  |  | 06/17/14 |  |
|  | Anita Ivankovig, RN, Chief Nursing Officer |  |  |  |  |
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|  | Bruce Whitfield, CEO |  |  |  |  |