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Owner Sharon McKenzie

Area Patient Rights

Applicability HCA Florida Twin Cities Hospital

Visitation Policy

SCOPE:

All staff, healthcare providers, patients and families.

PURPOSE:

- To provide guidelines for visitation of patients while recognizing the importance of visitation to our patients from the families, friends, or support persons.
- To embrace the philosophy that each patient has different support systems and that the patient should participate in decision making related to visitation, reducing anxiety, and allow the necessary rest to recover.
- To ensure that all visitors of patients enjoy equal visitation privileges consistent with patient preferences and subject to the hospital's justified clinical restrictions.

DEFINITIONS:

Support person: Someone who provides emotional support, comfort and alleviates fear during the patient's hospital stay

Justified Clinical Restrictions – Any clinically necessary or reasonable restriction or limitation imposed by the hospital on a patient's visitation rights which restriction is necessary to provide safe care to patient or other patients.

POLICY:

It is the policy of HCA Florida Twin Cities Hospital (hereafter referred to as the hospital) to provide the highest quality of patient care possible, keeping the importance of visitors in a patient's treatment in mind, and the importance of proper rest in the healing process.

The facility follows the guidelines from Centers for Medicare and Medicaid and the Agency for Health Care Administration on patient visitation rights and prohibits discrimination based on age, race, color, national origin, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression. Visitors chosen by the patient must be able to enjoy "full and equal" visitation privileges consistent with the wishes of the patient. This right must be balanced with the rights of all patients particularly each patient's

rights of confidentiality, privacy, and security.

All hospital staff and clinicians encourage families and other partners in care to be involved and supportive of the patient according to patient preference. They recognize and reinforce that families are integral to patient safety, comfort, medical and psychological well-being, and the healing process.

Cultural differences will be recognized and considered when making determinations.

The patient has the right to choose who may visit them during their stay, regardless of whether the visitor is a spouse, a domestic partner (including a same-sex domestic partner), another family member, a friend, guardian or essential caregiver. Patients are provided a clear explanation of the right to consent to receive visitors who he or she designates through the patient rights and responsibilities information provided at registration.

The patient acknowledges their understanding of the hospital's visitation policy and this acknowledgement is documented in the medical record on the Conditions of Admission form signed by the patient or patient's representative at registration.

The patient / family member / support person is given the opportunity to read and ask questions about their patient visitation rights. Visitation information is also included in the Patient Guide.

The patient also has the right to withdraw or deny such consent to visitation of an individual at any time.

The facility allows for the presence of a support individual of the patient's choice, unless the individual's presence infringes on other's rights, safety, or is medically or therapeutically contraindicated. The hospital may prevent or limit the person from patient-directed visitation

The following guidelines are intended to be flexible in order to respond to the diverse and individual needs and preferences of each patient and unanticipated and unique circumstances, as well as to assure the safety of patients, families, and staff.

1. Visitors are welcome during visiting hours according to patient preference with exceptions made during times of community infectious outbreak or extenuating circumstances. In these instances, caregivers will encourage virtual visitation via phone or video chat.
2. Families are encouraged to designate a family spokesperson to facilitate effective communication among extended family members and hospital staff.
3. In situations where the patient can't speak for him or herself, is otherwise incapacitated and cannot identify who should be present, or when there is no obvious significant other, hospital staff make the most appropriate decisions possible under the circumstances. Taking a broad definition of family and other partners in care into account, staff will welcome whomever has arrived with the patient.
4. Specialized units may have set visitation hours and may limit the number of visitors at a given time, i.e., Critical Care.
5. Patients, families, nurses, and other members of the health care team can ask to reevaluate or modify the presence and participation of families at the bedside at any time. All such collaborative decisions will be documented in the patient record. In situations where there are shared rooms (semi-private rooms, recovery areas), this negotiation will include the other patient, his or her family, and other partners in care.
6. Special visiting considerations are made on an individual basis, for those patients who

are critically ill, end of life situations, childbirth, pediatric patients, and persons making major medical decisions regarding the patient; such determinations may be made by the Administrator on Call, Nursing Supervisor or the Unit Director.

7. Visitors are asked to minimize noise and to remain in the patient's room or in the designated waiting room or public areas of the building. Any visitor found in areas where visitation is not permitted should be asked to leave the area. Visitors may be asked to step out of the patient's room for short periods to accommodate care interventions.

Waiting Rooms:

- Waiting room areas are available to patients, family and visitors.
- Volunteers and staff will check with the visitors in the Surgery/Critical Care waiting room at periodic intervals to keep visitors informed of the patient progress through surgery or to answer any questions regarding the patient condition.
- Clergy will be extended the courtesy of flexible visitation, providing the patient requests the visit and it does not interfere with medical care/treatment..

Special Considerations:

1. If an outbreak of infection requires some restriction for public health, the staff must educate the patient and family to ensure safety to the patient and visitor.
 - a. Visiting may be limited or restricted during pandemics or other community outbreaks.
 - b. Visitors should communicate with the nursing staff to receive instructions regarding the prevention of infection while visiting.
 - c. Visitors who have signs of infectious disease (fever/chills, sore throat, cough, vomiting, or diarrhea) in the previous 48 hours are prohibited from visiting.
 - d. Visitors are expected to conform to posted infection control precautions as well as any necessary screening, personal protective equipment and other infection control recommendations as instructed by the care team.
 - e. Visitors will not be required to show proof of vaccination or immunization and may interact with patients if patient allows.
2. Visiting Patient on Isolation Precautions:
 - a. In the case of isolation patients, the nurse assigned to the patient is required to educate visitors regarding the isolation protocols including the use of personal protective equipment (PPE) for the safety of the patient, visitor, staff, and remaining hospital population. Education is also provided on the door to explain the appropriate PPE required for entry. Education will be documented in the electronic medical record.
 - b. Visitors are asked to wash their hands before entering and leaving the patient room. Hand sanitizer is provided at the door of each room.
3. With respect to the presence of children:
 - a. Children are not restricted by age, however the facility recommends that

- children under the age of 12 are not permitted in the patient care areas unless there are extenuating circumstances.
- b. Children under the age of 12 shall not be left unattended at any time within the hospital and must be under the direct supervision of a responsible adult to assure a safe environment for the child and patient.
 - c. Children under the age of 12 will not be allowed in isolation rooms.
4. It is the responsibility of all staff members to be aware of visitors in their areas and report suspicious or unauthorized visitors to their supervisor or security immediately.
 5. Visitors are not allowed in procedural areas.
 6. A justified clinical restriction may include, but not limited to one or more of the following: Visitors may be asked to leave under the following circumstances:
 - a. At the patient's request, the patient becoming agitated during visitation and any circumstance that would not be in the best interest of the patient;
 - b. There may be infection control issues;
 - c. Hospital is aware that there is an existing court order restricting contact;
 - d. Visitors engage in disruptive, threatening, or violent behavior of any kind
 - e. Visitation may interfere with the care of other patients or need for privacy;
 - f. There is suspicion that illicit drugs or paraphernalia is being provided to the patient, or
 - g. Extraordinary protections because of pandemic or infectious disease outbreak;
 - h. The patient is undergoing care interventions. However, while there may be valid reasons for limiting visitation during a care intervention, we try to accommodate the needs of any patient who requests that at least one visitor be allowed to remain in the room to provide support and comfort at such times.
 7. Food and Drink may not be given to patients without permission of the nursing staff.
 8. Baker Act/ Care Alert Patients:
Please refer to the policy entitled Identification & Management of Care Alert Patients
 9. After Hour Visitors
 - a. Family arriving to the hospital after 2000 and before 0600 will enter through the Emergency Department entrance and sign in with the Security.
 10. Disruptive behavior and unsafe practices by visitors will be addressed directly and promptly. If the need is warranted, hospital staff may terminate visitation privileges of any visitor. Staff will notify Security and complete an occurrence report.
 11. The hospital leadership has the right to modify the visitor policy in compliance with state and federal mandates and as needed for the safety of patients and staff. All changes to the visitor policy will be communicated and displayed for patients and visitors both on site and on the facility website for review.

REFERENCES:

The Joint Commission Comprehensive Accreditation Manual for Hospitals –
RI.01.01.01
Centers for Medicare and Medicaid §482.13 (h) (1-4)
F.S. 408.8235 – No Patient Left Alone Act
The Florida Mental Health Act; Baker Act
CDC Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in
Healthcare Settings

All Revision Dates

7/21/2022, 11/18/2021, 4/18/2019, 11/15/2018, 1/1/2012

Approval Signatures

Step Description	Approver	Date
BOT	Mary Dailey: Coord Data/ Quality Systems	7/21/2022
MEC	Mary Dailey: Coord Data/ Quality Systems	7/6/2022
OSQR	Mary Dailey: Coord Data/ Quality Systems	6/21/2022
	Sonna Harding: CNO, HCA Healthcare Twin Cities Hospital	6/7/2022
	Sharon McKenzie: Dir Quality & Risk/ ECO & Site Admin	6/6/2022