# Patient and family recommendations for addressing visitation policies during COVID-19

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The COVID-19 crisis has called on healthcare organizations globally to take measures to provide for the safety and well-being of both those served and those who work in healthcare every day. In the immediate days after the surge in this crisis, hospitals and healthcare organizations had to make difficult choices that continue to have a lasting impact on the opportunity for family presence and the involvement of care partners in care settings for both COVID and non-COVID patients. While actions have varied across organizations, and virtual opportunities sprang into existence in many places, the impact of decisions around visitation and the presence of that support must be revisited and understood.

Policies developed by state departments and boards of health are used by hospital leaders to develop visitation guidelines that protect public safety and the safety of healthcare workers. In the healthcare system – which includes hospitals, ambulatory facilities and clinics – visitation policies have varied from state to state, and the restrictions set by state departments of health have even led some hospitals to suspend visitation for some patients or for specific durations of time.

It is essential to acknowledge and act on the need for policies and practices that ensure this basic need for care partners is met and the associated evidence-based outcomes that result from effective patient and family engagement are realized. To address this moment of challenge, and the decisions related to visitation, we offer the following recommendations:

1. **When looking at visitation policies, *care partners* must be seen as active and essential members of the care team** with steady presence in the patient's care (even before the pandemic), and *visitors* are people who are not actively part of the patient's care or care team.

2. **Hospital visitation policies must include the voices of patients and care partners**, as well as the real and practical concerns of healthcare leaders and workers. Importantly, these visitation policies must be based on the latest scientific evidence rather than political pressures.

3. **As policies are developed, it is essential for departments of health to consider the safety impact of care partners** in defining how hospitals regulate the number of visitors, the processes for COVID-19 versus non-COVID patients, and how patient and care partner safety are managed.

4. **Patients, care partners, healthcare staff and the community must have a clear understanding of visitation policies**, and policies must be flexible enough to accommodate individual family circumstances and risk factors. It is essential that visitation policies be updated regularly on healthcare system websites and publicized through social media and other communication

platforms, so patients and visitors have a clear understanding of the guidelines and whom to contact with their questions and concerns.

5. **It is essential that all people in the healthcare setting wear masks, including visitors, staff and care partners.** Mask wearing is considered a necessary step in COVID-19 infection control and must be required in all healthcare settings. Hospitals must provide masks for all patients, care partners and visitors who do not have one.

6. **All patients must have the option to have a care partner present in the healthcare setting**. Care partners are currently considered imperative for pediatric patients, medically complex patients and patients with dementia, post-op delirium, developmental delays and disabilities, regardless of age. The importance of care partners, however, extends beyond these populations. Research shows that family presence and participation contribute to a loved one's quality of care and quality of life. Care partners often serve as advocates and protect the safety and wellbeing of patients, in addition to managing consents for care. The presence of care partners in the healthcare setting should be seen as a benefit to safety, not just as a risk. However, keeping care partners safe involves some specific policy imperatives that can slow the spread of disease while protecting patients' and care partners' ability to advocate and participate in their care. The following scenario provides one example:

   > *When my mom needed to visit the hospital because of an issue with her pacemaker, I checked the hospital's website, which said that for seniors without COVID-19, one family member was allowed to come in as their care partner / family caregiver. But when I called to ask questions about PPE, I was told the policies about care partners changed daily, and the website wasn't up to date. At that time, they only allowed a care partner in one time and for just one hour — and only if it was an end-of-life situation. Serious cardiac surgery on an 87-year-old can quickly turn into an end-of-life situation. But even if I went, how would I know which one hour to choose if I was allowed in? Who should I talk with to negotiate this? In the end, I was told I couldn't come into the hospital at all. Since I couldn't be present, I asked for a call when the physicians rounded, but they couldn't tell us when the doctors would round, and the physicians wouldn't proactively call me or my sister-in-law, who is the medical Power of Attorney. Luckily, my mom was lucid and able to call us on speaker. The audio wasn't great, but our conversation revealed a medication issue that could have been life-threatening. The doctor said it was very important we'd been on the phone to tell him this. Yet, this was all dependent on my mom being able to make the call.*

   This powerful patient story illustrates the importance of care partners, the threats to patient safety when care partners cannot be engaged effectively and the necessity for supporting their engagement with policies and resources.

7. **There should be no more than two identified care partners allowed for any patient during the duration of a hospitalization.** Healthcare settings have been challenged with limiting the number of care partners and screening those care partners regularly so ensuring manageable and consistent numbers enables effective contact tracing in the event of COVID-19 exposure.

8. **Care partners' temperatures and symptoms must be checked upon entry.**

9. When in-person visits are not possible for care partners due to public health concerns or family participation factors, **all efforts must be made by healthcare staff to facilitate quality virtual visitation**.

10. Overnight stays are an expected mainstay in hospital pediatric care; similarly, **special accommodations for overnight visits must be made** for all based on patients' needs and ability to participate in care.

11. In order to ensure the safety of visitors in COVID-19 patient areas, **hospitals must provide/ supply appropriate personal protective equipment (PPE) for visitors.** This PPE must consist of masks, shields, gowns and gloves. End of life visitation and visitation related to other extenuating circumstances must be considered on an individual basis.

12. **Data on the various special circumstances for visitation must be captured, examined and monitored for disparities** based on socioeconomic status, race and ethnicity, disability, and other factors. Special considerations for childcare and complex social situations must also be managed in ways that produce equitable outcomes. When disparities are identified, policies must be revised to establish equity.

While many suggestions and strategies for visitation have emerged during this time, this set of recommendations is intended to provide both broad perspective and specific guidance from the voices of patients and families in partnership with innovative healthcare leaders. And while not every organization may be able to address each item, a consideration of this wider view is critical in understanding the comprehensive nature of the visitation opportunity during this crisis. In addressing this and other efforts with this complementary and integrated perspective, the PX Policy Forum believes actions can and must be taken to address this issue that is so central to healthcare and so critical for those healthcare serves every day.

**References**

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals. The Joint Commission; 2010. Accessed June 29, 2020. https://www.jointcommission.org/assets/1/6/aroadmapforhospitalsfinalversion727.pdf

Belanger L, Bussieres S, Rainville F, et al. Hospital visiting policies—impacts on patients, families and staff: a review of the literature to inform decision making. J Hosp Adm. 2017;6(6):51-62. doi:10.5430/jha.v6n6p51Google Scholar

Berwick DM, Kotagal M. Restricted visiting hours in ICUs: time to change. JAMA. 2004;292(6):736-737. doi:10.1001/jama.292.6.736

Bohren MA, Berger BO, Munthe-Kaas H, Tunçalp Ö. Perceptions and experiences of labour companionship: a qualitative evidence synthesis. Cochrane Database of Systematic Reviews 2019, Issue 3. Art. No.: CD012449

Dokken DL, Kaufman J, Johnson BJ et al., Changing hospital visiting policies: from families as “visitors” to families as partners. J Clinical Outcomes Management 2015; 22(1), 29-36.
Frampton SB, Guastello S, Hoy L, et al. Harnessing evidence and experience to change culture: a guiding framework for patient and family engaged care. NAM Perspectives. Published online January 31, 2017. doi:10.31478/201701f

Fumagalli S, Boncinelli L, Lo Nostro A, Valoti P, Baldereschi G, Di Bari M et al. Reduced cardiocirculatory complications with unrestrictive visiting policy in an intensive care unit: results from a pilot, randomized trial. Circulation 2006; 113:946–952.

Jabre P, Belpomme V, Azoulay E, Jacob L, Bertrand L, Lapostolle F, Tazarourte K, Bouilleau G, Pinaud V, Broche C, Normand D, Baubet T, RicardHibon A, Istria J, Beltramini A, Alheritiere A, Assez N, Nace L, Vivien B, Turi L, Launay S, Desmaizieres M, Borron SW, Vicaut E, Adnet F. Family presence during cardiopulmonary resuscitation. N Engl J Med. 2013 Mar 14;368(11):1008-18.
MacLean SL, Guzzetta CE, White C, et al. Family presence during cardiopulmonary resuscitation and invasive procedures: practices of critical care and emergency nurses. Am J Crit Care. 2003;12(3):246-257. doi:10.4037/ajcc2003.12.3.246PubMedGoogle ScholarCrossref

Meyers TA, Eichhorn DJ, Guzzetta CE, Clark AP, Klein JD, Taliaferro E, Calvin A. Family presence during invasive procedures and resuscitation. Am J Nurs. 2000 Feb;100(2):32-42

Parsapour, Kourosh & Kon, Alexander & Dharmar, Madan & McCarthy, Amy & Yang, Hsuan-Hui & Smith, Anthony & Carpenter, Janice & Sadorra, Candace & Farbstein, Aron & Hojman, Nayla & Wold, Gary & Marcin, James. Connecting Hospitalized Patients with Their Families: Case Series and Commentary. International journal of telemedicine and applications. 2011.
Shulkin D, O'Keefe T, Visconi D, Robinson A, Rooke AS, Neigher W. Eliminating Visiting Hour Restrictions in Hospitals. Journal for Healthcare Quality 2013

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