

Implementing Open Visitation in Your Unit

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Objectives

- Describe the benefits of family presence.
- Discuss potential challenges in implementing family presence practices
- Identify strategies for successful implementation, including gaining staff buy in.

Conflicts of Interest Disclosure

- None

A Little About YOU

- How many of you either have open visiting hours *or have tried* to have open visiting hours?
- Of those who said yes – how many of you have an approach that is working well?

Why Does Family Presence Matter?



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<http://www.aacn.org/WD/practice/content/practicealerts/family-visitation-icu-practice-alert.content>



Family Presence: Visitation in the Adult ICU

Scope and Impact of the Problem

Evidence shows that the unrestricted presence and participation of a support person can enhance patient and family satisfaction, because it improves the safety of care. This is especially true in the ICU, where the patients are usually intubated and cannot speak for themselves. Unrestricted presence of a support person can improve communication, facilitate a better understanding of the patient, advance patient- and family-centered care, and enhance staff satisfaction.

Expected Practice

- Facilitate unrestricted access of hospitalized patients to a chosen support person (eg, family member, friend, or trusted individual) who is integral to the provision of emotional and social support 24 hours a day, according to patient preference, unless the support person infringes on the rights of others and their safety, or it is medically or therapeutically contraindicated.¹ [Level D]
- Ensure that the facility/unit has an approved written practice document (ie, policy, procedure, or standard of care) for allowing the patient's designated support person—who may or may not be the patient's surrogate decision maker or legally authorized representative—to be at the bedside during the course of the patient's stay, according to the patient's wishes.¹⁻⁶ [Level D]
- Evaluate policies to ensure that they prohibit discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and/or gender identity or expression.¹⁻⁶ [Level D]
- Ensure that there is an approved written practice document (ie, policy, procedure, or standard of care) for limiting visitors whose presence infringes on the rights of others and their safety or are medically or therapeutically contraindicated to support staff in negotiating visiting privileges.⁶ [Level D]

Why Does Family Presence Matter?

- Patient/family centered care
- Legislation on shared decision making
 - To assist patients to collaborate with clinicians to make more informed decisions
 - HHS & NQF to develop standards for & a process to certify Decision Aids to help SDM
 - SDM is addressed in the healthcare policy development in several states
 - Patient Protection and Accountable Care Act
 - Health Care and Education Reconciliation Act

A Little More About YOU

- What would you identify as the top three reasons your staff will voice as reasons **not** to have open visiting?

Barriers?

- > Interrupt/get in the way of patient care
- > Infection risk
- > Patient confidentiality
- > Children
- > Multiple requests for information
- > Agitate patient or keep from rest
- > Disruptive family
- > Other.....

How To Make It Work?

- Assess your environment
- Staff engagement is essential
- Draft plan for how to implement
- Consider potential problems and develop ways to approach them
- Develop an implementation plan

Do You Have a Patient Centered Environment?

- Current culture will strongly impact staff receptivity
- Patient / Family Centered rather than Staff Centered ?
- May determine your approach: full implementation vs. gradual implementation
- Strong, committed senior leadership
- Clear communication of strategic vision
- Active engagement of patient & families throughout the institution
- Sustained focus on staff satisfaction
- Active measurement & feedback reporting of patient experiences
- Adequate resourcing of care delivery redesign
- Staff capacity building
- Accountability & incentives
- A culture strongly supportive of change & learning

Staff Engagement

- Build the case for WHY
 - > Affective
 - > Evidence Based: Practice Alert
 - > Patient satisfaction
- Identify champions / thought leaders
 - > Nursing
 - > Physicians
 - > Others

Create the Plan

- Goals
 - > Metrics
 - > Evaluation
- Envision the change, decide how to get there
- Anticipate problems and objections
 - > Plan approach, answers, support needs

Preview

- Solicit input on the plan

Education and Process Change

- Formal:

- > what, how, when and what if?
- > Supports and tools
- > Evaluation process

- Informal

- > Peer support & encouragement
- > Sharing stories
- > Celebrations

Resources and Support

- Practice Alert
- Family letter/brochure
- Institutional supports
- Others who have been successful

Your Thoughts?

- Questions
- Experiences
- Successes
- Challenges
- Plans?

References

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Thank You!

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