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ICU POLICIES AND PROCEDURES MANUAL

APPROVED BY: ICU Chief
Directors Committee
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ICU CARE PARTNER PRESENCE AND VISITATION POLICY

INTENT

To provide guidance to staff and patient's family and friends to facilitate the presence of care partners and visitors at the bedside while continuing to ensure that patients receive ongoing therapeutic care in a healing environment in the Intensive Care Unit.

POLICY

Queensway Carleton Hospital (QCH) has recognized the need for a patient and family centred approach to health care and has prioritized the delivery of health care services around the needs of its patients and their families. Recognizing the distinction between care partners and visitors, QCH supports care partner presence and participation at all times, which has proven benefits such as enhanced patient and family experience of care, improved management of acute illnesses, enhanced continuity of care, reduced hospital readmissions and cost savings. Care partner presence can help to reduce anxiety and isolation in the patient and family thus improving healing and recovery (Institute for Patient and Family Centered Care, 2010).

Care partner presence and visitation policies are reviewed at times of increased risk and patient access may be altered based on risk and patient needs.

DEFINITIONS

Patient - all individuals who receive health services across the continuum of care at QCH.

Family - a relative of the patient or any other person (significant other) with whom the patient shares an established relationship.

Care Partner - an individual designated by the patient on admission or later during their hospital experience to support the patient during the hospital stay and during the discharge process.

Children - anyone under 14 years of age.

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Outbreak - an increase in the number of cases (colonized and/or infected) above the number normally occurring in a particular health care setting over a defined period of time. The case definition of an outbreak is defined by Infection Prevention and Control in consultation with Ottawa Public Health.

Attending Physician/Intensivist - the physician who has the responsibility and accountability for the medical care of the patient.

Staff - all employees (full time, part time, casual), physicians, registered volunteers, students, and affiliates.

Visitor - any person with whom the patient has a relationship, that the patient would like to see.

PROCEDURE:

Care Partner Presence

1. The name of the care partner(s) is obtained from the patient as early as possible in the admission, either in the Emergency Department (ED) or upon arrival to ICU, and is noted in the patient chart, and written on the patient care board at the patient's bedside. In situations where the patient cannot speak for him or herself, is otherwise incapacitated and cannot identify who should be present, or when there is no obvious significant other, such as a spouse or life partner or adult child or parent, hospital staff will make the most appropriate decisions possible under the circumstance. Patients may modify their preferences during their hospital experience.
2. The care partner is welcome 24 hours a day according to patient preference. Special consideration/permission may be granted to have 2 care partners welcome 24 hours a day, depending on the situation.
3. As part of the admission process, the assigned nurse will ensure the patient and care partner(s) are informed of the policy. Care partner presence and visitation information will be available in the ICU Patient Handbook and on the QCH website.
4. The care partner is welcome to participate in providing care, as per their level of comfort (and ability to provide safe care), as desired and as specified by the patient. Nurses and other health care team members provide guidance to patients and care partners in a variety of ways over time about how to ensure safety and quality of care, how to be involved in care, and how to honour privacy and be respectful of other patients and family in close proximity.
5. To facilitate communication, the care partner should be the point of contact with other family members and visitors for updates regarding the patient's condition.

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6. All care partners must be free of communicable diseases (fever, cough, runny nose, sore throat, rash, vomiting, diarrhea) for a minimum of 48 hours and must respect the hospital's infection control practices (hand washing, gowning, gloving and mask use).

Visitors

1. Visitor hours are 1100 -1900 hours.
2. Patients have the right to refuse a visitor. If a patient refuses visitors, an explanation will be given to the visitor(s).
3. At any time, based on the patient's request or medical condition, visitation may be limited to two people at a time, at the discretion of the medical team.
4. Children under 14 years of age are welcomed with adult supervision. Younger children may be developmentally unable to remain with the patient for lengthy periods of time thus requiring short visits, though contact with these children can be of significant importance to the patient, and will be permitted (as per IPAC we do not have PPE for children under 14, alternate arrangements would be required if the patient required isolation).
5. Visitors may be politely requested to leave the room during the delivery of direct patient care in order to ensure privacy.
6. All visitors of the patient must be free of communicable diseases (fever, cough, runny nose, sore throat, rash, vomiting, diarrhea) for a minimum of 48 hours and must respect the hospital's infection control practices (hand washing, gowning, gloving and mask use).
7. Disruptive behaviour and unsafe practices are not acceptable and will be addressed directly and promptly. Any form of aggressive behaviour (includes verbal abuse) will not be tolerated. Protection Services and/or Police will be called and the person(s) may be directed to leave.
8. Visitor guidelines may be changed or suspended at any time according to the hospital's policies and procedures for addressing disease outbreak and other emergency situations in the hospital. In this event, the hospital will do its best to communicate the change to the patients and the community at large in a timely and effective manner. The hospital will do its best to establish alternative ways (e.g. telephone services, electronic communications, delivery services, etc.) for patients to stay in contact with family members and friends during periods when access to the hospital is restricted.

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REFERENCES

Henneman, E. & Cardin, S. (2002). Family-centered critical care: A practical approach to making it happen. *Critical Care Nurse*, 22, 13-19.

Institute for Patient and Family-Centered Care. (2010). Changing hospital "visiting" policies and practices: Supporting family presence and participation. Retrieved from <http://www.ipfcc.org/visiting.pdf>

Mitchell, M., Chaboyer, W., Burmeister, E., & Foster, M. (2009). Positive effects of a nursing intervention on family-centered care in adult critical care. *American Journal of Critical Care*, 18, 543-552. doi: 10.4037/ajcc2009226

Picker Institute. (2008). Patient-centered care improvement guide: Family involvement. Section VII.E. pp.145-169. Retrieved from <http://pickerinstitute.org/publications-and-resources/>