

Beaumont

HEALTH

Title Supporting Presence at Bedside-Family/Partners in Care	Location ALL Beaumont Health	Functional Area Patient Care
Policy Owner Executive VP & Chief Nursing Officer	Document Type Policy	Effective Date 09/06/2016

I. POLICY STATEMENT:

To establish standards which facilitate a safe, secure, healing, and supportive environment for patients, their families, and their partners in care during hospitalization by encouraging and supporting the presence and participation of persons who play significant roles in the physical and emotional care of patients.

This policy provides the structure for care and support to take place with:

- Maximal provisions ensuring a safe and secure environment for treatment and healing.
- Maximal provisions ensuring a safe and secure environment for staff, patients and families and partners in care.

II. PURPOSE:

- To recognize, encourage and support the vital role of families and partners in care in supporting and facilitating the health, healing and well-being of patients in their health journey.
- To recognize, honor and maintain the rights of patients regarding family presence.
- To facilitate patient care without unnecessary interruption.
- To control the spread of infection.
- To maintain the rights of all patients to privacy.
- To alleviate anxiety and apprehensions of both the patient and/or significant others, family, partners in care when conditions exist which require emotional and physical support.
- To comply with safety precautions.
- To assist with maintenance of clean and safe family lounges.

III. DEFINITIONS

- Family is determined by the individual patient, parent, legal guardian or personal representative. Thus, a patient may designate an individual who they are not legally related to as a family member. In pediatrics, particularly with infants and young children, family members are determined by the patient's parent or legal guardian. In the case of a patient who has been deemed incompetent, or is unable to speak for himself/herself and who has properly executed an Advance Directive, family is determined by the patient advocate.

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- B. Partners in Care means any person(s), as defined by the patient, who plays a significant role in an individual's life. This includes spouses and domestic partners as well as a minor patient's parents, regardless of the gender of either parent.
- C. Child is defined as an individual less than 18 years of age except for emancipated minors.
- D. Family Lounges: Public areas where family, partners in care congregate to rest, spend time together. Patients may, if health status permits, also spend time in these areas. These areas provide a resource for families, partners in care who need to remain close to the patient due to the patient's medical condition or other extenuating circumstances. It is important that these areas provide a quiet and restful place for families and partners in care.
- E. Patient and Family Centered Care (PFCC): An approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among patients, families, and health care providers. PFCC applies to patients of all ages and may be practiced in any health care setting.

IV. GENERAL INFORMATION:

- A. There are no formal visiting hours at our hospitals.
- B. Each hospital promotes a quiet, healing environment.
- C. All Beaumont Health entities are committed to a smoke-free environment, including use of electric cigarettes.
- D. Some units/departments may issue a code for safety purposes and may maintain a log of all family/partners in care admitted to the unit/department.
- E. Security is available to ensure the safety of staff and physicians, patients, families and partners in care throughout the hospital and its campus.
- F. Off hours (10:00pm-6:00am) access to the hospital will be limited to specific entrances to ensure the safety of our patients, their family members and our staff. Family members who arrive at the site off hours will be required to use specified entrances.
- G. Due to potential fire hazards the following items are not permitted in patient rooms or waiting areas:
 - Matches, candles, and other open-flame devices;
 - Electrical appliances and cooking utensils;
 - Personal chairs and cots;
 - Blow up mattresses.
- H. Firearms, weapons, and other personal security devices are strictly prohibited on hospital property. Federal, State and other sworn municipal law enforcement officers are permitted to carry duty firearms as prescribed under State law.

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V. POLICY STANDARDS, PROCEDURES/ACTIONS FOR FAMILY PRESENCE:

A. Family Presence

1. At least one adult family member/partner in care will be welcomed at the patient's bedside 24 hours a day, 7 days a week to promote communication, to meet the cognitive and emotional needs of the patient and family/partner in care, and to enhance the caregiver's knowledge and skill.
 - a. The number of family/partners in care per patient is dependent on the patient, family/partners in care, or guardian's request, the patient's medical, emotional and psychological needs, the level of unit activity, and available space.
 - b. Patient/family/guardian-designated family members, partners in care may be present at the bedside during procedures based upon the wishes of the patient and family/partners in care.

B. Expectations for Families, Partners in Care

1. Family/partners in care including children who are sick with fever, upper respiratory infection or other contagious conditions should refrain from visiting patients.
 - a. When staff observes that families/partners in care are displaying symptoms of a communicable disease, staff should address the issue with the family/partner in care to ensure patient and staff safety/health and may require the family/partner in care to leave the premises.
2. Family/partners in care should limit the number of members at the bedside to a number that can be safely accommodated in the patient's room; while not compromising patient care. Nursing leadership may assist/collaborate with patients and family/partners in care to ensure safety.
 - In semi-private rooms, family/partners in care may be limited to two (2) per patient in order to ensure safety and a quiet, healing environment – for both patients.
3. Supervised children may be present with patients in most patient care areas. See below under Guidelines for Specific Areas.
4. Family/partners in care are expected to abide by conduct supportive of the hospital environment.
 - Family/partners in care may be asked to leave the premises if they become disruptive or interfere with the general comfort or care of patients, family members, or staff.
 - Hospital security will be notified to handle disruptive issues as necessary.
5. Family/partners in care including children should perform hand hygiene upon entering and when leaving the patient room.

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6. Family/partners in care may be asked to observe special precautions when present with patients receiving certain treatments, such as chemotherapy, radiation, or isolation precautions, etc.
7. Family/partners in care in possession of, or under the influence of, alcohol or drugs are not permitted in the hospital.

C. Children (Family/Partners in Care)

1. Children may be present with patients in most patient care areas.
2. Children are allowed to visit family members in the intensive care setting to promote coping for the child and promote normalcy for the patient/family.
3. All visiting children must remain under the supervision of an adult (other than the patient and the healthcare team). Parents, guardians, or other supervising adults are responsible for the behavior of visiting children at all times.
 - a. Older children (e.g., older teens > 13 years of age) may be independently present at the bedside of a patient when requested by the patient/parent/guardian.
 - b. During labor and delivery, this adult must be someone other than mom's primary support person.
 - c. In rare situations, a hospitalized single parent may have no other option but to bring their child with them to the hospital. In this situation, contact Social Work or Nursing Supervisor/designee to alert them in order to provide ongoing accommodations for the child. Refer to Legal Affairs for further guidance.
4. Social workers, child life specialists, and nurses are available to assist in preparing children for visiting the hospital.
5. Children are not generally permitted to spend the night unless there are special circumstances that would be in the best interests of the patient and/or child (e.g. end of life, trauma, special life events, etc.). This is a collaborative decision with the healthcare team and patient/family/partners in care.
 - a. When a nursing mother is a patient (in an area outside of obstetrics) the infant may stay in the room but another adult must also be present.
 - b. When primary caregiver of a patient is a mother who is the sole source of nutrition for another child, the nursing infant can remain with the mother.

D. Overnight Stays:

1. Families and partners in care are encouraged to stay with the patient as needed, however, they are encouraged to leave the hospital at night to get rest.
2. Some patient rooms are equipped to accommodate one family/partner in care overnight while some have limited space.

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- If space constraints exist, overnight stays may not be possible in the patient room and family/partners in care may instead be encouraged to stay/rest in the family lounge area.
- 3. Semi-private room:
 - A discussion with nursing and both patients may be necessary to ensure the comfort and safety of both patients with overnight guest requests.
 - The overnight guest may stay/rest in the family lounge area with periodic checks on the patient.
 - Overnight guests are encouraged to bring blanket, pillow, and toiletries when overnight stays are pre-planned.
 - Use of cell phones while patient/patients are resting/sleeping is discouraged – encourage guests to use family lounge

E. Cultural Considerations

1. The patient's cultural and religious beliefs will be honored while providing care for the patient and family to the extent possible.
 - a. Translation Services/MARTTI may also be a resource for language translation as well as addressing cultural diversity.
 - b. Spiritual/Pastoral Care is available to provide consultation and support for all religious and spiritual care needs.
2. Staff is encouraged to have direct conversations with patients/family/partners in care regarding individual cultural and religious needs, requests and accommodations. If a request cannot be specifically accommodated for safety reasons, every effort should be made to help the patient and family/partners in care understand the reason and need for modification, and to identify satisfactory alternatives.

F. End of Life Considerations

1. Access to the patient at the end of life will be unlimited to enhance emotional well-being and coping for family/partners of care.
2. For information and resources for when a loved one has died, and assisting children with death and grief, contact Social Work and/or Spiritual/Pastoral Care.

G. Family Presence during Resuscitation/Codes

1. Family/partners in care may choose to remain with the patient- at, or near the bedside, during resuscitation efforts providing that resuscitative efforts can be carried out appropriately.

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2. A staff member will be identified to educate, assist, coordinate and support the family member/partner in care surrounding their desired level of participation while ensuring the safety of patient, family, and staff.
 - a. Staff such as a nurse, Pastoral Care, and Social Work is available to provide support and assistance during these times.
 - b. Staff may act as the liaison between the medical team and family/partners in care to insure that family/partners in care is informed and their wishes honored as possible.
 - c. Family/partners in care may decide not to be present during a resuscitation, in which case, they should be walked to a safe, private space by staff. They should be kept informed of the patient's status.

H. Calling in Family/Partners in Care in Emergency Situations (10:00pm – 6:00am)

1. Notify Security.
 - a. Where necessary, access to the hospital may be limited to specific entrances between 10:00pm and 6:00am.
 - b. Family/partners in care may be requested to report to the hospital due to a change in the patient's condition. Ascertain an estimated time of arrival from the family/ support person, and then call Security with the information as follows:
 - Patient name;
 - Room number;
 - Time of arrival;
 - Reason for visit;
 - Notify entrance to which family/partner in care was directed.
 - c. For unusual circumstances, the Hospital Administrative Supervisor may also be notified.

I. Restrictions

In certain very specific circumstances, access to patients may have to be restricted. These situations would involve a potential security concern such as inappropriate behavior, discovery/delivery of narcotics, custody issues, personal protection orders, etc. These situations should be handled on an individual basis and coordinated between nursing leadership and security administration.

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VI. GUIDELINES FOR SPECIFIC AREAS:

A. Critical Care and Emergency Center:

1. At least one adult family member/partner in care will be welcomed at the patient's bedside 24 hours a day, 7 days a week to promote communication, to meet the cognitive and emotional needs of the patient and family/partner in care, and to enhance the caregiver's knowledge and skill.
 - a. The number of family/partners in care per patient is dependent on the patient, family/partners in care, or guardian's request, the patient's medical, emotional and psychological needs, the level of unit activity, and available space.
 - b. Patient/family/guardian-designated family members, partners in care may be present at the bedside during procedures based upon the wishes of the patient and family/partners in care.
2. Due to infection control reasons, infants and toddlers presence may be limited or restricted however, on a case by case basis, the team of caregivers and families will collaborate to support an infant or toddler's presence in the ICUs and in the Emergency Center.
3. Children must be supervised by an adult.
4. For infection control purposes, flowers, plants, and fruit are not permitted in the intensive care units.

B. Women's and Children's:

Family Birth Center, Mother Baby Care, Antepartum Care, Pediatrics, Pediatric Intensive Care Unit (PICU) and Neonatal Intensive Care Unit (NICU):

1. Family presence is welcomed and encouraged 24 hours a day, 7 days a week to promote communication, to meet the cognitive and emotional needs of the patient and family/partner in care, and to enhance the caregiver's knowledge and skill.
2. The number of guests may be limited at the discretion of the patient, parents, family and/or partners in care.
3. Anyone who is sick with fever, upper respiratory infection or other contagious conditions should refrain from visiting patients.
4. Anyone having direct contact with newborns will be instructed to use proper hand washing techniques.
5. Sibling presence at the bedside is encouraged. In Pediatrics, friends of hospitalized pediatric patients is encouraged. In the OB areas, an adult other than the mother must be in attendance with any child on the unit.
 - a. Children are not to be left on the unit with the patient under any circumstances.
 - b. Children must be free of signs or symptoms of contagious diseases such as:
 - Fever
 - Cough, cold, sore throat, runny nose, draining, irritated eyes

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- Vomiting, diarrhea,
 - Skin rash, boils
 - Exposure to measles, mumps, chicken pox, whooping cough in the past 3 weeks
 - Other contagious illness in family, school, or other group activities
- c. Children may visit only the mother's room.
- d. Children may not be left unattended in the lobby.
6. For the safety of our patients, these units have restricted access. Please see site specific information below:

Dearborn:

- a. An infant security system is in place on the Mother Baby Unit and Pediatric Unit.
- b. Parents and loved ones are given access to the Mother Baby Unit, NICU, Labor and Delivery and Pediatric Unit by a staff member.
- c. Siblings are encouraged to visit the NICU, if 13 years old or younger a valid proof of immunizations is required to visit.
- d. In the Delivery Room, only one loved one during the delivery.

Farmington Hills:

Triage

- a. Space constraint allow for only two (2) family members/partners in care at a time per patient.

Post-Partum

- a. The unit is access controlled.

Grosse Pointe:

- a. An infant security system is in place in the Cotton Family Birth Center.
- b. Parents and Guests are provided access to the unit through a staff member at the main desk.

Royal Oak:

- a. An infant security system is in place in the Mother Baby Care Unit (Post-Partum Unit). Quiet time is observed from 3-5pm every day in order to promote rest for the new mother.
- b. The Pediatric, Pediatric Intensive Care and the Neonatal Intensive Care Units are secured access.
- c. Parents and Guests are provided access to the unit through a staff member at the main desk.

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- d. Children other than siblings are discouraged from visiting in the Neonatal Intensive Care Unit.

Trenton:

1. The Birthing Center has secured access, as well as, an infant security system in place.

Troy:

Triage, Antepartum, Family Birth Center, Mother Baby Care Unit, and Neonatal Intensive Care Unit (NICU):

- a. Family, partners in care and guests are required to sign in prior to gaining access and sign out upon departure:
 - Between 7:00am and 11:30pm, an access control clerk will monitor access to and from the units.
 - Between the hours of 11:30pm and 7:00am, access to the units will be monitored by the OB Triage Clinical Assistant.

Pediatrics:

- a. The Pediatric Unit is a secured unit (locked access with video surveillance). Family and partners in care are required to request access to the secured unit as well as at time of departure.

Wayne:

- a. An infant security system is in place in the LDRP (Labor, Delivery, Recovery, and Post-Partum) unit.
- b. Triage is limited to one family member due to space constraints.

C. Mental Health:

1. Family/partners in care are encouraged to participate in treatment and be present with the patient on the unit.
2. As a safety precaution all items brought into a patient admitted for mental health services by family/partners in care must be inspected at the security desk and/or nursing station for sharps, glass, alcohol, drugs, or items that could be used for personal harm.
3. For the safety of family, partners in care, and patients, visitation may not be possible in the patient room and, instead, may be encouraged in the family lounge area.
4. Please see site specific information below:

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Farmington Hills:

Geropsychiatric Unit (4 North)

- The unit is access controlled for the safety of the patients.
- Family and significant others are encouraged to visit throughout the day, including participating in activities such as daily care, meals and diversional activities.
- Individual and group therapy sessions have restrictions for privacy reasons.

Royal Oak:

- Visitation is limited to one hour each day from 7-8pm.
- Family meetings are encouraged and coordinated by the staff on the unit or Social Worker.

Taylor:

- Children 14 years of age or older may visit with proper ID and when accompanied by an adult.
- Visitation is encouraged for all between 7-8pm on a daily basis.

VII. ENFORCEMENT:

All employees, medical staff, and volunteers are responsible for administration of the Supporting Presence at Bedside – Family/Partners in Care policy. Each employee should monitor his/her area of responsibility and request those not adhering to the policy to leave quietly or relocate to the designated area for family/partners in care.

CORPORATE AUTHORITY:

Beaumont Health (“BH”) as the corporate parent to William Beaumont Hospital, Botsford General Hospital, and Oakwood Healthcare Inc., (“Subsidiary Hospitals”) establishes the standards for all policies related to the clinical, administrative and financial operations of the Subsidiary Hospitals. The Subsidiary Hospitals, which hold all health facility and agency licenses according to Michigan law, are the covered entities and the providers of health care services under the corporate direction of BH. The Subsidiary Hospitals’ workforces are collectively designated as BH workforce throughout BH policies.

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