1. Introduction

Almost a decade ago, the first hospitals in Ontario began to re-examine the rules which govern the presence of family and friends at the patients bedside as they receive care. The traditional model of a firmly established set of ‘visiting hours’ is giving way to two new models:

- A Family Presence Policy – which ensures the ability of defined family members to stay with their loved one at any time of the day (or night); and

- Open (or Unrestricted) Visiting – which eliminates visiting hours and allows anyone to visit at any time.

With advocacy from the Institute for Patient- and Family-Centered Care (IPFCC) and the Canadian Foundation for Healthcare Improvement (CFHI), many hospitals are currently reviewing, or have recently reviewed and changed their policies, and are shifting from traditional policies of set visiting hours to more open policies.

To encourage and support this trend, the Ontario Hospital Association (OHA) has developed a set of family presence principles that upholds the ideal that patients are encouraged to welcome defined family to their side while in the hospital, regardless of the time of day, while ensuring allowance for locally-developed nuances that are sensitive to the needs of particular departments (e.g. mental health, intensive care units), building conditions (e.g. ward rooms, isolation units) and circumstances (e.g. public health alerts).

Given that “families are integral to patient safety, comfort, medical and psychological well-being, and the healing process”¹, hospitals and their staff, in consultation with patients and families, are encouraged to utilize these principles as a starting point for, rather than a limit to, the development of a policy that welcomes and recognizes families as partners in care.

2. References and Sources

In developing a draft set of principles for adoption in Ontario, the OHA has drawn on:

- The core concepts of family presence policies identified from exemplar policies at leading hospitals across the province of Ontario;

- Guidance from member hospitals with significant experience transitioning to more progressive policies and who have directly engaged their patients and families to develop their policies; and

- Guidance literature and best practices identified by the Institute for Patient- and Family-Centered Care (IPFCC) and its patient advisors, and/or the Canadian Foundation for Healthcare Improvement (CFHI) and the Better Together Campaign.

¹ IPFCC Family Presence Template Guidelines
3. Principles

1. Patients should be assured that their family will be welcomed at their side regardless of the time of day.

In accordance with a patient’s wishes, defined family should be able to remain with their loved one at any time, as part of the patient-centered plan of care.

2. Policies should adopt the broadest possible definition of ‘family’.

Patients define their ‘family’ and how they will be involved as partners in care. ‘Family’ is intended to be interpreted inclusively (as in chosen family) rather than exclusively (as in legal or biological limits).

3. Family presence must be balanced with other factors affecting patient care.

The presence of family at the bedside must be understood as balanced with other needs for patient care. These may include, but are not limited to, timely and effective care, rest and sleep, privacy of the patient or any patient roommate(s), safety and security, infection prevention and control, etc. As such, patients, families and interprofessional teams are encouraged to work collaboratively on a plan of care to ensure family presence is balanced with the range of factors that affect patient care.

4. Developing a family presence policy, or changing an existing family presence policy and/or visitor policy, should always be done in consultation with patients, families, and hospital staff.

Consultation with hospital staff could be done through existing staff engagement mechanisms or through participation in an process specific to developing a new policy. Many hospitals have relied on positive experiences from similar organizations that have already made changes to dispel fears regarding more progressive policies. Consultation with patients and families could be done through the hospital’s patient and family advisory councils or through other patient engagement strategies. Organizations should consider involving two or more Patient/Family advisors in the drafting process for the actual policy as well.

4. Practice Considerations

To meaningfully put these principles of family presence into practice in a complex hospital environment, a significant number of considerations are advisable in developing a hospital policy. As a starting point for an organizations review of their policy, nine major areas for consideration are included below:

1. Family presence is subject to patient preference, with family and care team input.

At all times, the wishes of the patient are paramount. Being identified as a patient’s partner in care does not provide an absolute right to remain at the bedside. Patients, families and the interprofessional care team may collaborate to determine the number of people welcomed at the bedside at any one time. In the event that the patient is unable to express their preferences, a substitute decision-maker will be involved, as appropriate.

2. It is still appropriate to differentiate between “family” and “visitors”.

While family presence polices recognize family members as partners in care who are welcome to remain at the bedside at all times, it is still appropriate to limit the visiting times of a wider circle of guests.

3. The elimination of visiting hours should not be understood as an obligation for family members to be present around the clock.

Family members should be encouraged to practice self-care and ensure their own health with adequate rest and respite.
4. Family members who are defined by the patient as partners in care should be given a way of identifying themselves to staff.

Proactively providing defined family with some form of identification both helps reinforce their right to be there and any distinction between family/partner in care and visitors. This identification may assist in expediting entry to the building after hours, and mitigate security concerns of staff.

5. As family presence is balanced with other factors, a mechanism for addressing any concerns should be identified for patients, families and staff.

In the event of some concern regarding family presence, which cannot be addressed at the care team or unit level, the organization should identify a clear point of contact for any family presence related concerns. Some of these other factors may include: providing timely and effective care, rest and sleep, privacy of the patient or any patient roommate(s), safety and security, infection prevention and control, etc.

6. Certain additional steps may still be required to enter a hospital building after hours.

For the safety and security of patients, families, and staff, family members who are designated as partners in care may need to enter through a certain door, buzz in to have a door unlocked, check in with security upon entering the building, wear visible identification, check in at the nurses station, or observe other requirements as appropriate for the organization.

7. Certain additional requirements are appropriate with respect to children:

a. Young children must be accompanied by a non-patient responsible adult.

b. Children should be prepared by their family or other non-patient, responsible adult for the experience of being in a hospital and be able to generally abide by the expectations of all family regarding their presence in hospital (noise level, privacy of other patients, allowing staff to fulfil their duties, etc.)

8. Public Health restrictions may limit family presence.

In the event of a public health event affecting the whole hospital, family presence may be temporarily limited or restricted.

9. Linking to related policies.

Organizations may consider linking their family presence policy to other related policies, including, but not limited to:

- Patient concerns management
- Patient Bill of Rights
- Hand hygiene
- Pet visitation

5. Member Input

If you have any questions, comments, or concerns about the principles for family presence or the practice considerations contained within this document, or can report on how your organization has made changes with respect to family presence or open visiting policies, please contact Andrew MacLeod, Program Lead, Patient and Family Engagement, at 416-205-1532, or ajmacleod@oha.com.