

ADMINISTRATIVE MANUAL

Policy and Procedure

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Applies To:	All Patient care settings		

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PREAMBLE

Nova Scotia Health Authority (NSHA) aims to provide person-centred, high quality, safe, and sustainable health and wellness for all Nova Scotians, supportive of Family Presence. NSHA defines Family as anyone in a Patient’s support network; as defined by the Patient (See [Appendix A](#) for all definitions). Family Presence results in increased coordination of care, fewer medication errors, fewer readmissions, reduces falls, and a better overall healthcare experience (Patients Canada, 2015).

NSHA recognizes that Family Presence is integral to the healing process so that Patients have the support they need, when they need it, and from those most significant to them (Accreditation Canada, 2017).

NSHA honours diversity and accommodates Patients with respect to Visitors, faith perspectives, spiritual rituals, and traditions wherever possible.

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POLICY STATEMENTS

1. Patients may identify up to two people as Family or Primary Support Person and define how they will be involved in care and decision-making.
2. The person(s) chosen as Family/Primary Support Person may change over time as specified by the Patient.
3. The Patient's Substitute Decision Maker or next of kin identifies the Family when a Patient is unable to participate.
4. Patients have the right to limit or deny Family Presence or visitation.
5. Interruption to Family Presence for reasons of safety or privacy will be at the discretion of NSHA Health Care Providers. NSHA is committed to a collaborative approach to these conversations.
6. NSHA is responsible for protecting the health and safety of all Patients, Family, Staff, and Visitors, and is committed to decreasing the risk of transmission of infectious diseases.
7. The Family/Primary Support Person is welcome to spend the night with the Patient where space is adequate.
 - 7.1. The Family/Primary Support Person must be able to safely stay alone and care for themselves.
8. The Family/Primary Support Person must be sensitive to the needs of other Patients and Families by keeping noise and disturbances to a minimum.
 - 8.1. Cell phones and other electronic devices must remain on silent mode.
9. Staff will collaborate with the Patient and Family/Primary Support Person to facilitate Family Presence in case of an outbreak of infection.

GUIDING PRINCIPLES AND VALUES

- Patient Autonomy: The Patient has the right to decide who is and is not part of their Family Presence care team.
- Patient Access: Patients and Families/Primary Support Persons are welcomed 24 hours a day according to Patient preference.
- Family Support and Respect: The Family/Primary Support Person is respected as an essential member of the health care team helping ensure quality and safety.

PROCEDURE

1. Family Presence for Designated Family or Primary Support Person
 - 1.1. Patients identify up to two people upon registration/admission to be their Family or Primary Support Person and define how they will be involved in care and decision-making.
 - 1.2. The health care team clarifies Patient preferences regarding who will be present during rounds, exams, and procedures.

- 1.3. The health care team records the information on the chart and communicates consistently and comprehensively to all who are involved in the Patient's care across settings.
- 1.4. The health care team encourages the Family/Primary Support Person(s) to share questions/concerns/options regarding the Patient's daily needs, care goals, and readiness for discharge.
- 1.5. The Family/Primary Support Person(s) designates a spokesperson to facilitate effective communication among extended Family members and hospital Staff.
- 1.6. Patients and Family/Primary Support Person(s) will be advised upon registration/admission that Family Presence may be interrupted.
- 1.7. Family presence may be interrupted for reasons including, but not limited to:
 - 1.7.1. Any potential risk to Patients, Staff, or Family/Primary Support Person
 - 1.6.2 To ensure the privacy rights of other Patients are respected.
2. Overnight Family Presence
 - 2.1. Health care Staff collaborate with Patients and Families, to determine the number of people welcomed at the bedside at any one time, including overnight.
 - 2.2. The Family/Primary Support Person provides their own food, personal care items, and tidies their sleeping area.
 - 2.3. Staff provide the Family/Primary Support Person with information about use of washrooms, access to linens, access to food, and other amenities/services that support Family Presence.
3. Conduct and Behaviour
 - 3.1. Health care Staff ask the Family/Primary Support Person to leave the facility if their behaviour becomes disruptive to Families, Staff, or other Visitors, or interferes with Patient care.
 - 3.2. Health care Staff inform the Family/Primary Support Person about the privacy and confidentiality of all Patient information.
 - 3.3. The Family/Primary Support Person has access to information about the safe use of NSHA electronic infrastructure.
4. Illness
 - 4.1. Health care Staff ask the Family/Primary Support Person to NOT be present if they are feeling unwell, or experiencing the following, including but not limited to: infection, cold and flu symptoms, fever, diarrhea, nausea or vomiting.
 - 4.2. Health care Staff ask the Family/Primary Support Person to NOT be present if they have a communicable disease, symptoms of a communicable disease, or have been exposed to a communicable disease to which they have no immunity.
 - 4.3. Health care Staff strongly encourage the Family/Primary Support Person to check with their family physician before returning to be with the Patient if they are unsure if they are contagious.

5. Infection Prevention and Control Considerations

5.1. Family/Primary Support Persons use the same protective equipment as Health Care Providers (i.e. gloves and long sleeved gown) when assisting with Patient care.

5.2. The Family/Primary Support Person and Visitors will perform hand hygiene with an alcohol-based hand rub or soap and water upon entering and leaving the Patient room, and before accessing unit fridges, ice machines, etc.

6. Outbreak Precautions/Additional Precautions (Contact, Droplet, or Airborne Precautions)

6.1. Health Care providers will provide Family/Primary Support Persons with instruction on their proper use of Personal Protective Equipment (PPE) during Family Presence, hand hygiene practices, and restrictions on the use of shared space (TV lounges, kitchenettes etc.).

6.2. Family/Primary Support Persons must wear PPE as directed by unit Staff.

6.3. The Family/Primary Support Person cannot stay overnight if the Patient is on isolation.

6.4. Exceptions to additional precautions for compassionate or emergent situations will require an infection control consultation in collaboration with the Patient, Family/Primary Support Person, and health care team.

NOTE:

Should anyone have feedback regarding this policy, please direct them to the care team for input and entry into the Family Experience Icon within the Safety Improvement Management System (SIMS).

In the event of specific feedback regarding experience related to Family Presence, Patients may contact Patient Relations.

REFERENCES

- Accreditation Canada. (2017). Standards: Leadership. Retrieved from <http://intra.nshealth.ca/accreditation/SiteAssets/SitePages/Standards/Leadership.pdf>
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- Shulkin, D., O’Keefe, T., Viscani, D., Robinson, A. Rooke, A., & Neigher, W. (2013). Eliminating visiting hour restrictions in hospitals. *Journal for Healthcare Quality*, 36(6), 54-57.
- Alberta Health Services. (2012). Family presence at South Health Campus. Retrieved from <http://www.cfhi-fcass.ca/sf-docs/default-source/patient-engagement/better-together-ahs-e.pdf?sfvrsn=2>

RELATED DOCUMENTS

Appendices

[Appendix A - Definitions](#)

[Replacing the Following District Health Authority Policies/Version History](#)

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APPENDIX A – DEFINITIONS

- Patient:** In NSHA, the term Patient means all individuals including clients, residents, and members of the public who receive or have requested health care or services from NSHA and its health care providers.
- Family/Primary Support Person:** The broad definition of Family is defined by each Patient.
“A person or persons who are related in anyway (biologically, legally, emotionally) including immediate relatives and other individuals in the clients support network. Family includes a client’s extended Family, partners, friends, advocates, guardians, and other individuals. The client defines the makeup of their Family and has the right to include or not include Family members in their care, and redefine the makeup of their Family over time” (Accreditation Canada)
- Substitute Decision Maker:** For the purpose of PHIA, an SDM may give or refuse consent to the collection, use and disclosure of PHI on the behalf of an individual who lacks the capacity to make the decision. The SDM of an individual shall be chosen from the following descending order:
- (a) a person who is authorized by or required by law to act on behalf of the individual;
 - (b) the individual's guardian appointed by a court of competent jurisdiction;
 - (c) the spouse of the individual;
 - (d) an adult child of the individual;
 - (e) a parent of the individual;
 - (f) a person who stands in loco parentis to the individual;
 - (g) an adult sibling of the individual;
 - (h) a grandparent of the individual;
 - (i) an adult grandchild of the individual;
 - (j) an adult aunt or uncle of the individual;
 - (k) an adult niece or nephew of the individual;
 - (l) any other adult next of kin of the individual;
 - (m) the Public Trustee.
- Visitor:** Refers to a guest of the Patient and can include friends, colleagues, or relatives who may wish to visit the Patient.

District Health Authority Policies Being Replaced

AVDHA 500.017 Visiting on the Unit: Inpatient Mental Health

CBDHA 01-009 Quiet Time

CBDHA 3-155 Visiting Hours

CEHHA 405-502 General Information (Superseding only section "Visiting Hours")

GASHA 2-30 Visitors

GASHA 3-190 Visiting Hours

PCHA 6-v-10 Visiting Hours and Rest Period

SWNDHA 600.120 Visitors to Isolation

Version History

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)
New 2017-09-18	