 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS ALL CHILDREN'S HOSPITAL</p>	Johns Hopkins All Children's Hospital, Inc.	<i>Policy Number</i>	VISIT001
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**Keywords:** family presence, patient visitation, visitation, visiting, visiting hours

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## **I. PURPOSE**


This policy describes the guidelines and patients' rights regarding individuals who accompany or visit patients while at the Participating Organization.

## **II. POLICY**

### **Patient Family-Centered Care**

Johns Hopkins Medicine (JHM) values the positive impact on healing, safety, and well-being of the patient which is provided by the presence of Care Partner(s) and/or Visitor(s). For this reason, restrictions on the presence of Care Partner(s) and/or Visitor(s) shall be kept to a minimum. As described in this policy, there may be instances when the presence of Care Partner(s) and/or Visitor(s) may be limited to meet the clinical needs of patients.

- A. Patients have the right to receive Care Partners and/or Visitors (see [Patient Rights and Responsibilities](#)) of their choice, as well as the right to withdraw or deny such consent at any time.
- B. Except during a public health emergency or other emergency situation:
  1. In inpatient settings, we promote Care Partner presence with the patient, 24/7, and Visitors during visiting hours.
  2. In outpatient settings, we promote Care Partner presence with the patient at appointments.
- C. Visiting shall not be restricted, limited or otherwise denied on the basis of color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, marital status, lack of legally recognized familial relationship, status with regard to public assistance, status as a disabled veteran, genetic information or any other characteristic protected by federal (tribal), state or jurisdictional law.
- D. Patient Directed Care Partner and Visitor Restrictions:
  1. A patient or the parent/guardian of a minor patient has the right to designate who is or who is not allowed to see the patient.
  2. Patients have the right to non-sexual Consensual Physical Contact with Care Partners and/or Visitors.
- E. Treatment Team/Staff -Directed Care Partner and Visitor Restrictions:
  1. It may be necessary to limit or restrict Care Partners and Visitors in situations in which visitation could jeopardize the health or well-being of the patient, Care Partner, Visitor or staff.
  2. Patient participation in visiting restriction determination:


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- a. In all cases where visiting must be limited to achieve therapeutic goals, a care team member will provide information regarding the reason for the limitation and collaborate on the final outcome with the patient and the individuals that the patient wishes to be involved in the process.
3. Clinically necessary restrictions on visiting may be considered due to the following reasons or situations:
  - a. Another individual in a patient's shared room needs privacy or rest;
  - b. To limit stimuli and/or promote developmentally necessary rest (e.g., premature infants, brain injury);
  - c. To prevent interference with care, or infringement on the rights of patients and staff;
  - d. To minimize the patient's risk of infection by the Care Partner or Visitor (i.e., Care Partner or Visitor has a communicable, infectious disease);
  - e. To minimize the Care Partner or Visitor's risk of infection by the patient (i.e., patient has a communicable, infectious disease).
  - f. See ADMINSEC004 WPV Type II policy for violence directed by patients, Care Partners or Visitors on staff.
- F. Legal/Safety/Security Restrictions:
  1. Visiting restrictions may be considered due to the following reasons or situations:
    - a. In the event of a public health emergency, public safety situation, or natural disaster/severe inclement weather, visiting guidelines may be adjusted. The organization will follow all federal, state, local and JHM mandates if a change to visitation is required;
    - b. A court order limiting or restraining contact;
    - c. Patient is in custody of law enforcement;
    - d. For infant security;
    - e. A crisis or special situation as determined by executive leadership
  2. Care Partners and Visitors may be prohibited from visiting or accompanying a patient, or requested to leave the premises, if staff reasonably determine the presence of a particular individual could endanger the health or safety or could significantly disrupt the operations of the facility (e.g., interfere with the health care team's ability to practice safely; create a hostile or intimidating environment; disrupt the delivery of patient care; suspected abuse). See ADMINSEC004 WPV Type II policy for violence directed by patients, Care Partners or Visitors on staff.
  3. Visiting may be further restricted by the Office of Public Safety based upon known facts of the criminal incident, at the request of law enforcement, or at the request of the patient care team.

### III. DEFINITIONS

*Note: Defined words are capitalized throughout the text of this policy.*

Care Partner(s)	Any <u>adult</u> individual(s) the patient/parent or legal guardian wishes to have at the patient's side. May provide support and/or can be included in the patient's care decisions, but may not override the LAHD.
Consensual Physical Contact	Touching between the patient and Care Partner or Visitor, but excludes any contact of a sexual nature.
Legally Authorized Healthcare Decision-maker (LAHD)	An individual authorized by law to make health care decisions for another.

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Visitor	<p>Any individual(s) that the patient/LAHD or parent/guardian chooses to have visit or support the patient. May include:</p> <ol style="list-style-type: none"> <li><b>Lay Caregiver</b> - As required by Maryland and District of Columbia law; An adult (18 years of age or older) designated by the patient or the patient's legal guardian to perform <u>after-care</u> as outlined in the discharge plan whom the patient allows their health care team to share their discharge plan and after-care needs.</li> <li><b>Other Visitors</b> - An adult patient, or parent/guardian of a pediatric patient, can identify anyone they desire as a Visitor.</li> <li><b>Professional Support Persons</b> (e.g., private duty nurse, case manager)</li> </ol>
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#### **IV. RESPONSIBILITY**

The following roles are responsible for providing visiting information and/or making staff-related visitation decisions.

- A. Front Desk Staff of the Participating Organization (e.g., Information Desk, Guest Services, Registration, Public Safety)
  1. Obtains appropriate identifying information as required by the Participating Organization.
  2. Provides directions and information as requested.
  3. Issues access badges where required.
- B. Public Safety staff, where present:
  1. Supervises facility access;
  2. Maintains liaison with clinical staff, local law enforcement in managing the Visitor Restriction List;
  3. Provides an updated Visitor Restriction list to the Participating Organization's Front Desk Staff.
- C. Patient Care Team (e.g., nursing staff, technologists, authorized prescribers, case managers)
  1. Communicates and applies visiting policy in partnership with Care Partners and Visitors.
    - Provides handoff reports about patient visitation needs or requests
  2. Identifies visitation concerns about individuals who may need to be restricted from visiting the patient and escalates the information through the Participating Organization's chain of command.
  3. Identifies, escalates and documents serious and unresolved Care Partner or Visitor behaviors inconsistent with the visiting policy in the electronic medical record (EMR).
    - Recommends entering information into the Hopkins Event Reporting (Hero) system, as needed.
- D. Participating Organization's Assigned Decision-Makers (e.g., Supervisor, Administrator-on-call, Patient Experience Office, JHHS Legal Department)
  1. Determines appropriate actions for any questions or concerns that arise from the Patient Care Team.
- E. Participating Organization's Administrative Executive Leadership/Designee (e.g., Vice President of Medical Affairs and Chief Nursing Officer).
  1. Ensures staff adhere to this policy and guidelines.
  2. May restrict visiting based on their assessment of a situation.

#### **V. PROCESS**

- A. **Patient Care Team Guidance**
  1. Realizing the importance of Care Partners and Visitors at the patient's side, the Patient Care Team shall:
    - a. Educate patients, Care Partners, and Visitors regarding visiting expectations and responsibilities.
    - b. Allow for additional flexibility in administering the following Visiting Guidelines, in consultation with the Unit Manager/Supervisor.

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2. The Patient Care Team, throughout the patient visit/stay shall:
  - a. Communicate patient visiting needs or requests to the oncoming Patient Care Team.
  - b. Identify and address Care Partner and/or Visitor behavior(s) that are inconsistent with this policy and document as indicated.
  - c. Notify the Participating Organization-specific department to communicate additions/changes to the Care Partner(s) and Visitor(s) Restriction List.
3. The Patient Care Team is not responsible for the care or supervision of unaccompanied minors/dependents.
4. The Patient Care Team may:
  - a. Need to limit Visitors in shared spaces (e.g., hallway).
  - b. Escalate concerns through the Participating Organization's established chain of command process.
  - c. Contact Public Safety and Participating Organization Administrative Executive Leadership for unresolved situations that may require assistance.

## B. Visiting Guidelines

### 1. General Information

- a. All LAHDs, Care Partners and Visitors are required to check in upon entering the facility.
- b. Care Partner presence is welcome 24/7 to support the patient.
- c. Visitors are welcome during the Participating Organization's Visiting Hours.
- d. Concerns about individual situations may be directed through the Participating Organization's chain of command for resolution.
- e. Space constraints may limit the number of Care Partners and Visitors that may be present at one time.
- f. There are other situations where Visitors may also be restricted (e.g., respiratory virus season). See Policy Section IV. for additional restrictions.

### 2. ADULT PATIENT - Visiting Guidelines

#### a. Hospitalized Patient

##### i. During Visiting Hours

- Up to two (2) Care Partners or Visitors per patient at a time may be at the patient's side during visiting hours when a patient is in a semi-private room, space permitting.
- Up to four (4) Care Partners or Visitors per patient at a time may be at the patient's side during visiting hours when a patient is in a private room, space permitting.
- Children under 16 must be accompanied by an adult other than the patient.
- Additional Care Partners or Visitors may be at the patient's side under some circumstances (e.g., long-term hospitalization, family meeting, end-of-life visits; patient/family request).



##### ii. Overnight Stay

- One (1) adult Care Partner may stay overnight.
- Up to two (2) Care Partners for patients with a disability are welcome to support the patient 24/7.
- Additional Care Partners may stay overnight under some circumstances. Examples include but are not limited to: end-of-life visits; patient/family request.

#### b. Emergency Department (ED)

- i. Up to two (2) Care Partners or Visitors per patient at a time may be at the patient's side, space permitting.
- ii. Children under 16 must be supervised by an adult at all times.
- iii. Patients with psychiatric or behavioral complaints may require additional visiting restrictions.
- iv. Additional Care Partners or Visitors may be at the patient's side under some circumstances (e.g., family meeting, end-of-life; patient/family request).

#### c. Specialty Areas (e.g., Psychiatry, Labor and Delivery, Perioperative Areas)

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- i. Follow the Participating Organization's specialty area visiting guidelines. See Supportive Information Section VIII.
    3. **PEDIATRIC PATIENT - Visiting Guidelines**
      - a. **Hospitalized Patient**
        - i. **During Visiting Hours**
          - Up to four (4) Care Partners and/or Visitors (including siblings/minors) per patient at a time may be at the patient's side, space permitting.
          - Children under the age of 18 must be accompanied by an adult unless they are the parent of the patient.
          - Additional Care Partners or Visitors may be at the bedside under some circumstances (e.g., long-term hospitalization, family meeting, end-of-life visits; patient/family request).
        - ii. **Overnight Stay**
          - Up to two (2) adult Care Partners or parents of any age may stay overnight, space permitting.
          - Additional Care Partners may stay overnight under some circumstances (e.g., end-of-life visits; patient/family request).
      - b. **Emergency Department**
        - i. Up to (2) adult Care Partners or parents of any age per patient at a time may be at the patient's side, space permitting.
        - ii. Children under 18 must have adult supervision available.
        - iii. Patients with psychiatric or behavioral complaints are limited to visiting with Care Partners (including legal guardians) only.
        - iv. Additional Care Partners or Visitors may be at the patient's side under some circumstances (e.g., long-term hospitalization, family meeting, end-of-life; patient/family request).
      - c. **Specialty Areas (e.g., Psychiatry, Perioperative Areas)**
        - i. Follow the Participating Organization's specialty area visiting guidelines. See Supportive Information Section VIII.
    4. **OUTPATIENT AREAS/CLINICS - Visiting Guidelines**
      - a. **All Areas**
        - i. Up to two (2) Care Partners or Visitors (including siblings/minors) are welcome to accompany patients to appointments, space permitting.
          - Imaging, Operating Rooms, Procedural Areas: For safety reasons, Care Partners or Visitors may not be permitted in exam/procedure rooms.
        - ii. Children under 12 shall be supervised by an adult at all times.


## **VI. DISSEMINATION**

This policy will be communicated to the appropriate JHHS personnel via the following channels:

1. The Participating Organization shall inform all medical personnel and staff, including Public Safety personnel, on the provisions of this policy through Leadership Management Forums, internal publications and websites, Public Safety briefings, and at employee orientation.
2. This policy will be placed in the Hopkins Policy and Document Library.

## **VII. SUPPORTIVE INFORMATION**

See Also:

 <p><b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS ALL CHILDREN'S HOSPITAL</p>	Johns Hopkins All Children's Hospital, Inc.	<i>Policy Number</i>	VISIT001
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**References:**

1. Conditions for Coverage and Conditions of Participation. Centers for Medicare & Medicaid Services Conditions for Coverage & Conditions of Participation, May 2020 [Hospitals | CMS](#) Accessed 12/20/22
2. Comprehensive Accreditation Manual for Hospitals (CAMH) 2023
3. [Senate Bill 988 - Enrolled](#) View Bill Summary [here](#)

**Sponsor:**

- JHM Quality and Safety Committee on Policies

**Developer(s)**

- JHHS Visitor/Care Partner Policy Workgroup

**Review Cycle:** Three (3) Years

<b>Committee</b>	<b>Approval Date</b>
Johns Hopkins All Children's Hospital and Health System, Medical Executive Committee	2/14/23

**VIII. SIGNATURES**

<b>Electronic Signature(s)</b>	<b>Date</b>
Melissa Macogay Vice President, Chief Nursing Officer, Johns Hopkins All Children's Hospital	05/08/2023
Joseph Perno Vice President of Medical Affairs, Johns Hopkins All Children's Hospital and All Children's Health System	05/08/2023