

| Policy | | |
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| Category Patient Care Services | Orig. Effective Date 01/11 | Revised & Effective 12/11, 06/13, 06/16, 03/17, 01/20, 09/21, 12/2022 |
| Policy # 135 | Pages 5 | |

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| TITLE/SUBJECT | <i>Patient Visitation Rights</i> |
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PURPOSE It is the policy of Baptist Health Deaconess Madisonville to have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reasons for the clinical restriction or limitation.

SCOPE Baptist Health Deaconess Madisonville

AUTHORIZATION Collaborative Practice Employee Wellness Council, Nursing Practice Quality Council, Administration

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| DEFINITIONS |
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Surrogate (or Representative) A person designated by the patient to serve as the patient’s legally authorized representative when the patient is unable to participate in decisions regarding medical care. Such designation may be given in a living will directive, a durable power of attorney, a written designation of health care surrogate, a verbal authorization by the patient documented in the patient’s medical record, or by statute.

Support Person A person designated by the patient to be present with the patient or to serve as the patient’s authorized representative to exercise the patient’s visitation rights when the patient is unable to do so. The patient’s surrogate will be the patient’s support person unless the patient designates another person to exercise his/her visitation rights. A person designated solely as a support person to exercise the patient’s visitation rights will not be authorized to make medical decisions for the patient.

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| POLICY |
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We will inform each patient (or support person, where appropriate) of his or her visitation rights, including any clinical restriction or limitation on such rights, when he or she is informed of his or her other rights.

We will inform the patient that any legally designated surrogate, identified in an advance directive, a durable power of attorney, or by statute, will be recognized as the patient's designated support person for the purpose of exercising the patient's visitation rights. If the patient wishes to designate another individual to act as his/her support person to exercise the patient's visitation rights, the patient may do so. Such designation will be documented in the patient's medical record. A person solely designated as a support person for the purpose of exercising the patient's visitation rights will not be authorized to make medical decisions for the patient.

- Example: The patient has a DPOA designating her brother, who lives out of state, to make medical decisions for her. Because her brother is out of state, she designates her friend as her support person. If the patient should become incapacitated, the brother would be authorized to make medical decisions on her behalf and the friend would be authorized to exercise the patient's visitation rights.

We will inform the patient (or support person, where appropriate) of the right to permit visiting by, but not limited to, a spouse, a domestic partner, family members, or friends, and his/her right to restrict any and all visitors. The determination of who may visit the patient will be made by the patient or, if the patient is unable to do so, by the patient's designated support person, in accordance with hospital policy.

We will not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

We will ensure that all visitors enjoy visitation privileges consistent with patient preferences. In the event the patient is incapacitated, the support person or representative will be granted direct access to the patient as much as possible.

We will notify the patient that if he/she believes that his or her visitation rights have been violated, the patient or his or her representative may file a grievance with the hospital using the hospital's internal grievance resolution process.

Note: Individual Specialty Units may have additional limitations that are specific only to those units for patient safety and to provide optimal care for the patient. (i.e. Acute Rehabilitation Unit, Behavioral Health Unit, NICU, etc.).

We may restrict or limit visitors for the following reasons:

- When the patient is undergoing care interventions;
- When there may be infection control issues;
- When visitation may interfere with the care of other patients;
- Any court order limiting or restraining contact;
- Behavior presenting a direct risk or threat to the patient, Hospital staff or others in the immediate environment;
- Behavior disrupting to the functioning of the patient care unit including disruptive, threatening, or violent behavior of any kind;

- Patient need for rest or privacy;
- Reasonable limitations on the number of visitors at any one time;
- Minimum age requirements for child visitors;
- Patient's risk of infection by the visitor;
- Visitor's risk of infection by the patient;
- Any minor less than 16 not accompanied by an adult;
- Extraordinary protections because of a pandemic or infectious disease outbreak;
- Substance abuse treatment protocols requiring restricted visitation;
- And other clinically appropriate restrictions, as needed.

We will make a best effort to accommodate a patient's request that at least one visitor be allowed to stay in the room to provide support and comfort when undergoing a procedure if the clinical situation allows for it.

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| PROCEDURE |
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1. The person performing the admission assessment will ask the patient or their support person, where appropriate, to identify who, if anyone, will be their designated support person, and any preferences or limitations on visitation. Reinforce that we do not police all visitation so we will need to be advised of problems. Document wishes in the medical record.
2. If the patient or support person provides documentation regarding the wishes of the patient as to the designation of support person, place patient labels on the document and send to medical records to be scanned in the electronic chart.
3. The person performing the admission assessment will also advise the patient or their support person, where appropriate, of clinical restrictions in place on visitation and the reasons for those restrictions. Document in the medical record.
4. In the event there is conflict regarding who may visit or who is the patient's designated support person, clarify with the patient his/her wishes.
5. If the patient is incapacitated and an individual asserts that he/she is the patient's spouse, domestic partner, adult child, parent, or other family member and thus is the patient's support person, that assertion will be accepted without demanding supporting documentation. If more than one person claims to be the patient's support person, or if there is reasonable cause to believe that the individual is falsely claiming relationship with the patient, or if state law requires it, we will request documentation to substantiate the claims of those involved.

Examples of documentation might include:

- An advance directive naming the individual as a surrogate, approved visitor or designated decision maker (regardless of the State in which the directive is established);
- Financial interdependence;
- Marital/Relationship status;

- Existence of a legal relationship recognized in another jurisdiction, even if not recognized in this jurisdiction, including: Parent-child, civil union, marriage, domestic partnership;
- Acknowledgment of a committed relationship (e.g. an affidavit); and
- Written documentation of the patient's chosen individual(s) even if it is not a legally recognized advance directive.

A refusal of an individual's request to be treated as the patient's support person or representative, based on one of the above specified familial relationships, must be documented in the patient's medical record along with the specific basis for the refusal.

6. In the event that a patient, who is incapacitated, has both a surrogate/representative and a support person who are not the same individual, and they disagree on who should be allowed to visit the patient, we will defer to the decisions of the patient's surrogate/representative.
7. In the event the patient is incapacitated, the support person or representative should be granted direct access to the patient as much as possible. Any clinical restriction or limitation on such access will be explained to the support person or representative.
8. Quiet hours are observed in the hospital from 11:00 PM to 5:00 AM. Visitors will be encouraged to leave so that patients may rest. One support person will be permitted to stay overnight with each patient on all inpatient units. Overnight stays on specialty units will be according to unit policy. No minors under 18 years of age may stay overnight unless special permission granted. A patient's decision to opt out (to remain unlisted in the hospital census and prevent the release of any information) will not affect the right of the patient to designate a support person or to exercise his/her visitation rights.

APPROVAL

[Electronic Signature]

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 Baptist Health Deaconess Madisonville
 CPEWC Co-Chair
 Date: 12/6/2022

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Catherine Cobb, BSN, RN
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 Baptist Health Deaconess Madisonville
 Date: 12/9/2022



Robert L. Ramey, MBA, FACHE
President
Baptist Health Deaconess Madisonville
Date: December 15, 2022

The policies and procedures set forth in this Policy do not establish a standard to be followed in every situation. It is impossible to anticipate all possible situations that may exist and to prepare policies for each. This Policy should be considered guidelines with the understanding that adaption from the Policy may be required at times. Accordingly, it is recognized that clinicians providing healthcare are expected to use their own clinical judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. If this Policy contains reference to clinical literature, the literature cited is only intended to support the reasoning for adoption of certain guidelines contained herein. It is not an endorsement of any article or text as authoritative. Baptist Health Deaconess specifically recognizes there may be articles or texts containing other valid opinions which would support other care or actions, given a particular set of circumstances. No literature is ever intended to replace the education, training and experience, or exercise of judgment of the healthcare providers.