Canadian Foundation for Healthcare Improvement

MUCH MORE THAN JUST A VISIT:

A REVIEW OF VISITING POLICIES IN SELECT CANADIAN ACUTE CARE HOSPITALS

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Erratum
An earlier version of this report incorrectly stated the average provincial scores for usefulness of website information (Table six). This version has been corrected and table six now includes the correct average scores for usefulness of website information by province. All descriptive text discussed in the findings related to this table is correct and remains unchanged.

Recognition and Disclaimer

This report was researched and written by Elina Farmanova, Maria Judd, Christine Maika and Graeme Wilkes of the Canadian Foundation for Healthcare Improvement (CFHI). The authors thank Nancy White, former Manager, Home and Continuing Care with Canadian Institute for Health Information for assistance with defining methodology for this review and Suzanne Y. Mattei of the New Yorkers for Patient & Family Empowerment, Inc. for helpful advice on this project. Appreciation and thanks are also due to Jenni Bouchard, Paula Khoury and Karen Nicole Smith for their contributions to the report.

CFHI is a not-for-profit organization dedicated to accelerating healthcare improvement and transformation for Canadians, and is funded through an agreement with the Government of Canada. The views expressed herein are those of the authors and do not necessarily represent the views of the Government of Canada.

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Executive Summary

Better Together is a three-year campaign launched by the Institute for Patient and Family-Centered Care (IPFCC) – a non-profit organization located in the US to change the concept of families as 'visitors' to families as partners in care in hospitals across North America. In 2014, the Canadian Foundation for Healthcare Improvement (CFHI) partnered with IPFCC to spearhead the Better Together campaign in Canada. Family presence policies enable patients to designate family members or other caregivers to participate in their care and have unrestricted access to them while hospitalized. Thus, family presence policies differentiate between 'family' – who have unrestricted access – and other 'visitors' for whom visiting policies apply.

This report offers a snapshot of the visiting policies at select Canadian acute care hospitals and is representative of hospitals sampled between February and April 2015. In total, 114 eligible acute-care hospitals across all Canadian provinces and territories were included in the review. The sample included 55 large community hospitals, 55 teaching hospitals, two medium-sized community hospitals, one community acute care hospital and one small hospital. As there were no large hospitals in Canada's territories, one medium-sized hospital was included from Yukon and Northwest Territories, and one small hospital was included from Nunavut.

The survey method was selected in order to identify and evaluate information that is publicly available to families wishing to visit their loved one in hospital. Adapting the methodology of an existing study[1], hospital web sites were scanned and scored based on how accommodating their policies were for family members and visitors; and the availability and usefulness of information on visiting hours and visiting policies. Two phone calls were made to each hospital to validate data posted on web sites; no new information or clarifications were sought via the phone. This review establishes for the first time**:**

1. The openness of visiting policies in Canada's acute care hospitals, as communicated to patients, families and citizens on hospital web sites;

2. Whether these visiting policies are communicated on hospital web sites and whether this information is useful for family members and visitors; and

3. Validates whether the information conveyed by a switchboard operator over the telephone or obtained from the hospital's audio recording is consistent with the visiting hours communicated on the hospital's web site.

A total of 36 Canadian hospitals with 'accommodating' visiting policies were identified. Although these visiting policies may not all rise to the level of full 'family presence,' their leadership in this area is commendable and demonstrates a commitment to creating environments supportive of patient- and family-centred care. However, current visiting policies, including open policies, may not be well

[1] New Yorkers for Patient & Family Empowerment and the New York Public Interest Research Group. (2012). *Sick, scared and separated from loved ones: A report on NYS hospital visiting policies and how patient centered approaches can promote wellness and safer healthcare.* Retrieved from http://patientandfamily.org/educational-information/sick-scared-separated-from-loved-ones-hospital-visiting-policies/

communicated to staff, visitors and families, and thus, may be inconsistently implemented. Consistency in visiting policies across hospitals could reduce and ultimately eliminate disparities in care experiences as well as the need for staff to make exceptions to less accommodating visiting policies on a case-by-case basis.

However, changing visiting policies is not a simple task. For more accommodating policies to be accepted, a dialogue among staff, patients, families and caregivers, and the broader community is required. Fundamental change is necessary to recognize the key role that patients' families, friends or designated care partners can play in the care of patients and to shift away from the view that families are only 'visitors' rather than partners in care and allies for quality and safety.

CFHI encourages Canadian hospitals to consider implementing and communicating family presence policies as one practical step towards delivering more patient and family-centred care. Hospitals that are beginning to contemplate changing policies are encouraged to take CFHI's Better Together pledge, as are hospitals that have already begun the change process and are moving to adopt family presence policies. For more information, please visit http://www.cfhi-fcass.ca/BetterTogether.

Preface

This report was prepared by the Canadian Foundation for Healthcare Improvement (CFHI) as part of the *Better Together: Partnering with Families* campaign. *Better Together* is a three-year campaign launched by the Institute for Patient- and Family-Centered Care (IPFCC)– a non-profit organization located in the U.S. – to change the concept of families as 'visitors' to families as partners in care in hospitals across North America. In 2014, CFHI partnered with IPFCC to spearhead the Better Together campaign in Canada to promote family presence and the participation of families and caregivers in healthcare.

CFHI is a not-for-profit organization funded by the Government of Canada, dedicated to accelerating healthcare improvement. CFHI plays a unique, pan-Canadian role in supporting healthcare delivery innovation, helping teams from different jurisdictions work together on common improvement priorities, providing opportunities to share and implement evidence-informed solutions across regions, provinces and territories.

The Better Together campaign is the latest CFHI initiative to promote patient and citizen engagement in healthcare improvement, building on our earlier work in the Patient Engagement Projects (2010-13) and Partnering with Patients and Families for Quality Improvement Collaborative (2014-15). CFHI's experience and evidence both suggest that effective engagement of patients and families is a potentially transformative lever for catalyzing improvements in patient- and family-centred care and other quality domains. Family presence policies are an innovation at the level of organizational design and service improvement that can have a profound impact on the culture of organizations delivering health services and can catalyze patient- and family-centred care. It is our hope that this supportive campaign will enable hospital leaders to begin a conversation about changing their policies to promote family presence and participation.

This report captures a snapshot of the visiting policies at select Canadian acute care hospitals and is therefore representative of these hospitals sampled between February and April 2015. It shines a light on the leading policies of exemplary hospitals across Canada that have already created policies and practices fostering family presence and participation. In addition to this report, CFHI has created a number of resources that can equip Canadian hospital leaders with the tools and supports needed to engage patients, families and providers, and to introduce family presence policies that welcome families as partners in care.

For more information, visit www.cfhi-fcass.ca/BetterTogether.

Introduction

In recent years, healthcare organizations in Canada and in countries with comparable health systems have focused on improving the quality of the health services they provide. The Institute of Medicine released a seminal report in 2001 identifying patient -entered care as one of six aims of quality[2] . Other international institutions, such as the Commonwealth Fund have followed suit, defining high quality care as care that is effective, safe, coordinated and patient-centred, where patient-centeredness consists of "care delivered with the patient's needs and preferences in mind."[3]

Attributes of patient-centred care encompass a number of different aspects of healthcare, including measures such as communication, continuity of care, patient engagement and consideration of patient preferences. Based on these and other measures, in 2014 the Commonwealth Fund ranked Canada 8th of 11 comparable countries on patient-centred care.[4] There is certainly an opportunity for improvement in the state of patient-centred care in Canada.

The practice of patient-and family-centred care is supported at all levels of healthcare. Landmark reports such as Saskatchewan's *Patient First Review Commissioner's Report to the Saskatchewan Minister of Health* identified recommendations to improve the Saskatchewan healthcare system by pursuing a "truly patient- and family-centered heath system". Ontario's *Patients First: Action Plan for Health Care* builds on the 2012 blueprint for health system improvement and lays the foundation for patient-centered care in Ontario.[5] Operationally, Alberta Health Services has established a department of Engagement and Patient Experience and developed a framework and team to guide and support the inclusion of patients' and families' voices and experiences in improvement efforts across the province. In British Columbia, the release of the 2007 *Primary Health Care Charter – A Collaborative Approach* identified the philosophy of "patients as partners" as a key ingredient to healthcare transformation and called on infrastructure supports to operationalize the philosophy. Accreditation Canada has strengthened its patient-centered care standards and language when accrediting healthcare organizations[6]. At the facility level, a growing number of healthcare organizations have identified patient-and family-centered care as a strategic priority. Professional organizations have also endorsed patient- and family-centered care through the development of

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[2] Institute of Medicine. (2001)Crossing the Quality Chasm: A New Health System for the 21st Century. Vol. 6. Washington, DC: National Academy Press;

[3] The Commonwealth Fund. (2014). *Update How the U.S. Health Care System Compares Internationally*. The Commonwealth Fund. Accessed August 28, 2015: http://www.commonwealthfund.org/publications/fund-reports/2014/jun/mirror-mirror

[4] Ibid.

[5] http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/

[6] Accreditation Canada (2015). Backgrounder: Client-and family-centered care in the Qmentum Program. Accessed November 3 from: http://www.cfhi-fcass.ca/sf-docs/default-source/patient-engagement/accredication-canada.pdf

clinical best practice guidelines such as those produced by the Registered Nurses' Association of Ontario[7].

The U.S. Institute for Patient- and Family-Centered Care has broadened the discussion of patient-centred care to include the important role family members, caregivers and other support persons play in patient's care. IPFCC defines patient- and family-centred care (PFCC) as "an approach to the planning, delivery and evaluation of healthcare that is grounded in mutually beneficial partnerships among healthcare providers, patients and families."[8] Delivering this kind of care means recognizing that the presence and participation of families are essential to patient care, quality and safety.

Growing recognition of the importance of PFCC has led many healthcare organizations to encourage the presence and participation of family members and other caregivers in the delivery of care.[9] Policies that encourage family presence throughout a patient's care are emerging in hospitals and other healthcare facilities across North America. Family presence policies are a practical next step healthcare organizations can take towards the delivery of PFCC. These policies enable patients to designate family members or other caregivers to participate in their care as their partners in care and have unrestricted access to them while hospitalized. Family presence policies offer an important distinction between traditional 'visitors' and family members who have a unique role as partners in care.

An acute care hospitalization can be a major event in the lives of patients and their loved ones. Not only are patients clinically vulnerable, they are often mentally and emotionally compromised. They need the support of the people who know them best. The presence and participation of designated family or other care partner can be facilitated by open or accommodating visiting policies that welcome families and caregivers into the hospital, afford them the opportunity to be at the patient's bedside and enable them to participate in care according to the patient's preferences.

Establishing accommodating visiting policies (or family presence policies) is an essential step supporting integration and engagement of patients and their families and care partners in the careprocess. Fundamental change is necessary to recognize the key role that patients' families, care partners and others play in the care of patients and to shift away from the view that families are only 'visitors' and not partners in care. To facilitate this change, hospitals must reflect on current visitation policies in all units including emergency rooms and intensive care units[10] and evaluate current policies against the evidence and preferences of patients.

There is growing evidence in favour of family presence, particularly in critical care. Family presence and participation in care benefits patients, families and caregivers, hospitals and providers by lowering readmission rates, improving medication

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[7] RNAO (2011) Person-and Family-Centered Care Clinical Best Practice Guidelines. Accessed October 29, 2105 from: http://rnao.ca/bpg/guidelines/person-and-family-centred-care

[8] IPFCC (2010). *Frequently Asked Questions*. Accessed on August 28, 2015: http://www.ipfcc.org/faq.html

[9] Jiang, S., Warre, R., Qiu, X., O'Brien, K., & Lee, S. K. (2014). Parents as practitioners in preterm care. Early Human Development, 90(11), 781-785. doi:10.1016/j.earlhumdev.2014.08.019 [doi]

[10] Leape L, Berwick D, Clancy C, Conway J, Gluck P, et al. (2009). Transforming healthcare: A safety imperative. *Quality and Safety in Health Care, 18*:424-428

adherence, maintaining cognitive function in seniors and preventing falls.[11] In the United States, seven hospitals that adopted family presence policies reduced the incidence of patient falls by 35 percent and injuries from falls by 62 percent during 18-month of project and eight months post-intervention.[12] Furthermore, a 2014 U.S. Health and Human Services report on patient safety found that readmission rates dropped by 17.5 percent over six years and the rate of harm dropped 9 percent in two years at healthcare facilities that have family presence policies.[13]

Visiting policies that are not accommodating and do not involve family members in a patient's care are likely to increase anxiety and dissatisfaction in both critically ill patients and their families[14], increase risk for medication errors and falls, and can also result in inconsistent patient care while in hospital. In the United States, advocacy efforts led by IPFCC have yielded some success; while a 2008 survey of 606 U.S. hospitals found that about three-quarters of all hospitals and 90% of ICUs restrict access to patients[15], a 2014 survey conducted by the American Hospital Association found that 42 per cent of hospitals reported restrictive visiting policies. This reduction suggests a trend toward more liberalized visiting policy in the U.S. over the last six years.[16]

In Canada, recent media stories suggest that a growing number of hospitals have also begun to lift restrictions on visiting hours in favour of policies that promote the presence and participation of family members in care.[17] Current healthcare debate and preliminary findings from a 2014 survey of posted visiting hours in 128 hospitals in Ontario[18] suggest that unrestricted visiting policies are not yet the norm in Canada. The extent to which Canadian hospital visiting policies accommodate families and other caregivers has not previously been examined.

This study fills this knowledge gap by conducting a pan-Canadian review of visiting policies as posted on hospital websites and communicated by telephone. The chosen methodology provides important insight into how policy is operationalized within the facility and communicated to visitors and family members to whom the policy applies. The study surveyed 114 of Canada's large acute care hospitals, where it is estimated more than 70 percent of Canadians receive acute care.[19] The findings help establish an important baseline to facilitate future comparisons and track changes in visiting policies over time.

This review establishes for the first time:

1. The openness of visiting policies in Canada's acute care hospitals, as communicated to patients, families and citizens on hospital web sites;

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[11] Institute for Patient and Family Centered Care. "Facts and Figures" About Family Presence and Participation. (n.d.). Retrieved July 14, 2015, from http://www.ipfcc.org/advance/topics/Better-Together-Facts-and-Figures.pdf

[12] DuPree E., Fritz-Campiz A, & Musheno D. (2014). A new approach to preventing falls with injuries. *Journal of Nursing Care Quality, 29*(2):99-102

[13] U.S. Department of Health and Human Services. (2014). *New HHS data shows major strides made in patient safety*. Washington, DC: Author. Retrieved from http://innovation.cms.gov/Files/reports/patient-safety-results.pdf

[14] Lee MD, Friedenberg AS, Mukpo DH, Conray K, Palmisciano A, et al. (2007). Visiting hours policies in New England intensive care units: strategies for improvement. *Crit Care Med, 35*(2):497-501.

[15] Liu et al. (2013). Visitation policies and practices in US ICUs. *Critical Care*, *17*:R71

[16] Note that the 2014 survey was not a replication of the 2008 survey, thus interpretations should be made with caution.

[17] *Selected sources:* (1) CBC Radio. Program: White Coat Black Art. Segment: Visiting Hours. October 11, 2014; (2) Sher J. (2014). *Improved Access Helps With Health*. The London Free Press newspaper. September 21, 2014; (3) Grant K. (2014). *Hospitals are parting with visiting hours as they move toward more patient-centred care.* The Globe and Mail newspaper. July 27, 2014.

[18] O'Reilly et al. (2014). *Canadian hospitals begin to open up visiting hours*. Healthy Debate. Accessed July 13, 2015: http://healthydebate.ca/2015/03/topic/visiting-hours

[19] CIHI (2013). Proportion of Canadian treated in Acute Care by Hospital Size, 2012/13. CIHI. Ottawa, ON.

2. Whether useful information is communicated to families and visitors on hospital web sites; and
3. Validates whether the information conveyed by a switchboard operator over the telephone or obtained from the hospital's audio recording is consistent with the visiting hours communicated on the hospital's web site.

Definitions used in this report

Family Presence Policy

A family presence policy is a set of standards that facilitate a safe, secure, healing, and supportive environment for patients and their families during hospitalization and welcomes the presence and involvement of persons who play significant roles in the physical and emotional care of patients. Such policies enable patients to designate family members or other caregivers to participate in their care and have unrestricted access to them while hospitalized. Family presence policies typically differentiate between 'family' and other 'visitors.'

Family

In the context of family presence policies, a broad definition of "family" applies. The patient, parent, legal guardian or personal representative determines who 'family' is and who is to be involved in the process of care. Family members are not necessarily blood relatives but rather significant people in the lives and care of patients. This means that a patient may designate a person or persons who they are not legally related to. In pediatrics, family members are determined by the patient's parent or legal guardian. When the patient is unable to define family, the patient's next of kin or substitute decision-maker provides the definition of the family. If a properly executed advance directive is available, family can be determined by the patient advocate.

Visitor

In the context of family presence policies, any individual who does not play a significant role in the ongoing care of the patient is considered a "visitor".

Visiting Policy

While the concept of family presence is not new, language used on hospital websites to communicate information about calling on patients primarily refers to 'visiting'. For the purpose of the review, visiting policy is broadly defined to include information relating to visitation by families, and other visitors. It includes but is not limited to visiting hours, and may also include other information such as:

- Number of visitors allowed to be present in a patient's room at the same time;
- Whether the patients' immediate family is considered 'visitors';
- Any requirements and/or limitations regarding visits by children (definitions of children may also vary from under 12 to under 16);
- Safety guidance such as instructions on food or beverages brought to patients from outside the hospital, or gifts that could cause allergic reactions; instructions for visitors if they feel unwell, and reminders on sanitizing hands while in the hospital and before entering a patient's room.
- Any guideline about the involvement of family and visitors in the process of care.

Accommodating Visiting Policy

"Accommodating visiting policy" refers to policies that are able to accommodate visits by a patient's family or caregivers to the hospital. Openness, restrictiveness and flexibility of visiting policies typically determine how accommodating visiting policies are. Key factors include:

- Visiting hours for general medical-surgical units or other units
- Time of day when visitations can occur (mornings, evenings, weekends, holidays)
- Visit duration (e.g. two hours or less)
- Number of visitors allowed at the same time (e.g. two only)
- Age of visitors, and specifically child visitors
- Whether the term 'visitor' includes members of the patient's immediate family or not
- Whether the hospital will accommodate off-hours visiting upon request

Flexible Visiting Policy

A flexible visiting policy is a policy that conveys significant flexibility for visitors through both the duration and time of day as well as the language used to communicate visitation. Flexible visiting policies may not always extend to open or accommodating visiting policies. (Characteristics of such policies include expanded visiting hours (e.g. 10:00 a.m. to 9:00 p.m. instead of 11:00 a.m. to 7:00 p.m.)[20] and flexibility for the patient to choose visitors. Often off-hours visiting is allowed. This policy may also allow flexibility to choose someone other than a family member, domestic partner or significant other to visit, but may not guarantee full participation of these persons in the care process.

Open Visiting Policy

It is not unusual for visiting policies that allow visitation 24/7 to be described as "open". Such policies are "designed to keep the patient's door open to visitors of their own choosing."[21] Open visiting policy enables the patient to identify who can visit.

Methods

A review of visiting policies in general medical-surgical units at large acute care hospitals in Canada was undertaken by the Canadian Foundation for Healthcare Improvement between February and April 2015. The study design was selected to identify and evaluate information that is publicly available to families wishing to visit their loved one in hospital. Hospital web sites were scanned and scored based on:

1. How open and accommodating their policies were for family members and visitors.
2. The availability and usefulness of information on visiting hours and visiting policies.

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[20] Improvement story from an IHI Learning and Innovation Community on Improving Outcomes for High-Risk and Critically Ill Patients: *Flexible ICU Visitation Hours Improve Family Involvement in Care*, Available from: http://www.ihi.org/resources/Pages/ImprovementStories/FlexibleICUVisitationImproveFamilyInvolvement.aspx

[21] New Yorkers for Patient & Family Empowerment and the New York Public Interest Research Group. (2012). *Sick, scared and separated from loved ones: A report on NYS hospital visiting policies and how patient centered approaches can promote wellness and safer healthcare.* Retrieved from http://patientandfamily.org/educational-information/sick-scared-separated-from-loved-ones-hospital-visiting-policies/

Two phone calls were made to each hospital to validate data posted on web sites; no new information or clarifications were sought via the phone.

The review methodology was adapted from a 2012 study of posted visiting hour policies in New York state acute care hospitals[22]. In the New York study, hospital web sites were assessed for the availability and usefulness of information publicly available to visitors, and for the openness and flexibility of visiting hours in general medical-surgical units. Telephone inquiries were made to validate data collected via web sites.

A 2013 Canadian Institute for Health Information database of 696 acute care hospitals across Canada, known as the "Your Health System: In Depth—All Data Export Report," was used to identify hospitals for the review. CIHI uses the peer group methodology that helps identify hospitals that are reasonably similar to classify acute care hospitals as 'large'. This classification is based on the volume of patients and the complexity of their care needs, not on the number of beds. To be considered 'large,' hospitals had to meet two of the following three criteria: more than 8,000 inpatient cases; more than 10,000 weighted cases; and more than 50,000 inpatient days.

In the absence of large hospitals in Yukon, Northwest Territories and Nunavut, two medium and one small hospital were included to ensure pan-Canadian coverage of the review. Quebec hospitals identified as former 'CSSS' (Centre de santé et de services sociaux) in the CIHI database were replaced with eligible general hospitals operating under former CSSS. Specialized facilities, such as neurological hospitals, chest and heart institutes and long-term care facilities were excluded from the review.

Although efforts have been made to reflect current visiting policies in Canadian hospitals, small changes and large healthcare reforms have occurred in individual hospitals, regions and provinces in 2015 that may not have been fully captured in this report.

Tools and scores

Visiting policy information posted on hospital web sites was evaluated using two 10 question score sheets adapted from the New York study (See annexes A and B). Based on these score sheets, hospitals received two scores, each between 0 and 10 for the openness of visiting policies and the availability and usefulness of web site information on visiting policies. For ease of interpretation, scores were condensed into five categories to approximate a five-point Likert scale. Categories represent hospitals with similar characteristics regarding their visitation policy and how it is communicated on their web site. Each score falls in a range where lower limit indicates a tendency toward fewer hours of visitation and thus a less accommodating policy and less useful web site, and higher limit trends toward a more accommodating policy, more hours of visitation and more useful web sites.

[22] New Yorkers for Patient & Family Empowerment and the New York Public Interest Research Group. (2012). *Sick, scared and separated from loved ones: A report on NYS hospital visiting policies and how patient centered approaches can promote wellness and safer healthcare.* Retrieved from http://patientandfamily.org/educational-information/sick-scared-separated-from-loved-ones-hospital-visiting-policies/

Accommodating Visiting Policies

Accommodating refers to the extent to which a hospital's visiting policy accommodates visits by a patient's family or caregivers to the hospital (see Annex A for the score sheet).Key factors include:

- Visiting hours for general inpatient or medical-surgical units
- Time of day when visitations can occur
- Visit duration
- Whether the hospital will accommodate hours not prescribed in the existing policy upon request

Scores were assigned to each hospital on a scale of 0-10:

- 0-2 not at all accommodating
- 3-4 marginally accommodating
- 5-6 somewhat accommodating
- 7-8 accommodating
- 9-10 very accommodating

Other factors relevant to accommodating visiting policies may include:

- Number of visitors allowed at the same time
- Age of visitors, and specifically child visitors
- If the term 'visitor' includes members of the patient's immediate family

Availability and Usefulness of Web Site Information on Visiting Policy

Availability and usefulness indicates whether the hospital has a dedicated web page where its visiting policy is described; and, if so, how useful this information is for prospective visitors (see Annex B for the score sheet). Key parameters include:

- Presence of a dedicated web page on visiting policies
- Viewing and printing of information off the web site
- Number of people allowed to visit a patient at the same time
- Rules regarding child visitors
- Instructions for sanitization and hand washing, immunization, not well or ill visitors, etc.
- Guidance on bringing the patient outside food, and beverages
- Guidance on gifts for patients (e.g. avoid bringing items that may trigger allergic reactions such as latex balloons)
- Contact with a patient via email, text messages, etc.

Four questions in this scoring sheet focus on safety and assess whether the web site provides information to help prepare visitors in advance of their visit to a hospital. This information is important for family members, caregivers and visitors because it balances their and the patient's desire for access against legitimate concerns about infection control and patient safety.

Scores were assigned to each web site on a scale of 0-10:

- 0-2 not at all useful
- 3-4 not useful

- 5-6 somewhat useful
- 7-8 useful
- 9-10 very useful

Acute Care and General Medical-Surgical Units

Acute care has been at the center of emerging research on hospital visitation and family-centered care policies.[23] [24] [25] [26] Studies of critical care units in the United States and Belgium demonstrate that for critically ill patients, the presence and involvement of family members is essential for their well-being and in daily decision making about care. Family presence increases patient and family member satisfaction with overall care and reduces both symptoms of depression, anxiety and post-traumatic stress disorder.[15] [27]

This review focused on general medical-surgical units in acute care hospitals because these units typically account for the bulk of hospital care provided on a daily basis (more people are treated in these units than any other). Acute care hospitals include many general areas in addition to emergency department, intensive care, coronary care, cardiology, neonatal intensive care, where the patient could become acutely ill and require stabilization and transfer to another unit for further treatment. Patients on general medical-surgical units receive care around the clock for the treatment of conditions such as liver and kidney disease, chronic obstructive pulmonary disease (COPD), diabetes and other conditions. General medical-surgical units typically provide care for adult patients but some also include children with general acute medical conditions and also those recovering from surgery. Depending on the patient's needs and condition, healthcare providers, including nurses, physicians, therapists, social workers, nutritionists, and others provide services, are often at the patient's bedside.

Findings

In total, 114 eligible acute-care hospitals across all Canadian provinces and territories were included in the review (Table 1).[28] The sample included 55 large community hospitals, 55 teaching hospitals, two medium-sized community hospitals, one community acute care hospital and one small hospital. As there were no large hospitals in the territories, one medium-sized hospital was included from each of Yukon and Northwest Territories and one small hospital was included from Nunavut to ensure pan-Canadian representativeness of the review.

[23] Baharoon, S, Al Yafi, W, Al Qurashi, A, Al Jahdali, H, Tamim, et al. (2014). Family Satisfaction in Critical Care Units: Does an Open Visiting Hours Policy Have an Impact? *J Patient Saf.* 2014 Aug 18. [Epub ahead of print]
[24] Ciufo, D, Hader, R, Holly, C. (2011). A comprehensive systematic review of visitation models in adult critical care units within the context of patient- and family-centred care. *Int J Evid Based Healthc*, 9(4):362-87
[25] da Silva Ramos, FJ, Fumis, RR, Azevedo, LC, Schettino, G. (2013) Perceptions of an open visitation policy by intensive care unit workers. *Ann Intensive Care,* 3(1):34. doi: 10.1186/2110-5820-3-34.
[26] Liu, V, Read, JL, Scruth, E, Cheng, E. (2013). Visitation policies and practices in US ICUs.*Crit Care*, 17(2):R71
[27] Vandijck DM, Labeau SO, Geerinckx CE, De Puydt E, Bolders AC, et al. (2010). An evaluation of family-centered care services and organization of visiting policies in Belgian intensive care units: a multicenter survey. *Heart Lung, 39*(2):137-46
[28] Please see Annex C for the 114 hospitals included in the review sample.

Table 1. Count of hospitals by province/territory

Province/Territory	Count of hospitals
Alberta	13
British Columbia	20
Manitoba	6
New Brunswick	4
Newfoundland and Labrador	2
Northwest Territories	1
Nova Scotia	3
Nunavut	1
Ontario	41
Prince Edward Island	1
Quebec	15
Saskatchewan	6
Yukon	1
Total	**114**

How Accommodating are Hospital Visiting Policies?

Identified policies were assessed for their openness, restrictiveness and general flexibility to accommodate individual cases. First, reviewers verified whether hospitals communicated their visiting hours on their web sites and also examined the criteria hospitals used to define their visiting hours and policies. From the information provided on hospital web sites, 104 out of 114 hospitals clearly communicated their visiting hours. In communicating visiting hours, hospitals focused on the hours of operation and differences in visiting policy application for family members and other visitors. A Newfoundland and Labrador hospital recommended that friends get in touch with the patient's family to determine the appropriate time for a visit.

Visiting hours ranged from open (24 hours a day and seven days a week) to very restrictive (from 6:30 p.m. to 8:30 p.m.). Morning hours were frequently limited for visitations. Some 30 percent of hospitals provided for only one hour of visiting time in the morning. Close to 83 percent provided for more than two hours of visiting time in the evening after 6:00 p.m., which accommodates visitors who work during the day. Twenty hospitals, including nine in Ontario, explicitly stated that overnight visitation was an option for a parent or caregiver.

Reviewers verified how many hospitals explicitly communicated restrictions pertinent to visitors that would affect the safety and well-being of patients and what criteria were used to do so. Frequent restrictions included:

- Number of visitors, typically not more than two at a time
- Children should be accompanied/supervised by adults
- Avoiding the hospital when ill
- Recommending handwashing prior to entering the patient's room
- Differentiation between family and other visitors

- Time of visit, such as discouraging visits in the early morning, quiet hours during the day or at night
- Restrictions based on the patient's condition
- Duration of the visit (such as a short 15 min visit)

The majority of hospitals apply two or three restrictions at a time. A common combination includes the number of visitors, no children without supervision, and infection control measures.
While all hospitals are encouraged to communicate any restrictions with visitors prior to their arrival at the hospital, the review of evidence supporting many of these restrictions was beyond the scope of this report.

Overall, the visiting policy openness and notification of flexibility score is an average of 4.64 on a 10-point scale. The score of 4.64 means that, in general, existing hospital visiting policies are only marginally accommodating. This overall score should be interpreted with caution, however, due to a wide range (0-10) and variability of scores both across and within provinces and territories. In Alberta, Manitoba and Saskatchewan, visiting hours appear to be more uniform (typically from 11:00 a.m. to 8:30 p.m.) while in British Columbia, Ontario and Quebec visitations can range widely from two hours a day (6:30 p.m. to 8:30 p.m.) to open visiting hours (Table 2).

Table 2. Visiting Hour Openness and Notification of Flexibility for General (medical/surgical) Units

Province/Territory	Count of Hospitals	Average Score (visiting hours policy & flexibility)
Alberta	13	4.23
British Columbia	20	6.50
Manitoba	6	6.00
New Brunswick	4	3.75
Newfoundland and Labrador	2	3.00
Northwest Territories	1	5.00
Nova Scotia	3	6.00
Nunavut	1	1.00
Ontario	41	4.46
Prince Edward Island	1	0.0
Quebec	15	3.60
Saskatchewan	6	3.50
Yukon	1	5.00

Two hospitals received a perfect score of 10 – for having very accommodating visiting policies; three hospitals received high scores of 9, and 25 hospitals scored 8 – the higher end of accommodating (Table 3). This means that these hospitals either had an open visiting policy or provided for at least 14 or more visiting hours per day, including at least two hours of visitation in the morning. Hospitals that scored "7" were not included in the table below. Although considered "accommodating", their visiting policies provided for less than 14 hours of visiting time compared to hospitals that scored "8".

Table 3 Hospital Scoring 8-10 on the Visiting Hour Openness and Notification of Flexibility for General (medical/Surgical) Units

Hospital	Province, (city/town)
Abbotsford Regional Hospital	British Columbia, Abbotsford
Alberta Children's Hospital	Alberta, Calgary
Children's Hospital of Eastern Ontario	Ontario, Ottawa
Chilliwack General Hospital	British Columbia, Chilliwack
Grace Hospital	Manitoba, Winnipeg
Guelph General Hospital	Ontario, Guelph
Health Sciences Centre	Manitoba, Winnipeg
IWK Health Centre	Nova Scotia, Halifax
Kelowna General Hospital	British Columbia, Kelowna
Kingston General Hospital	Ontario, Kingston
Langley Memorial Hospital	British Columbia, Langley
Lions Gate Hospital	British Columbia, North Vancouver
Montreal General Hospital	Quebec, Montreal
Mount Saint Joseph Hospital	British Columbia, Vancouver
Nanaimo Regional General Hospital	British Columbia, Nanaimo
Niagara Health System	Ontario (six sites in Regional Municipality of Niagara)
Peace Arch Hospital	British Columbia, White Rock
Penticton Regional Hospital	British Columbia, Penticton
Queen Elizabeth II Health Sciences Centre	Nova Scotia, Halifax
Quinte Health Care	Ontario (sites in Trenton, Picton, Bancroft and Belleville)
Royal Columbian Hospital	British Columbia, New Westminster
Royal Jubilee Hospital	British Columbia, Victoria
Royal Victoria Hospital (moved to Glen site)	Quebec, Montreal
Sault Area Hospital	Ontario, Sault Ste. Marie
Southlake Regional Health Centre	Ontario, Newmarket
St. Paul's Hospital	British Columbia, Vancouver
The Brantford General	Ontario, Brantford
Toronto General Hospital	Ontario, Toronto
University Hospital of Northern BC	British Columbia, Prince George
Victoria General Hospital	British Columbia, Victoria

Flexibility in visiting policies is typically available to deal with unusual circumstances on a case-by-case basis. In other words, while the hospital may have certain visiting hours in place, reviewers attempted to assess if there might be any indication on hospitals' web sites about allowing flexibility in a given situation.

Based on visiting hours reported on hospitals' web sites, an estimated 23 percent (26) of hospitals use language to describe their visitation policies as "open," "24/7," "any time" and/or "flexible." Of these 26 hospitals, 24 scored 8-10, and the rest scored below 8. While these hospitals are to be commended, it is not always clear to families if "open" "flexible" and "any time" statements mean that visits beyond posted visiting hours would be permitted. Half of hospitals with higher end accommodating policies (those scoring 8 or higher) were located in British Columbia; several hospitals in Alberta, Manitoba, Ontario, Quebec and Nova Scotia also had accommodating policies.

In contrast, 31 hospitals scored 0-2, meaning that their visiting policies were not at all accommodating (Table 4). Of these hospitals, seven received a score of 0; 13 scored 1; and the remaining 11 scored 2. Most of these hospitals provided for limited visiting time, usually two hours a day and only in the evening.

The majority, 53 hospitals, scored between 3 and 7. Of these, 28 scored 3-4 – not accommodating; 19 scored 5-6 - somewhat accommodating; and the remaining six scored 7 – the lower end of accommodating. Hospitals that scored 7 typically provided for 12 hours of visiting time a day but less than 14, including more than one hour of visitation in the morning. Most of the hospitals scoring 5-6 also provided for 12 hours a day of visiting, but only one hour or less of visitation in the morning. Finally, most of the hospitals that scored 3-4 provided for eight hours of visitation a day and only one hour or no visiting time in the morning.

Table 4. Counts of scores for Visiting Hour Openness and Notification of Flexibility for General (medical/surgical) Units

Score for openness of visiting policy	Count of hospitals	Aggregate Count (%)
10	2	5 (4.39)
9	3	
8	25	31 (27.19)
7	6	
6	8	19 (16.67)
5	11	
4	17	28 (24.56)
3	11	
2	11	31 (27.19)
1	13	
0	7	
Total	**114**	**100**

Availability and Usefulness of Web Site Information

Web sites of surveyed hospitals were rated for usefulness of information to general visitors on a 10-point scale. While, as noted above, restrictions can be perceived as barriers to welcoming families, restrictions can also serve as guidelines that prepare families and visitors for their visit prior to arriving at the hospital. Of 114 hospitals, eight hospitals did not have a dedicated page for visitors. Although no hospital

received a perfect score of 10 and only three hospitals received the score of 9 (very useful), over 30 percent (36) scored 7 to 8 (useful) (Table 5).

Table 5. Counts of scores for usefulness of web site information on visiting policy

Score for usefulness of web site information	Count of hospitals	Total (%)
10	0	3 (2.63)
9	3	
8	17	36 (31.58)
7	19	
6	20	33 (28.95)
5	13	
4	11	34 (29.82)
3	23	
2	3	8 (7.02)
1	3	
0	2	
Total	**114**	**114**

The average score of 5.29 on a 10-point scale indicates that web site information is somewhat useful. However, this should be interpreted with caution due to a wide range (0-9) and variability of scores both across and within provinces and territories (Table 6).

Table 6. Provincial/territorial profile of usefulness of web site information

Province/Territory	Count of hospitals	Average score for usefulness of web site info
Alberta	13	3.00
British Columbia	20	4.55
Manitoba	6	7.50
New Brunswick	4	4.75
Newfoundland and Labrador	2	6.00
Northwest Territories	1	9.00
Nova Scotia	3	4.33
Nunavut	1	2.00
Ontario	41	6.51
Prince Edward Island	1	0
Quebec	15	5.27
Saskatchewan	6	3.67
Yukon	1	5.00

More than 90 percent of reviewed hospitals post visiting hours on their web sites. Hospitals also made it easy to locate, view and, if necessary, print the information on visiting hours in the majority of cases. However, low ratings on other parameters, such as safety, suggest the need for improvement in the details communicated to potential visitors.

Some 49 percent (56) of hospitals do not provide guidance about the number of visitors that are allowed at a patient's bedside at the same time. Among hospitals that provide guidance, most appear to limit the number of visitors to two at a time, however no information has been provided on hospitals' web sites to justify this limitation. Although half, 51 percent of hospitals (58), provide guidance on child visitors, these policies vary across hospitals. Most recommend that children under the age of 12 – or in some cases under the age to 14 – be accompanied by adults and several recommend that only children of a patient visit the hospital.
While 31 percent of hospital web sites (35) urge visitors to sanitize their hands prior to entering a patient's room, more than half (62) warn prospective visitors not to come to the hospital when ill or with a cold. Hospitals commonly recommend avoiding wearing or bringing scented products and 76 percent of hospitals (87) do not provide guidance on gift items to avoid (such as latex balloons that may cause allergic reactions). Only eight hospitals explicitly specify whether visitors can bring the patient outside food or beverages.

Close to 38 percent of reviewed hospitals (43) offer a way for family and others to get in touch with a patient by sending an email or, with patient's permission, get a status update via the hospital web site. This is encouraging and also presents an opportunity for the remaining 62 percent of hospitals to enhance virtual visitations via digital technologies, particularly in cases where patients, their families and other loved ones may be separated by distance.

Validation of Posted Visiting Hours

Two phone calls were placed to each hospital's switchboard to inquire about visiting hours in general medical-surgical units. Phone inquiries reveal inconsistencies between visiting hours posted on web sites and visiting hours reported by switchboard operators in more than 35 percent of cases in the first phone call. These inconsistencies suggest that hospital visiting hours may be less accommodating than stated on web sites. Specifically, two trends have been identified:

- Most switchboard operators encourage afternoon visits despite posted morning visiting hours.
- Decision-making about flexibility of visiting hours often depends on nurses in charge; some may extend visiting hours, others may restrict them, suggesting that visiting hours in the same facility may be inconsistent from day-to-day or unit-to-unit and create the potential of offering varying experiences of care to different families.

Although the phone validation conducted by reviewers does not affect the scores received by hospitals, it does indicate that there may be discrepancies between posted policies and the experiences of families and visitors.

Comparison with U.S. Study

Some similarities and differences have been observed with the study conducted in New York State in 2012 that inspired the method for this review. It appears that the majority of hospitals in the U.S. and Canada scored 6 or lower on the openness of their visiting policies, indicating that visiting policies are somewhat accommodating and there is considerable room for improvement to make these policies more accommodating. Restrictions on morning visitations were observed both in the U.S. and in Canada; 22 percent and 27 percent of hospitals respectively do not provide visiting hours in the morning.

Although evening hour restrictions, where visitation is not allowed after 8 p.m., in the state of New York were found in 57 percent of surveyed hospitals where, evening hour restrictions were only found in 17 percent of Canadian hospitals surveyed. Although less than 10 percent of New York State acute care hospitals received a high rating of 8-10 on visiting policy openness; in Canada one-quarter (26 percent) of reviewed hospitals scored 8-10.

The majority of acute care hospitals both in New York and in Canada advertise their visiting hours on their web sites. However, this information is only somewhat useful because; in many cases, web sites do not provide guidance on important safety precautions (e.g. visiting when ill, sanitizing hands) and do not disclose restrictions on the age and number of visitors allowed at the same time.

Discussion

Few hospitals received a perfect score of 10 either for the openness of visiting policies or the availability and usefulness of web site information on these policies. Presently, there are diverse visiting policies across Canada ranging from very open (24 hours a day and seven days a week) to very restrictive (6:30 p.m. to 8:30 p.m.). Morning and evening hours are frequently limited for visitation. Although open and flexible visiting policies exist, they are not common across Canada at this time and their implementation may not be consistent across the hospitals. Although more than 90 percent of reviewed hospitals post visiting hours on their web sites, other important information and guidance is provided in limited amounts for visitors. A look at how the hospitals fared in this assessment can provide insight into opportunities for improvements in visiting policies and their communication to the public.

Twenty three percent (26) of reviewed hospitals with “open”, “24/7”, “anytime” and/or “flexible” visiting policies might indeed be creating welcoming environments for the participation of family members in the care of patients. Not all hospitals who use language “open” “anytime” “24/7” and/or “flexible” have achieved a score of eight or higher. Half of hospitals using this language and who have achieved a score of 8-10 are located in British Columbia. Spreading accommodating visiting policies and family presence policies to hospitals across Canada can ensure that families are present during hospitalization and are able to participate in the care of their loved ones.

Over the past 15 years family presence practice has been endorsed by several influential organizations such as Patients Canada, Canadian Association of Critical Care Nurses, American Association of Critical-Care Nurses (U.S.), Emergency Nurses Association (U.S.), American Heart Association (U.S.), Royal College of Nursing (U.K.), and British Association for Accident and Emergency Medicine (U.K.). The American Association of Critical-Care Nurses issued a practice alert on family presence and visitation in the adult intensive care unit providing nurses with examples of concrete actions that could be taken to facilitate unrestricted access of families to patients and to engage families in the care process.[29] This practice alert calls for a written policy to guide implementation of the family presence practice. In 2012, family presence became a clinical practice guideline (CPG) developed by the U.S. Emergency Nurses Association.[30] The CPG recommends that family presence be offered as an option to appropriate family members and that it be enshrined in a written policy.

Reports of inconsistencies in the practice of family presence and refusal to allow family members to be present during standard rounds, changes of shift and resuscitation efforts are common and do not fit with patient- and family-centered care. Some describe this inconsistency as a "clash" between current practice and the institution's family-centred care model.[31] Nurses working on units without clearly defined practice, may be put in a difficult position to respond to demands by families to be present.[32] This situation prompted the U.S. Society of Pediatric Nurses and the American Nurses Association to jointly develop a guide to a family-centred care approach that provides concrete practice recommendations for family presence and participation.[33] Similarly, the Australian departments of Human Services, and Education and Early Childhood Development issued a guide for everyday practice and organizational change for family- and person-centred practice.[34] The guide suggests keeping an "open door policy" for family members to enable involvement of families in the process of care. In Canada, the Registered Nurses' Association of Ontario has recently released its Clinical Best Practice Guidelines that aim to increase the levels of partnership between patients and nurses to improve the experience of care and health outcomes. [35] The guidelines support open visitation to meet the preferences of the patient and their families and encourage nurses to come to a consensus with visitors when the timing of care is critical and will impact visitation.

[29] AACN. (2010). *Family Presence During Resuscitation and Invasive Procedures*. AACN, Aliso Viejo, CA
[30] ENA (2012). *Clinical practice guideline: family presence during invasive procedures and resuscitation*. The U.S. Department of Health & Human Services's National Guidelines Clearinghouse: http://www.guideline.gov/content.aspx?id=47542
[31] Nibert L. & D. Ondrejka **(**2005). Family presence during pediatric resuscitation: an integrative review for evidence-based practice. *J Pediatr Nurs*, 20(2):145-147
[32] Madden E, Condon C. (2007). Emergency nurses' current practices and understanding of family presence during CPR. *Journal of Emergency Nursing* 33.
[33] AACN. (2007). *AACN protocols for practice. Creating healing environments,* 2nd Ed. Jones and Bartlett Publishers, Sudbury Massachusetts
[34] Department of Human Services and Department of Education and Early Childhood Development 2011, *Family-centred,personcentred: a guide for everyday practice and organisational change*, State Government of Victoria, Melbourne.
[35] RNAO (201) Person-and Family-Centered Care Clinical Best Practice Guidelines. Accessed October 29, 2105 fromL http://rnao.ca/bpg/guidelines/person-and-family-centred-care

While healthcare providers usually have positive attitudes toward family presence, concerns about the safety of patients and their families have been cited in the literature as a potential barrier for such policies.[36] [37] [38] A major concern includes worries about family members "fainting," "getting in the way," and causing "disruption" which could divert attention away from the care of the patient and lead to poor outcomes.[39] However, evidence has not supported these concerns. An evaluation of family presence during resuscitation found that families could emotionally tolerate the situation and did not interfere with the care provided to the patient.[40] A recent observational cohort of 252 hospitals in the U.S. with 41 568 adults with cardiac arrest found that resuscitation system errors did not differ between hospitals with and those without a family presence policy, suggesting family presence does not lead to disruption and poorer outcomes.[41] Similarly, research into weaning trials for long-term ventilation in critical care showed that the presence of family did not negatively influence outcomes compared to their absence.[42]

Other concerns about family presence policies and practices at the bedside include protection of privacy and confidentiality of all patients, and possible infection control issues. Professional organizations such as the American Association of Critical-Care Nurses (U.S.) and researchers recommend various precautions for nurses in shared spaces, including consent procedures with family members, and restrictions when necessary to protect the privacy of other patients.[43] As for infection control, a recent review of evidence concluded that allowing flexible visitations and family presence does not cause harm in the form of infections.[44]

Education of healthcare providers about the benefits of family presence policy development has been identified as an important facilitator of family presence practice.[45] Increased knowledge and awareness of the subject of family presence can affect related attitudes and beliefs favourably. Policy development does not only provide clarity, but can also reduce the risk of conflict between providers and their governing institutions.

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[36] Belanger MA & S Reed (1997). A rural community hospital's experience with family witnessed resuscitation. *J Emerg Nurs, 23*:238-9.

[37] Helmer SD, Smith RS, Dort JM, Shapiro WM & Katan BS (2000). Family presence during trauma resuscitation: a survey of AAST and ENA members. American Association for the Surgery of Trauma. Emergency Nurses Association. *J Trauma*, *48*:1015-22.

[38] McClenathan BM, Torrington KG & Uyehara CF (2002). Family member presence during cardiopulmonary resuscitation: a survey of US and international critical care professionals. *Chest*, *122*:2204-11.

[39] Duran CR, Oman KS, Abel JJ, Koziel VM & Szymanski D (2007). Attitudes toward and beliefs about family presence: a survey of healthcare providers, patients' families, and patients. *Am J Crit Care*, *16*:270-9

[40] Oman KS & CR Duran. (2010). Health Care Providers' Evaluations of Family Presence During Resuscitation. *J Emerg Nurs*, *36*:524-533

[41] Goldberger ZD, Nallamothu BK, Nichol G, Chan PS, Curtis JR, Cooke CR (2015). Policies Allowing Family Presence During Resuscitation and Patterns of Care During In-Hospital Cardiac Arrest. *Circ Cardiovasc Qual Outcomes*, *8*(3):226-34

[42] Happ MB, Swigart VA, Tate JA, Arnold RM, Sereika SM, Hoffman LA. (2007). Family presence and surveillance during weaning from prolonged mechanical ventilation. *Heart Lung, 36*(1):47-57.

[43] Gray, H., Adam, J., Brown, D., McLaugghlin, P., Hill, V., & Wilson, L. (2011): Visiting all hours: A focus group study on staff's views of open visiting in a hospice. *International Journal of Palliative Nursing, 17*(11), 552-560.

[44] Davidson JE, Savidan KA, Barker N, Ekno M, Warmuth D, Degen-De Cort A.(2014). Using evidence to overcome obstacles to family presence. *Crit Care Nurs Q*, *37*(4):407-21.

[45] Hardin-Fanning F & E Yoder (2014). Family Presence During CPR: The Impact on Emergency Room Staff. *Kentucky Nurse, 62*(4):4

A recent poll among Canadian healthcare professionals revealed overwhelming support (90 percent) for family presence policies, when provided with a definition.[46] Most respondents in this poll did not have any concerns with the idea of family presence policies, and those who did have concerns emphasized the importance of balance in stress levels, appropriate timing, and availability of resources.

> *"There is a need to ensure that conversations take place if patient concerns are a result of the policy - i.e. increased stress resulting from some visitors. Also, the policy will need to contain a provision so that case is considered individually and the patient is involved in the conversation - patient preference must be a factor."*
>
> Respondent in the poll on family presence policy.

Similarly, a recent a survey on experiences and attitudes towards hospital visiting hours among Canadians 18 years and older[47] also reveals overwhelming support for family presence policies. The majority of respondents agree that current visiting policies are too restrictive and make it difficult for family members to visit and participate in their care, and that hospitals need to expand their visiting hours.

Family presence also presents an opportunity for expanding patient and family engagement (PFE) in healthcare. At a direct care level, family presence could be encouraged during bedside rounds; patients and families could be engaged in discharge planning throughout the hospital stay and provided access to medical records to facilitate decision making about care, learning and self-management when it is needed. There is an emerging consensus in the health sector that effective PFE is critical to improving patient experience and clinical outcomes and decreasing the use of unnecessary healthcare services.[48] A 2015 survey of PFE strategies and policies across the U.S. hospitals by Herrin and colleagues reveals that family presence, specifically unrestricted access to patients by families and inclusion of patients and families in nurse shift change reports, significantly contributes to patients' experience of care and their ratings of hospital care delivery. As family presence becomes a more accepted practice, organizations and providers will need to accommodate patients' families at the bedside and beyond. Organizations that embark on such important changes make preparations and introduce additional measures to facilitate safe and gradual transitions to family presence policies.[49]

This review had some limitations. The review captured the state of visiting policies as a snap-shot in time using a sample of large acute care hospitals. Repeated surveys would be required to establish trends and observe changes in visiting policies over a period of time. Findings of this review may not be generalizable to non-general medical-surgical units, small and medium hospitals and specialized facilities. Although an attempt has been made to validate consistency of visiting policies with

[46] CFHI commissioned survey, conducted by Abacus Data in April 2015.
[47] CFHI commissioned survey, conducted by Ipsos Reid in April 2015.
[48] Herrin J, Harris GH, Kenward K, Hines S, Joshi MS, Frosch DL (2015). Patient and family engagement: a survey of US hospital practices**.** *BMJ Qual Saf* doi:10.1136/bmjqs-2015-004006
[49] Dokken DL, Kaufman J, Johnson B, Perkins SB, Benepal J, et al. (2015). Changing Hospital Visiting Policies: From Families as "Visitors" to Families as Partners. *JCOM, 22*(1):29-36

information posted on hospital web sites, the actual implementation of visiting policies has not been verified as it was beyond the scope of this review.

It should also be acknowledged that acute care hospitals are not the only setting in which family presence can be valuable. Indeed, in rehabilitation centers, long-term care facilities and other facilities across the continuum of care where patients interact with healthcare providers, the presence and participation of family members and other support persons may contribute to better experiences of care and outcomes.

Conclusions and Next Steps

This review has identified 30 Canadian hospitals where policies accommodate family presence and participation in care.. The leadership shown by these hospitals is commendable and demonstrates their commitment to creating environments supportive of patient and family-centred care. Likewise, the finding that nearly half of reviewed hospitals (48 percent) have policies that are at least somewhat accommodating to families is a positive development that can be built on.

Current visiting policies, including open policies, may not be well understood by staff, and thus, may be poorly implemented. Consistency in visiting policies across hospitals could reduce and ultimately eliminate disparities in care experiences as well as the need for staff to make exceptions to more accommodating visiting policies on a case-by-case basis. Improvements could be made in what and how information is communicated to prospective visitors to help recognize diversity, cultural sensitivity in hospital settings, skills and abilities of patients, families and other caregivers. The evidence that family presence contributes to improved experiences for patients and their families and better health outcomes should encourage other Canadian hospitals to begin the process of changing their visiting policies.

However, changing visiting policies is not as simple as flicking a switch. For more accommodating policies to be accepted, a dialogue among staff, patients, families and caregivers, and the broader community is required. This conversation should acknowledge both the desire of patients and families to be partners in the care team, and the desire of healthcare professionals to have safe and effective work environments for themselves and their patients. Patients and families can be partners in care and allies for quality and safety.

As Canadian hospitals strive to provide patient- and family-centred care, recognizing that visiting policies represent a step in creating an environment that supports 'whole-person' care, and active involvement of patients, families, caregivers in decision-making about care is important. CFHI encourages Canadian hospitals to consider implementing the family presence policy innovation as a practical step towards delivering more patient- and family-centred care. Hospitals that are beginning to contemplate changing policies are encouraged to take the Better Together pledge, as are hospitals that have already begun the change process and are moving to adopt family presence policies.

Annexes

Annex A: Score Sheet for Openness of Visiting Policies in General Medical-Surgical Units

Question/Parameter	Score (1 or 0)
1. Does the hospital visiting policy statement provide for at least one hour of visiting time in the morning?	
2. Does the policy statement provide for at least two hours of visiting time in the morning?	
3. Does the policy statement provide for more than two hours of visiting time in the evening after 6:00 pm (which would better accommodate people who work day shifts)?	
4. Does the policy statement provide for at least 8 hours of visiting time per day?	
5. Does the policy statement provide for 10 hours or more of visiting time per day?	
6. Does the policy statement provide for 12 hours or more of visiting time per day?	
7. Does the policy statement provide for 14 hours or more of visiting time per day?	
8. Does the hospital website visiting policy statement include a notice that the hospital can allow some general flexibility in visiting hours?	
9. Does the hospital website visiting policy statement include a notice that overnight visitation is available as an option for patient's families and/or caregivers?	
10. Does the hospital website visiting policy statement include a notice that the hospital can allow flexibility that would accommodate 24- hour visitation for an adult patient's support person?	
Total Score:	

Score interpretation:

- 0-2 not at all accommodating
- 3-4 marginally accommodating
- 5-6 somewhat accommodating
- 7-8 accommodating
- 9-10 very accommodating

Annex B: Score Sheet Form for Availability and Usefulness of Web-based Communication of Information for Visitors on Hospital Visiting Policy

Question/Parameter	Score (1 or 0)
1. Are the hospital's visiting hours posted on the website?	
2. Can a person find the visiting hours on or through a link with a title that would reasonably clearly lead to information for visitors (such as "Visitors" or "Patients & Visitors" or "Guide for Patients and Families" – or even "Patient Information" – rather than less obvious links such as "About" or "Caring" or "Admissions Information")?	
3. Can the person easily view and print out the visiting hours and policy information from the webpage?	
4. Does the website's page on visiting policy provide guidance on how many people may or should visit a patient's bedside at a time, for general medical/surgical units?	
5. Does the website's page on visiting policy provide guidance on child visitors, for general medical/surgical units?	
6. Does the website's page on visiting policy urge visitors to sanitize (or wash) their hands before entering the patient's room?	
7. Does the website's page on visiting policy warn prospective visitors not to come to the hospital if the prospective visitor is ill or has a cold?	
8. Does the website's page on visiting policy provide any guidance on whether or not visitors may bring the patient food or beverages, or any restrictions on this activity?	
9. Does the website's page on visiting policy provide any guidance on what gift items visitors should not bring, in order to avoid allergic reactions or other problems (*e.g.*, latex balloons or flowers)?	
10. Does the website offer – on the visiting policy page or any other obvious location – a way to send an e-mail message to a patient or a way for family, support persons and friends to get status updates about the patient (with the patient's permission) online?	
Total Score:	

Score interpretation:

- 0-2 not at all useful
- 3-4 not useful
- 5-6 somewhat useful
- 7-8 useful
- 9-10 very useful

Annex C: List of Hospitals Included in the Review Sample

1. Abbotsford Regional Hospital and Cancer Centre
2. Alberta Children's Hospital
3. Bluewater Health
4. Brandon General Hospital Praire Mountain Health Services
5. Burnaby Hospital
6. Cape Breton Healthcare Complex
7. Centre hospitalier affilié universitaire de Québec
8. Centre hospitalier de l'Université de Montréal
9. Centre hospitalier universitaire de Sherbrooke
10. Centre hospitalier universitaire Sainte-Justine
11. Centre universitaire de santé McGill - Site Glen
12. Children's and Women's Health Centre of British Columbia
13. Children's Hospital of Eastern Ontario
14. Chilliwack General Hospital
15. Chinook Regional Hospital
16. Notre Dame Hospital
17. Saint Luc Hospital
18. Hôtel-Dieu de Montréal
19. Concordia Hospital
20. Covenant Health Grey Nuns Community Hospital
21. Covenant Health Misericordia Community Hospital
22. Dr. Everett Chalmers Regional Hospital
23. Dr. Georges-L. Dumont Regional Hospital
24. Foothills Medical Centre
25. General Hospital-Health Sciences Centre
26. Grace Hospital
27. Grand River Hospital
28. Guelph General Hospital
29. Halton Healthcare Services
30. Hamilton Health Sciences
31. Health Sciences Centre
32. Health Sciences North - Horizon Santé-Nord
33. Hôpital du Sacré-Coeur de Montréal
34. Hôpital général juif – Jewish General Hsopital
35. Hôpital Maisonneuve-Rosemont
36. Hospital for Sick Children
37. Hôtel-Dieu Grace Healthcare
38. Humber River Hospital
39. IWK Health Centre
40. Joseph Brant Hospital
41. Kelowna General Hospital
42. Kingston General Hospital
43. Lakeridge Health
44. Lakeshore General Hospital
45. Langley Memorial Hospital
46. Lions Gate Hospital
47. London Health Sciences Centre
48. Mackenzie Richmond Hill Hospital
49. Markham Stouffville Hospital
50. Medicine Hat Regional Hospital
51. Montfort Hospital
52. Montreal Children's Hospital
53. Montreal General Hospital
54. Mount Saint Joseph Hospital
55. Mount Sinai Hospital

56. Nanaimo Regional General Hospital
57. Niagara Health System
58. North Bay Regional Health Centre
59. North York General Hospital
60. Pasqua Hospital
61. Peace Arch Hospital
62. Penticton Regional Hospital
63. Peter Lougheed Centre
64. Peterborough Regional Health Centre
65. Qikiqtani General Hospital
66. Queen Elizabeth Hospital
67. Queen Elizabeth II Health Sciences Centre
68. Queen Elizabeth II Hospital
69. Queensway Carleton Hospital
70. Quinte Health Care
71. Red Deer Regional Hospital Centre
72. Regina General Hospital
73. Rockyview General Hospital
74. Rouge Valley Health System
75. Royal Alexandra Hospital
76. Royal Columbian Hospital
77. Royal Inland Hospital
78. Royal University Hospital
79. Royal Victoria Hospital
80. Royal Victoria Regional Health Centre
81. Saint John Regional Hospital
82. Saskatoon City Hospital
83. Sault Area Hospital
84. Seven Oaks General Hospital
85. Southlake Regional Health Centre
86. St. Boniface General Hospital
87. St. Joseph's Health Care London
88. St. Joseph's Health Centre Toronto
89. St. Joseph's Healthcare Hamilton
90. St. Michael's Hospital
91. St. Paul's Hospital
92. St. Paul's Hospital [Saskatoon]
93. Stanton Territorial Hospital
94. Sturgeon Community Hospital
95. Sunnybrook Health Sciences Centre
96. Surrey Memorial Hospital
97. The Brantford General
98. The Moncton Hospital
99. The Richmond Hospital
100. The Scarborough Hospital
101. The University Hospital of Northern British Columbia-Prince George
102. Thunder Bay Regional Health Sciences Centre
103. Toronto East General Hospital
104. Toronto General Hospital (from University Health Network)
105. Trillium Health Partners
106. University of Alberta Hospital
107. Vancouver Hospital and Health Sciences Centre
108. Vernon Jubilee Hospital
109. Victoria General and Royal Jubilee Hospitals
110. Victoria Hospital
111. Western Memorial Regional Hospital
112. Whitehorse General Hospital
113. William Osler Health System
114. Windsor Regional Hospital