

Strategies for Changing “Visiting” Policies

Hospitals and/or individual units that are considering changing their “visiting” policies should acknowledge that the process may take time. First, policies need to be rethought. Time will be needed for reflection prior to beginning, for building consensus and collaboration during the process, and for fine-tuning the details of new policies when near completion. After new policies are developed, the process of implementing the policies and assisting staff to change practice patterns can be challenging and may require education, mentoring, support, and time. (The document in the Toolkit, [*Implementing a Family Presence Policy: Educational Activities for Frontline Staff and Clinicians*](#), outlines educational strategies and activities.) Finally, time and attention must be given to changing communication and information to patients, families, and other care partners.

The following seven-step process is an approach that can be used in changing “visiting” policies. It provides a helpful structure for developing policies reflecting a patient- and family-centered approach to family presence and participation in the hospital setting.

1. Form a task force or committee to provide leadership for the process

In many settings, the first step in changing policies and practices is to establish a task force, which should include patients, families, and other care partners as well as personnel from a variety of disciplines. The group should include health care personnel who are responsible for initiating and monitoring policy changes (e.g., physicians, nurse managers, quality assurance personnel, and other key administrative personnel) and those who will be asked to adhere to the new policies and subsequently change their practice (e.g., staff nurses and unit clerks). Staff from other departments that will be affected by changes to visiting policies, such as respiratory, radiology, phlebotomy, housekeeping, and security should also be invited to participate. It is especially helpful if the Chief Nursing Officer or other clinical leaders convey the vision and consistent expectations to the group. Senior leadership should be involved and informed of all activities.

2. Review vision, philosophy of care, and/or core values statements

At the outset, the task force or committee should review the hospital and/or unit’s vision, philosophy of care, and core values statements. If these documents do not reflect an explicit commitment to a patient- and family-centered approach to care, it may be more difficult to revise visiting policies and/or gain acceptance of new policies. The group may choose at this point to tackle the broader task of revising these key documents before making specific policy changes (see the Institute for Patient- and Family-Centered Care publication titled, *Developing Patient- and Family-Centered Vision, Mission, and Philosophy of Care Statements*).

3. Review current policies and practices

Actual practices related to visiting in individual settings often do not match the written policies. For this reason, it is essential to gather and evaluate information on formal, written policies or guidelines as well as informal unwritten rules and customary practices. The latter may be more difficult to change than the former.

A review of written materials related to visiting policies should be comprehensive. It should include written policies and guidelines for practice, patient and family handbooks or information packets, information on the hospital's website, Facebook page, and posted visiting guidelines. Any policies related to family presence and participation or visiting by family or others should be gathered. The group can then analyze these documents according to how well they reflect a patient- and family-centered philosophy. Touring the hospital or unit to examine signage and the physical environment for its potential impact on families is another way to gather information on current practices regarding family presence and participation.

Insight into actual practices can be obtained by talking with patients, families, other care partners, and staff. This may be a role for patient and family members from the task force or other patient and family advisors. The purpose of this review is to collect information about the current policies and practices from the perspective of all those affected by them. Task force members should carefully take note of experiences that patients and families have that differ from the written policies. Talking with as many people as possible will help capture the range of different practices of staff and the variation in experiences among patients and families. Use [An Organizational Self-Assessment](#) from the Toolkit to record the results of your review and discuss the need and priorities for change.

4. Review the literature and policies/practices in other institutions

The literature relating to both patient- and family-centered care and visiting policies can serve as a rich and useful source of information. It can be used to review specific issues, understand different philosophies, find examples of change, and gain familiarity with a broad range of factors relevant to family presence and participation. The [Changing the Concept of Families as Visitors Bibliography](#) in the Toolkit offers starting points for a literature search.

In re-evaluating policies and practices related to family presence and participation, it can be helpful to know what other hospitals are doing. The [Profiles](#) and [Sample Policies/Guidelines](#) in the Toolkit provide useful examples from other institutions. Talking directly with other hospitals or units that have undergone a similar change process and even scheduling site visits can also provide valuable information to members of the task force about what works and what doesn't.

5. Gather ideas for change from staff, patients, and families

Using a variety of strategies will ensure that a range of ideas and suggestions are gathered from staff, patients, families, and other care partners regarding changes to visiting policies and practices. Examples include holding a special staff meeting to discuss the issues and/or

surveying staff to determine their perceptions of the needs of patients and families, their concerns about revising visiting policies, their understanding of the benefits, their willingness to change practices. Equally important is ensuring a forum for patients, families, and other care partners served by the unit or hospital to share their perspectives with staff and to discuss issues on an ongoing basis. Meetings with the Patient and Family Advisory Council and/or focus group meetings with patients, families, and staff are two possibilities for this. Another is the use of a patient and family survey to determine how well the present policies are meeting their needs and to identify their priorities for change. Most hospitals collect data regarding patient and family perceptions of experience and/or satisfaction. This data can also be reviewed for information about visiting and family participation policies.

While gathering ideas for change, keep staff members and senior leaders informed by distributing regular progress reports. Sharing this information will help staff members understand the changes that may occur and will provide them with opportunities to voice concerns and ask questions.

6. Prepare a draft

Summarize information that the group has collected through focus groups, surveys, site visits, literature review, and other needs assessment activities. The following questions can help guide the process of summarizing findings:

- What are the trends in our data regarding the needs and concerns of patients, families, and other care partners relevant to “visiting policies”?
- What are the key themes identified regarding clinician and staff needs, concerns, and benefits relevant to “visiting policies”?
- How do patient and family needs and priorities coincide with and/or differ from those of staff?
- How do identified needs, concerns, and benefits relate to principles of patient- and family-centered care?
- How do identified needs, concerns, and benefits correspond with findings from the literature, and to issues and solutions in other hospitals or units?
- What changes in policy and practice might address key identified needs, priorities, concerns, and benefits?

Once the task force perceives that sufficient information has been collected, it is time to consider potential changes. An understanding of the key principles of patient- and family-centered care, the insights gained from staff, patients, and families, and information from other institutions and the literature will inform the direction for change. As these various pieces of information are considered by the task force, a draft of new guidelines for families, care partners, and visitors can be prepared. (See [Sample Policies/Guidelines](#) in the Toolkit.)

7. Circulate draft for review, and finalize

Obtaining feedback on the draft guidelines from a range of interested parties will help

strengthen the document as well as encourage acceptance of, and support for, the final version. The draft guidelines should be presented to the management group or committee overseeing the task force. Senior leaders should have the opportunity to review the draft. A cross-section of staff, patients, and families can also be assembled to review the draft and provide feedback.

After reviews by all appropriate constituencies are completed, comments can be reviewed by the task force. The development of a final draft should incorporate serious consideration of the needs and views of all parties.

Consideration should also be given to the methods for putting new policies or guidelines in place. Questions to consider include the following:

- How will we inform staff in all relevant departments of the policy change(s)?
- How will we support staff during the transition to new practice patterns resulting from these changes? (See [Strategies for Educating Staff](#), included in the Toolkit)
- How will we support families and other care partners as they experience the new policies and practices or take on new, more participatory roles? (See the pocket [Guide for Families](#), [Expanded Guide for Families](#), and [pocket Guide for Staff](#) included in the Toolkit)
- How do we change signage to reflect the new guidelines?
- How do we change hospital or unit patient and family handbooks or brochures to reflect the new guidelines? How do we change information on the hospital's website and social media venues?
- How can job descriptions and performance appraisal processes reflect the change in practice expectations?
- How will we evaluate the impact of the new policies or guidelines? (See [Metrics/Sample Dashboard](#) included in the Toolkit)

Adapted from: Ahmann, E., Abraham, M.R., & Johnson, B.H. (2003). *Changing the concept of families as visitors: Supporting family presence and participation*. Bethesda, MD: Institute for Family-Centered Care.