



Principles of Visitation and Family Presence in Continuing Care

**Designated Supportive Living and
Long-term Care/Facility Living**

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This document has been prepared by the Principles of Visitor/Family Presence in Continuing Care Working Group for Alberta Health Services (AHS) and its contracted service providers inclusive of designated supportive living and long-term care/facility living. Other continuing care service providers are welcome to consider and adopt these principles.

Working Group Participants

Allison Lacey	Alberta Health	Kristin Mahoney	AHS
Amanda Porter	AHS	Lauran Chittim	Alberta Health
Ann Lemieux	AHS	Linda McFarlane	Patient/Family Advisor
Barbara Fredrich	Carewest	Lorie Little	AHS
Cindy Owen	ASCHA	Louise Yarrow	Patient/Family Advisor
Glenda Coleman-Miller	AHS	Melissa Macdonald	AHS
Heather Christenson	ACCA	Nancy Hughes	ACCA
Jeanine Kimura	Carewest	Norma Wood	AHS
Jeannette Leafloor	ASCHA	Peter Ratcliff	AHS
Jill Crocket	AHS	Salma Walji	AHS
Jillian Barber	AHS	Sandy McMeekin	Patient/Family Advisor
Joan Cawthorn	AHS	Suzanne Maisey	Alberta Health
Joanne Ganton	AHS	Tammy Leach	ACCA
Jonathan Kim	AHS	Tracy Wong	Patient/Family Advisor
Kathryn Brandt	AHS	Trena Halliwell	AHS

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Principles of Visitation and Family Presence in Continuing Care

Continuing care is committed to creating respectful and supportive environments for all – residents¹, family, visitors, and staff. A foundational goal of continuing care is to provide congregate settings where residents are treated with respect and dignity, and have the supports and services they need for health and well-being. Residents of continuing care have the right to receive visitors of their choice, be supported by designated family members, and to consult in private with any person without interference. Continuing care is their home.

Continuing care also strives to provide a healthy place where employees can expect to be treated fairly and respectfully, in an environment that promotes engagement and contributes towards the safe, effective and quality delivery of services. Respect is a foundational attribute of a psychologically healthy and safe place to work.



Family and friends are key partners in quality, safety and in the resident's quality of life. Research has demonstrated that the presence and participation of family members and friends provides many benefits including – enhanced resident and family experience of care, improved management of chronic and acute illnesses, enhanced continuity of care, reduced emotional harm, improved safety, cost savings, and prevention of hospital readmissions and emergency visits.

On occasion family members or visitors are limited from visiting for health and safety reasons, or when family/visitor's behaviour is abusive to residents or staff or negatively impacts the care of other residents, family or visitors. Limitations to visitation in any form is a serious matter that requires careful consideration of all aspects of the situation, relying on the least restrictive alternative, and using fair and

¹ 'resident' is used throughout this document in place of the term 'patient' which is used in AHS as an all-inclusive term for any person who receives or has requested health care or services.

transparent processes while ensuring the safety and security of residents and staff. The following identifies the principles and approach for continuing care service providers when seeking to reach consensus on matters of visitation, while promoting collaborative decision making with residents, their families and visitors.

Code of Conduct

The AHS Code of Conduct outlines the values, principles and standards that guide the interactions of health care providers with people during our daily work. It is based on five principles that serve as a compass for staff when deciding what course of action to take in a challenging situation:

- treat people with respect, compassion, dignity and fairness.
- be open, honest and loyal.
- act ethically and uphold professional standards.
- take responsibility for our own actions and expect the same of others.
- respect confidentiality and privacy.

Resident and Family Centred Care

Continuing care is committed to improving the resident's experience of care. People want to feel listened to, informed, and supported so that they can make meaningful decisions and choices about their care and their life. Adhering to these principles promotes mutual respect, enhances communication, and supports a team-based approach as people work together in a collaborative partnership. The goal is to create an atmosphere of trust and open communication that is free from fear of retribution. The following four core concepts are based on research about what matters most to people who receive care and support services:

- Dignity and Respect: health care providers listen to and honour resident and family perspectives and choices, and cultural backgrounds are incorporated into the planning and delivery of care and services.
- Information sharing: health care providers communicate and share complete and unbiased information in an affirming and useful way.
- Participation: residents and families build on their strengths through participation in experiences that enhance control and independence.
- Collaboration: health care leaders collaborate with residents and families in policy and program development and in professional education, as well as in the delivery of care.

Visitation and Family Presence

Within the continuing care system, it is recognized that family and friends are integral to the resident's health, well-being and quality of life. Family presence and visitation is supported and encouraged.

All people coming into continuing care will be welcomed by staff and treated with respect and dignity. Family and visitors are expected to:

- respect the dignity and privacy of all individuals, including health care providers, other residents, their families and visitors.
- comply with any privacy legislation and applicable policies when taking photographs or audio/video recordings.
- supervise and monitor the behaviour of children brought with them to visit.
- be mindful and sensitive to the needs of other by keeping noise and disturbances to a minimum.
- respect quiet times designated by the site.
- comply with any site-specific requirements of imposed limitations, where applicable.

Designated family and primary support persons are identified by the resident as an important support who the resident wishes to be included in any encounter with the health system. They are not 'visitors' in the lives of the residents, and as such are welcomed as essential members of the care team. The designated family/ primary support person(s) may or may not be the resident's alternate decision maker(s).

Designated family and primary support persons can expect:

- to be welcomed by staff as a member of the care team.
- to be invited to participate as a partner in care to the level or degree that is acceptable to the resident and to the family/primary support person.
- to have access to the resident 24 hours/day, seven days per week with the option to spend the night, based on the needs of the resident and availability of space.

Staff can expect:

- to be treated with respect and dignity.
- to be spoken to and approached in a calm manner.
- to receive feedback on the care provided, and have those who know the resident best share relevant information to support their care needs.

Creating a Respectful Environment for All – Expectations and Responsibilities

Communication is a two-way process. The following outlines the expectations and responsibilities for staff and residents along with their family/primary support persons or visitors in creating a respectful environment for all:



Expectations and Responsibilities

of Our Health Care Workforce, Patients & Families

Alberta Health Services is committed to providing a respectful environment, where everyone is committed to safe, quality care. We believe that when we work together and live our values, we honour our rights and responsibilities.

If you work or volunteer at AHS you have the responsibility of...	Everyone has the RIGHT to...	If you are a patient or family member, you have the responsibility of...
<ul style="list-style-type: none"> Treating others with respect and dignity Being respectful and understanding with others Being prepared to hear, listen and understand others 	Be treated with respect Be listened to and heard	<ul style="list-style-type: none"> Treating others with respect and dignity Considering that other patients may also need help
<ul style="list-style-type: none"> Using a calm tone of voice and non-threatening body language Reporting unsafe or potentially unsafe conditions Educating patients and families about their role in safety 	A safe physical, emotional, and psychological environment	<ul style="list-style-type: none"> Using a calm voice and non-threatening body language Reporting unsafe or potentially unsafe conditions Understanding your role in your safety and how you contribute to ensuring a safe environment
<ul style="list-style-type: none"> Providing information in simple language, and including patients and families in the development and management of the care plan Communicating with your team – which includes the patient and family members – by providing feedback and expressing concerns Knowing and respecting each health care team member's role and scope of practice 	Be part of a health care team (patients, families and health care workforce)	<ul style="list-style-type: none"> Understanding your health care needs Letting your health care team know when you don't understand, asking questions and expressing concerns Understanding your role in your care plan to the best of your ability
<ul style="list-style-type: none"> Sharing information relevant to patient care Giving timely responses to questions and concerns Maintaining confidentiality 	Information to provide or receive care Confidentiality	<ul style="list-style-type: none"> Providing relevant information to your health care team Maintaining the confidentiality of other patients' health information

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Concerns Resolution:

Addressing a concern, big or small, about a loved one can be extremely difficult. Some people may worry that raising a concern might impact the care provided to their loved one, or threaten their relationship with care providers. Residents and families must be supported to respectfully express any concerns regarding their care. Staff can be proactive by asking if there are any concerns, and being open to receiving feedback.

When concerns about the care and well-being of a resident are first identified, any staff member should respond immediately with respect and courtesy. Most day to day issues are easily resolved by good communication with the resident and family.

If the concern can't be resolved immediately, staff or the family/visitor will notify the site manager/ supervisor as soon as possible. Refer to the Patient Concerns Resolution Policy for more detailed information.

Concerns resolution activities are guided by the following principles:

- complainants shall be advised of the options available to them to discuss and resolve their concerns.
- concerns shall be reviewed in a fair, consistent, respectful, transparent manner and in good faith be attempted to be resolved in a timely manner.
- residents or their family/visitors shall not experience adverse consequences as a result of reporting a concern, including being labelled by staff as a “troublemaker”.
- complainants shall be kept informed throughout the review process regarding the status of their concern in compliance with applicable privacy legislation.

Limitation to Visitation of Family/Visitors

Continuing care sites have a duty to maintain a safe, respectful and supportive environment for the delivery of care and services, ensuring the safety and well-being of both residents and staff. No form of abuse or aggression towards staff or residents by families or visitors is tolerated. When the words, actions or behaviour of a family member or visitor impacts the ability of staff to carry out their duties, impacts the right of anyone on site to feel safe and secure, or negatively impacts the well-being and safety of any resident, family, visitor or health care provider, action must be taken.

It is recognized that some of these actions and behaviours may take place within the context of advocating for the needs of a resident and are therefore not perceived by the family member/visitor to be inappropriate. Each situation is unique, and all sides of the issue must be explored fully and respectfully. Careful consideration of each situation must be made in order to ensure an appropriate response, with efforts made to resolve differences before they escalate.

Response to actions or behaviour that is deemed inappropriate should include a meeting with the family/visitor, the resident (if appropriate) and site management to:

- provide a safe and comfortable environment to discuss any concerns - consider involving a support person if appropriate (e.g., social worker, clergy, clinical ethicist, trusted staff or family member).
- listen to the family/visitor and seek to understand the underlying reason for their actions/behaviour.
- address any staff or resident safety concerns.
- provide feedback to the family/visitor on the impact of their actions/behaviour, and receive feedback from the family/visitor regarding the site or staff response.
- if possible, identify a mutually agreeable plan for moving forward, written and signed as appropriate.

Note: where staff or a resident is in immediate danger, or when provision of care is compromised, the family member/visitor will be asked to leave and appropriate authorities may be contacted (e.g., police, Protective Services, etc.).

It is the responsibility of site management to ensure the principles of administrative fairness are adhered to throughout any investigation into the actions/ behaviour of family or visitors. The process should be inclusive of all relevant stakeholders, well-informed with complete and relevant information, transparent in how decisions are made, and open to review as the situation changes or new information arises.

Response to continued inappropriate action or behaviour should include the following:

- conducting a thorough review in a timely and respectful manner for all individuals involved, in compliance with applicable privacy legislation.
- review of what is acceptable and appropriate vs. unacceptable actions/behaviours.
- regular, open communication between the resident, family/visitor and site management.
- establishment of reasonable limitations starting with the least restrictive and moving to more restrictive options only as necessary. These may include but are not limited to:
 1. action plan - family/visitor will adhere to agreed upon actions/behaviour while on site.
 2. partial visitation restrictions – limitations placed on visitation which may include scheduled visitation (e.g., times when management is on site), supervised visitation (e.g., accompanied by another family member or staff), or limited visitation (e.g., to a particular resident or area of the building).
 3. full visitation restriction temporary – no access to the continuing care site for a specified period of time.

Where boundaries have been established:

- provide the family/visitor with a written notice of decision including the reason and duration of the limitation.
- outline available resources and options to attempt to resolve the issue, including information on the process to review/appeal a site-based decision.
- ensure senior leadership of the site is informed.
- support alternative methods of communication between the family member/visitor and the resident (e.g., phone calls, video chat, visits outside the care setting, etc.).
- direct family/visitors to appropriate supportive resources (e.g., spiritual care, social work, etc.).
- negotiate an appropriate timeframe for reviewing any visitation restrictions placed on a family member/visitor.

The goal is to come to mutually agreeable terms at the local site-based level. When the family/visitor is not satisfied with the site-based decision, follow the *AHS Patient Visitation and Family Presence* directive for continuing care.

At any time, the resident, family or visitor may contact:

- AHS Patient Relations Department
- Alberta Health Advocate
- Alberta Seniors Advocate
- Alberta Mental Health Patient Advocate

Visitation Restriction Initiated by the Resident

Where the resident or their alternate decision-maker(s) requests a limitation on visitation, or initiates legal means to restrict visitation (e.g., a restraining order) the continuing care site will collaborate with the resident and their alternate decision maker(s) to establish mutual expectations in relation to responding to a breach of request or order.

Key Messages

The principles and approach outlined in this document provide a foundation on which to build mutually respectful relationships between individuals who interact in continuing care settings. Given the importance of maintaining personal relationships, limitations on family/visitors in continuing care settings cannot be undertaken lightly.

While limitations on family/visitors may sometimes be necessary in order to protect the safety or health of residents or staff, such limitations must be the result of an inclusive, well-informed, transparent, reasonable, and revisable decision-making process. The goal is to prevent conflicts from escalating to the point where limitations would be necessary. We aim to cultivate an environment where concerns are raised early and without fear of reprisal, and where mutually agreeable solutions are collaboratively determined and respected.

Definitions

Administrative fairness includes three key elements to help a process to be considered fair:

- the process leading up to the decision was fair (procedural fairness)
- the decision or outcome itself was fair (substantive fairness)
- they felt they were treated fairly (relational fairness)

Alternate decision maker(s) means a person who is authorized to make decisions with or on behalf of the resident. These may include, specific decision-maker, a minor's legal guardian, a 'nearest relative' in accordance with the Mental Health Act [Alberta], an agent in accordance with a Personal Directive, or a person designated in accordance with the Human Tissue and Organ Donation Act [Alberta].

Designated Family / Primary Support Person refers to anyone identified by the resident an important support who the patient wishes to be included in any encounters with the health care system, including but not limited to immediate and extended family members, friends, informal caregivers or personal directive agents.

Resident includes all individuals who reside in a continuing care designated living option inclusive of supportive living level 3, 4, 4D, and long-term care/facility living.

Visitor refers to a guest of the resident and can include friends, colleagues, or other family members who may wish to visit the resident.

References

AHS documents (available on Insite):

- Administrative Fairness: The Fine Art of Fairness
- AHS Code of Conduct
- Family Presence Guideline (Rockyview Hospital and South Health Campus)
- Keeping Patients Safe from Abuse Level 1 Policy
- Managing Challenging Behaviours and Expectations: An ethics of care approach (draft)
- Patient and Family Centred Care Resource Kit
- Patient Concerns Resolution Level 1 Policy and Process Procedure
- R.E.L.A.T.E. and R.E.S.P.O.N.D. Guide
- Visiting Guideline (Rockyview Hospital and South Health Campus)
- Workplace Violence: Prevention and Response Level 1 Policy

Government of Alberta documents:

- Alberta's Health Charter, March 2014
- Protection for Persons in Care Act
- Standards Compliance and Licensing Branch Long-Term Care Accommodation Standards and Checklist, April 2010
- Standards Compliance and Licensing Supportive Living Accommodation Standards and Checklist, April 2010

Other references:

- Alberta Courts Resolution and Court Administration Services. Restraining and Protection Orders – General Information. Retrieved from <https://albertacourts.ca/resolution-and-court-administration-serv/family-justice-services/family-self-help/restraining-and-protection-orders-general-information>.
- Better Together - Partnering with Families: "Facts and Figures" About Family Presence and Participation. Retrieved from <http://www.ipfcc.org/advance/topics/Better-Together-Facts-and-Figures.pdf>
- Canadian Centre for Occupational Health and Safety. Violence in the Workplace. Retrieved from <http://www.ccohs.ca/oshanswers/psychosocial/violence.html>.
- Government of Ontario. A Guide to the *Long-Term Care Homes Act, 2007* and Regulation 79/10. Retrieved from http://www.health.gov.on.ca/en/public/programs/ltc/docs/litca_guide_phase1.pdf
- NHS Institute for Innovation and Improvement. Retrieved from http://www.institute.nhs.uk/patient_experience/guide/home_page.html