

Developing Family Visitation Guidelines to Enhance the Patients Perioperative Experience



Eugenia Johnson, MSN, RN, CCM
ejohnson6@kumc.edu



Introduction

Facilitating family visitation throughout perioperative phases of care has been controversial due to obstacles inherent of this setting. Literature demonstrates facilitating family visitation can be beneficial to patient outcomes and is supported by the Centers for Medicare and Medicaid Services (CMS), Institute of Medicine (IOM) and the American Society of Perianesthesia Nurses (ASPAN). Consequently, hospitals are challenged to develop and implement policies and procedures supporting family visitation.



- A 2012 survey of American PACU practices revealed only 19% allowed adult patient family visitation.
- Studies note patient/family support of visitation; while nursing staff are opposed due to patient-care concerns and inability of family members to cope with the environmental activities.
- Attitudinal differences between TUKH Liaisons and Pre/Post staff, compounded by a lack of clear visitation guidelines, created barriers to visitation facilitation during pre and post phases of care.

Methods

Pre/Post staff, including Liaisons, were recruited to participate in a visitation committee.

- Members were briefed on CMS guidelines, patient rights and standards of care outlined by ASPAN and organizational mission/vision statements.
- Questions focusing on visitation expectations during pre/post-operative phases of care were distributed/collected from patients, staff and anesthesiologists to glean issues.
- Participants completed a post-project survey (Table 1) to assess their perception of the process's effectiveness to create visitation guidelines improving visitation facilitation.

Table 1
Post-operative Visitation Survey Results by Question Response and Respondent

Question	Patient/Family	%	Clinical Staff	%
When expect to see patient to recovery				
Out of recovery	10	27%	9	38%
In recovery & awake	22	59%	13	54%
Immediately post op	5	14%	2	8%
What info should be shared				
None	0	0%	0	0%
General	4	12%	11	58%
Detailed	30	88%	15	42%
How many visitors allowed				
None	0	0%	6	16%
1	10	28%	10	27%
2	20	56%	17	66%
Other	5	17%	4	13%
Length of visit				
No visiting allowed	2	6%	2	6%
5 minutes	6	18%	28	68%
10 minutes	15	46%	17	47%
Other	10	30%	1	3%
Should visitors be allowed				
No one under 18 yrs	12	54%	15	44%
Children over 12 yrs	5	23%	11	32%
Any age with supervision	5	23%	8	24%

Project Outcomes

Utilizing the findings, the committee developed an algorithm, creating clear visitation expectations that staff would use to guide them in the facilitation of visitation.

Table 2
Visitation Committee Questionnaire Results by Question and Respondent (R/R)

Question	R1	R2	R3	R4	%
Likelihood of you facilitating visitation in preop phase prior to committee participation	5	5	5	2	83%
Likelihood of you facilitating visitation in recovery phase prior to committee participation	3	3	4	5	75%
Likelihood of creating an effective visitation plan by engaging staff in the development of the plan	5	4	5	5	95%
Likelihood of you facilitating visitation in preop phase after implementation of visitation plan	5	5	5	2	85%
Likelihood of staff facilitating visitation in recovery phase after implementation of visitation plan	4	5	5	5	95%
Likelihood of you facilitating visitation in recovery phase prior to visitation plan	1	2	2	3	35%
Likelihood of staff facilitating visitation in recovery phase with visitation plan	3	4	3	3	65%

Scale: 5=highly likely 4=mostly likely 3=likely 2=somewhat likely 1=not likely
*Only 4 of the 6 committee members responded

Conclusions & Implications

Post survey of participants revealed:

- Engaging staff in the process of creating a visitation protocol was 95% effective in developing a visitation plan that would assist staff to facilitate visitation in the recovery phase of care by 54% (Table 3).
- Qualitative data revealed continued concerns with space, privacy and interference with providing quality patient care, as well as a need for patient/family and staff education on the importance and expectations surrounding visitation in the recovery phase of care.

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