

DEVELOPING FAMILY VISITATION GUIDELINES TO ENHANCE THE PATIENTS PERIOPERATIVE EXPERIENCE

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Introduction/Problem: Facilitating family visitation throughout perioperative phases of care has been controversial due to obstacles inherent of this setting. However, literature demonstrates facilitating family visitation can be beneficial to patient outcomes and is supported by the Centers for Medicare and Medicaid Services, Institute of Medicine and the American Society of Perianesthesia Nurses. 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. Many studies noted patient/family support of this activity; nursing opposed due to patient-care concerns and inability of family members to cope with the environmental activities.

QI question/Purpose: Engaging staff to development visitation guidelines improves their facilitation.

Methods: Pre-post staff 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 were administered a post-project survey to assess their perception of the process's effectiveness to create visitation guidelines improving visitation facilitation.

Outcomes/Results: A visitation algorithm was developed from survey results. After, participants were surveyed revealing engaging staff in the process was 95% effective in developing a visitation plan, assisting staff with facilitation.

Discussion: While clinical staff and patients/families felt visitation was appropriate, the level of information provided to families and inherent/perceived barriers of the environment made visitation difficult. Opportunities to improve patient and staff education, understanding stakeholder concerns and expectations regarding visitation in all perioperative phases and staff engagement in plan development, are critical to the success of any visitation plan.

Conclusion: Engaging staff in the process of developing a visitation plan increased their likelihood of compliance and support of facilitating visitation.

Future Implications: Research exploring whether demographic characteristics of staff/patients and organizational/unit based culture is recommended, as these may influence family visitation policies in a Pre/Post-operative unit.