



Lakeridge Health

Family Presence Policy

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<input checked="" type="checkbox"/> Harmonized	Document Applies to: All LH Colleagues (Staff, Privileged Staff, Volunteers, Students, Patient and Family Experience Advisors and Contractors)

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Introduction

The purpose of this policy is to provide direction on required practices that welcome and support the presence and participation of our patients' family members and partners-in-care.

Policy

At Lakeridge Health, patients, their family members, and other partners-in-care will be respected as essential members of the healthcare team. Patients will define their family members/partners-in-care and how they will be involved in care, care planning, and decision-making. Lakeridge Health (LH) will embrace opportunities to include family members/partners-in-care in the plan of care and to educate and prepare them to support their loved one throughout care experiences.

At the beginning of their care experiences at Lakeridge Health, patients will be asked to identify one or two family members/partners-in-care as they may be required to act as a spokesperson to facilitate effective communication from the healthcare team to other family members and friends. All hospital staff and clinicians will encourage family members/partners-in-care to be involved and supportive of the patient according to the patient's expressed preference. They will recognize and reinforce that family members/partners-in-care are integral to patient safety, comfort, medical and psychological well-being and the healing process. Patients, family members/partners-in-care, or members of the healthcare team can ask to re-evaluate or modify the presence and participation of family members/partners-in-care at any time. These collaborative decisions will be documented in the patient's chart by a member of the healthcare team.

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The patient's permission will be obtained before any healthcare information is shared with a family member/partner-in-care. The role and responsibilities of a family member/partner-in-care does not extend to include the role and responsibilities of a substitute decision maker or an Attorney for Personal Care as outlined in the Identification of a Substitute Decision Maker Procedure (found on the Wave).

Some programs and patient care areas may have additional policies or practices in place necessary to support the care of patients while supporting the presence of family members/partners-in-care. Limitations may also be based on individual patient need as well as the safety of the patient and/or their family members/partners-in-care. Children who require supervision must be accompanied by an adult who is not the patient.

See the following Policies and Procedures (found on the WAVE) for reference:

- Visitors in the Operating Room Theatres
- Child Youth and Family Program Inpatient Visiting Hours
- PACU Parental Visitation
- Adult Code Blue

Members of the healthcare team will be available to provide guidance to patients, family members/partners-in-care about:

- How to partner to ensure safety and quality of care;
- How to be involved in care, care planning, and decision-making, and how to support the patient during any hospital visit and in any transition to home or community;
- How to honour privacy and be respectful of other patients and family members/partners-in-care in close proximity or who share the same patient room;
- How to follow appropriate handwashing procedures and infection prevention and control guidelines;
- How to respect that Lakeridge Health is a smoke-free and scent-free environment; and
- Any questions or concerns they have, responding to them within an appropriate time frame.

Designated quiet times are from 2200 to 0700 hours. Access to hospital sites may vary depending on security resources and specific site needs. Lakeridge Health will work with family members/partners-in-care to accommodate overnight stays where possible while striving to ensure a restful environment for all patients. The number of people welcomed at the bedside at any one time will be determined in collaboration with the patient, the family members/partners-in-care and the healthcare team. In situations where there are shared rooms, this decision will take into account the care and personal needs of other patients. A safe workspace for the healthcare team will be considered at all times.

Family presence may be interrupted and a family member/partner-in-care may be asked to leave for the following reasons:

- During a procedure or treatment.
- To protect privacy rights of other patients.
- To maintain safety and security.
- An infectious disease outbreak that requires restrictions on the visiting of patients (in accordance with the Outbreak Management Procedure – found on the Wave).
- Behaviour which is disruptive in maintaining a therapeutic environment (in accordance with the Workplace Violence Prevention Policy and Procedure – found on the Wave).

- A legal reason, such as a restraining order or court order.
- A family member/partner in care is acutely ill or had known exposure to a communicable disease which may jeopardize the patient's health. Family members/partners-in-care and visitors who feel unwell or have an infection should not come to the hospital.

Questions or concerns regarding the Family Presence Policy may be referred to Program Leadership. Unresolved concerns may be referred to the Patient Relations office.

Definition(s)

Family: In the context of family presence policies, a broad definition of 'family' applies. Family members may include one's friends, acquaintances and relatives who are 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 as their family member/partner-in-care. In paediatrics, family members are determined by the patient's parent or legal guardian. When the patient is unable to define family, a patient's substitute decision maker (Attorney for Personal Care) provides the definition of the family.

Family Member/Partner-in-Care: Is the person(s) identified by the patient who will provide support, comfort, and important information throughout an ambulatory experience, a hospital admission, an emergency room visit and in any transition to home or community.

Next of Kin: In the context of documentation in the patient's chart, this may be defined as the closest living relative.

Patient: Person receiving care at Lakeridge Health.

Person to Notify: In the context of documentation in the patient's chart, Person to Notify will align with the definition of Family Member/Partner-in-Care.

Substitute Decision Maker: When a person is incapable of making personal care decisions, that person may need someone else with legal authority to make decisions for them. This person is called an Attorney for Personal Care or may be identified as a substitute decision maker. If a person is incapable of giving consent, it may be given or refused on the person's behalf by a substitute decision maker or an Attorney for Personal Care (see the Procedure for Identifying a Substitute Decision Maker as found on the WAVE).

References

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Institute for Patient and Family-Centred Care (2015). Advancing The Practice Of Patient- And Family-Centered Care In Hospitals: How to Get Started.

Institute for Patient and Family-Centred Care (2010). Changing Hospital “Visiting” Policies and Practices: Supporting Family Presence and Participation

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Ontario Hospital Association (2010/2011). Leading Practices in Emergency Department Patient Experience.

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