HOMERuN
Hospital Medicine
ReEngineering Network

COVID-19 Response Working Team Knowledge Base

Recommended "Better" Practices

The following are our team's recommendations for "better" practices for institutions looking to implement and communicate official community-facing visitor restriction policies for hospital inpatients. These recommendations are applicable moving forward irrespective of whether pandemic/crisis conditions exist, with the purpose of maximizing *safety, transparency, and consistency* for patients and their families.

Comment: The below considerations are not to be confused with official policy recommendations for hospital visitor restrictions. Hospitals should work closely with federal, state and local agencies to ensure their policies comply with stated regulations.

General Visitor Restrictions

- General visitor restrictions policies should be clear and consistent, recognizing that policies may change frequently during a pandemic. Any changes should be distributed rapidly and consistently across an institution.
- Messaging should be available in multiple contexts: for instance, on websites, printed in front of hospital entrances, available on arrival to the hospital (admissions, Emergency Departments) and should be clearly communicated to hospital visitors at the time of their arrival.
- Hospitals should specify whether an inpatient's COVID-19 status (positive, negative, pending) affects general visitor restrictions, and what criteria are used to determine when an inpatient's COVID-19 status has changed, if that is applicable.
- If restrictions are in place, hospitals should clearly communicate the rules applicable to any allowed visitors. For instance, if one visitor is allowed, specify whether:
    - that individual should be the same person throughout a patient's hospitalization or can be rotated
    - how that individual is identified (e.g., badge, in electronic medical record, with hospital security, etc.)
    - the allowable visiting hours (and if overnight stays are permitted)
    - if the individual is permitted to leave the hospital and return during a 24-hour period or within specified visiting hours
    - if *more* than one visitor is allowed, specify how many visitors can be in a room at one time, how they should expect to rotate, etc.
- Hospitals should provide families/advocates who have questions/concerns regarding visitor restriction with contact information for appropriate hospital personnel. Those personnel should be up-to-date on hospital policies and be able to address any questions in a timely fashion. We would recommend these personnel be distinct from members of the inpatient's clinical team. Clear protocols for handling escalation of questions/concerns should be addressed by institutions.

Similarly, contact information for personnel who can address concerns/questions from staff should be provided.

Exceptions to Visitor Restrictions

- Hospitals should be clear and specific in identifying which areas of the hospital or departments have exceptions to general visitor restriction policies.
- When designing exceptions, institutions should consider specific patient populations as well as timepoints during a hospitalization. In addition to commonly addressed areas such as Emergency Departments and Maternity/OB, we suggest hospitals consider:
  - patients with intellectual impairments, dementia, acute delirium, behavioral/safety concerns, or who are otherwise unable to make decisions regarding their medical care
  - patients with limited English proficiency
  - patients at "end-of-life"
  - patients at time of admission/discharge from the hospital
  - patients in the hospital for procedures or surgery, with or without subsequent admission

Exceptions for Patients at "End-of-life"

- Hospitals should have clear definitions of "end-of-life" for the purposes of visitor exceptions. These definitions should not be determined on a case-by-case basis at the discretion of members of the care team in order to ensure consistent and fair application across an institution. If applicable, consider utilizing terms that may be more familiar to patients and their advocates, including those associated with goals of care (DNR/DNI, hospice) and legal criteria (power of attorney).

Expectations of Visitors to the Hospital

- Manage expectations of family/advocates visiting inpatient institutions prior to arrival to the hospital, as possible. Ensure consistent messaging that matches what visitors will expect when they arrive at an institution.
- Clearly specify what health screening criteria will be required at time of hospital entrance (and if visitors should anticipate differences in screening based on area of arrival, e.g., through the Emergency Department or hospital lobby).
- Indicate whether PPE is required and if so, what PPE is expected. If PPE is required, specify whether visitors should expect to provide their own or if hospital PPE will be provided. Delineate differences in general PPE required and PPE required depending on the COVID-19 status of the inpatient in question. Specify policies for visitors should screening or PPE be refused at time of entrance.
- Hospitals should indicate rules for visitors, including but not limited to restrictions on geography (e.g., whether they have to stay in the room, cannot utilize normal waiting areas, etc.).
- Hospitals should comment on accommodations for visitors, especially in cases where restrooms or cafeteria areas are restricted, or enable visitors to anticipate these restrictions (e.g., by bringing their own food, limiting in-hospital time, etc.).
- Institutions should indicate where family/advocates dropping off or picking up patients are expected to wait or park and whether facilities will be available for use while waiting (food and restrooms).

- For visitors at an inpatient's end-of-life, institutions should specify whether an appropriate space for grieving will be provided, if available.
- Accommodations should be provided to enable visitors to socially distance within a hospital building, as able (for instance in surgery/procedure waiting rooms).
- Institutions should specify any restrictions on deliveries to the hospital, for instance food, flowers, etc.

Communication with Family Members/Advocates Outside the Hospital

- Clear expectations should be set for when family/advocates should anticipate updates from inpatient clinical care teams.
- Hospitals should consider whether there are areas of the hospital where cellphones or other devices might not work and consider official policies for updating family/advocates of patients who are in those geographic areas. For instance, if cellphone service is unavailable or inconsistent in Emergency Departments, have clear policies on how and when to contact a patient's family/advocate regarding that patient's clinical status.
- Recommendations for alternative means of communication with patients in the hospital are encouraged, e.g., hospital phone and how to access it versus virtual visits.
- If virtual visits are possible, include suggested platforms and visitor instructions for utilizing them.
- If personal devices are not available to inpatients, indicate whether hospital resources are available/provided.
- For inpatients unable to navigate the technology required for virtual visitation, indicate whether hospital staff or resources would be available to assist. Consider specifically addressing cases for inpatients with intellectual disabilities, including delirium, as well as inpatients with limited English proficiency.