A Strategy to Preserve Family Integrity, Promote Patient and Family Centered Care and Simultaneously Support a Safe Hospital Environment for Overnight Visitation

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CONCEPTUAL FRAMEWORK

Based on Carr’s theory of family vigilance, a middle range concept model was developed through identification of categories of meaning: commitment to care—demonstrated through the family’s love and advocacy for the patient; resilience—reflected in how family members are able to care for themselves and maintain hope; emotional upheaval—caused by uncertainty and anxiety over the patient’s prognosis; dynamic nexus—family support systems as well as relationships and support derived from the health care team; and transition—family’s ability to get back to their normal life after hospitalization.

SUPPORTIVE LITERATURE

Fumagalli, et al. (2006) conducted an RCT comparing unrestricted versus restricted visitation on septic complications, major cardiovascular complications and changes in emotional and hormonal profiles. Unrestricted visitation did not increase septic complications and was beneficial for patients in terms of reduced cardiovascular complications and lower anxiety.

Lee, Friedenberg, Mukpo, Coriay, Palmisciano, and Levy (2007) surveyed all New England regional hospital intensive care units (ICU). Nursing viewpoints on visiting hour policies in the ICU identified: space, communication and conflict and burden. Strategies to alleviate barriers included security escorts, family meeting and sleeping area, staff education on visitor needs, guidelines on behavior for visitors with rules, policies, and procedures to contract with difficult visitors using a repercussion policy.

Roland, Russell, Richards, and Sullivan (2001) studied a MICU and CCU to understand and meet patient and family needs for critical care visitation. Patients surveyed responded 90% visitors were very important, 85% desired family to perform personal care, 75% denied feeling fatigued after visiting, and 60% expressed the opinion that there should be no restriction on visitation. Ancillary staff and physicians 46% supported restricted visitation, and 82% expressed belief that visitors are beneficial to the patient. 23 nurses surveyed -14 desired more open visitation, 3 desired more strict control, and 6 did not respond to this question.

STUDY

A pre-experimental one group pre-test, post-test design using the same convenience sample of inpatient nurses. The difference being evaluated is nurses’ comfort level with overnight visitation before and after implementation of the three-part intervention, a software solution to identify late and overnight visitors and educational interventions for nurses and family / visitors. Demonstrating a decrease in violence in the hospital without creating patient and family dissatisfaction would be an additional benefit.

SAMPLE

N= 673

All inpatient nurses at 900+ bed, level 1 trauma center in Delaware
88% Staff Nurses
7.5% Nurse Management
3.3% Nursing Education
92.7% Female

CLINICAL BENEFITS OF VISITATION

• Decreased cardiovascular complications – 50% reduction in major
• Decreased anxiety
• Improved patient & family satisfaction
• No increase in sepsis

Experience in Nursing

PRE-IMPLEMENTATION FINDINGS

60% have strong opinions about overnight visitation
65.7% opinion influenced by personal negative experience with overnight visitation
84.3% support one adult overnight visitor in private room
18.8% support in semi-private room
74% have concerns about overnight visitation
44% concerned about negative clinical impact
40.4% concerned about family getting adequate rest
75.3% concerned about patient getting adequate rest
72% concerned about family interference in care
45% concerned for patient confidentiality
74% concerned about roommate confidentiality
82.4% concerned about difficult family members
60.4% concerned about safety

NATIONAL INCREASE IN VIOLENCE IN HEALTH CARE SETTINGS

• Significant increase (37%) in assault, rape and homicide in hospital settings reported by TJC.
• A Johns Hopkins study identified 154 shootings occurring at U.S. hospitals from 2000 to 2011. Researchers noted most of the incidents occurred in the last six years of the study. (The Advisory Board Company, 2014)
• CHHS commitment to keep our patients, visitors and staff safe and prevent disruption in care

Comfort with Overnight Visitation

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