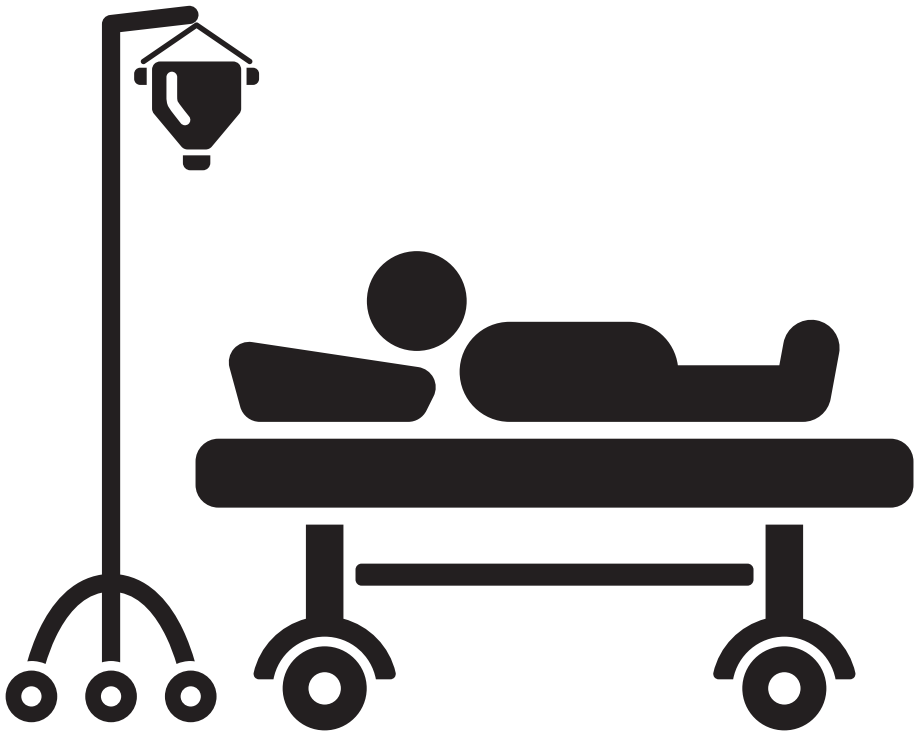
SICK, SCARED *and* SEPARATED *from* LOVED ONES:

A Report on NYS Hospital Visiting Policies and How Patient-Centered Approaches Can Promote Wellness and Safer Healthcare



A Report by

NEW YORKERS FOR PATIENT & FAMILY EMPOWERMENT
NEW YORK PUBLIC INTEREST RESEARCH GROUP

August 2012

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The writer received helpful policy analysis and editing comments from Patient & Family Board member Susan Scheer, President of the Disabilities Network of New York City; Phyllis Eckhaus, a policy analyst and adviser to Patient & Family; Courtney Morrow, health policy analyst and former Executive Director of Physicians for a National Health Program, New York Metro Chapter; Mary Dewar, retired Nurse Educator (Adelphi University) and President of the Long Island Coalition for a National Health Program; and Hayley Gorenberg, Deputy Legal Director of Lambda Legal Defense Fund.

The writer also thanks Bruce Boissonnault, President and CEO of the Niagara Health Quality Coalition; Maria Alvarez, Executive Director, New York Statewide Senior Action Council; Ilene Corina, Executive Director, PULSE of New York; Renee Gescedi, M.S., R.N., Director of Education, Practice & Research Program, New York State Nurses Association; Jemma Hanson, R.N., Regional Vice President, Public Employees Federation, Region 11; Elizabeth Herlihy, M.S., R.N., Associate Director of Education, Practice & Research Program, New York State Nurses Association; and Mary Beth Flynn Makic, PhD, Research Nurse Scientist in Critical Care at the University of Colorado, for their elucidative comments on the subject of hospital policies on visitation.

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SUMMARY OF FINDINGS AND RECOMMENDATIONS

Hospital patients are people whose lives have been interrupted because of a significant and often frightening medical issue. From the moment they enter that hospital door, their world changes. They are surrounded by strangers who give them instructions and warnings that they may or may not fully understand. They are inundated by noise from machinery, beeps from electronic devices, bright lights, and the bustling voices of hospital staff, while sharing a room with someone they've never met before. Even with efforts to mitigate these disruptive factors, a hospital experience is disorienting.

Visits from loved ones and friends help patients cope. A visiting "support person" can also help patients monitor their care and prevent prescription errors and other mistakes. And this visitor involvement can help facilitate better continuity of care after the patient leaves the hospital.

Indeed, the Joint Commission ("TJC"), which accredits hospitals based on medical and safety standards, urges patients to ask a trusted family member or friend "to be your advocate" and "stay with you, even overnight" at the hospital to "help make sure you get the correct medicines and treatments." The Commission's concern is well-founded. Little has changed since the Institute of Medicine's disturbing 1999 report, *To Err Is Human*, which found that the number of Americans dying each year from medical errors was roughly equivalent to the downing of one jumbo jet each day. The U.S. Department of Health & Human Services Inspector General's 2010 report found that one out of every seven hospitalized Medicare beneficiaries is seriously harmed in the course of their care, and at least 44% of these events are preventable. The Commission's advice is important for patients and hospitals.

But there is a rub: A patient's support person can provide important information, observations and warnings to medical personnel, helping to avert wrongs such as prescription errors – *only if the hospital does not bar the door to the patient's room*.

A new national policy is now in place to help keep the patient's door open to family, friends and designated visitors. In 2011, the federal government adopted new rules grounded in evidence that family-centered visiting policies promote quality of care, healthcare efficiency and more positive patient outcomes. The rules recognize that patients have a right to the presence of family members or other support persons, and declare that hospitals must justify their restrictions on visiting. Thus, hospitals should implement "evidence-based" policies, rather than just adhere to familiar past practices.

This report presents findings and recommendations based on a review of visiting policies and website communications for the 99 acute care hospitals in New York State having 200 or more "staffed beds." This report finds significant, unexplained variations in:

- Visiting hours and restrictions on visitation;
- Consistency with the patient's legal right to choose priority visitors whether or not they are members of the patient's "immediate family"; and
- Transparency and clarity of website communications.

Our research reveals that many of the surveyed hospitals still take a restrictive, controlling approach to patient visitation even though more patient-centered policies already are in place at others.

Some Hospitals Provide Many More Hours of Visiting than Others

In a ten-point rating evaluating a hospital's total general (medical/surgical) visiting hours, availability of morning/evening time, and website notices of flexibility for parents, support persons or other visitors, the vast majority fare poorly, scoring only between one and four. More specifically:

- Four hospitals received a "perfect 10," and seven hospitals received a high score of "9" or "8."

- Four hospitals received a zero score, meaning the hospital offered fewer than eight hours of daily visiting time and provided no notice of an opportunity for flexibility.

- 39% of the hospitals provide 10 or more hours of visiting time per day, with 11 of these offering some form of 24-hour "open" visitation.

- In contrast, 11% provide visiting hours that would result in only seven hours or fewer of available daily visiting time for the patient, although some of these provide notice of the potential for flexibility for parents/guardians or other visitors.

- A surprising 22% *provide no visiting hours in the morning and fail to disclose any potential for flexibility, even for a patient's support person*. If the patient or support person does not ask for and obtain flexibility, hospital staff – including doctors who often visit hospital patients in the morning – may miss important observations, warnings or information about the patient that the family member, domestic partner or trusted friend could call to their attention.

- Hospitals usually will allow a parent to stay with a child patient overnight in general medical/surgical units (although only half post this option on their websites), but some hospitals are more restrictive regarding parental presence if the child is in the Intensive Care Unit.

Many Hospital Websites Contravene the Patients' Legal Right to Choose Priority Visitors

Federal Department of Health and Human Services regulations pursuant to Medicare and Medicaid (effective January 18, 2011), and a New York State regulation (effective December 22, 2010), now mandate that patients have the right to choose which visitors have priority if visitation is severely restricted. The patient's choice may include family members, a domestic partner or companion (regardless of gender), a spiritual counselor, a trusted personal care aide or other friends.

- 26% of the hospital websites make public statements contrary to New York State and federal policy, with 23 hospitals claiming to limit certain types or times of visitation to "immediate family," "close family" or "family" and three adding only the category of "significant other."

- Only 11 hospitals take the initiative on their websites to inform patients or visitors that patients have the right to choose and prioritize visitors (regardless of family affiliation or gender) under conditions of significant visitation restriction.

Rules on Children as Visitors Vary, with Little Apparent Rhyme or Reason

This review found widely divergent rules for child visitors, with the basis for differences unclear.

- 43% of the hospitals prohibit or strongly "discourage" visitation by children, with the age cut-off for defining "children" inexplicably ranging from 11 to 16 years old.

  This can be an unpleasant surprise for parents – for 18 of the 99 hospitals, personnel stated specific age restrictions when the hospital was telephoned, *yet the hospital failed to post a notice of the age restriction* on its website or in an automated pre-recorded telephone message.

- In contrast, 50% of the hospitals allow children to visit, with only about a quarter of these facilities requiring prior authorization or limiting the length of such visits. (For the remaining hospitals, staff responded to the question with, "it depends," or similar answers.)

New York Hospitals Could Significantly Improve Their Websites' Usefulness to Visitors

A hospital's website is its most public document, available to anyone with computer access even if the person lives far away and must travel to see a hospitalized loved one. In today's Internet age, website viewers should be able to access visiting policies that are accurate, helpful and easy to find. Yet a third of the websites contained inaccurate hours or failed to disclose a restriction against child visitors, and:

- On a 10-point scale assessing the availability and quality of information for visitors, no hospital website received a perfect "10"; the highest score was "8," achieved by just eight hospitals.

- 27% received a website score of only "3" or lower, with seven receiving a score of zero.

- New York City Health & Hospitals Corporation ("HHC") facilities scored particularly low. Of the 11 HHC hospitals on this list, five earned a score of "3" or lower, with one of these at zero. Yet HHC's Bellevue Hospital Center in Manhattan fared much better, with a score of "7."

Many Hospital Websites Omit Useful Visitor Safety Precautions.

Most of the websites fail to remind visitors to take important health precautions to improve safety.

- Less than a quarter of the hospital websites (24 out of 99) – warn prospective visitors who have a cold, the flu or other illness not to come to the hospital. While this precaution may seem obvious, many people go to work with cold or flu symptoms.

- Only eight take the opportunity on their visiting-policy webpages to inform visitors directly of the need to wash their hands before entering the patient's room. While warnings are posted via signs in the hospital, the website can and should provide important reinforcement given the challenge of changing human habits to reduce harmful hospital-acquired infections.

RECOMMENDATIONS

Recommendation #1 (Visiting Hours Flexibility): If a hospital allows a family member/support person to stay overnight in the hospital with an adult patient, its visiting policy should state this. If the hospital does not currently permit 24-hour visitation for a support person, it should evaluate the potential for adopting a more accommodating policy, looking to more flexible hospitals for guidance.

Recommendation #2 (Parent's Right to Stay With a Child): A parent or guardian should be entitled to remain with a child patient on a 24-hour basis. The hospital should also ensure that this flexibility is discussed, personally and directly, with parents/guardians as well as posting the policy on its website.

Recommendation #3 (Morning Hours): The hospital should provide a substantial amount of visiting time in the morning, and explain the evidence-based reasons for any restrictions on morning hours.

Recommendation #4 (Accommodating Day-time Workers): The hospital should provide more than two hours of visiting time after 6 p.m., to accommodate day-time workers and address patients' evening needs, while advising visitors of the need to be considerate of a roommate's desire for rest.

Recommendation #5 (Patient's Right to Choose):
The hospital's written policy should state that the patient has the right to choose who can and cannot visit, and also which individuals will be treated as priority support persons if visitation is restricted. Any policy references to visitation being restricted to "family only" should be corrected immediately to clarify that priority visitors may include other support persons as chosen by the patient.

Recommendation #6 (Children as Visitors): The policy should state any rules restricting children as visitors, and remind parents that they must supervise their children carefully. Hospitals that prohibit children as visitors should evaluate the potential for adopting a more accommodating policy, looking to more flexible hospitals for guidance. Policies that restrict teenagers, in particular, should be questioned.

Recommendation #7 (Health Advisories): The policy should instruct that anyone with a cold, a rash, a fever, the flu or other communicable disease should not visit the hospital. It should remind visitors to wash their hands before entering and after leaving the patient's room. It should disclose any restrictions or guidance on bringing food, latex or Mylar balloons, or flowers to the hospital, or wearing perfume.

Recommendation #8 ("Evidence-based Policies"): All restrictions on visiting should be evidence-based, and hospitals should explore all reasonable alternatives to address an issue before choosing to restrict the patient's access to the support of family, a companion, or friends.

Recommendation #9 (Involving Stakeholders): In developing visiting policies, hospitals should obtain input not only from administrators, but also from front-line staff involved in patient care and social services, patients and their families/support persons, and health consumer advocates.

Recommendation #10 (Website Information/Consistency): Visiting policies that are outdated or routinely ignored should be updated. All sources of information on the policy must be consistent. All staff/volunteers in administration, intake, the "floor," and the emergency room should know the policy.

BACKGROUND:
THE VALUE TO PATIENTS OF THE PRESENCE OF LOVED ONES AND WHY VISITING RESTRICTIONS MUST BE EVIDENCE-BASED

The Joint Commission, which accredits hospitals[1] and educates the public to help prevent medical errors, urges patients to:

> Ask a trusted family member or friend to be your advocate (advisor or supporter). Your advocate can ask questions that you may not think about when you are stressed. Your advocate can also help remember answers to questions you have asked or write down information being discussed. Ask this person to stay with you, even overnight, when you are hospitalized. You may be able to rest better. Your advocate can help make sure you get the correct medicines and treatments.[2]

The Commission's concern is understandable. A dozen years have passed since the Institute of Medicine released its disturbing 1999 report, *To Err is Human,* yet little has changed in the daily experience of patients in hospitals and other medical centers. That report concluded that between 44,000 and 98,000 Americans die each year from medical errors — the rough equivalent of the downing of one jumbo jet each day — making medical errors the leading cause of death in the United States.[3] Over a decade later, a 2010 report by the Health & Human Services Inspector General found that one out of every seven hospitalized Medicare beneficiaries is seriously harmed in the course of their care, and at least 44 percent of these events are preventable.[4] Every patient needs to be vigilant about the potential for unsafe care, and patients often need help in this effort.

Unfortunately, a patient's trusted support person[5] cannot play the role of advocate if the hospital is barring the door to the patient's room.

Benefits of Visitation by Patients' Loved Ones and Friends

There is broad consensus among health care experts that hospital visitation policies that maximize patients' access to their personal support system of loved ones and friends provide benefits to all concerned.[6] Don Berwick, M.D., former head of the federal Centers for Medicare and Medicaid

[1]The Joint Commission is a not-for-profit organization that accredits and certifies more than 19,000 health care organizations and programs in the United States. *See* http://www.jointcommission.org/about_us/about_the_joint_commission_main.aspx.
[2]The Joint Commission, "Help Prevent Errors in Your Care" (A "Speak Up" educational brochure for the public) (www.jointcommission.org/assets/1/6/speakup.pdf, downloaded June 26, 2012).
[3]Institute of Medicine, *To Err Is Human: Building a Safer Health System* (Nov. 1999) (available at www.iom.edu/~/media/Files/Report%20Files/1999/To-Err-is-Human/To%20Err%20is%20Human%201999%20%20report%20brief.pdf).
[4]Office of Inspector General, U.S. Dept. of Health & Human Services, *Adverse Events in Hospitals: National Incidence Among Medicare* Beneficiaries (OEI-06-09-00090) (Nov. 2010) (http://oig.hhs.gov/oei/reports/oei-06-09-00090.pdf).
[5]A "support person" may or may not be the same person who holds the patient's "health care proxy," a document that allows the patient to designate a trusted individual to make decisions on medical care if the patient loses the ability to do so (http://www.health.ny.gov/professionals/patients/health_care_proxy/). A patient may have more than one support persons.
[6]K. Giuliano, *et al.*, "Families First: Liberal Visitation Policies May Be in Patients' Best Interest," *Nursing Management*

Services, in recommending flexible visitation even in Intensive Care Units ("ICUs"), observes that, "Overall, available evidence indicates that hazards and problems regarding open visitation are generally overstated and manageable."[7] Rather than interfering with the delivery of care, Dr. Berwick explains, the evidence indicates instead that family presence helps facilitate communication between the patient and clinicians and communicate feedback to nurses and physicians.[8] Flexible visiting policies therefore help patients, patients' loved ones, healthcare staff and medical personnel, and hospitals themselves.

A 2011 analysis of evidence-based practices in critical care nursing concluded that flexible visiting policies benefit both the patient and hospital efficiency. The study noted:

> These effects include reduced family stress and burden; lower anxiety; family's ability to serve as a historian, protector, coach, facilitator, and voluntary care-giver; providing basic care such as baths, mouth care, or massage improves respect, collaboration, perceived support of healthcare providers, and scores on a family-centered care survey.[9]

Jemma Marie-Hanson, R.N. and Coordinator of Public Employees Federation, Region 11, reports that in her 30 years of experience as a nurse, she has found that visits from family can be beneficial. She observes:

> Family visits can be very helpful and if the client is willing, those visitors can assist with some basic need of the client while they are hospitalized. Many of the problems that we have with visitors are related to incorrect information. With the guidance of the client, I feel it is essential to include family in the plan of care for the client and accommodate their visits to benefit the well-being of the client.[10]

Renee Gecsedi, MS, RN, Director of the Education, Practice & Research Program at the New York State Nurses Association, observes that a generous visiting policy has efficiency benefits that can extend beyond the hospital stay. She notes:

> The patient's support system is important for continuity of care after hospitalization. It's good for the people who are close to the patient to understand the situation – what the patient needs. It's good to engage them early on in the care and support of the patient. They are the ones who can help make sure that the patient gets follow-up care.[11]

31(5):pp. 46, 48, and 50 (2000).

[7]D.M. Berwick and M. Kotagal, "Restricted Visiting Hours in ICUs: Time to Change," *JAMA* 292(6):736-37 (Aug. 11, 2004).

[8]*Id.*

[9]Mary Beth Flynn Makic, *et al*., "Evidence-based Practice Habits: Putting More Sacred Cows Out to Pasture," *Crit Care Nurse*, 31(2):38-62, 51 (April 2001).

[10]Interview of Jemma Marie-Hanson, R.N., Coordinator, Public Employees Federation Region 11, June 19, 2012.

[11]Interview of Renee Gescedi, M.S., R.N., Director of the Education, Practice & Research Program, New York State Nurses Association, June 22, 2012.

In other words, better engagement of family/support persons and friends during the hospital experience can enhance the management of continuity of care after the patient leaves the hospital. This may help to prevent hospital re-admissions and thus has the potential to help reduce medical costs overall.

Visitors Can Play an Important Role in Patient Safety

Inappropriately restrictive hospital "visiting" policies put patients at risk. They deprive hospital staff of important observations and helpful knowledge that those who are truly close to a patient are in a unique position to provide. Loved ones may, for example, know the full range of medications that a patient is taking, and may be able to contribute information that the hospital personnel do not have.

Restrictive policies can increase stress or cause emotional suffering for patients and families, which in turn can have health consequences. One study comparing patient anxiety during a hospital stay for intensive care under restricted and unrestricted visiting policies found that the unrestricted condition "was associated with a significant reduction in anxiety score" that did not occur under restricted conditions over an identical length of stay, and that major cardiovascular complications were more frequent under the restricted visitation policy.[12] The American Association of Critical-care Nurses, in issuing its recommendations for flexible visitation in intensive care, noted that research indicates that:

> [F]lexible visitation decreases anxiety, confusion and agitation, reduces cardio-vascular complications, decreases length of ICU stay, makes the patient feel more secure, increases patient satisfaction, and increases quality and safety.[13]

Clearly, a hospital visiting policy is not merely an operational matter or a public relations matter; it is a health matter. Unnecessary restrictions create unnecessary risks.

Federal Policy Places the Burden on Hospitals to Justify Restrictions on Visiting

The federal government emphasizes the importance of family/support person presence for hospitalized patients. The U.S. Center for Medicare and Medicaid Services (CMS) issued a new federal requirement for written visiting policies in 2011. It cited an article published in the *Journal of the American Medical Association*[14] on the health and safety benefits of open visitation for patients, families, and intensive care unit (ICU) staff and debunked some of the myths surrounding the issue (physiological stress for the patient; barriers to provision of care; exhaustion of family and friends). The CMS stated:

> The authors of the article ultimately concluded that "available evidence indicates that hazards and problems regarding open visitation are generally overstated and manageable," and that such visitation policies "do not harm patients but rather

[12]Stefano Fumagalli, *et al*., "Reduced Cardiocirculatory Complications with Unrestrictive Visiting Policy in an Intensive Care Unit," *Circulation*, 112:946-952 (2006).
[13]American Association of Critical-care Nurses, "Family Presence: Visitation in the Adult ICU" (AACN Practice Alert, Nov. 2011) (www.aacn.org/WD/practice/docs/practicealerts/family-visitation-adult-icu-practicealert.pdf) (*citations omitted).*
[14]D.M. Berwick and M. Kotagal, *supra.*

> may help them by providing a support system and shaping a more familiar environment" as they "engender trust in families, creating a better working relationship between hospital staff and family members."[15]

This federal document reflects a growing awareness among health professionals of the value of welcoming a patient's support system of family and close friends in the hospital setting.

Indeed, under the new federal DHHS/CMS regulations, hospitals must disclose in a written hospital policy their reasons for limiting the rights of patients to the presence of family/support persons or visitors. The regulations state that a hospital must:

> …have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reasons for the clinical restriction or limitation.[16]

Thus, the federal policy squarely places the burden on hospitals to provide justification for restricting visits.

The notice of final rule-making for the federal regulations provides three broad examples of instances in which hospitals might impose clinically reasonable restrictions or limitations on visitors: "When the patient is undergoing care interventions; when there may be infection control issues; and when visitation may interfere with the care of other patients."[17] In its response to public comments, DHHS/CMS further noted that some flexibility is needed to ensure patient care and safety, and that disruptive behavior, a patient's need for rest or privacy, and other reasons for restrictions also may be considered.[18] Nevertheless, the DHHS/CMS Response to Comments states unequivocally:

> We remind hospitals and CAHs [critical access hospitals] that, when establishing and implementing visitation policies and procedures, the burden of proof is upon the hospital or CAH to demonstrate that the visitation restriction is necessary to provide safe care."[19]

In other words, *the presence of family/support persons and visitors is considered a patient's right, rather than a hospital-granted privilege, and hospitals must justify in writing any rules restricting it*. A statement of reasons for any restrictions must be provided within the visiting policy.

Furthermore, the hospital's approach to visitation is now a factor to be considered in the Joint Commission's evaluation of hospitals. The Joint Commission established a new Patient Rights Standard in 2011 (R1.01.01.01), which states, "The hospital allows a family member, friend or other individual to

[15]Center for Medicare & Medicaid Services (CMS), Dept. of Health & Human Services, "Medicare and Medicaid Programs: Changes to the Hospital and Critical Access Hospital Conditions of Participation to Ensure Visitation Rights for All Patients," 75 FR 70831 (regarding 42 CFR Parts 482 and 485).
[16]42 CFR Part 482.13(h); *see also* Part 485.635(f).
[17]*See* 75 F.R. 70831, 70839 (Nov. 19, 2010) and 75 FR 29479 (May 26, 2010).
[18]75 FR 70831, 70839 (Nov. 19, 2010).
[19]*Id*.

be present with the patient for emotional support during the course of stay."[20] Federal policy, as explained further below, notes that a hospital may restrict the presence of a patient's support person if the individual's presence "infringes on others' rights, safety, or is medically or therapeutically contraindicated." This policy reflects the federal approach of treating the presence of a support person as a right that may be restricted only for justifiable reasons.

Evidence-based Visiting Policies

The wide-ranging variations in hospital visiting policy, as described in this report, suggest that many existing policies may not be evidence-based. This report's findings are consistent with concerns raised by experts on evidence-based visiting policies.

- An in-depth analysis of evidence-based practices in critical care nursing published in 2011 identified seven practices within the area of nursing for which the tradition and the evidence do not agree, yet practice continues to follow tradition. One of the seven practices was "restricted visiting policies." The authors asserted, "We cannot knowingly continue a clinical practice despite research that shows that the practice is not helpful and may even be harmful to the patients we serve."[21]

- A commentator on variations in visitation policies for labor and delivery noted, "much of what takes place in the way of specific policies and practices ... across the country is based on tradition rather than science."[22]

- When Dr. Howard Markel, an expert in the history of medicine, asked a pediatrician why hospitals continued to impose "draconian prohibitions" on parental visits of child patients for so long after antiquated notions about illness as a product of immoral home environments had faded away, the physician responded, "One reason…might be because we had always done it that way. But I suspect many doctors simply found it convenient and considered parents to be in the way.""[23]

Given that hospitals are expected to be centers of modern medical science, reliance on tradition rather than evidence in visiting policy would be disturbing. Restricting patient visitation without a justifiable reason is not acceptable under federal policy nor consistent with research in this area.

In seeking to provide more flexible visiting hours, one option available to hospitals is to differentiate between the patient's designated priority/support person or persons and ordinary well-wishing visitors.

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[20]The Joint Commission, "R[3] Report (Requirement, Rationale, Reference): Patient-centered Communication Standards for Hospitals," Issue 1 (Feb. 9, 2011) (www.jointcommission.org/assets/1/18/r3%20report%20issue%201%2020111.pdf). *See*, The Joint Commission, *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals* (2010), which provides recommendations for meeting patient-centered communication standards (www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf).

[21]Mary Beth Flynn Makic, e*t al*., *supra*, p.38.

[22]Hila J. Spear, "Child Visitation Policy and Practice for Maternity Units," *MCN: Amer. J. of Maternal/Child Nursing*, 34(6): 372-77, 373 (Nov./Dec. 2009).

[23]Howard Markel, M.D., "When Hospitals Kept Children From Parents," *The New York Times* (Jan. 1, 2008).

Most hospital websites currently do not make such a differentiation for general visiting (although many do for the ICU or other specialized units), yet many of them do so in practice, on a discretionary case-by-case basis. When this occurs, it is a tacit recognition of the fact that visitation issues can be different at times for general well-wishers compared with a patient's primary support persons. An evidence-based analysis should elucidate this. The federal regulations' placement of the burden on hospitals to provide reasons for restrictions, moreover, opens the door for a more vibrant and nuanced discussion of the role that supportive loved ones and friends can play in the hospital setting, especially given that some key attitudes about the presence of such support persons are undergoing new scrutiny.

Changing Attitudes and Institutional Culture to Embrace a Patient-centered Visiting Policy

The concept of "open" visiting, the term often used to describe 24-hour or highly flexible visiting policies, is not to flood the patient with visitors at all hours, regardless of what the patient wants or needs. As Dr. Don Berwick explains, "The goal is not universal implementation of unrestricted ... visiting policies, but rather the achievement of patients' control over the circumstances of their own care."[24] Saint Peter's Hospital (Albany) explains that its open visitation policy gives patients and their loved ones "the ability to determine what visitation options work best for them."[25] A visiting plan may include not only who can visit, but also who cannot visit. It may include "quiet times" when no visits are allowed. It may be revised as the patient's condition and needs change, or if a problem arises. It is about working with the patient cooperatively to establish a flexible visiting plan that meets the patient's desires and needs without arbitrary limitation, a plan that may or may not – according to the patient's desire – include the 24-hour presence of a support person.

Leading advocates for patient-centered care urge that a cultural shift needs to take place regarding how hospital staffpeople view the patient's support network of family, companions and friends. The national Institute for Patient- and Family-Centered Care, for example, advocates that the family must be "respected as part of the care team,"[26] rather than being shoved aside at important stages in care. The American Hospital Association and the Institute for Family-Centered Care have produced a resource guide for hospitals that asserts:

> Hospitals that practice patient- and family-centered care welcome and encourage patient and family member participation in care and care planning. They do not label family members as "visitors" and do not limit the hours they may spend at the patient's bedside. They encourage patients and family members to participate in rounds and other decision-making processes. Staff prepare and support patients and families to participate in care at a level they choose.[27]

Real change, therefore, requires the participation of everyone involved – including hospital administrators, frontline staff, patients, and their loved ones and support people.

[24]D.M. Berwick and M. Kotagal, *supra*.
[25]St. Peter's Hospital webpage on "Visitor Information" (www.sphcs.org/VisitorInformation, downloaded July 24, 2012).
[26]Institute for Patient- and Family-Centered Care, "Changing Hospital 'Visiting' Policies and Practices: Supporting Family Presence and Participation" (August 2010).
[27]American Hospital Association and Institute for Family-Centered Care, *Strategies for Leadership: Advancing the Practice of patient- and Family-centered Care* (Sept. 2004)(http://www.aha.org/aa/content/2005/pdf/resourceguide.pdf).

This report sets out to see whether hospitals in New York are meeting the letter and the spirit of new federal and New York State visitation policies, how flexible their policies are in meeting the needs of the patient and his or her loved ones, and how well they do in making information accessible and understandable.

Methods

This review focuses on New York's "acute care" hospitals – facilities that provide inpatient medical care and related services for surgery, acute medical conditions or injuries (usually for a short term illness or condition) – having 200 or more staffed beds.[28] It evaluates visiting policies for general medical and surgical units. This report does not address visiting policies in the Maternity Unit, and it addresses visiting policies in the Intensive Care Unit or Critical Care Units only with regard to the patient's right to choose priority visitors.

To conduct this review, the researchers first examined any information posted on the hospital website about policies for family/support person and visitor presence.[29] Where visiting hours or a policy on children as visitors was not posted or appeared unclear,[30] a telephone call was made to the hospital's main switchboard to request the information. If the supplementary information was provided by an individual person rather than on the hospital's automated pre-recorded telephone message, a second call was made at another time to confirm the information received by telephone.[31] The results were then tabulated and analyzed for the purposes of this report. (See Appendix C, *Summary of Scores* and Appendix E, *Table of Visiting Hours of Hospitals.*) Hospitals were "scored" on the number of and

[28]The Montefiore Medical Center's locations at Moses Hospital, Weiler Hospital and North Hospital were treated as three branches of the same facility because of ownership and relationship. The visiting policies at these sites are consistent with each other. Also, St. Luke's Hospital and Roosevelt Hospital are treated as two branches of the same facility and the visiting policies at these sites are consistent with each other. In contrast, while the New York Presbyterian Hospital website gives the impression that visiting hours at its Columbia University Medical Center and Weill Cornell facility are identical, it appears that they are not in practice. Its website states for both facilities that a patient may have visitors "around the clock" – indicating an "open" visitation policy (*see* http://nyp.org/patients/visitors/visiting-hours.html, downloaded July 26, 2012). A downloadable "Patient and Visitor Guide: During Your Stay" (p. 19) inconsistently states that general visiting hours are 9:00 am to 9:00 pm. (*see* http://nyp.org/pdf/WeillCornell_DuringYourStay_Web_2012.pdf, downloaded July 26, 2012, with same language in Columbia University Medical Center version). Telephone calls to the Columbia University Medical Center on July 23 and 26, 2012, resulted in the researcher being informed that visiting hours actually run from 10:00 am to 10:00 pm. Visiting hours at the Weill Cornell facility appear to be more restrictive. Telephone calls to the Weill Cornell Medical Center on July 5, 9, 19 and 23, 2012, resulted in the researcher being informed that visiting hours run from 11:00 am to 8:00 pm, and that the hospital does not have 24-hour visitation. Because the website appears to be inaccurate and the facilities state different visiting policies when questioned, they are treated as separate facilities for the purposes of this report.

[29]The websites were most recently examined for the purposes of this report from July 19 to July 26, 2012.

[30]For the purposes of examining the range of variation in visiting hours and willingness to accommodate children as visitors, written information contained in downloadable booklets from the hospital website was considered even though the booklet may have been directed to the patient's attention rather than a visitor's. For the evaluation of website usefulness for visitors, information contained in downloadable "Patient Guide" booklets were considered only if the link for the booklet was directed toward the attention of visitors as well as patients.

[31]For hospitals that did not have a downloadable "Patient Guide" posted on their website, a call was made to attempt to obtain a hard copy of any such booklet that might exist. Eleven hospitals sent a copy of their booklet, and relevant information was incorporated into the report. (Most of the hospitals did not, however, provide one.)

flexibility of their visiting hours and the usefulness of their website for prospective visitors. In addition, the report analyzed the consistency of hospital website statements with state and federal policy on visitation, and the variations in hospital visiting policies on children as patients and children as visitors.

The general assumption used in this report is that the hospitals' websites correctly state the hours for which the facility will generally accommodate the presence of family, companions and friends of the patient and the visiting policy rules. Calls to each of the hospitals revealed that the verbal response to a query about general visiting policy was consistent with the website information roughly two-thirds of the time. Where the information provided by the answering machine, a downloadable or "hard copy" Patient Guide booklet, or person responding to the call was inconsistent with the website posting, a second call was made in an effort to clarify the policy. For example:

- The Crouse Hospital website states that visiting hours run from 2:00 pm to 8:30 pm. In each of two phone calls, the first person to answer the phone stated their belief that the hours were from 11:00 am to 8:30 pm, but then referred the call to the Security Desk, which stated that the hours were from 8:30 am to 8:30 pm.[32] Since the Security Desk is the operational system by which people are allowed onto the floor, the 8:30 am to 8:30 pm hours were used for evaluating the hospital's visiting policy flexibility.

- The Coney Island Hospital website was silent on visiting hours and rules. The hospital's "Patient Guide," provided in "hard copy" to patients upon admittance (and obtained and reviewed for this report), does contain visiting hours and rules. The hours were confirmed in two follow-up calls to the hospital, but the matter of treatment of children was less clear. In two calls, the respondent stated that children could not visit unless they were at least 12 years old, in another, the respondent placed the age threshold at 11, while in yet another call, the respondent stated that there were no age restrictions on children as visitors. The hospital needs to clarify its child visitor rule with its personnel.[33]

Generally, where conflicting information occurred, the more generous visiting hours were found to be correct. This report recommends that any inconsistencies in policies as presented on websites, in patient guides, on hospital telephone answering machines and verbally by hospital desk attendants to callers should be resolved. Also, all staff and volunteers in administration, intake/admissions, the patient information office and patient relations staff, the "floor," and the emergency room should know the policy – including those involved with direct patient care and social services as well as administration.

The Gap Between Written Policies and Implementation Practices

Getting to the "truth" about what really happens in the real world application of visiting policies to particular situations is beyond the scope of this report. The gap between written policies and

[32]Telephone calls to Crouse Hospital, on June 18 and June 27, 2012. *See* www.crouse.org/visit/visitors/, downloaded July 20, 2012.

[33]*See* Coney Island Hospital, 'Patient Guide" (a booklet provided in "hard copy" to patients upon admittance) (Spring 2012, p. 24. Telephone calls to Coney Island Hospital on June 14, July 6 and 19, and Aug. 4, 2012. *See* Coney Island Hospital website at www.nyc.gov/html/hhc/html/facilities/coneyisland.shtml,downloaded July 20, 2012.

implementation practices, however, is an issue that should be evaluated. In discussions of visiting policies with nurses and former patients or visitors, the most common comments were, "But nobody really follows the policy," and, "But if you ask, you can usually get around the policy." In other words, while the hospital may have certain rules in place, the personnel often use their own judgment about a given situation and allow something different than what the policy states.

While it can be beneficial for the patient when the hospital provides more flexibility – especially where the visitor is a family member or support person for the patient – a policy that is routinely "honored in the breach" is problematic for several reasons.

- First, some people may not attempt to ask for flexibility. Reasons for not asking may include, but not be limited to, feeling overwhelmed or somewhat intimidated by the institution; not wanting to annoy the people who are providing important medical care to the patient; not understanding that such flexibility might be available; or having difficulty speaking fluent English. As Elizabeth Herlihy, Associate Director of the Education, Practice & Research Program of the New York State Nurses Association, points out, "Rules-following is a generational and cultural issue. So if someone thinks they have to follow the rules, they may never ask a question about it, and they may never find out that there's flexibility."[34] The result therefore, in some instances, could be an unintentional yet *de facto* disparity in how patients and their loved ones are treated.

- Second, it cannot be known to what extent such case-by-case flexibility is dispensed fairly and without any favoritism, whim or negative pre-judgment. Such a non-transparent approach to visiting policy leaves open the worrisome possibility that the exercise of hospital "discretion" could, on occasion, be arbitrary.

- Third, patients and their primary support persons may feel resentful if they see privileges granted to other visitors that they have not received, regardless of staff's good intentions.

- Fourth, disparate policy implementation can create confusion and conflict among hospital staff. As one researcher examining varying practices in hospital delivery rooms noted, "If some nurses follow policies and others do not, conflict between colleagues ... can ensue."[35]

While some flexibility should always be available to deal with unusual circumstances on a case-by-case basis, one of the recommendations in this report is that hospitals compare their written policies on visiting with actual practices in the facility, and take action to update their policies so that the rules are more transparent and more broadly applied.

[34]Interview of Elizabeth Herlihy, Associate Director of the Education, Practice & Research Program, New York State Nurses Association, June 22, 2012.
[35]Hila J. Spear, s*upra*, p. 376.

I. A LOOK AT WHAT IS ACHIEVABLE: SOME HOSPITALS PROVIDE MANY MORE HOURS OF VISITING THAN OTHERS

Several acute care hospitals, including large ones, currently operate in New York State with very flexible visiting policies. In a 10-point rating of visiting policies – evaluating total general (medical/surgical) visiting hours, availability of morning and evening times, and notices of flexibility for parents, support persons or other visitors – four hospitals received a "perfect 10" and seven others received high scores of "8" or "9." The hospitals receiving a perfect 10 score were:

Glen Cove Hospital	10
Northern Westchester Hospital (Mount Kisco)	10
Saint Joseph's Hospital Health Center (Syracuse)	10
Saint Peter's Hospital (Albany)	10

The other high scorers include:

Kingsbrook Jewish Medical Ctr (Brooklyn)	8
NY Presbyterian Hosp/Columbia Univ. Medical Ctr	9
NYU Langone Medical Center (Manhattan)	8
Nyack Hospital	8
Rochester General Hospital	9
Southside Hospital (Bay Shore) (NSLIJ)	8
Upstate University Hospital (SUNY) (Syracuse)	8

Some hospitals, in contrast, significantly restrict patients' access to family and other people with whom they have close relationships. Four hospitals received a score of zero, which could only occur if the hospital offered less than eight hours of daily visiting time and provided no notice of an opportunity for flexibility:

North Central Bronx Hospital	0
Saint Catherine of Siena Hospital (Smithtown)	0
Saint Charles Hospital (Port Jefferson)	0
Winthrop-University Hospital (Mineola)	0

The majority scored only between "1" and "4." (See Appendix C, *Summary of Scores.*) Points were awarded based on the total number of hours of general visiting time; the availability of morning general visiting hours; the availability of more than two evening general visiting hours (after 6 p.m., to accommodate people who work day shifts and must travel to the hospital); the notice of availability of flexibility in general visiting hours; and the notice of availability of 24-hour visitation for parents (or guardians) of child patients and for support persons of adult patients. (See Appendix A, *Hospital Score Sheet Form on Visiting Hours and Notification of Flexibility*).

Other specific findings follow.

A. Hospital Visiting Hours Vary from 24-hour/Open Visitation to Seven (7) Hours or Fewer

Several hospitals' websites emphasize the importance of visits to patients, yet their approaches to visiting vary widely, and the inconsistency is striking.

- 39% of the hospitals (39 out of 99) examined provide 10 or more hours of daily visiting time.

Among those hospitals, 11 either (a) offer a 24-hour "open" visiting policy, or (b) provide certain hours as guidelines but state the flexibility to allow 24-hour visitation, in some instances specifying that overnight visitation is only for the patient's support person. These "open visitation" or flexible hospitals[36] include:

Glen Cove Hospital[37]
Kingsbrook Jewish Medical Center (Brooklyn)
NYU Langone Medical Center (Manhattan)
Northern Westchester Hospital (Mount Kisco)
Nyack Hospital
Rochester General Hospital[38]
Saint Joseph's Hospital Health Center (Syracuse)
Saint Peter's Hospital (Albany)
Sound Shore Medical Center of Westchester[39] (New Rochelle)
Strong Memorial Hospital (Rochester)
Upstate University Hospital (SUNY) (Syracuse)

Some of these hospitals with "open" or flexible visitation policies provide notice that the facility may limit such visitation when conditions warrant. For example, Strong Memorial

[36]The website for New York-Presbyterian Hospital/Weill Cornell and Columbia University Medical Center states that a patient may have visitors "around the clock," but a downloadable "Patient and Visitor Guide" (p. 24) states that general visiting hours are 9 a.m. to 9 p.m. And, as noted above, repeated telephone calls indicate that the Columbia University Medical Center's visiting hours run from 10:00 a.m. to 10:00 p.m., and the Weill Cornell visiting hours run from 11:00 a.m. to 8:00 p.m. Consequently, despite the website's "around the clock" statement, neither facility is included on this list.

[37]The Glen Cove Hospital webpage states that visitors are welcome any time, but its downloadable Patient Guide, on p. 6, states that prior arrangements must be made to visit after 9:00 p.m. The Patient Guide may or may not be out of date, but the two information sources should be made consistent. *See* Glen Cove Hospital website and link to Patient Guide at (www.northshorelij.com/NSLIJ/Glen+Cove+Hospital+Visitor+Information, downloaded July 20, 2012).

[38]The option at Rochester General Hospital may be significantly limited. The website states, "Hospital visiting hours are generally open. However, visiting hours vary for some of our units" (www.rochestergeneral.org/rochester-general-hospital/patients-and-visitors/visitors/visiting-hours/, downloaded July 23, 2012). Hospital personnel responding to calls expressed that the option is available for private rooms but probably not for shared rooms. It is beyond the scope of this report to determine how this policy is implemented in practice.

[39]The website for this hospital could provide more clarification on its policy. A downloadable "Patient Guide" on the website for the Sound Shore Medical Center states, "Patients are entitled to a support individual of their choice, who may or may not be the patient's surrogate, decision maker or legally-authorized representative, unless their presence infringes on others' rights, safety or is medically or therapeutically inappropriate for the patient." *See* link to guide at www.ssmc.org/bodyss.cfm?id=27, leading to www.healthyadvice.com/hospital/NY_SoundShore_English/, downloaded July 25, 2012. A telephone call to the hospital on June 21, 2012, confirmed that visiting hours are much more flexible for a patient's chosen support person, and that, "depending on conditions," an adult patient can have a support person stay overnight.

Hospital at the University of Rochester Medical Center states that it provides 24/7 visitation access for the patient's designated support person(s), "except when the individual's presence may infringe on the rights or safety of others, or is medically or therapeutically contraindicated."[40]

- In contrast, 11% of the hospitals, based on statements made on their websites or by telephone, offer only seven hours or slightly less of visiting time for the patient in a day.

Arnot Ogden Medical Center (Elmira)	St. Catherine of Siena Hospital (Smithtown)
Ellis Hospital[41] (Schenectady)	St. Charles Hospital (Port Jefferson)
Glens Falls Hospital	St. Elizabeth Medical Center (Utica)
Long Is. Jewish Med. Ctr[42] (New Hyde Park)	St. Joseph's Hospital (Elmira)
North Central Bronx Hospital	Winthrop-University Hospital (Mineola)
Plainview Hospital	

The wide discrepancies among these acute care hospitals indicate that many could take more action to adapt their institutions to accommodate the needs of patients and their loved ones more effectively.

Here is more detail on some of the hospitals with "open" visiting policies:

- Saint Joseph's Hospital Health Center (Syracuse) staff emphasize that their facility has dedicated itself to a "Family Centered Visiting Policy." As explained by the first person who picked up the telephone on a call to the hospital, the patient has the option to have a support person stay in the room overnight, and the hospital will offer that person a lounge chair or a cot to accommodate the overnight stay.[43] The hospital is also working toward the goal of achieving a private room for every patient, which will make 24-hour visitation more comfortable.[44]

- The Upstate University Hospital (SUNY) at Syracuse seeks to accommodate overnight visits in both private rooms and double rooms. Like Saint Joseph's Hospital Health Center, it is seeking to increase the number of private rooms for patients. A patient relations manager

[40] *See* Strong Memorial Hospital website, "Visiting Hours and Policies" section, http://www.urmc.rochester.edu/strong-memorial/patients-families/visiting-information/hours-policies.cfm, downloaded July 25, 2012.

[41] Ellis Hospital's website refers to its very limited general visiting hours as "guidelines," with a statement that the hospital "urges" that the hours be honored, which suggests that there might be some amount of flexibility, but respondents to telephone calls to the hospital on July 5 and 16, 2012, stated the visiting hours firmly and made no mention of any potential for flexibility. *See* www.ellismedicine.org/patients-and-visitors/visiting-hours.aspx, downloaded July 20, 2012.

[42] Note that Long Island Jewish Medical Center allows some longer hours (8.5) on Saturday and Sunday.

[43] Telephone call to St. Joseph's Hospital Health Center, June 21, 2012.

[44] A move toward private rooms may be out of reach for many hospitals, but it has many long-term benefits beyond fostering 24-hour visitation. In describing its plan to build a new tower with 110 private patient rooms, St. Joseph's Hospital Health Center (Syracuse) notes that private rooms "help reduce the spread of disease and infection." St. Joseph's Hospital Health Center, Press Release, "St. Joseph's Capital Campaign Halfway to Goal of $30 Million" (Jan. 2, 2012) (www.generationscampaign.org/news/detail/92). A staff person noted that this approach maximizes the confidentiality of medical information and also personal information, commenting, "Maybe you have something important to say to your spouse, and here's this stranger right next to you, listening to something that's none of his business." Telephone call to St. Joseph's Hospital Health Center, June 21, 2012.

notes that the overnight visitation option benefits not only the patient and staff, but also the hospital's overall operations, as it is far better than the situation in which a concerned family member or support person has to "camp out" in the hospital's general waiting room.[45]

- The open visitation policy at Saint Peter's Hospital (Albany) allows patients and their support persons the flexibility "to determine what visitation options work best for them."[46] A staffer commented that even in a double-room, a quiet overnight stay is usually not a problem, noting that the nurses evaluate the situation and may sometimes need to limit the option if it disturbs the other patient. The staff person noted that having a patient's support person present is often beneficial to the staff as well, as they can provide assistance to the patient in appropriate ways that can take some of the work burden off of the staff.[47]

These hospitals have made an institutional commitment to accommodate round-the-clock presence of support persons for patients in their care.

The concept of open visitation does not, of course, negate the patient's need for rest. A patient-centered policy must take into account the patient's condition. A study of hospice patients noted that it is important for patients to feel in control over the number of visitors, the timing of visits, and how long visitors stay, and that staff should involve patients in decisions about visitors wherever possible. As a result of the study, that facility revised its policy to clarify that the staff should identify and document the patient's visiting preferences, and to emphasize the need for clear communication with visitors to ensure that the patients' needs for privacy and rest are respected.[48]

Where patients have roommates, of course, the desire for visitation must also be balanced with consideration for a roommate's need for rest and quiet. Several hospitals provide patients with a list of responsibilities, which often include the directive to help to control noise or ensure their visitors' appropriate conduct, or more generally to be "considerate of the rights of other patients and hospital personnel."[49] Particularly good language is found on the Champlain Valley Physician's Hospital Medical Center's website:

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[45]The website refers to "after 9:00 pm" visitation (*see* www.upstate.edu/hospital/patients/visitor_guidelines.php, downloaded July 25, 2012). A call to the hospital's Director of Patient Relations confirmed that this includes overnight stays, and that the hospital seeks to accommodate this as part of its "patient- and family-centered" care. Telephone call to Upstate University Hospital (SUNY) at Syracuse, June 21, 2012. Note that the hospital's "Patient Handbook," provided to patients upon admittance (in "hard copy"), implies that the overnight option is only for patients in private rooms. It states, "Overnight stays may be available for families of patients in private rooms. Check with the nursing staff." Upstate University Hospital, "Patient Handbook" (2010) (received by researcher in Spring 2012) p. 6. The website and Patient Handbook should be revised to clarify the parameters of this option.

[46]*See* Visitation page on website for St. Peter's Hospital, www.sphcs.org/VisitorInformation, downloaded May 9, 2011.

[47]Telephone call to St. Peter's Hospital, June 21, 2012.

[48]Helen Gray, *et al.*, "Visiting All Hours: A Focus Group Study on Staff's Views of Open Visiting in a Hospice," *Internat'l J of Palliative Nursing*, 17(11):552-560 (2011).

[49]*See, e.g.*, Brookhaven Memorial Hospital Medical Center, "Patient Guide," p. 15, downloadable via a link at www.brookhavenhospital.org/Visitor_and_Patient_Guide, downloaded July 19, 2012; and Brooklyn Hospital Center website, www.tbh.org/patient-care-info/patients-rights, downloaded July 19, 2012.

> We know that for many patients, visitors are therapeutic and extremely helpful. In order to help foster the best healing environment possible, we ask that you be respectful and sensitive of all patients, particularly if you are visiting someone in a semi-private room.[50]

This hospital also had the wisdom to place this helpful language on the "Visiting Hours" page so that it would be read by prospective visitors, rather than placing the burden solely on the patient. The Montefiore Medical Center similarly states in its Visitor Guidelines, "Be sensitive to the patient's condition (and their roommate's) and limit the visit accordingly. Speak quietly and help limit noise."[51]

B. Surprising Restrictions Against Morning Visits

A surprising 22% of these hospitals' visiting policies (22 out of 99) *do not provide for any visiting hours in the morning, and do not offer any flexibility for a patient's support person*. Such a prohibition on morning visiting hours, if followed to the letter, would mean that:

- A patient would go the entire morning without seeing anyone from his or her personal life. This can be disorienting for some patients, depending on their age or condition.

- The family – unless they request and obtain more flexibility from the hospital – would go all morning without seeing the condition of the patient for themselves. And,

- Given that much important medical care and decision-making occurs in the morning, medical personnel may miss out on important patient information that could be provided by a knowledgeable support person, while patients are deprived of the advantage of having an "extra pair of ears" to listen to medical advice and maybe even take notes.

As noted above, The Joint Commission itself has recommended that patients have a family member or trusted friend with them at the hospital at all times as a safety strategy, yet none of those hospital websites provide an explanation for why they are barring morning visits.

This practice may have developed in part because of morning "rounds, and the fact that personal care assistance for showering and other personal needs likely occurs sometime during the first half of the day.[52] Nevertheless, this does not prevent hospitals from providing morning visiting hours. In fact, 31 of the hospitals (31%) examined provide two or more hours of general visiting time in the morning, with 21 of these facilities offering more than two hours or else general flexibility. In addition to the "open visitation" facilities, hospitals that offer four or more hours of morning visiting time include:

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[50]Champlain Valley Physicians Hospital Medical Center website, "Visiting Hours" page (www.cvph.org/patients-and-visitors/visiting-hours.aspx, downloaded July 19, 2012).
[51]Montefiore Medical Center webpage on "Visitor Guidelines" (www.montefiore.org/visitor-guidelines, downloaded July 22, 2012).
[52]The Strong Memorial Hospital's website notes this in its "A Typical Routine" entry under "The Patient Experience in the Hospital: What You Need to Know." (www.urmc.rochester.edu/strong-memorial/patients-families/visiting-information/hospital-experience.cfm, downloaded Aug. 1, 2012).

Cayuga Medical Center at Ithaca	7:00 a.m.[53]
Faxton-St. Luke's Healthcare (Utica)	8:00 a.m.
Memorial Hospital/Sloan-Kettering[54] (Manhattan)	8:00 a.m.
Saint Francis Hospital (Poughkeepsie)	8:00 a.m.
Saint Luke's Cornwall Hosp. (Newburgh)	7:30 a.m.
Southside Hospital (Bay Shore) (NSLIJ) [55]	7:00 a.m.
Vassar Brothers Med. Ctr. (Poughkeepsie)	8:00 a.m.

Clearly, there is room for adaptability.

While a hospital that prohibits morning visiting hours may in practice differentiate between the patient's close family and support persons versus ordinary well-wishing visitors, the patient and the support people may not realize that additional hours are available. Also, as noted above, it cannot be known to what extent such case-by-case flexibility is dispensed fairly and equally.

C. Accommodating People Who Work Daytime Jobs

Afternoon hours, as posted on hospital websites, are much more uniform than morning hours,[56] but some may present limitations for day-time working people. Many daytime jobs end between 5:30 and 6:30 p.m. A prospective visitor, after leaving such work, may have a significant commute to get to the hospital, and may also have to wait while other persons are visiting the patient (since most hospitals limit visitors to two at a time).

- 57% of the hospitals examined (57 of 99) provide a visiting hours end time of 8:00 p.m., which may present a challenge for some daytime workers.

- One facility, John T. Mather Memorial Hospital of Port Jefferson, has an ending time of 7:00 pm, which would likely be more difficult for many daytime workers.[57]

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[53]Cayuga Medical Center's "Admissions Information" webpage states that visiting hours start at 7:30 a.m., but its "Contact Us" webpage states that visiting hours start at 7:00 a.m., which was confirmed by two calls to the hospital. *See* www.cayugamed.org/content.cfm?page_admissions and www.cayugamed.org/content.cfm?page_contactform, downloaded July 19, 2012.

[54]The Memorial Hospital for the Treatment of Cancer and Allied Diseases, together with the Sloan-Kettering Institute, is part of the Memorial Sloan-Kettering Cancer Center. To clarify and differentiate it from other "Memorial" hospitals, this report refers to it as Memorial Hospital/Sloan-Kettering.

[55]Southside Hospital's website and its Patient Guide need to be updated; both list the hospital's general visiting hours as 11:00 a.m. to 8:00 p.m. (*see* www.northshorelij.com/NSLIJ/Visiting+Hours+at+Southside+Hospital and www.northshorelij.com/NSLIJ/southside-patient-digital-guide, downloaded July 25, 2012), but telephone calls to the hospital on June 14 and June 21, 2012, confirm that the hours have been expanded to run from 7:00 a.m. to 9:00 p.m..

[56]Fully 90% of the hospitals end their general visiting hours (or recommended hours) between 8:00 p.m. and 9:30 p.m.

[57]This early visiting hours end-time, stated on the website for the John T. Mather Memorial Hospital, is confirmed by the hospital's pre-recorded answering machine and was double-checked by telephone calls to hospital personnel on June 14, July 5 and July 21, 2012. *See* www.matherhospital.org/visiting-hours.php, downloaded July 21, 2012.

- In contrast, 26% of the hospitals examined end their required or recommend visiting hours at 9:00 or later (or provide general flexibility), and 14% end at 8:30 p.m., providing a little more latitude for daytime workers.

While it is important for evening visitors to be considerate of their patient's roommate, who may desire to rest or sleep, many hospitals have clearly found ways to manage this, even in the context of 24-hour visitation policies.

D. Many Hospitals' Written Policies Give Little or No Guidance on the Question of Whether or Not a Parent Is Allowed to Remain with a Child Overnight

When children are in the hospital as patients, a special circumstance exists. The presence of a parent with a child patient is critically important. Dr. Shari Nethersole, a physician at the Children's Hospital in Boston, when providing web advice to a parent about whether or not the parent should send a 12-year-old child to a doctor's appointment (non-hospital) alone for a physical, provided a useful context for consideration of children's needs as patients. She responded:

> Twelve is too young to go to the doctor alone, particularly for a physical. Even though children may seem very grown-up and capable at young ages, they still need the support and guidance that parents can offer. They also don't necessarily know all of their medical history and problems, and it is important for a parent to be there to provide that information. At about age 15 or 16, I will see a teenager without the parents present. That said, I usually try to spend part of the visit alone with a child starting at age 12 or 13. Initially, this may just be 5 minutes. Gradually, as the adolescent matures, the time alone with the adolescent gets to be a greater portion of the visit, and the time with the parent is shorter.[58]

Indeed, there is significant evidence that children feel less stress when parents are allowed to remain during invasive procedures, and most parents prefer to stay with their children when their children undergo invasive procedures or resuscitation.[59] In one survey of 400 parents, only 6.5% wanted the physician to determine whether or not the parent should be present during a medical procedure, whether that procedure was merely venipuncture of an arm or something as serious as resuscitation. The researchers concluded that "nearly all patients want to participate in the decision about their 'presence"

[58]Comment of Shari Nethersole, M.D., physician at the Children's Hospital in Boston, in, "Going to the Doctor's Alone: Pediatrics Expert Advice," *FamilyEducation.com* (http://life.familyeducation.com/emotional-development/medical-treatment/42280.html, downloaded June 19, 2012).

[59]D. Henderson and J. Knapp, "Report of the National Consensus Conference on Family Presence during Pediatric Cardiopulmonary Resuscitation and procedures," *Pediatric Emergency Care* 21(11):787-91, 788 (Nov. 2005); A. Saccetti, *et al*., "Acceptance of Family Member Presence During Pediatric Resuscitations in the Emergency Department: Effects of Personal Experience," *Pediatric Emerg Care* 16:85-87 (2000); H. Bauchner, et al., "Pediatric Procedures: Do Parents Want to Watch?" *Pediatrics* 84:907-08 (1989). It is noted, however, that children may "inhibit protest" against an aversive procedure such as injection if the mother is absent. E. Shaw and D. Routh, "Effect of Mother Presence on Children's Reaction to Aversive Procedures," *J Pediatr Psychol* 7:33-42 (1982). *See also*, A. Gross, *et al*., "The Effect of Mother-Child Separation on the Behavior of Children Experiencing a Diagnostic Medical Procedure," *J Consult Clin Psychol* 51:783-85 (1983).

with their child during medical procedures.[60] Certainly, any proposal to restrict the presence of a parent with a hospitalized child should be very vigorously scrutinized.

Many parents take for granted that if their child is in the hospital, they will have the option that one of them will be able to "room in" with the child overnight, in order to be there on a 24-hour, or close to 24-hour, basis. Such an expectation is reasonable. This overnight option is stated on the websites for well over half (58) of the 99 hospital websites examined.[61] New York Methodist Hospital and Staten Island University Hospital (NSLIJ) not only offer the option but state that a parent is "encouraged" to use it.[62] One additional facility, Lourdes Hospital,[63] makes a reference on its website to some availability of "open visitation" in some areas, and a telephone call confirmed that this includes pediatric patients.[64]

Some of these hospitals' policies are worded to recognize that a child patient's primary support persons may include a foster parent, grandparent or other caretaker (if legally approved), or may include a domestic partner or other designated adult. The Lincoln Medical & Mental Health Center, Orange County Regional Medical Center, and Saratoga Hospital specify that their overnight general visitation option is available to guardians as well as parents.[65] The Hospital for Special Surgery states that such visitation is allowed for a parent or a "designated adult companion,"[66] and the Samaritan Medical Center (Watertown) makes the option available to a "parent/designee."[67] Given that nearly 28,000 children in New York State live in foster care, and nearly 130,000 children are being raised by their grandparents,[68] efforts to provide careful flexibility in language can be helpful.

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[60]Eric Boie, *et al.*, "Do Parents Want to Be Present During Invasive Procedures Performed on Their Children in the Emergency Department? A Survey of 400 Parents," *Annals of Emerg Med*, 34(1): 70-74 (July 1999).

[61]The Interfaith Medical Center does not state the option on its website (www.interfaithmedical.com, downloaded July 21, 2012), but does provide such a notice on its pre-recorded telephone answering machine message. The Lincoln Medical and Mental Health Center's website policy contains the unusual provision that a parent "may stay overnight until 9:00 am," and since pediatric visiting hours run from 11:30 a.m. to 8:00 p.m., this gives the impression that a parent who stays overnight with a child must then leave from 9:00 a.m. to 11:30 a.m. (s*ee* www.nyc.gov/html/hhc/lincoln/html/patients/hours.shtml, downloaded July 22, 2012). A call to the hospital (routed to the Admitting Desk) on July 22, 2012, resulted in the researcher being informed that the parent is not required to leave at 9:00 a.m. If that is correct, then it is not clear why the policy on the webpage is written this way.

[62]New York Methodist Hospital webpage on visiting policy (www.nym.org/For-Patients-and-Visitors/Visitors/Visiting-Hours-and-Policies.aspx, downloaded July 23, 2012); and Staten Island University Hospital webpage on "Visitor Guidelines & Parking" (www.siuh.edu/For-Patients-and-Visitors.aspx, downloaded July 25, 2012).

[63]Also known as Our Lady of Lourdes Hospital.

[64]Telephone call to Lourdes Hospital, June 20, 2012. *See* www.lourdes.com/patient-guide/visiting-hours, downloaded July 22, 2012.

[65]*See t*he Lincoln Medical and Mental Health Center's website, www.nyc.gov/html/hhc/lincoln/html/patients/hours.shtml, downloaded July 22, 2012; Orange Regional Medical Center website, www.ormc.org/patients/directions-parking-hours.aspx, downloaded July 23, 2012; and Saratoga Hospital website, www.saratogahospital.org/index.cfm?contentID=243, downloaded July 25, 2012.

[66]*See* the Hospital for Special Surgery's Patient Guide, p. 13, www.hss.edu/patient-handbook.asp, downloaded July 20, 2012.

[67]*See* the Samaritan Medical Center's website on visiting hours, www.samaritanhealth.com/index.php?option=com_content&view=category&layout=blog&id=50&Itemid=81, downloaded July 25, 2012.

[68]Children's Defense Fund, "Children in New York" (Jan. 2011) (www.childrensdefense.org/child-research-data-publications/data/state-data-repository/cits/2011/children-in-the-states-2011-new-york.pdf, downloaded Aug. 4, 2012).

The websites of the other 37 hospitals that accommodate child patients (three do not)[69] are silent on the potential for a parent to stay overnight with a child. Most, upon being called and asked directly, do tell the caller that parental overnight visitation is allowed, but it is not known whether or not all parents are informed of this option. Failure to notify all parents of this option would be problematic and failure to establish a clear, uniform policy could open the door to the potential for different treatment of different families.[70] It is beyond the scope of this report to evaluate the uniformity of communication of this option, but – to ensure disclosure and fairness of implementation – hospitals that allow parents to "room in" with their child should simply state so on their websites.

For a child in an intensive care unit, the matter is much less uniform. Two members of the Health & Hospitals Corporation (HHC), for example, take different approaches. While Harlem Hospital Center provides 24-hour visitation for parents and grandparents at its Pediatric Intensive Care Unit, Elmhurst Hospital Center states with regard to its Pediatric Intensive Care Unit, "The length of the parents' visits and overnight stay outside the unit will be left to the discretion of the nurse-in-charge of the unit."[71] As another example, the Lenox Hill Hospital website states for its Pediatric Special Care unit, "Visiting hours vary according to the condition of the child. Please discuss this with the nurse on the unit."[72] Jacobi Medical Center's website states that parents (as well as grandparents) must leave the Neonatal Intensive Care Unit during shift changes.[73] And many hospitals' websites do not contain any specific message about parental visitation of children in their intensive care units.

A child who is in intensive care without the presence of a parent will hear many statements being made by hospital personnel and may or may not interpret them correctly without a parent's guidance. Fears and misunderstandings may go unexpressed and unallayed. Any policies that prevent parents from being with their children under such stressful conditions should be scrutinized very carefully.

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[69]St. Catherine of Siena (Smithtown), St. Joseph's Hospital Health Center (Syracuse) and Erie County Medical Center (Buffalo) each reported in response to a researcher's call that they do not generally have pediatric patients.

[70]Parental visitation in pediatric Intensive Care Units was outside the scope of this report, but should certainly be examined. For example, in a survey of members of the American Society of PeriAnesthesia Nurses, one of the issues raised by some of the respondents was visitation of very young children in the postanesthesia care unit (PACU). The report notes, "There were 21 comments that expressly described moving patients less than 3 years old into Phase II [a less urgent status] within a very short time to allow family visitors. Eleven nurses made the same comment about patients between 3 and 12 years." (The researchers commented that this appeared to be occurring because family visitors were not allowed in the Phase I PACU.) Kathleen DeLeskey, "Family Visitation in the PACU: The Current State of Practice in the United States," *J of PeriAnesthesia Nursing*, 24(2):81-85, 84 (April 2009). In other words, restricted visitation apparently affected decision-making in the management of child patients in intensive care.

[71]*See* Harlem Hospital Center's webpage on "Visiting Hours," www.nyc.gov/html/hhc/harlem/html/guests/visiting.shtml, downloaded July 20, 2012, compared with Elmhurst Hospital Center webpage on "Visiting Hours" (www.nyc.gov/html/hhc/ehc/html/info/hours.shtml, downloaded July 20, 2012).

[72]Lenox Hill Hospital webpage on "Visiting Hours" (www.lenoxhillhospital.org/patients.aspx?id=70, downloaded July 22, 2012).

[73]Jacobi Medical Center webpage on visiting hours, (www.nyc.gov/html/hhc/jacobi/html/info/visiting.shtml, downloaded July 21, 2012).

II. MANY HOSPITAL WEBSITES ARE IN CONFLICT WITH PATIENTS' LEGAL RIGHT TO CHOOSE PRIORITY VISITORS

One would think that hospital visiting policies as posted on their websites would properly reflect the legal requirements for patients' visitation rights. This, unfortunately, is not the case for a surprisingly large number of acute care hospitals in New York State.

A. The New Federal Rule on Patients' Rights That Change Hospital "Immediate Family Only" Visiting Policies

In 2010, *The New York Times* profiled the story of a woman named Lisa Pond, who had suffered a fatal brain aneurysm and had been hospitalized at Jackson Memorial in Miami, Florida. The *New York Times* explained that Janice Langbehn, her life-partner for 18 years and parent of their four adopted children, who also had power of attorney, was denied the right to be at the bedside because the hospital did not consider her to be "family." Over a period of eight hours, Ms. Langbehn was only allowed a five-minute visit with Ms. Pond in the hospital's trauma area while a priest administered last rites. Later she was let in, but Ms. Pond was unconscious and died the next morning.[74] The story garnered the attention of President Obama, who issued a Presidential Memorandum on April 15, 2010, instructing his health secretary to produce new rules to allow patients the right to choose their hospital visitors,[75] noting this would also allow a patient with no spouse or child to have the support and comfort of a good friend. [76]

In response to the April 15, 2010 Presidential Memorandum, the U.S. Department of Health and Human Services' Centers for Medicare & Medicaid Services (CMS), issued new rules on November 10, 2010 requiring any hospital that cares for Medicare or Medicaid patients to establish a written policy that give patients control over who may be present at their bedside. The rules became effective on January 18, 2011. While technically the federal rules only apply to patients who are served by Medicare or Medicaid, in practice hospitals generally apply such policies across the board. Under the new rules, such hospitals must:

- Establish their visiting policies and procedures in writing;
- State in writing the reasons for any clinically necessary or reasonable restriction or limitation on visitation rights;
- Inform each patient of the visitation rights and, in particular, the right of the patient to receive visitors that he or she approves, and to deny persons visitation access.[77]

The new regulation establishes the patient's right to designate visitors. It states that any hospital that receives Medicaid or Medicare must:

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[74]Tara Parker-Pope, "Kept from a Dying Partner's Bedside," *New York Times* (May 19, 2009).
[75]President Barack Obama, "Presidential memorandum – Hospital Visitation: memorandum for the Secretary of Health and Human Services" (April 15, 2010) (www.whitehouse.gov/the-press-office/presidential-memorandum-hospital-visitation).
[76]Sheryl Gay Stolberg, "Obama Widens Medical Rights for Gay partners," *New York Times* (Apr. 15, 2010).
[77]42 CFR Parts 482 and 485; new rules issued in 75 FR 70831 (Nov. 19, 2010).

> Inform each patient (or support person, where appropriate) of the right – subject to his or her consent – to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.[78]

And, in addition, such hospitals must "Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences."[79]

In the press release issuing the rules, HHS Secretary Kathleen Sebelius states, "Basic human rights – such as your ability to choose your own support system in a time of need – must not be checked at the door of America's hospitals."[80] The new regulations require that all hospitals fully inform patients (or their representatives) of this right, and that all patients are guaranteed full participation in designating who may and may not visit them.

B. The New York State Statute and Regulation on Visitation Rights

New York State had already taken significant steps in this direction before the federal rule was issued. Public Health Law § 2805-q states, "No domestic partner shall be denied any rights of visitation of his or her domestic partner when such rights are accorded to spouses and next-of-kin at any hospital, nursing home or health care facility." The New York State law became effective June 1, 2010.

The New York statute does not go as far as the federal regulation. The federal regulation provides the patient with much broader latitude in identifying priorities for visitation. Pursuant to the federal policy, the patient has the right to choose someone who is neither a family member nor a domestic partner. The preferred visitor could be a minister, for example, or a close friend. Also, the federal rule requires that the policy be in writing.

The New York State Department of Health regulation that sets out the "Patient's Bill of Rights" – which is required to be provided to every hospital patient and was amended after passage of Public Health Law § 2805-q[81] – falls somewhat short in communicating fully the priority visitation right that is set out in the New York statute. It states that the patient has the right, consistent with law, to "Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors." This regulatory language is less informative than it should be because:

- By stating "family members and other adults," rather than, "family members *or* other adults" (or using the term "and/or"), the regulation and "Patient's Bill of Rights" fail to provide a notice that is as clear as possible for the patient reading it that, under the New

[78]42 CFR Part 482.13(h)(2); *see also* Part 485.635(f)(2).
[79]42 CFR Part 482.13(h)(4); *see also* Part 485.635(f)(4).
[80]Centers for Medicare & Medicaid Services, U.S. Department of Health & Human Services, Press Release: "Medicare Finalizes New Rules to Require Equal Visitation Rights for All Hospital Patients" (Nov. 25, 2010).
[81]10 NYCRR §405.7 (effective date Dec. 22, 2010).

York State statute, the patient has the right to *choose* whether to have a relative or a domestic partner present during periods of severely restricted visitation.

Given that, at the point of visitor restriction, the patient is likely to be limited to one or two people, this is a significant matter for better clarification.

- Also, the New York State regulation does not specify through a direct declaration that the previously well-known "immediate family only" restriction on visitation for adult patients is no longer allowed under any circumstances. While it should be obvious that this is the case, many New York hospitals – as explained below – still have such out-dated language on their websites two years after the effective date of the law. A more direct clarification should be provided.

On the other hand, by referring to "other adults" rather than domestic partners, the New York State regulation does appear to reflect the federal approach of affording the patient a broad right to choose visitors who are not relatives or domestic partners. Under the Department of Health regulation, no patient should be called upon to prove that a priority visitor is a domestic partner, and the patient should also be deemed free to choose to name a close friend, trusted personal care aide or spiritual counselor as a priority visitor.

Having this flexibility to choose someone other than a family member, domestic partner or "significant other" is particularly important for elderly people. Recent demographic statistics show that fully a third of all older Americans live alone.[82] Moreover, the National Council on Aging reports that 17% to 19% of New York State's seniors live in social or geographic isolation, without the immediate support from a spouse or family member.[83] The message about their right to have a support person of their own choosing should be consistent and very clear.

An examination of the 99 hospital websites targeted by this report reveals that many of them have language that is directly inconsistent with the federal and New York State rules regarding the patient's right to choose and prioritize visitors, and that most hospitals should more fully harmonize their visiting policies with these rules.

C. Consistency of Hospital Website Visiting Policy Statements with Federal and State Rules Regarding the Patient's Right to Choose

Many of the acute care hospitals in New York State with 200 or more staffed beds make statements on their websites that directly conflict with both federal and New York State policy on the patient's right to choose priority visitors. Others simply fail to alert the public to the new directives on the patient's right to choose priority visitors. Of the 99 hospital websites examined for this report:

[82]E. Klinenberg, S. Torres and E. Portacolone, "Aging Alone in America" (a briefing paper prepared for the Council on Contemporary Families for Older Americans Month, May 2012)(available at: (http://contemporaryfamilies.org/images/stories/Aging_Alone_Klinenberg_Torres_Portacolone_CCF_Brief_May_2012.pdf) ; Maggie Fox, "Report Shows More Older Americans Living Alone," *National Journal* (May 1, 2012).
[83]National Council on Aging, *Crossing New Frontiers: Benefits Access Among Isolated Seniors* (May 2011), p. 7.

– 26% (26 out of 99) of the hospital websites make public statements contrary to the New York State and federal policies. Of these, 23 contain language expressly purporting to limit certain types or times of visitation to "immediate family," "close family" or "family." One facility, Kings County Hospital Center, in its web-posted "Patient Guide," specifically states that "immediate family" includes "spouse, children, parents, siblings."[84] Such language is contrary to the New York State statute and the federal regulation. These hospitals[85] are:

Brookhaven Mem. Hosp. Med. Ctr. (Patchogue)
Community General Hospital/Upstate Univ. (Syracuse)
Crouse Hospital (Syracuse)
Elmhurst Hospital (Queens)
Forest Hills Hospital (Queens)
Good Samaritan Hospital of Suffern
Jamaica Hospital Med. Ctr. (Queens)
Kings County Hospital Ctr. (Brooklyn)
Long Island Jewish Med. Ctr. (New Hyde Park)
Mercy Hospital of Buffalo
Mercy Medical Center (Rockville Centre)
North Shore Univ. Hospital (Manhasset)
Plainview Hospital
St. Elizabeth Medical Ctr. (Utica)
St. Francis Hospital (Roslyn)
St. John's Riverside Hospital (Yonkers)
St. Joseph's Hospital (Elmira)
St. Lukes-Roosevelt Hosp. (Manhattan)
Stony Brook University Med. Ctr.
Unity Hospital of Rochester
Upstate Univ. Hosp.(SUNY)(Syracuse)[86]
Vassar Bros. Med. Ctr. (Poughkeepsie)
Wyckoff Heights Med. Ctr. (Brooklyn)

Three hospitals – Franklin Hospital (Valley Stream), Samaritan Medical Center (Watertown) and Saratoga Hospital – restrict visiting to immediate family members and a "significant other" (connoting a romantic relationship) in intensive care, but do not state that a patient could choose someone else, such as a close friend, trusted personal care aide or spiritual counselor, regardless of gender.[87] While the reference to "significant" other adds important flexibility, it does not go far enough to comply with the new federal and state policies.

– Only eleven hospital websites take the initiative to inform patients or visitors that patients have the right to choose priority visitors (regardless of family affiliation or gender) under conditions of significant visitation restriction. These hospitals[88] are:

[84]*See* Kings County Medical Center, "Patient Guide," p. 17, downloadable at www.nyc.gov/html/kchc/html/about/info.shtml via link entitled "NY Kings County Digital Guide" (downloaded July 21, 2012).
[85]Links for these hospitals' statements are contained in Appendix D, *List of Hospital Statements and Consistency with Rules.*
[86]Upstate University Hospital (SUNY) at Syracuse does, however, provide a clear statement in a "hard copy" booklet entitled "Patient Handbook," on p. 5 (provided to a researcher in Spring 2012), explaining that the patient may choose who can visit, along with a statement that the hospital has an anti-discrimination policy with regard to visitation.
[87]Links for these hospitals' statements are contained in Appendix D, *List of Hospital Statements and Consistency with Rules.*
[88]Links for these hospitals' statements are contained in Appendix D, *List of Hospital Statements and Consistency with Rules.*

Glen Cove Hospital[89]
Glens Falls Hospital[90]
Kingsbrook Jewish Med. Ctr. (Brooklyn)
Long Is. Coll. Hosp./SUNY[91] (Brooklyn)
Metropolitan Hospital Ctr (Manhattan)
Montefiore Medical Center (Bronx)
Nassau Univ. Medical Ctr. (East Meadow)
NYU Langone Medical Center (Manhattan)
Saint Peter's Hospital (Albany)
Sound Shore Med. Ctr. (New Rochelle)
Strong Memorial Hospital (Rochester)

Strong Memorial Hospital (Rochester), for example, states that the patient may "designate one or more support person(s) who will be involved in their care by being present with the patient for emotional support during the course of stay."[92]

Six of these, Glen Cove Hospital, the Long Island College Hospital/SUNY, Metropolitan Hospital Center, the Nassau University Medical Center, the NYU Langone Medical Center, and the Sound Shore Medical Center of Westchester also state specifically that the patient's right includes the option to choose a same sex domestic partner as a visitor.

Saint Joseph Hospital (Bethpage) does not provide any statement on its website about the patient's right to choose priority visitors, but does state clearly in its "Patient Guide" booklet (hand-out) that "all visitors chosen by the patient...can enjoy full and equal visitation privileges consistent with the wishes of the patient or his or her representative."[93]

- Brookdale University Hospital Medical Center (Brooklyn) uses gender/relationship neutral language in describing visitation for surgery,[94] but does not state the patient's options.

- The remaining 61% hospitals' websites are silent on the question of which visitors can be prioritized when visitation is limited.[95] They contain no language that directly contravenes

[89]Glen Cove Hospital's webpage on "Visitor Information" contains a clear non-discriminatory policy statement on the patient's right to choose visitors, but it should remove inconsistent language, under the heading "Surgical Guest Lounge," which states that "immediate family can wait there" during surgery, which implies a limitation on types of visitors (www.northshorelij.com/NSLIJ/Glen+Cove+Hospital+Visitor+Information, downloaded July 20, 2012).
[90]Glens Falls Hospital's language should be more explanatory, but it emphasizes the patient's involvement in the process of limiting visitation and refers to the potential priority support person as the patient's family or friend, stating that if the hospital must restrict visitation for a patient, "this will be fully explained to the patient and family/friend and will be determined with their participation" (www.glensfallshospital.org/Patients-and-Visitors/Patients-and-Visitors.cfm#Visiting_Hours, downloaded July 20, 2012).
[91]Also known as Long Island College Hospital/SUNY Downstate Medical Center.
[92]Strong Memorial Hospital website (www.urmc.rochester.edu/strong-memorial/patients-families/visiting-information/hours-policies.cfm, downloaded July 25, 2012).
[93]St. Joseph Hospital (Bethpage), "Patient Guide" (2012) (provided as a "hard copy" hand-out to patients upon admittance to the hospital), p. 11; and *see* www.stjosephhospitalny.org/directions/, downloaded July 24, 2012.
[94]*See* http://brookdalehospital.org/html/general_info/patient_info.htm, downloaded July 19, 2012.
[95]It is not known to what extent hospitals may be handing patients, upon admission, outdated patient guidance booklets, brochures or factsheets that include language that contravenes the new requirements. Phelps Memorial Hospital Center, for example, provided a hard copy "Patient Guide" booklet to a researcher this Spring that included a statement that visits to patients in the Intensive Care Unit were limited to "immediate family." The Flushing Hospital Medical Center makes no statement on its webpage or in its "hard copy" Patient Guide that is inconsistent with the federal or state rules, but the

state or federal policies, but also do not notify the public on their visiting policy page about the patient's right to choose priority visitors.

Four of these hospitals' policies do refer only to "family" when directing where people can wait during surgery, which may mislead people into thinking that only family members have the right go there, regardless of the patient's desire. This language can be interpreted to imply an inconsistency with the New York State statute and the federal regulation and should be corrected. These hospitals are:

- Beth Israel Medical Center (Brooklyn)[96]
- Hospital for Special Surgery (Manhattan)
- Lutheran Medical Center (Brooklyn)
- Rochester General Hospital.

Of the 23 hospitals with language that is contrary to or inconsistent with full patient choice as required by the federal regulation, 15 do include somewhere on their website a posting of the Department of Health's "Patient's Bill of Rights," which contains provision number 18, described above, declaring the patient's right to "authorize" visitors "who will be given priority to visit." (Brookhaven Memorial Hospital Medical Center's website incorrectly posts a version of the Patient's Bill of Rights in its downloadable "Patient Guide" that omits the 18th provision.[97]) Although that information could prove helpful for some patients and their support people, the contrary message about priority visitation being limited to "family" or "immediate family only" is more likely to gain attention than item number 18 in the list of the Patient's Bill of Rights. Also, as noted above, the full message about the patient's right to choose priority visitors is not well-communicated by that provision.

While it is possible that many hospitals may inform patients *orally* about the right to choose priority visitors, this is not enough to comply with the new rule. The federal regulation emphasizes that visiting policies *must be in writing*. Hospitals should be providing a written statement about the right to choose (one that is more direct and easy to understand than item number 18 in the Patient's Bill of Rights). Moreover, even if a hospital were to provide patients with a written "hard copy" of a visiting policy that is more consistent with current law than what is posted on the website, having contrary language or implications posted on the website would be confusing, and the situation would still need to be corrected.[98] Certainly, any conflicts or inconsistencies in language between the hospital's website and any written policy hand-outs or verbal communications to patients should be resolved in a manner that appropriately and clearly reflects current law – at both the state and federal level – on patients' visitation rights.

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version of the Patient's Bill of Rights published in its Patient Guide (obtained for the purposes of this report in Spring 2012), pp. 7-8, omits item number 18 regarding the patient's right to authorize visitors who will be given priority to visit.

[96]*See,e.g.*, Beth Israel Medical Center webpage on "Surgery," "Visitors" heading, which states, "During your surgery, family members may relax in the surgical waiting room" (http://wehealny.org/patients/BI_home/BI_InpatientSurgery.html#forms, downloaded July 19, 2012).

[97]Brookhaven Memorial Hospital Medical Center, "Patient Guide," p. 14, downloadable via a link on its website at (www.brookhavenhospital.org/Visitor_and_Patient_Guide, downloaded July 19, 2012).

[98]Also, family members and loved ones may not have ready access to hand-outs provided directly to the patient upon admission, so posting legally appropriate and accurate information on the website is important.

III. ANY RULES RESTRICTING YOUNG CHILDREN AND TEENAGERS AS VISITORS SHOULD BE EVIDENCE-BASED

It is not unusual for hospitals to establish different visiting hours or require special arrangements for visits to the Intensive Care, Critical care, Neonatal, Pediatric Care, Mental Health or Maternity Unit. Patients and their families may not be aware, however, that visiting rules in New York hospitals can also differ based on the age of the visitor, with the age below which such restrictions apply ranging – depending on the facility – from age 11 to as high as 16 years old.

This can be an upsetting surprise. Parents, already under stress because of an illness in the family, may have limited options under these circumstances.

And the surprise could come even if a family had carefully reviewed the hospital's visiting policy on the website before coming to the hospital with a child. For 18 of the 99 hospitals examined, very specific age threshold restrictions were stated by staff when the hospital was called by telephone (and these restrictions were confirmed by a second call to the hospital on a different day), yet the hospital failed to post a notification about the visitor age restriction on its website or in a pre-recorded telephone answering machine message.[99] This situation would be quite disturbing to parents.

Moreover, as explained below, the rationale for such restrictions is far from clear.

A. Rules on Children as Visitors Vary, with Little Apparent Rhyme or Reason – or Consideration of Alternative Approaches to Accommodate Families

Many hospitals allow children to visit, with some instructing that parents must supervise visiting children under a certain age. Yet many other hospitals either strongly recommend against – or flatly prohibit – visits by children. The age threshold at which such restrictions are placed, moreover, varies substantially from one hospital to the next, and for no apparent reason.

- 43% of the hospitals (43 out of 99) examined prohibit or strongly "discourage" visitation by children. The age thresholds below which such restrictions are imposed range – without explanation – from 11 to 16 years old:[100]

[99]These hospitals that restrict child visitors, according to hospital personnel responding to telephone calls, but fail to post the restriction on their websites include the Coney Island Hospital, Erie County Medical Center, Harlem Hospital Center, John T. Mather Memorial Hospital of Port Jefferson, Long Island College Hospital, Memorial Hospital/Sloan-Kettering, Mercy Hospital (Buffalo), New York Hospital Queens, New York Presbyterian Hospital/Weill Cornell, Orange County Medical Center, Queens Hospital Center, St. Charles Hospital, Sound Shore Medical Center, Southside Hospital (Bay Shore), Stony Brook University Medical Center, University Hospital of Brooklyn, Winthrop-University Hospital and Woodhull Medical & Mental Health Center. Memorial Hospital/Sloan-Kettering discloses the restriction in a handbook given to patients upon admission entitled, "While You're in the Hospital," (dated 2010) on p. 19 (provided to researcher in Spring 2012), but prospective visitors may not know of this restriction.

[100]Elmhurst Hospital Center and the Interfaith Medical Center place the age limit for restriction at 3 years old, which is so young that for the purposes of this report the hospitals are counted among those that accommodate visits by children with supervision).

Number of Hospitals	Age Below Which Children Are Not Allowed as Visitors
3	16[101]
1	15[102]
19	14[103]
4	13[104]
15	12[105]
1	11 (but allows patients, if they are able, to go to the lobby to visit with younger children)[106]

- In contrast, 50% of the hospitals (50 out of 99) allow children to visit, with only about a quarter of these requiring prior authorization or setting other limitations
    - 20 hospital websites state specifically that the facility allows children as visitors, with 11 of these specifying the age below which a child visitor must be supervised. The age thresholds for the supervision requirement range from 12 to 16.The other nine hospitals do not mention an age requirement for supervision.[107]

[101]Harlem Hospital Center, Jamaica Hospital Medical Center, and St. John's Riverside Hospital.
[102]Erie County Medical Center.
[103]Brookdale University Hospital Medical Center; Buffalo General Hospital; Hospital for Special Surgery; Kings County Hospital Center (in its downloadable "Patient Guide); Kingsbrook Jewish Medical Center (states that children under age 14 "are generally not allowed in patient units"); Lawrence Hospital Center (policy not stated on website; obtained by telephone call); Long Island College Hospital (policy not stated on website; obtained by telephone call); Long Island Jewish Medical Center (website states that children under age 14 are "discouraged" as visitors; its Patient Guide states that they "should not visit"); Mercy Hospital (Buffalo)(policy not stated on website; obtained by telephone call); Mercy Medical Center; New York Presbyterian Hospital/Weill Cornell (policy not stated on website; obtained by telephone call); North Central Bronx Hospital (website policy prohibits children under 12 but hospital personal responding to calls state that the age threshold is 14); Queens Hospital Center (policy not stated on website; obtained by telephone call); St. Barnabas Hospital; St. Charles Hospital (policy not stated on website; obtained by telephone call); University Hospital of Brooklyn (policy not stated on website; obtained by telephone call); Winthrop-University Hospital (policy not stated on website; obtained by telephone call); Woodhull Medical & Mental Health Center (policy not stated on website; obtained by telephone call).
[104]Good Samaritan Hospital Medical Center (West Islip), Maimonides Medical Center, Orange Regional Medical Center (policy not stated on website; obtained by telephone call) and Southside Hospital (Bay Shore) (policy not stated on website; obtained by telephone call).
[105]Champlain Valley Physicians Hospital Medical Center, Coney Island Hospital (policy not stated on website; "hard copy" Patient Guide states that children under 12 years of age "may not visit without special permission," but in practice, three out of four telephone call respondents stated that children were not allowed to visit and did not mention an option for obtaining prior approval, while personnel of other hospitals with prior approval or special permission requirements, when called, would stated that the caller should ask the floor, unit, or nurse), Franklin Hospital ("strongly discouraged"), Huntington Hospital, Jacobi Medical Center, John T. Mather Memorial Hospital (policy not stated on website; obtained by telephone call), Lenox Hill Hospital, Lutheran Medical Center, Phelps Memorial Hospital, Plainview Hospital ("strongly discouraged"), St. Francis Hospital (Poughkeepsie), Sound Shore Medical Center (policy not stated on website; obtained by telephone call), South Nassau Communities Hospital, Staten Island University Hospital, and Stony Brook University Medical Center (policy not stated on website; obtained by telephone call).
[106]Memorial Hospital/Sloan-Kettering (policy not stated on the hospital website; the policy is stated in a "hard copy" booklet entitled "A Guide for Patients" (dated 2010 and provided to researcher Spring 2012), which is provided to patients upon admission to the hospital).
[107]The variation is from no age stated (Elmhurst Hospital Center, Forest Hills Hospital, Interfaith Medical Center, Lourdes Memorial Hospital, Northern Westchester – which does not mention supervision, St. Peter's Hospital, Samaritan Medical

- Another 11 simply do not differentiate between children and adults in their policy as posted on their website. Confirmation by telephone established that these hospitals allow children as visitors.[108]
- 12 require or urge obtaining prior approval for children as visitors. The ages below which prior approval is required inexplicably range from six (6) to 14.[109]
- One hospital states on its website that visits by children are allowed but limited to 15 minutes.[110]
- Six hospitals have restrictive statements barring or discouraging visits by children, but calls to the hospitals confirmed that those restrictions have been lifted.[111]

Center, Unity Hospital of Rochester and Westchester Medical Center), to under 12 (Ellis Hospital, Good Samaritan Hospital of Suffern, Highland Hospital, St. Joseph's Hospital Health Center (Syracuse) and Strong Memorial Hospital), to 13 (Vassar Brothers Medical Center – not on website but stated in "hard copy" guide) to 14 (Nyack Hospital and Upstate University Hospital (SUNY at Syracuse), to 15 (Brooklyn Hospital Center at Downtown Campus), to 16 (Glen Cove Hospital and NYU Langone Medical Center). Note that Ellis Hospital does not encourage but also does not ban visits by children. It states, "We suggest no children younger than 12. Children MUST be supervised AT ALL TIMES." The heading for this statement reads, "Supervise Children." Also, in a telephone call to Ellis Hospital on July 5, 2012, the "Patient Information" person responding to the call did not make any statement discouraging such visits. *See* www.ellismedicine.org/patients-and-visitors/visiting-hours.aspx, downloaded July 20, 2012. hile Samaritan Medical Center does not state a specific age for requiring supervision, its restriction applies to "small children"; it also recommends contacting the hospital prior to a visit since visiting by children "may be restricted based on the patient's condition" (www.samaritanhealth.com/index.php?option=com_content&view=category&layout=blog&id=50&Itemid=81, downloaded July 25, 2012).

[108]Albany Medical Center Hospital, Cayuga Medical Center, Mount Sinai Medical Center (if over two years old), New York Presbyterian/Columbia University Medical Center, Richmond University Medical Center, Saint Francis Hospital (Roslyn) (but noted they prefer no children under 14 during flu season); Saint Joseph Hospital (Bethpage), Saint Luke's-Roosevelt Hospital, Samaritan Hospital (Troy), Saratoga Hospital (stating that generally the hospital is flexible), and White Plains Hospital Center make no differentiation on their website policies. Telephone confirmation established that they allow children to visit.

[109]The variation is from 14 (Arnot Ogden Medical Center, New York Methodist Hospital, St. John's Episcopal Hospital at South Shore, St. Joseph's Hospital in Elmira) to 13 (Lincoln Medical & Mental Health Center and Metropolitan Hospital Center), to 12 (Bellevue Hospital Center, St. Luke's-Cornwall Hospital (the website states that children under age 12 are "discouraged, but not prohibited" from visiting and that restrictions based on health guidance could occur, and advises "if you are uncertain" to check with the hospital; telephone respondents stated that the policy depends on the floor and one should call first), and United Health Services Wilson Medical Center), to 10 (Montefiore Medical Center – Moses Div.), to 6 (Wyckoff Heights Medical Center). St. Luke's-Cornwall Hospital's website states that children under 12 are "discouraged, but not prohibited" from visiting and restrictions based on health guidance could occur, and advises "if you are uncertain" to check with the hospital in advance (www.stlukescornwallhospital.org/visitor_information.php, downloaded July 24, 2012); respondents to telephone calls on July 5 and 24, 2012, stated that the policy depends on the floor and one should call first.

[110]*See* St. Elizabeth Medical Center webpage on "Visiting Hours," at www.stemc.org/visitors/visiting-hours/, downloaded July 24, 2012. Calls to St. Elizabeth Medical Center on June 21 and July 5, 2012, however, resulted in the researcher being informed vaguely that visiting by children "depends on the floor." It is unclear whether or not the 15-minute rule is being implemented. While the Vassar Brothers Medical Center website contains a similar 15 minute restriction (www.health-quest.org/body_vb.cfm?id=173#Visiting, downloaded July 26, 2012), its Patient Information Guide (provided in hard copy to patients upon admittance) states, on page 3, that children under age 13 may visit but must be supervised and provides no 15 minute restriction, and this was confirmed by a call to the hospital on July 5, 2012. Its website should be updated.

[111]Based on responses to calls, the Brookhaven Memorial Hospital website statement barring children under 18 pursuant to the 2009 influenza pandemic (www.brookhavenhospital.org/Visitor_and_Patient_Guide/For_Visitors/Visiting_Hours, downloaded July 19, 2012) has reportedly been lifted and it provides no age threshold now; Community General Hospital/Upstate University website statement that children under age 14 could only visit from 6:00 p.m. to 7:00 p.m. (www.upstate.edu/community/patients_visitors/guidelines.php, downloaded July 20, 2012) has reportedly been lifted and children can now visit if supervised; Crouse Hospital website statement barring children visitors under 18 pursuant to the

The remaining six hospitals are silent about this question on their websites. For four of these, telephone inquiries resulted in responses such as, "It depends," and "You have to ask the unit nurse,"[112] leaving the impression that decisions are made based on unknown factors on a case-by-case basis depending on who happens to be working at the unit on a particular day. For the fifth, the Bronx-Lebanon Medical Center, three phone calls resulted in the researcher being told three completely different polices (no age limit, a restriction against children under age 10, and a restriction against children under age 14).[113] The policy of the sixth hospital, Saint Catherine of Siena Medical Center, is very unclear. It makes no statement on its website; the pre-recorded message on its answering machine refers to a prohibition on visitors under 18 years of age – but because this is stated at the end of a list of hours for various units, it is not clear whether or not that refers to all units or only to the Maternity Unit. Calls to the hospital resulted in one statement stating that the prohibition applied generally to children under age 13 but "it depends on the floor," while another person simply said that the hospital is "much more flexible about this now."[114] Parents should be able to obtain more clear information.

This surprising range of variation in children visitation policies raises significant questions about the basis for such restrictions and the extent to which alternatives to such restrictions have been explored. Only a few hospitals offer any explanation at all.

- One hospital's website (which asserts that children under the age of 14 "are not encouraged to visit patient floors" but notes that "exceptions are made in some circumstances") states that the basis of its restriction is that "children tend to pick up and carry infection more readily than adults."[115] A similar concern that children are often exposed to common contagious childhood diseases is raised by Memorial Hospital/Sloan-Kettering – although it allows patients with staff permission to go to the main lobby to visit with such children.[116]

- A requirement at another hospital that children should "come at a scheduled time"[117] appears to have been established more out of concern about behavior.

2009 influenza pandemic (www.crouse.org/visit/visitors/, downloaded July 19, 2012) has reportedly been lifted and it provides no age threshold now; Flushing Hospital website (http://flushinghospital.org/visitinghrs.html, downloaded July 20, 2012) statement limiting children under 16 to visiting between 3:00 p.m. and 5:00 p.m. reportedly has been lifted); Glens Falls Hospital website (www.glensfallshospital.org/Patients-and-Visitors/Patients-and-Visitors.cfm#Visitor_Guidelines, downloaded July 20, 2012) states that children under age 13 cannot visit unless under "extraordinary" circumstances but telephone calls confirm that there are no restrictions on child visitors now; and North Shore University Hospital website (www.northshorelij.com/NSLIJ/NSUH+Directions, downloaded July 23, 2012) states that "Children under the age of 14 are discouraged as visitors," except in the Maternity Unit, but reportedly there is no age limit now.

[112]These facilities are Beth Israel Medical Center, Faxton-St. Luke's Medical Center (although it states that the hospital does "encourage" child visitors to be age 12 or older), Nassau University Medical Center, and Sisters of Charity Hospital.

[113]Calls to the Bronx-Lebanon Hospital Center, to the "main desk," "Patient Relations" and "Security" were made on July 18 and July 19. *See* www.bronx-leb.org, downloaded July 26, 2012).

[114]Calls to St. Catherine of Siena Medical center were made on June 18 and July 27. *See* St. Catherine of Siena Medical Center website, http://stcatherines.chsli.org/patients-and-visitors.html, downloaded July 24, 2012.

[115]Rochester General Hospital webpage on "Visiting Hours" (www.rochestergeneral.org/rochester-general-hospital/patients-and-visitors/visitors/visiting-hours/, downloaded July 23, 2012).

[116]Memorial Sloan-Kettering Cancer Center, "A Guide for Patients" (2010) ("hard copy" booklet/handout), p. 19 (provided to researcher in Spring 2012).

[117]St. John's Episcopal Hospital webpage on "Visiting Hours" (http://www.ehs.org/stjohnshospital/visitinghours.html, downloaded on July 24, 2012).

- One facility expresses a worry that, "Hospitals are often scary or upsetting to children."[118]

- Still another hospital states that visits by children under 12 years of age are prohibited for "their health and safety."[119]

The American Association of Critical-Care Nurses ("AACN") urges that concerns about children as visitors are not justified. It states:

> [S]ome nurses in adult ICUs restrict children's visits based on the intuition that children will be harmed by what they see or based on a concern that they would be uncontrollable. These biases are not grounded in evidence or based on the patient's or the child's actual needs. Yet, when allowed to visit relatives in the ICU, properly prepared children have less negative behavior and fewer emotional changes than those who did not visit. It is recommended that they be allowed to visit unless they carry contagious illnesses.[120]

The AACN advocates that visitation should not be restricted by age, stating, "Although younger children may be developmentally unable to remain with the patient for lengthy periods of time, contact with these children can be of significant importance to the patient."[121] It is notable, moreover, that this professional position is taken with regard to children as visitors in Intensive Care Units, where safety issues are of great importance.

Indeed, one study found that children of patients in intensive care fear their parent's death and that these fears lessen when children are allowed to visit;[122] another compared 10 families in a restricted visitation group and 10 in a facilitated visitation group, and found that children in the facilitated group had a greater reduction in negative behavioral and emotional changes;[123] and a survey of 29 children (ages four to 17 years, with an average age of 9.5) visiting a seriously ill/injured relative in intensive care found that the visit "did not seem to frighten the child" but rather generated feelings of "release and relief," and many felt that the relative "looked better" than they had imagined.[124]

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[118]Lutheran Medical Center website (www.lutheranmedicalcenter.com/GuideForPatients/VisitingHours/, downloaded July 22, 2012). United Health Services Wilson Medical Center allows child visitors but advises parents, "Please consider whether bringing small children into the hospital environment – where people are ill, injured or dying – is the best choice since they're often frightened or confused by what they see and hear." (www.uhs.net/id=580&sid=1, downloaded July 25, 2012).
[119]Phelps Memorial Hospital Center webpage (http://phelpshospital.org/visitor_travel_information/visitinghours.php, downloaded July 23, 2012). Plainview Hospital states that visits by children under age 12 are strongly discouraged for "the safety of our patients and visitors" (www.northshorelij.com/NSLIJ/Plainview+Hospital+ Visitor+Information, downloaded July 23, 2012).
[120]American Association of Critical-Care Nurses, *supra*, p. 2 [*Citations omitted*].
[121]*Id.*, p. 3.
[122]J.M. Craft, *et al*., "Experiences in Children of Critically Ill Parents: A Time of Emotional Disruption and Need for Support," *Crit Care Nurs Q*, 16:64-72 (1993), cited for support in J.E. Davidson, *et al*., supra, at 608.
[123] A.C. Nicholson, *et al.*, "Effects of Child Visitation in Adult Critical Care Units: A Pilot Study," *Heart Lung*, 22(1):36-45 (1993).
[124]Susanne Knutsson, *et al*., "Children's Experiences of Visiting a Seriously Ill/Injured Relative on an Adult Intensive Care Unit," *J Adv Nurs* 61(2):154-62, 156 and 158 (2008).

The most clearly articulated rationale for restricting children is based on a concern about their ability to spread influenza. Some of the websites reviewed contained statements indicating that their policy was based primarily or exclusively on this reason.

- The Buffalo General Hospital states that "No children under the age of 14 will be allowed in the hospital." in order to "protect the safety of our patients, visitors and staff from the recent increase in the number of flu cases throughout Western New York."[125]

- In banning visits by anyone under age 18 to the hospital "during flu season," New York Hospital Queens states, "This infection control practice, as recommended by the New York City Department of Health, is in place to safeguard patients in our care and visitors."[126]

Certainly many hospitals introduced restrictions on visiting by children during the 2009 influenza pandemic (the H1N1 virus). The pandemic 2009 virus was estimated to have affected 750,000 to 1 million people in New York City,[127] and resulted in the closure of approximately 50 schools for roughly a week each.[128] This was an unusual occurrence – the first flu pandemic of the 21st century. (Three flu pandemics occurred in the previous century, in 1918, 1957 and 1968.[129]) Some questioned the effectiveness and appropriateness of such restrictions. For example, epidemiologist Ira Longini, an expert on the spreading of influenza who at the time was teaching at the University of Washington, suggested that the banning of all children as visitors was "a little extreme", and that hand-washing and wearing a mask would probably be sufficient.[130] The CDC's current guideline for hospitals and other healthcare settings regarding prevention strategies for seasonal influenza – an update from its interim guidance for the 2009 H1N1 outbreak – recommends vaccination, respiratory hygiene and cough etiquette, appropriate management of ill health care professionals, and other infection control measures, but does not include any mention of prohibiting children as visitors.[131] Its guidance on infection control measures for the 2009 H1N1 influenza did not issue a blanket prohibition against any age of visitor, but rather recommended barring entry to visitors who have "suspected or confirmed influenza" and "[s]cheduling and controlling visits" to allow for "[s]creening for symptoms of acute respiratory illness

[125]The text states that the visiting restriction on age is in place "until further notice." Buffalo General Hospital webpage on visiting hours (http://bgh.kaleidahealth.org/visitor/hours.asp, downloaded July 19, 2012).
[126]New York Hospital Queens webpage on "Visiting Hours" (www.nyhq.org/Visiting_Hours, downloaded July 23, 2012).
[127]NYC Dept. of Health & Mental Hygiene, "Fall Influenza Planning: An Early Briefing on Schools, Flu Shots and Health Care Resources (Sept. 1, 2009) (www.nyc.gov/html/doh/downloads/pdf/flu/flu-fall-plan.pdf).
[128]David Bell, *et al*., "Pandemic Influenza as 21st Century Urban Public Health Crisis," *Emerg. Infect. Dis.*, 15(12):1963-1969 (Dec. 2009).
[129]New York City Office of Emergency Management, "Ready New York: Pandemic Flu" (factsheet/brochure) (2011).
[130]Associated Press, "Hospitals Restricting Visitors to Stop Swine Flu" (Oct. 19, 2009)(Dr. Longini is now with the University of Florida); Lisa Belkin, "The Ban on Children Visiting Hospitals," *New York Times (Motherlode Blog)* (Dec. 18, 2009)(describes how a video producer at *The New York Times* learned about the new policy just as her two older children were about to come visit their newborn sister. The video producer reported, "My 7-year-old daughter was outraged. 'Tell them we got vaccinated' she yelled over the phone.")
[131]Centers for Disease Control (CDC), "Prevention Strategies for Seasonal Influenza in Healthcare Settings: Guidelines and Recommendations" (www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm) (page last updated Sept. 20, 2010) (downloaded July 2, 2012). But note that the CDC's guidance for controlling influenza outbreaks in long-term care facilities does suggest that facilities "[c]onsider restricting visitation by children during community outbreaks of influenza." http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm) (last updated Dec. 19, 2011) (downloaded July 2, 2011)

before entering the hospital."[132] The New York State Department of Health similarly recommends that hospitals should "[r]estrict ill persons from visiting the facility."[133] Prohibiting all children as visitors was, nevertheless, a precaution advocated by many health officials and adopted by many hospitals nationwide during the 2009 pandemic, and the merits of that 2009 debate are beyond the scope of this report.

The need for keeping such restrictions in place on an ongoing basis and in the absence of a pending pandemic threat, however, is a timely question that should be discussed. One review of medical literature on visiting by siblings or children in an acute pediatric or maternity care environment concluded, "Overall, researchers have found no association between sibling visitation and increased risk for infection in the neonate or hospitalized child."[134] Even the Ottawa Hospital, which significantly shortened its visiting hours after an outbreak of Severe Acute Respiratory Syndrome (SARS) in 2003, continued to allow children visitors if accompanied by an adult.[135] And while some hospitals have retained the influenza-based restriction on children as visitors, others have lifted it. Saint Joseph's Hospital Health Center (Syracuse), for example, banned child visitors and reduced adult visitors' visiting hours in 2009 because of concern about swine flu,[136] but then restored its open visiting policy thereafter.[137]

The exclusion of teenagers – including older teenagers – from visiting hospital patients is particularly perplexing. It is not clear that teenagers should be treated the same way as younger children. Many teenagers hold part-time jobs or work full time when school is not in session. Many have drivers' licenses. Some volunteer in their communities. In many families, they often play a role of some responsibility in managing the household and caring for siblings. Refusing all teenagers visitation rights based on vague assertions about risk of transmitting infections when teachers, clergy, food service workers and others who come into contact with large numbers of people on a daily basis are not excluded – and, as noted in Part IV.C below, often not even warned in advance not to come to the hospital if they have a cold or the flu – presents an issue that should be carefully analyzed and evaluated.

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[132]Centers for Disease Control, "Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel" (page last updated July 15, 2010) (historical archive for www.cdc.gov/h1n1flu/guidelines_infection_control.htm) (downloaded July 2, 2012).

[133]NYS Dept. of Health, "Recommendations for Follow-up of Respiratory Disease Outbreaks of Influenza and Influenza-like Illness in Health Care Facilities" (www.health.ny.gov/diseases/communicable/control/respiratory_disease_checklist.htm) (revised Nov. 2010) (downloaded June 27, 2012).

[134]Hila J. Spear, *supra*, p. 373. The researcher noted that the studies identified had been done many years ago and should be updated. *Id., p. 376.*

[135]*See* Bonnie Quinlan, *et al*., "Restrictive Visitor Policies: Feedback from Healthcare Workers, Patients and Families," *Hospital Qtrly*, 7(1):33-37, 33; both the shortened hours and the instruction about supervision of children remain on the hospital's website. *See* www.ottawahospital.on.ca/wps/portal/Base/TheHospital/PatientsAndVisitors/VisitingTheHospital.

[136]Charles McChesney, "St. Joseph's Hospital Bans Children Visitors, Cuts Visiting Hours Due to Swine Flu,," *Syracuse Post-Standard* (Sept. 14, 2009).

[137]*See* St. Joseph's Hospital Health Center webpage on "Visiting Hours," www.sjhsyr.org/visitors, downloaded July 24, 2012. Similarly, the University of California in San Francisco's UCSF Medical Center and Children's Hospital lifted their visitor age restriction after the 2009-2010 flu season. Kate Vidinsky, Press Release, "UCSF Lifts Hospital Visitor Policy Restricting Children" (March 9, 2010) (www.uscfhealth.org/news/2010/03/uscf_lifts_hospital_visitor_policy_restricting_children).

B. An Alternative Approach to Resolve Behavior Matters

As an alternative approach to manage the behavior of children without imposing a blanket ban, the University of Colorado Hospital's "ICU Visitation Guidelines" present an interesting model. The ICUs at this hospital allow visiting 24 hours a day, limiting visitors to three at a time, with just one adult as identified by the patient being allowed to spend the night in the patient's room. After conducting an in-depth review of the visiting practices and issues identified by the staff of its Intensive Care Units, this hospital developed a very specific policy with regard to children and disruptive conduct by either children or adults:

- With regard to children, the policy states, "Children must be side by side with an adult at all times when visiting the patient and when in public areas of the hospital or waiting room." The hospital interprets this policy to mean that a child must be within arms length of a supervising adult at all times. This is a practical rule that is designed to "nip in the bud" the potential problem of children running around by focusing directly on the problem itself, rather than the child.

Similarly, the American Association of Critical-care Nurses advocates, as part of itsrecommendation to allow children visitors in the Intensive Care Unit, states that, "Children are expected to remain with the adult who is supervising them."[138] And Saint Peter's Hospital states that children are welcome "any time they are accompanied by a responsible adult, and "Under no circumstances may children be left alone with a patient."[139] This type of language is more specific, useful and easy to enforce than vague "must be supervised" phrasing.

- In another provision, the University of Colorado Hospital's policy states, "We welcome visitors. However, if there is a pattern of behaviors that interferes with patient care, we will make a plan with you for visitation." The message sent by this provision is that the patient must work responsibly with the staff to address any problems that arise from visitation. Again, it focuses on the behavior, rather than the visitor.

- Perhaps most helpful for the hospital staff, the hospital also provides a checklist for staff use that presents a list of specific behavior that should be deemed problematic and what the corresponding expected behavior should be. The hospital provides training for its staff on how to encourage visitors to conduct themselves in ways that benefit the patient.[140] This provides both helpful guidance and support to the staff, sending a message to them that their concerns about safety and efficiency will be addressed.

Mary Beth Flynn Makic, PhD, a Research Nurse Scientist in Critical Care at the University of Colorado who co-chaired the ICU Visitation Task Force that developed this model policy, notes that the checklist and training were remarkably successful, and that calls to the hospital security desk dropped

[138]American Association of Critical-care Nurses, *supra*, p. 3.
[139]St. Peter's Hospital, "Patient Information Handbook: A Guide to Patient Care and Policies," *supra*, p. 9.
[140]University of Colorado Hospital, "ICU Visitation Guidelines" (2011); telephone interview of Mary Beth Flynn Makic, RN, PhD, Research Nurse Scientist, Critical Care, University of Colorado Hospital, June 29, 2012.

substantially as a result of having more clear guidelines and a consistent approach that helped prevent problems from escalating.[141]

Mary Dewar, a retired Nurse Educator from Adelphi University, notes that parents should be given clear guidelines on the kind of supervision needed – not only keeping young children close by the adult but also making sure that they do not touch medical equipment and materials.[142] This approach would be useful, in addition, because making guidance more specific can help parents think about their child's ability to visit and how long they should plan on being in the room.

This report does not make a specific recommendation on what the policies of hospitals toward children as visitors should be, but urges that such policies should be evidence-based. It suggests that the New York State Department of Health consult with experts and foster roundtable discussions on identifying, analyzing and managing issues that may be of concern regarding visits by children. Many hospitals clearly have found ways to accommodate the presence of children as visitors, and other hospitals could learn from their experiences. Parents and patient advocates should be present at these discussions as well.

[141]Telephone interview of Mary Beth Flynn Makic, *supra*.
[142]Interview of Mary Dewar, retired Nurse Educator from Adelphi University and health policy advocate, July 11, 2012.

IV. MOST MAJOR ACUTE CARE HOSPITALS IN NEW YORK COULD SIGNIFICANTLY IMPROVE THEIR WEBSITES' USEFULNESS TO VISITORS

The most public document that a hospital produces is its website. A hospital's website can provide important information for visitors that will make it easier for them to plan a trip to a hospital to visit a patient. This is particularly important for people who may be traveling a significant distance in order to visit a patient. A well-developed hospital website also can do more than that – it can provide important guidance and warnings to help improve safety for the patient, the hospital and the visitor. The benefits of full and accessible disclosure on the hospital's website of policies regarding family/support person and visitor presence include:

- Better understanding and preparation on the part of the prospective visitor regarding how many people can visit at bedside simultaneously and any special consideration that must be given regarding children as visitors;

- Better understanding and compliance by visitors regarding health and safety measures that can reduce risks for the patient, other hospital patients and staff, and the visitor; and,

- Potentially fewer telephone information queries to the hospital and greater convenience for the prospective visitor.

Researchers reviewed the websites for the 99 acute care hospitals that are the subject of this report in order to identify what kind of information is provided to visitors and how easy it is to find the information prior to calling or coming to the hospital. This review found that these facilities' websites are, more often than not, a significantly underutilized information and education resource.

Complicating this review was the fact that so many hospital websites contain wrong or incomplete information. A hospital website should be a reliable source of information for patients and visitors. Surprisingly, this review found that fully a third of the websites (33) contain inaccurate hours or failed to disclose a restriction against child visitors.

Apart from that serious problem of accuracy, the quality of each website's information on visiting policy was assessed based on ten questions, discussed below, forming a 10-point scale. (*See Appendix B, Hospital Score Sheet Form on Quality of Webpage Communication of Information for Visitors*.)

A. Availability of Visiting Hours Information on Hospital Websites

The threshold question about any hospital policy on visiting is, "Where can I find it?" Is the entire policy posted on the hospital website, so that both potential patients and potential visitors can understand the rules before entering the hospital? Does the website only list the hours of visitation? Is the website completely silent on the matter? If anything is posted, is it hard to find?

The first three questions of the website review therefore should have been easy "points" for the hospitals. They ask whether the hospital's general (as opposed to maternity or intensive care) visiting

hours were posted on the website in a location that would reasonably target the attention of prospective visitors, and in a format that could be easily viewed and printed out.[143] Some websites have a clearly marked link on their main page directed toward visitors, but other websites require quite a bit of searching. Also, several of the websites contain important information that should be brought to the attention of prospective visitors, but bury it in downloadable brochures that appear to be directed toward patients rather than their visitors. If prospective visitors are not likely to click on a link, then it does not really matter how useful the visitor information accessible through that link may be.

Every hospital website should have been able to achieve a score of at least three, yet 14% of the hospital websites (14 out of 99) analyzed did not.

B. Disclosure of Restrictions on Age and Number of Visitors

The next two questions seek practical information on the website for prospective visitors planning a trip to the hospital: How many people can visit a patient's bedside at a time, and what policies exist for children as visitors? A useful website can help avoid the uncomfortable situation in which – if the number of simultaneous visitors is limited – a group of visitors is placed in the position of having to prioritize, without prior preparation and discussion, which members of their party can visit first, and for how long. If there are restrictions on children as visitors, letting people know *before* they bring their children to the hospital is obviously important. Full disclosure on the website can also facilitate planning for a hospital stay.

Forty-four (44) hospitals' website pages on visitation make no statement about the number of visitors that could be bedside at a time. While this may, in some cases, be an indication of flexibility, it is reasonable to assume that most patient rooms have limited space, and providing guidance to visitors in advance would be helpful. This is especially important for some cultural communities in which families often travel in large groups together, as advance planning may be helpful. For the hospitals that did provide guidance, all but six either require or recommend that only two visitors be present at bedside at a time. One facility, Community General Hospital (Upstate University Hospital Community Campus)[144] in Syracuse, allows three bedside visitors; two facilities – Elmhurst Hospital Center, Long Island Jewish Medical Center – allow four bedside visitors,[145] and three facilities – Crouse Hospital,[146] Kingsbrook

[143]The Albany Medical Center, for example, recently made it easier for website viewers to find its visiting policy by placing it under a heading entitled "Patients & Families," rather than the less obvious category of "Caring," but the new format is not easily printable. A person who seeks to print out the one-paragraph policy (to bring with them or share with someone who does not have computer access) will find that even tough it is on the top half of the webpage, it does not appear on a print-out until page four, and it prints so blurry as to be almost illegible. (Old website downloaded on April 18, 2012; new website downloaded, to the extent possible, on July 19, 2012: www.amc.edu/Patient/patient_guide/.)

[144]Community General Hospital was acquired by Upstate Medical University in July 2011and renamed Upstate University Hospital Community Campus, but is still commonly known as Community General Hospital, and is described in this report as Community General Hospital/Upstate University to avoid confusion with Upstate University Hospital (SUNY Health Science Center at Syracuse).

[145]Elmhurst Hospital webpage on "Visiting Hours" (www.nyc.gov/html/hhc/ehc/html/info/hours.shtml, downloaded July 20, 2012); and Long Island Jewish Medical Center webpage on "LIJ Patient & Visitor Guide" (www.northshorelij.com/NSLUIJ/LIJ+Patient_Visitor+Guide, downloaded July 22, 2012).

[146]Crouse Hospital, however, places a unique restriction during flu season, not only limiting the number of bedside visitors to two individuals but also requiring that they must be *the same two individuals all day* (www.crouse.org/visit/visitors/,

Jewish Medical Center, and Upstate University Hospital (SUNY) at Syracuse – express some general flexibility.[147]

As discussed above, the policies on visitation by children vary more significantly than any other factor examined, raising significant questions about the basis for restrictions on children as visitors and the extent to which there exists professional consensus on the matter.

Inconsistency of information can be frustrating. For example, while the Elmhurst Hospital Center webpage on "Visiting Hours" appears to have a correct statement of hospital policy on children visitors, the hospital's answering machine contains an unusual instruction that children ages 3 to 11 can only visit from 6 p.m. to 8 pm. A call to the hospital resulted in the researcher being told that the answering machine message is incorrect.[148] Similarly, for the Mercy Medical Center, the website prohibits children visitors under age 14; the telephone answering machine recorded message states a prohibition on children visitors under age 18; and a July 17, 2012 telephone call resulted in the researcher being told that the age cut-off was never 18 years old and that the policy now restricts only children under age six.[149]

C. Availability of Information for Visitors on Important Safety Precautions They Should Take

The subsequent four questions focus on safety issues, asking whether or not visitors are educated in advance that:

- They should not come to the hospital if ill;
- They may (or may not) need to seek guidance on whether or not they can bring the patient food or beverages;
- They should avoid bringing items that could trigger allergic reactions (such as latex balloons); or,
- They will need to be ready to wash or sanitize their hands (and remind any children with them to do so) before entering the patient's room.[150]

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downloaded July 20, 2012).

[147]Upstate University Hospital (SUNY at Syracuse)'s website states, for example, "Visitors should be limited by the available space and take into account the needs of the patient and roommate." (www.upstate.edu/hospital/patients/visitor_guidelines.php, downloaded July 25, 2012).

[148]The telephone calls to Elmhurst Hospital Center's answering machine and to "Patient Information" were made on July 20, 2012.

[149]The telephone call to Mercy Medical Center's answering machine was made on July 16, 2012, and to a member of hospital personnel on July 17, 2012. *See* www.mercymedicalcenter.chsli.org/visiting-hours.html, downloaded July 22, 2012.

[150]The advisability of the use of cellular telephones in hospitals is beyond the scope of this report. Hospital policies vary, but visitors need not leave their cellular telephone at home before coming to the hospital; they can comply with a ban by turning off their cellular telephones upon viewing a sign or hearing an instruction. One review of the literature in 2006 noted that recent studies had suggested that there is no significant risk from using mobile phones in hospitals "as long as they are more than a metre away from sensitive equipment," and that "the risk to the most modern equipment is even less." Stefanie Ettelt, *et al.*, "Evidence-based policy? The Use of Mobile Pones in Hospital," *J Public Health*, 28(4):299-303 (Dec. 2006), but many hospitals still clearly remain concerned and require that cellular telephones be turned off.

A policy that provides such warnings is much more effective if a visitor can read the policy before traveling to the hospital.

The results for these questions were far from ideal:

1. Only 24 of the 99 hospital website pages on visiting policy – less than a quarter – warned prospective visitors who have a contagious illness, or a cold, not to come to the hospital. While it may seem obvious to some, the reality is that many people go to work or to school with cold or flu symptoms and do not think of a cold as a significant illness. Also, people concerned about a suffering family member or friend may not be sufficiently aware that they should not come to the hospital.[151]

2. Only 12 of the website pages provided guidance on whether or not visitors to general medical/surgical units may bring the patient food or beverages, or any restrictions on this activity. Sometimes hospital patients need to be on a particular diet because of their condition or the medications that they are taking. And,

3. Only 14 of the website pages warned visitors about what items they should not bring to the hospital for any medical unit, in order to avoid allergic reactions or other problems. Latex balloons, in particular, have been raised as a primary concern. [152] The healthcare worker population appears to have a higher rate of allergic sensitivity to latex than the general population.[153] Other members of the public particularly vulnerable to latex-related allergic sensitivity include people whose families have a history of allergies, children with spina

[151]A few of these hospitals also urged that a person should not visit the hospital if they have been exposed recently to a contagious disease, whether or not symptoms have arisen. None of these, however, advised that people consult their doctor if they have questions about such risks. (The CDC notes, for example, that it takes from 10 to 21 days after exposure for a person to develop chickenpox, and the person can spread the disease from one to two days before the telltale rash appears. With influenza, in contrast, the CDC reports that symptoms generally start 1one to four days after the virus enters the body, and most adults can infect others beginning a day before symptoms develop.) *See,* CDC, Factsheet: "Transmission [of Chickenpox]" (www.cdc.gov/chickenpox/about/transmission.html) and CDC, Factsheet: "How Flu Spreads" (www.cdc.gov/flu/about/disease/spread.htm).

[152]The nine (9) hospitals all ban latex balloons. Some hospitals have directives banning or limiting flowers, but do not state whether or not the reason for concern is potential allergic reactions, potential bacterial contamination, or bulky clutter. Brookhaven Memorial Hospital Medical Center, for example, bans flowers from its Intensive Care Units ("Patient Guide," p. 11, www.brookhavenhospital.org/Visitor_and_Patient_Guide, downloaded July 19, 2012), Lawrence Hospital Center from its Critical Care Unit (www.lawrencehealth.org/Patients-and-Visitors/For-Visitors.aspx, downloaded July 22, 2012), Montefiore Medical Center from its oncology and intensive care units (www.montefiore.org/visitor-faq, downloaded July 22, 2012) and New York-Presbyterian Hospitals (Columbia University Medical Center and Weill- Cornell facility) from the intensive care units, recovery rooms, operating rooms, nurseries, labor and delivery unit, and oncology and transplant units (downloadable booklet, "Patient and Visitor Guide," http://nyp.org/patients/index.html, downloaded July 23, 2012).

[153]The Centers for Disease Control notes that workers in the health care industry are at risk from latex allergies if they use natural latex gloves frequently. It states, "While there are no overall statistics on the prevalence of latex allergy in that work force, studies do indicate that 8 to 12% of health care workers regularly exposed are sensitized, compared with 1 to 6% of the general population. *See*, Centers for Disease Control, Factsheet: "Latex Allergy: What's the Problem?" (www.cdc.gov/healthcommunication/ToolsTemplates/EntertainmentEd/Tips/LatexAllergy.html). Some of the hospital websites analyzed suggest using synthetic, metalized balloons known as Mylar balloons.

bifida, people with congenital urinary tract abnormalities and people who undergo multiple surgeries or medical procedures.[154]

4. Only eight of the 99 hospital website pages on visiting policy urged visitors (in a message clearly directed toward the visitor's attention) to wash their hands before entering the patient's room.[155] While this warning is likely to be posted via signs within the hospital itself, providing an advance warning on the website is important reinforcement given the challenging need to change human habits to reduce hospital-acquired infections.

Only one of the websites reminds parents to make sure that any child visitors who come with them should wash their hands before entering the patient's room – Strong Memorial Hospital posts a special fact sheet for visitors, entitled "Help Keep Your Loved Ones Safe From Infection," which includes the useful warning not to allow children to play on the floor or bed, and to have them wash their hands as they enter and leave the room.[156]

None of the hospital websites examined posted a suggestion that visitors avoid wearing perfume in the hospital. The Massachusetts Nursing Association has developed a model for a "fragrance free" policy and advocates for its adoption.[157] Some hospitals in other states post on their websites a "fragrance free" policy (usually addressing not only perfume but also cleaning/sanitizing products used in the hospital).[158] The concern is that some fragrances contain chemicals that can present a problem for people with multiple chemical sensitivity or can exacerbate asthma, other lung conditions, rhinitis or headaches, including migraines. A study measuring histamine release from exposure to perfume in a hospital setting found an association between perfume exposure and inflammatory conditions of the skin and airways in patients.[159] This is a matter that hospitals should evaluate in developing evidence-based visiting policies.

D. Opportunities for Hospitals to Use Internet Enhanced Communications

The final question asks if the website offers a way to send an e-mail message to a patient or get status updates (with the patient's permission) and give encouraging messages online. This elucidates the hospital's willingness to use the Internet to enhance the ability of patients' loved ones and friends,

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[154]Mayo Clinic, "Latex Allergy: Risk Factors" (www.mayoclinic.com/health/latex-allergy/DS00621/DSECTION=risk-factors).

[155]The facilities that include on their websites reminders for visitors to wash their hands are Crouse Hospital, Ellis Hospital, Glens Falls Hospital, New York Presbyterian Hospital/Weill Cornell, New York Presbyterian Hospital/Columbia University Medical Center, Westchester Medical Center, White Plains Hospital Center, and Strong Memorial Hospital.

[156]Strong Memorial Hospital, "Help Keep Your Loved Ones Safe From Infection" (posted on webpage for hospital visitors (www.urmc.rochester.edu/strong-memorial/patients-families/visiting-information/hours-policies.cfm, downloaded July 25, 2012).

[157]*See* Massachusetts Nursing Association website (www.massnurses.org/health-and-safety/articles/chemical-exposures/p/openItem/1346#model).

[158]*See, e.g.*, the "fragrance free" policy statements on the websites of the Brigham and Women's Hospital in Boston (http://www.brighamandwomens.org/Patients_Visitors/patientresources/Drug.aspx) and Unity Hospital in Fridley, Minnesota (http://www.allinahealth.org/ahs/unity.nsf/page/UnityWelcome).

[159]Eberling, J., *et al*., "Increased release of histamine in patients with respiratory symptoms related to perfume," *Clin & Experimental Allergy* 37: 1676-80 (2007).

including those who are far away, to provide support to the patient. The results are encouraging, but could be improved. Thirty (30) of the 99 hospitals – just slightly under a third – have adopted either a system to receive and deliver e-mails to patients or a special webpage on which the patient or a support person can post status updates and provide password-protected access for people of the patient's choosing to view the update and send messages of support.

E. Overall Scores

No hospital received a perfect "10" score for the quality of its website information for visitors. The highest score, achieved by eight hospitals, was "8." These hospitals are:

Champlain Valley Physicians Hospital Med. Ctr (Plattsburgh)
Crouse Hospital (Syracuse)
Ellis Hospital (Schenectady)
Glens Falls Hospital
Rochester General Hospital
Saint Joseph's Hospital (Elmira)
Saint Peter's Hospital (Albany)
Strong memorial Hospital (Rochester)

Twenty-seven (27) of the 99 hospital websites analyzed (27%) received a website score of only "3" or lower. As noted above, simply posting visiting hours – with no other guidance or information for visitors – in a location on the website targeted toward prospective visitors in a reasonably helpful format, could give a hospital a score of "3." Yet, 14 of these hospitals scored lower than "3," and seven of those – the ones marked by an asterisk (*) – received a disturbing score of "0." The hospitals receiving a website score of only "3" or lower are:

Albany Medical Center Hospital
Beth Israel Medical Center (Brooklyn)
Bronx-Lebanon Hospital Center (Bronx)*
Cayuga Medical Center at Ithaca
Coney Island Hospital (HHC)*
Harlem Hospital Center (HHC)
Huntington Hospital (NSLIJ)
Interfaith Medical Center (Brooklyn)*
Kings County Hospital Center (HHC)
Long Island College Hospital (SUNY)
Memorial Hospital/Sloan-Kettering (Manhattan)
Mount Sinai Medical Center (Manhattan)
Nassau University Medical Center
Queens Hospital Center (HHC)
Richmond University Med. Ctr (Staten Island)
Saint Catherine of Siena Hospital (CHSLI)*
Saint Charles Hospital (CHSLI)*
Saint Francis Hospital (Roslyn) (CHSLI)
Saint John's Riverside Hospital (Yonkers)
Saint Joseph Hospital (Bethpage) (CHSLI)
Saint Luke's-Roosevelt Hospital (Manhattan)
Samaritan Hospital (Troy)
Sound Shore Medical Center of Westchester
Southside Hospital (Bay Shore) (NSLIJ)
Univ. Hospital of Brooklyn (SUNY Downstate)*
Winthrop-University Hospital (Mineola)*
Woodhull Medical & Mental Health Ctr. (HHC)

A look at how the hospitals fared that are part of a larger corporation or hospital system can provide insight into opportunities for leadership on visitor communication and accommodation.

- New York City Health & Hospitals Corporation (HHC). The hospitals within this Corporation scored particularly low, with the exception of Bellevue Hospital Center (Manhattan). Of the 11 hospitals on this list that are part of HHC, five (nearly half) scored at "3" or lower, with one scoring at "0." Four received a score of "5," and only Bellevue Hospital Center scored higher than that, with a score of "7."

- North Shore-LIJ Health System. The 10 facilities that are members of this hospital system tended to score in the middle range. Although one facility, Huntington Hospital, received only a score of "1" and another, Southside Hospital (Bay Shore)(NSLIJ), received a score of "3," the rest all scored between "4" and "6." The scores would have been higher for seven of these facilities if information contained in a "Patient Guide" (a standardized booklet for NSLIJ facilities downloadable from their websites) that is important for visitors to know had also been placed on the hospital website in an area directed toward the attention of visitors. Some of the hospitals in this system have very flexible visiting hours, so providing more information on their websites would be beneficial for prospective visitors.

- Catholic Health Services of Long Island. All five of the hospitals examined in this report that are members of the Catholic Health Services of Long Island system received scores ranging from "0" to "6," with two receiving "0" and two receiving "6."

The positive news is that 20 of the 99 hospital websites reviewed (20%) received a relatively better score of "7" to "8." In addition to the eight top scorers listed above who received a score of "8", the twelve hospitals that achieved a score of "7" include:

Bellevue Hospital Center (Manhattan)(HHC)
Community General Hospital/Upstate University (Syracuse)
Highland Hospital
John T. Mather Memorial Hospital of Port Jefferson
Lawrence Hospital Center (Bronxville)
Lourdes Hospital (Binghamton)
Northern Westchester Hospital (Mount Kisco)
Phelps Memorial Hospital Ctr (Sleepy Hollow)
Samaritan Medical Center (Watertown)
United Health Services Wilson Medical Center (Johnson City)
Upstate University Hospital (SUNY)(Syracuse)
Westchester Medical Center (Valhalla)

V. EVIDENCE-BASED POLICY MAKING AND EMERGING ISSUES REGARDING RULES ON THE PRESENCE OF A PATIENT'S PRIMARY SUPPORT PERSON

More and more studies are challenging long-held notions about restrictions on the presence of a patient's support persons during particularly important times or stages in patient care. Hospitals should be cognizant of these studies and also engage patients, patient's loved ones, and health consumer advocates in discussions about alternative approaches to managing these situations. Whether considering daily shift changes or the provision of urgent care or resuscitation efforts, hospital policies regarding the presence of a patient's primary support person should be evidence-based.

A. Questioning Restrictions on the Presence of a Family Member/Support Persons During Changes of Shift

Shift changes without adequate briefing can present a risk to patients. Many of the most serious problems in healthcare can be traced to poor coordination and inadequate information transfer or review during transitions from one care provider to another or from one medical care setting to another.[160] A patient's primary support person may be able to help ensure that key information is transmitted at these crucial times.

Some hospitals' websites notify visitors that they will be required to leave during shift change. The website for one hospital, with regard to its Critical Care Unit, states "Visitors will be asked to step out during shift report and multidisciplinary patient care rounds to maintain patient confidentiality."[161] In a similar vein, hospitals often require well-wishing visitors to leave the room for brief periods while the patient is receiving care or undergoing examination or testing (and some post a notice of this on their website).[162] A patient may want to have a support person present during shift changes, however, and hospital visiting policies should establish the patient's right to do so. Again, as noted above, when

[160]The AHRQ's 2011 "Survey on Patient Safety Culture" (Chapter 5) ranked as second lowest (in average positive responses) the extent to which important patient care information is transmitted among hospital units and during shift changes. *See* www.ahrq.gov/qual/hospsurvey11/hosp11ch5.htm). *See,* AHRQ Web Morbidity & Mortality Rounds on the Web, "Dangerous Shift – Commentary by Emily S. Patterson, Ph.D." (Nov. 2008) (discussion of shift changes as a "point of vulnerability" in context of example in which an infant was not transferred in a timely way to the intensive care unit due to "improper delegation and lack of communication" that occurred during a shift change for the physicians and nursing staff involved) (http://webmm.ahrq.gov/case.aspx?caseID=188, downloaded July 9, 2012); Leora Horwitz, *et al.*, "Consequences of Inadequate Sign-out for Patient Care," *Arch Intern Med* 168(16):1755-60 (2008). *See also*, IOM, *Crossing the Quality Chasm: A New Health System for the Twenty-first Century* (Washington, DC: National Academies Press, 2001); E. Coleman and R. Berenson, "Lost in Transition: Challenges and Opportunities for Improving the Quality of Transitional Care," *Annals of Internal Med.* 141(7):533-36 (2004); Elliott Fisher, *et al*., "Creating Accountable Care Organizations: The Extended Hospital Medical Staff*," Health Affairs* 26(1):w44-w57 (Project HOPE, published online, 2007).

[161]Glens Falls Hospital website (www.glensfallshospital.org/Patients-and-Visitors/Patients-and-Visitors.cfm, downloaded June 26, 2012).

[162]*See, e.g.,* Ellis Hospital's webpage on visiting hours, which states, "You may be asked to leave the room for brief periods of time while your friend or loved one receives care, testing, etc." (www.ellishospital.org/patients-and-visitors/visiting-hours.aspx, downloaded July 20, 2012);and Erie County Medical Center's webpage on visiting hours, which states that visitors may be asked to leave the room "if a treatment or procedure needs to be done during visiting hours," stating, "It is important that the patient's privacy and comfort are maintained during his/her stay with us." (www.ecmc.edu/patientsvisitors/visitinghours/, downloaded July 20, 2012).

policies do not make clear that they offer some flexibility, patients and their loved ones may not know to ask for it.

The benefit that a support person can provide during a shift change can be significant. Riley Hospital for Children, located in Indianapolis, received the 2010 Socius Asard from the National Patient Safety Foundation for its innovative program to engage parents in the shift change bedside report process. Their program was launched after a six-month pilot program and another six-month training process. The clinical director who played a leading role in implementing the program, Melanie Cline, RN, MSN, reported that the process enhanced safety and helped avoid near misses, giving an example that at one point nurses were discussing pain in a three-year-old's left knee, and the mother corrected their information, because the pain was in the child's right knee. Ms. Cline also noted that the process improved efficiency, in part because information that only a parent could provide would be obtained immediately.[163] And while the benefit may be more obvious for a child patient, adults patients who are ill or in pain may not always be in a good position to provide key information or correct errors. Thus, involvement of a patient's primary support person in shift changes can improve both safety and efficiency.

Restrictive policies that exclude the presence of a patient's support person during shift changes should be re-examined. Some researchers, for example, advocate that a patient's loved ones should be included in the "daily round" of the health care team in critical care units, noting that the benefits include "increased participation and active, constructive engagement with the staff" and "greater satisfaction of patients and their families with the critical care experience," and that it can "foster communication, understanding and collaboration between the family and health care provides."[164] Any exclusion of the patient's support person from key moments in the patient's care should be subject to strict scrutiny from an evidence-based perspective.

B. Arguments in Favor of the Presence of a Family Member/Support Person During Provision of Urgent Care or Resuscitation Efforts

Questions about the flexibility of policies regarding family/support person presence in intensive care units or during urgent care events such as resuscitation have been the subject of significant discussion and research, and restrictions are more frequently being called into question. As noted above, Don Berwick, M.D., former head of the federal Centers for Medicare and Medicaid Services, recommends open visitation in ICUs. He urges hospitals that are uncertain about making visiting more flexible in ICUs to establish a two-month trial of entirely open visiting in a Critical Care Unit, noting that family members often help by "facilitating communication between the patient and clinicians," and that the perceived risks of open visitation are "generally overstated and manageable."[165]

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[163]"Indiana Hospital Involves Patients and Families in Shift Change Bedside Report," *StrategiesforNurseManagers.com* ((Aug. 2010) (downloaded Aug. 4, 2012); Riley Children's Specialists, News Release, "Riley Hospital for Children Receives National Recognition for Partnership in Patient Safety" (May 20, 2010) (downloaded Aug. 4, 2012).
[164]Mary Beth Flynn Makic, *supra*, p. 51.
[165]Berwick, D. M. and Kotagal, M., *supra*.

A 2006 study of conditions in an Intensive Care Unit under an open/unrestrictive visiting policy ("UVP") and a restrictive visiting policy ("RVP") found:

> All major cardiovascular complications were more frequent in the RVP than UVP periods, the difference being statistically significant for pulmonary edema or shock. Overall, the relative risk of any type of cardiovascular complication was approximately double in RVP than in UVP periods.... Notably, in our experience, when patients and families were offered unrestricted ICU visiting hours, the duration of visits more than doubled for patients with comparable sociodemographic characteristics.[166]

The researchers found that the unrestricted visiting policy condition was associated with a significant reduction in anxiety score that did not occur with the restricted visiting policy condition over an identical ICU stay. The study also examined the issue of bacterial contamination impacts of open visitation in the ICU, and made this interesting finding:

> At the systematic microbial survey, the air in the ICU corridor was significantly less contaminated with bacteria in RVP than in UVP periods, whereas air contamination in patients' rooms was similar. Surfaces in patients' rooms were significantly more contaminated with bacteria in UVP and with fungi in RVP periods....Despite the lower bacterial contamination in the RVP period, the cumulative incidence of pneumonia, urinary tract infections, generalized sepsis, and overall septic complications was similar in the 2 experimental groups, also after adjustment for age, gender, and period of enrollment....This finding challenges the idea that restricting visiting hours may contribute to infection control in ICUs and suggests that environmental contamination is not a major determinant of septic complications, which are best prevented with careful hand washing when staff members move from 1 patient to another.[167]

The researchers concluded that restricting visiting hours might be unjustified and unnecessary for protecting the sickest patients in the Intensive Care Unit because it does not reduce the rate of infectious complications, while liberalizing the visiting hours seems to be more protective because it is associated with a reduction in severe cardiovascular complications.[168]

While the concern has been raised that family presence, especially during invasive procedures or cardiopulmonary resuscitation, could distract the healthcare provider and result in possible harm, significant research over the past two decades is indicating otherwise, and an awareness of the benefits of such family presence has been increasing:

- A study of nine years' experience at a hospital emergency department in allowing family presence during cardiopulmonary resuscitation countered the assumption that such

[166] S. Fumagalli, *et al.*, *supra*.
[167] S. Fumagalli, *et al., supra*.
[168] *Id.*

presence would be harmful, providing evidence that family members did not interfere with health care providers and that its more open policy was beneficial.[169]

- A multi-disciplinary task force of experts convened by the American College of Critical Care Medicine concluded that open visitation should be encouraged in the adult intensive care setting, with visiting schedules determined collectively by the patient, the patient's family and the nurse on a case-by-case basis.[170] The Task Force recommended that hospitals develop a process to allow the presence of family members during cardiopulmonary resuscitation, including a staff debriefing.[171] The term "family" should be updated to include the patient's primary support people.

- The Emergency Nurses Association issued a position statement in 1993, and still holds the position today, that emergency departments should support the option of family presence during invasive procedures and cardiopulmonary resuscitation.[172]

- In 2003, the National Consensus Conference on Family Presence During Pediatric Cardiopulmonary Resuscitation and Procedures concluded that family presence should be offered as an option after assessing factors that could adversely affect the interaction, and if the family is not offered the option for such family presence, the reasons should be documented.[173]

- The American Heart Association's CPR and Advanced Cardiac Life Support guidelines have included recommendations since the year 2000 for providers to consider offering patients the option to have family member presence during resuscitation efforts.[174]

- Several studies have found beneficial impacts from more flexible visitation policies in the Intensive Care Unit, including policies allowing a 24-hour visitation.[175]

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[169]C. Hanson and D. Strawser, "Family Presence During Cardiopulmonary Resuscitation: Foote Hospital Emergency Department's Nine-year Perspective," *J Emerg. Nurs.* 18:104-06 (1992).

[170]J. Davidson, *et al*., "Clinical Practice Guidelines for Support of the Family in the Patient-centered Intensive Care Unit: American College of Critical Care medicine Task Force 2004-2005," in *Critical Care Medicine* 35(2):605-22, 613 (Feb. 2007) (www.myicucare.org/SiteCollectionDocuments/Clinical_practice_guidelines_support_family_patient-centered_ICU.pdf).

[171]*Id.*, at p. 615.

[172]Emergency Nurses Association, "Position Statement – Family Presence at the Bedside During Invasive Procedures and Cardiopulmonary Resuscitation" (2009) (www.ena.org/IENR/ENR/Documents/FamilyPresenceENR.pdf); *see* D.P. Henderson and J. Knapp, *supra,* p. 787.

[173]D.P. Henderson and J. Knapp, *supra,* p. 789.The Conference recommended that family presence should be offered when the care to the child will not be interrupted and after assessing for combative and threatening behavior, extreme emotional volatility, behaviors consistent with intoxication or altered mental status, disagreement among family members, or threat to the safety of the health care team. It noted that any such policy should be subject to legal review for compliance with the Health Information Portability and Accountability Act (HIPAA) and other privacy laws.

[174]American Heart Association, in collaboration with the International Liaison Committee on Resuscitation, "Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care," *Circulation* 102(suppl):1-374 (2000); Roberta Basol, *et al.,* "Using Research to Determine Support for a Policy on Family Presence During Resuscitation," *Dimensions of Crit Care Nurs* 28(5):237-247 (Sept./Oct. 2009).

[175]*See, e.g.,* M. Garrouste-Orgeas, *et al*., "Perceptions of a 24-hour Visiting Policy in the Intensive Care Unit," *Crit Cr Med* 36(1):30-35 (Jan. 2008); John Whitcomb, *et al.,* "Evidence-based Practice in a Military Intensive Care Unit Family Visita-

This information indicates substantial support for more flexibility on family/support person presence in the Intensive Care Unit.

Concerns about flexible visitation in the ICU, as noted by the task force of the American College of Critical Care Medicine, may include questions about how to manage:

- Crowding in the room while urgent actions are being taken;
- Delays caused by responding to questions from the support person; and
- The need to protect patient confidentiality.[176]

In this context, an infectious disease specialist reports that one hospital gained more success with its flexible ICU visitation policy after coupling it with an extensive communication program for family and staff.[177] Similarly, the National Consensus Conference on Family Presence During Pediatric Cardiopulmonary Resuscitation and Procedures recommends including education in "family presence" in all core curricula and orientation for health care providers and developing policies and procedures for family presence that include family member definition, preparation of the family, how to handle disagreements, and provision of support for staff.[178] These discussions must be also broadened to take cognizance of the patient's right to have people other than family members as primary support persons.

Most of these discussions have occurred only within the medical community itself. In August 2011, an opinion editorial written by an infectious disease specialist, Manoj Jain, M.D., did reveal to *Washington Post* readers the growing trend toward allowing far more flexible visitation policies for patients in intensive care units (ICUs).[179] Such general media coverage, however, is rare. The public is largely unaware of the growing information on the benefits of support person presence in urgent care settings.

While a specific policy recommendation on this issue is beyond the expertise of the researchers of this report, the report recommends that hospitals engage in a more public discussion of family/support person presence in the urgent care context, with assistance/involvement from the New York State Department of Health, and that hospitals disclose their own policies on the matter. Any policy or practice requiring family members to leave the room during urgent action such as resuscitation should be examined closely, and a more flexible policy considered. Hospitals must, of course, be able to exclude persons who in their view exhibit behavior that could be harmful during a life-saving procedure.

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tion," *Nursing Res.* 59(1):S32-S39 (Jan./Feb.2010); Nursing Executive Ctr, "The Daily Briefing: Opening up the ICU: More Hospitals Welcome Family into the ICU" (Aug. 31, 2011) (www.advisory.com/searchall?q=Opening%20up%20the%20ICU).

[176]J. Davidson, *et al*., *supra*.

[177]Manoj Jain, M.D., "Intensive Care Units Grow More Friendly to Patients' Families at Some Hospitals," *Washington Post* (Aug. 29, 2011).

[178]D. Henderson and J. Knapp, *supra*.

[179]Manoj Jain, M.D., *supra.*

RECOMMENDATIONS

Based on the foregoing analysis and a review of the literature on hospital visitation policies and family-centered care, including model policies posted by the national Institute for Patient- and Family-centered Care, this report suggests the following approaches to development of hospital visitation policies:

Visiting Hours. Clarification of visiting hours on hospital websites as well as in written visiting policies is crucial information for concerned family members, caregivers and friends. Visiting hours should accommodate the needs of patients.

> **Recommendation #1:**
> *(a) If a general 24-hour visitation option exists for a family member/support person to stay overnight in the hospital with an adult patient, the hospital's website-posted visiting policy should state this option clearly.*
>
> *(b) If the hospital does not currently permit 24-hour visitation, it should evaluate the potential for adopting a more accommodating and patient-centered policy, looking to more flexible hospitals for guidance. Hospitals should explore every option to ensure that patients can exercise their choice to have a primary support person with them for the duration of their hospital stay, with evidence-based exceptions made where needed for the safety of the patient or support person.*
>
> Saint Peter's Hospital (Albany) states that, under its open visitation policy, "Our nursing staff will work with patients and their loved ones to develop a visitation plan that meets the needs of the patients, their families and their guests." (It defines "family" to be "as determined by the patient" and states that it "consists of the key support persons in the patient's life.") The hospital discusses the need for cooperation from patients and visitors in this context. It informs patients and visitors of the times of shift-changes and notes, "At these times, a shift-to-shift report will take place. Please allow the nurses this time to exchange important information about the patient's condition." It adds, "Please respect the privacy and need for rest by all patients." It also warns that there may be times when the staff needs to limit the number and type of visitors depending on the situation.[180]
>
> In the process of offering increased flexibility in visiting hours, some hospitals may want to differentiate between support persons and general visitors in their policy statement. For example, Brigham and Women's Hospital in Boston provides:
>
> > The hospital recognizes the health benefits provided by the presence of loved ones while patients are in the hospital. We welcome one designated family member or support person to stay with the patient at any time. This designated support person's visits would only be limited by the patient's need for medical care or treatments, rest, privacy, and patient preference.[181]

[180]St. Peter's Hospital webpage on "Visiting Policy" (www.sphcs.org/VisitorInformation) and downloadable visiting policy brochure (www.sphcs.org/workfiles/PatientResources/VisitationPolicySept2008.pdf) (downloaded July 24, 2012).
[181]*See* website of Brigham and Women's Hospital (a teaching affiliate of Harvard Medical School) in Boston, at

Children as Patients – Presence of Parent or Guardian. Parents who are undergoing the worry and stress related to hospitalization of a child should be provided maximum flexibility in visiting, and should have access to very clear information on whether or not hours are more flexible for the presence of parents/guardians whose children are patients.

> **Recommendation #2:** *A parent or guardian should be entitled to remain with a child patient on a 24-hour basis. The hospital should also ensure that flexibility in visiting hours is discussed, personally and directly, with any parents/guardians as well as posting the policy on its website.*
>
> As noted in this report, some hospitals' policies are worded to recognize that a child patient's primary support persons may include a foster parent, grandparent or other caretaker, if legally approved, or a domestic partner or other designated adult. Hospitals should evaluate their policies in this regard, to address the child patient's needs.

General Visiting Hours. A general well-wishing visitor can have a positive impact on a patient, and may even become more engaged as support persons through the experience of visiting. Such a person's ability to help may be limited if the hospital's general visiting hours are too restrictive. Also, even if a hospital is willing to provide flexibility for family members and support people, they may not know to ask for the option.

> **Recommendation #3:** *The hospital should provide a substantial amount of visiting time in the morning. It should provide an explanation of evidence-based reasons for any general restrictions against morning visiting hours.*
>
> **Recommendation #4:** *The hospital should provide for more than two hours of general visiting time after 6 p.m., to accommodate more reasonably the schedules of day-time workers and address patients' evening needs, while advising visitors of the need to be considerate of any roommate's desire for rest and sleep.*

Patient's Right to Choose Priority Visitors. As explained in this report, under the new federal rule for hospitals that accept Medicare or Medicaid, the patient decides who can and cannot be present as a family member/caregiver or visitor, and New York State law specifically protects the rights of patients who choose to prioritize visits by a domestic partner.

> **Recommendation #5:**
> *(a) The policy should state clearly that the patient has the right to choose who can and cannot be present as a family member/support person or visitor and also which individuals will be treated as priority support persons if conditions require special restrictions on visitor presence. This statement must be made in a manner that is consistent with federal and New York State law.*

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www.brighamandwomens.org/Patients_Visitors/forvisitors/default.aspx.

(b) Any references in hospital policies to visitation being restricted to "family only" should be corrected immediately to clarify that priority visitors may include other support persons as chosen by the patient.

For example, the Sound Shore Medical Center of Westchester's Patient Guide states that visitation rights include:

> ...the right to receive visitors designated by you, including but not limited to a spouse, a domestic partner (opposite or same sex), another family member or a friend. You are also entitled to deny or withdraw visiting rights for any individual at any time.[182]

Children as Visitors. Concerned family members, caregivers and friends should have access in advance to clear information on any special rules related to the presence of children, and hospitals should seek to achieve maximum flexibility in accommodating children, bearing in mind any concerns about health or safety.

Recommendation #6: *The policy should state clearly any special rules for children as visitors, and remind parents that they are responsible for supervising their children. Hospitals that prohibit children as visitors should evaluate the potential for adopting a more accommodating policy, looking to more flexible hospitals for guidance. Policies that restrict visitation by teenagers, in particular, should be questioned.*

In addition to the children-as-visitors policy of the University of Colorado hospital discussed in this report, the Glen Cove Hospital provides another example of useful language:

> Young children are expected to stay with an adult who is responsible for supervising them to ensure a safe and restful environment for the patient, and any other patient(s) sharing their room. Younger children are not excluded by age, but supervising adults are encouraged to keep their visit brief.[183]

Health Restriction Advisories. People do not always realize that a mild cold can present a serious hazard to someone more vulnerable to the effects of the illness. Also, many well-meaning visitors are unaware of the risks of allergic reactions to latex balloons, or hospital concerns about bringing food or flowers to the hospital.

Recommendation #7: *The policy should instruct that anyone who has a cold, a rash, a fever, the flu or another communicable disease should not visit the hospital. It should*

[182]Sound Shore Medical Center, "Patient Guide" (www.healthyadvice.com/hospital/NY_SoundShore_English/, downloaded July 25, 2012, p. 6.
[183]Glen Cove Hospital website, (www.northshorelij.com/NSLIJ/Glen+Cove+Hospital+Visitor+Information, downloaded July 20, 2012).

remind visitors to wash their hands before entering and after leaving the patient's room. It should disclose any restrictions or guidance on visitors bringing food, latex or Mylar balloons, or flowers to the hospital, or wearing perfume.

Champlain Valley Physician's Hospital Center emphasizes the importance of not visiting while ill by stating: "[P]lease do not visit if you are ill yourself and potentially contagious. Hospital patients often are particularly vulnerable to acquiring infections. No one wants to prolong a friend or family member's illness by spreading germs."[184]

Saint Peter's Hospital states with regard to illness, "Visitors should be free of infection or illness and should not have experienced symptoms such as fever, cough, runny nose, sore throat, skin rash, vomiting or diarrhea within the 48 hours prior to a visit."[185]

With regard to hand-washing, Crouse Hospital provides the following helpful language:

> As a visitor, you can help prevent the spread of germs by washing your hands before and after visiting. Hand washing stations are located at the entrance to all patient rooms and in many other areas of the hospital.[186]

Westchester Medical Center states prominently on its "Visiting Guidelines" webpage:

> *Infection Control*: Westchester Medical Center strictly enforces its hand washing policy among staff and strongly recommends that visitors wash their hands before coming into contact with patients, as well as upon leaving the Medical Center.[187]

As noted above, Strong Memorial Hospital posts a special factsheet for visitors, entitled "Help Keep Your Loved Ones Safe From Infection," which includes the useful warning for parents to ensure that their children wash their hands and take care not to allow children to play on the floor or bed, and to have them wash their hands as they enter and leave the room.[188] Patient advocacy educator Ilene Corina, Executive Director of PULSE of New York, adds that visitors should be reminded to limit the touching of items in the patient's room (bed rail, remote control, telephone, etc.) and also refrain from placing items on the patient's bed or food table such as bags, umbrellas, or gloves.[189]

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[184]Champlain Valley Physicians Hospital Medical Center, "Visitors" webpage (www.cvph.org/patients-and-visitors/visitors/default.aspx, downloaded July 19, 2012).
[185]St. Peter's Hospital webpage on "Visiting Policy" (www.sphcs.org/VisitingPolicy, downloaded June 26, 2012).
[186]Crouse Hospital webpage entitled, "For Visitors" (www.crouse.org/visit/visitors/, downloaded July 20, 2012).
[187]Westchester Medical Center webpage on "Visiting Guidelines" (www.westchestermedicalcenter.com/body.cfm?id=108, downloaded July 26, 2012).
[188]Strong Memorial Hospital, "Help Keep Your Loved Ones Safe From Infection" (posted on webpage for hospital visitors (www.urmc.rochester.edu/strong-memorial/patients-families/visiting-information/hours-policies.cfm, downloaded July 25, 2012).
[189]Electronic communication with Ilene Corina, Executive Director, PULSE of New York, Aug. 3, 2012.

Developing Hospital Visiting Policy – Evidentiary Basis and Inclusiveness. Hospitals should base their visiting policies not on tradition and past practices, but rather on the results of medical research and input from people affected by such rules.

> **Recommendation #8:** *All restrictions on visiting should be evidence-based. Given that visitation generally promotes rather than conflicts with patient care and hospital effectiveness, hospital policy makers should explore all reasonable alternatives to address an issue before choosing the option of restricting the patient's access to the support of family, a companion, or friends.*
>
> This should include an evidence-based evaluation of policies on the presence of a patient's support person during changes of shift or the provision of urgent care or resuscitation efforts.
>
> **Recommendation #9:** *In developing policies on family/support person and visitor presence, hospitals should obtain input not only from administrators, but also from front-line staff involved in patient care and social services, patients and their families/support persons, and health consumer advocates.*

Website Information and Consistency with Actual Practice. While some flexibility should always be available to deal with unusual circumstances, a policy that is routinely ignored is not a useful policy. Inconsistent treatment of visitors and patients can cause resentments among staff, patients and visitors. Hospitals should compare their written policies on visiting with actual practices in the facility, and take action to update their policies so that the rules are more transparent and more broadly applied.

> **Recommendation #10:**
> *(a) Hospitals should review their visiting policies in the context of actual practice within the facility, and if any of the policies are outdated or routinely ignored, they should be updated.*
> *(b) Any conflicting information on the hospital's visiting policy – as presented on the website, in a patient guide booklet or brochure, on the hospital's telephone answering message or in guidance provided by hospital desk attendants to individual callers – should be resolved.*
> *(c) All staff and volunteers in administration, intake/admissions, patient relations and patient information, the "floor," and the emergency room should know the policy. This should include those involved with direct patient care and social services as well as public relations and administration.*
> *(d) The hospital's entire visiting policy should be posted prominently on its website, with a "link" that is clearly directed toward the prospective visitor's attention. All communications should be designed to be accessible based on language and disabilities considerations.*