Process Helped Gain Acceptance for Open Visitation Hours

Marilyn Petterson

One nurse’s vision that, in addition to quality care, patients need the support and reassurance that only family members can bring them resulted in implementation of an open family visitation policy in the intensive care unit (ICU) at St. John’s Mercy Medical Center, St. Louis, Mo.

Recognized as a leader, mentor and compassionate nurse who provides excellent end-of-life care, BJ Hipsky, RN, BSN, headed the campaign to enact an open family visitation policy in the ICU. As a true patient advocate, Hipsky considered the restrictions placed on family members whose loved ones were patients in the ICU as a detriment to both the patients and their families. She cited several reasons for opening the visiting hours:

- Patients in the ICU are often critical or at the end stages of their lives. Families need to be together at such a time without restrictions.
- Positive reinforcement for critically ill patients is vital, so it is best for family members to be present when they are needed—at anytime around-the-clock.

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• Family members working long days or untraditional hours, including healthcare workers, need to be able to visit at different times during the day and night.

• As a trauma center, St. John’s Mercy often receives patients who are not from the immediate area or whose families are traveling long distances to be with them. When patients are admitted, the first thing their families want to do is see them. Open visiting hours allow them this comfort.

• Because critically ill patients need plenty of rest, open visiting hours allow family members to rotate in and out of the room according to the patient’s needs instead of the clock.

When the yearlong process to implement open visiting hours began, unit staff was split on the issue. As a nurse manager, Hipsky knew she needed the full support of her staff to ensure the policy change was successful. So, she set out to create a structured approval and education process that allowed input from all coworkers.

For example, a task force was charged with leading the way in educating staff and gaining consensus. The
first step was to educate the staff on the importance of families’ “need to know.” Hipsky selected 2 coworkers—a physician and a nurse champion—to lead the effort to gain acceptance and respect for the idea. She says the main opposition from nurses revolved around 2 concerns—either they were uncomfortable carrying out certain procedures in front of family members or they were not comfortable interacting with family members.

In response, the team, which included Dr Robert Taylor, Jennifer Baetz, RN, and Father Phil Krahman, spent a lot of time communicating with coworkers about appropriate ways to talk with family members and ways to ask family members to step outside of the room briefly when certain procedures were needed. Hipsky and the team spent a lot of time “scripting” the staff on different scenarios they may encounter with families and appropriate ways to respond. They also shared information on the effort with other departments, making it a collaborative effort. During the process, Hipsky acted as a mediator and educator.

Fortunately for patients, studies have shown that open ICU visitation is an asset, instead of a hindrance, to patient care. According Berwick and Kotagal,1 resistance among nurses and physicians regarding this topic focused on 3 worries: increased physiological stress for the patient, interference with the provision of care, and physical and mental exhaustion of family and friends. But, Berwick and Kotagal assert that when hospitals took a challenge from the Institute for Healthcare Improvement to totally unrestrict the ICU visiting policy, the results refuted these concerns. Instead, visits from family and friends did not increase patients’ stress levels; having family members present actually facilitated communication between patients and clinicians, and family members tended to feel less anxiety when allowed to visit according to their desires. Hipsky says that St. John’s Mercy Medical Center has experienced similar results with its open ICU visitation.

Although implementing open ICU visiting hours was a fairly smooth, albeit lengthy process, Hipsky says that if she had it to do over again, she would have formalized the educational aspect by scheduling workshops on talking with families and giving the appropriate information. Nonetheless, she thinks everyone benefited from the time spent on communication. And, according to Toni Kanne, RN, trauma nurse manager, the open visiting hours embraces the nurse-patient-family AACN Synergy Model for Patient Care, allowing for a balance between the needs of each party. Without Hipsky’s leadership, management, and communication skills, the policy could not have been realized.

Reference
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