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 Owner: *Dona Kravis: Director, Inpatient Care and Nursing Support*
 Policy Area: *Patient Care Services*
 References: *WAC 246-320-141*
 Applicability: *WA - Providence Centralia Hospital*

Visitor Guidelines

Policy Number: 86100-PCS-153

PURPOSE:

Consistent with our Mission and Core Values, to provide guidelines on patient visitation that best meets the needs of patients in our care. In keeping with our vision statement, visitors are an integral part of patient care and support. High-quality, compassionate patient care is our first priority and will be the primary goals in establishing visitation guidelines. Providence Centralia Hospital is committed to partnering with patients and their loved ones to create a patient-centric experience.

APPLIES TO:

This policy applies to caregivers (all employees) and representatives of Providence Health & Services Southwest Washington Service Area (SWSA) Providence Centralia Hospital (PCH).

POLICY STATEMENT:

Providence Centralia Hospital provides full and equal visitation for all visitors designated by a patient or the support person, consistent with the patient's preferences, and subject to the limitations described in these guidelines.

OBSERVATION & SAFETY FACTORS:

(Refer to Procedure section)

PROCEDURE:

1. To ensure a healing environment and to protect our patients and caregivers:
 - A. Visitors are asked to always be respectful of other patients, caregivers and the property of PCH.
 - B. For the safety and well-being of everyone on campus, visitors must comply with all posted signs and warnings on the facility campus.
 - C. A caregiver on the health care team may impose visiting restrictions when they are deemed essential for the health and well-being of a patient.

- D. When patient care or safety is affected, visitors may be asked to leave a patient room at the discretion of the caregiver.
 - E. Visitors with symptoms of illness, such as cold, cough, fever, open wounds, or other illness/disease that poses a risk may not be permitted to enter any patient care area.
 - F. Visitors must follow infection control isolation protocols as outlined in PCH policies.
 - G. Visitors of patients in isolation care must comply with stated requirements, such as wearing gloves, gown and mask, when in a patient's room.
 - H. Visitors who are identified as "high risk," as defined in this policy may be asked to follow an appropriate visitation plan that outlines visitation requirements and/or restrictions up to and including no visitation or access to the facility.
 - I. Visitors who become loud, disruptive, or who are lingering in hallways or restricted areas may be required to leave the facility.
 - J. Visitors may not bring non-prescribed medications or alcohol into a patient room.
 - K. Visitors may not bring guns or weapons into the facility (except the exception of on-duty and off-duty law enforcement).
2. A family member or support person may stay overnight in a patient room if approved in advance by the attending nurse.
- A. Out of respect for other patients, if a patient is in a semi-private room, visitors are encouraged to make other accommodation arrangements.
3. In the event of a pandemic event, such as widespread influenza, hospital visitation may be limited based on recommendations of the local county health department.
4. Defining family and significant others
- A. When a patient is not able to designate who may visit, the care team may need to work with the patient's designated support person to determine visitation.
 - 1. A surrogate decision maker appointed in compliance with Washington State law may exercise the patient's right to designate visitors.
 - 2. Oral designation of a support person, regardless of the support person's legal status, is sufficient to establish the person who will designate visitation rights on the patient's behalf.
 - 3. Written confirmation of a designation is not required by PCH.
5. When a patient has not designated visitors or a support person and becomes incapacitated, the attending nurse will consult with the charge nurse to identify appropriate visitors.
- A. Decisions can be based on the patient's previous visitors and understood preferences and acceptable documentation, such as:
 - 1. Advance directive information
 - 2. Marital relationship/status
 - 3. Existence of other legal relationship: parent-child, civil union, marriage, domestic partnership
 - 4. Shared residence
 - 5. Shared ownership of property or business
 - 6. Acknowledgment of a committed relationship, such as an affidavit

6. After hours
 - A. Visitors may visit during regular visitor hours.
 - B. Permission from the attending nurse is required in order to stay beyond regular visitor hours.
 - C. A visitor badge may be required for after hour's visitation. Refer to PCH procedures.
7. Inmates in care
 - A. For patients in custody, no visitors and calls will be accepted for inmates in care.
8. Infants
 - A. Infants may room-in with a hospitalized mother provided a second responsible adult also remains with the mother and infant.
 - B. When needed, PCH can provide a bedside bassinet.
 - C. Hospital caregivers are not responsible for the safety, security, care, feeding, or supply needs of the infant who is not under the care of our facility.
9. Minor children
 - A. A legal parent or guardian is authorized to identify visitors on behalf of minor children who are patients.
 - B. Minor children visiting a patient should be accompanied by an adult at all times.

AGE-RELATED CONSIDERATIONS:

Yes

CONTRIBUTING DEPARTMENT/COMMITTEE APPROVALS:

- WA Council (2017)

DEFINITIONS:

- **Support person:** An individual who is in a support role for a patient or who is legally responsible for making health care decisions on behalf of a patient.
 - This may include family members, friends or another individual who is there to support the patient.
 - The role of a support person is not limited to a relationship that is legally recognized in Washington.
 - The designation of a support person is not intended to supplant Washington law concerning the patient's legal representative.
- **High-risk visitor:** Includes but is not limited to:
 - A person on the hospital campus visiting patients or caregivers with a history of criminal violence or sexual abuse; or
 - Who is classified as a sexual offender or has a history of domestic violence; or
 - Who is making threats against the safety of a patient, caregiver or other representative; or
 - A person who actively interferes with a patient's medical care.

ATTACHMENTS:

N/A

OWNER:

Director, Inpatient Care and Nursing Support

REFERENCES:

- Per WAC [246-320-141](#), this policy must be publicly posted on PCH internet site, any updates must be reported to the state and updated on the internet site within 30 days of update

ADMINISTRATIVE APPROVAL:

Chief Administrative Officer SWSA

All revision dates:

6/6/2017, 3/1/2014

Attachments:

No Attachments

Approval Signatures

Approver	Date
Medrice Coluccio: Chief Administrative Officer, Southwest Washington [PA]	6/6/2017
Theresa Sullivan: SWSA PolicyStat Site Admin/Policy Coordinator	5/31/2017

Applicability

WA - Providence Centralia Hospital



Current Status: *Active*

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Owner: *Michelle James: VP
Operations / Regional Chief
Nursing Officer*

Policy Area: *Patient Rights & Ethics*

References: [42 CFR 482.13, WAC
246-320-141, WAC
246-320-245](#)

Applicability: *WA - Providence Centralia
Hospital*

Patient Rights and Responsibilities

Policy Number: 86100-PRE-023

PURPOSE:

To outline the accountability of Providence caregivers and representatives to ensure that all patients are informed of their rights and responsibilities.

APPLIES TO:

This policy applies to all members of the Providence Health & Services Southwest Washington Service Area (SWSA) Providence Centralia Hospital (PCH) workforce, including caregivers (all employees), medical staff members, contracted service providers, and volunteers. It also applies to all vendors, representatives, and any other individuals providing services to or on behalf of PCH. All of these groups will be referenced in this policy as "caregivers and representatives."

POLICY STATEMENT:

Consistent with our Mission and Core Values and with applicable state and federal law, Providence respects and upholds the rights and responsibilities of all individuals receiving care and services at PCH. Patients are made aware of their rights and responsibilities prior to receiving hospital care or services.

OBSERVATION & SAFETY FACTORS:

N/A

PROCEDURE:

1. "Patient Rights and Responsibilities" are posted at key entries to PCH.
2. All patients or their designated representative will be given a patient rights brochure and will be asked to read and understand their patient rights.
3. In every encounter, patients will be treated with compassion and respect.
 - A. Caregivers and providers will be educated on our patients' rights and responsibilities.

4. If a caregiver becomes aware of a situation where a patient's rights may have been violated, the caregiver will inform his or her manager and fill out an Unusual Occurrence Report.

AGE-RELATED CONSIDERATIONS:

No

CONTRIBUTING DEPARTMENT/COMMITTEE APPROVALS:

- WA Council (2017)

DEFINITIONS:

N/A

ATTACHMENTS:

N/A

OWNER:

VP Operations / Regional Chief Nursing Officer SWSA

REFERENCES:

- Joint Commission
- Conditions of Participation: Patient Rights [42 CFR 482.13](#) (1999)
- Washington Administrative Code [246-320-245](#)
- Per WAC [246-320-141](#) this policy must be publicly posted on PCH internet site, any updates must be reported to the state and updated on the internet site within 30 days of update

ADMINISTRATIVE APPROVAL:

Chief Administrative Officer SWSA

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6/6/2017, 9/4/2014, 3/1/2014

Attachments:

No Attachments

Approval Signatures

Approver	Date
Medrice Coluccio: Chief Administrative Officer, Southwest Washington [PA]	6/6/2017
Michelle James: VP Operations / Regional Chief Nursing Officer	5/31/2017
Theresa Sullivan: SWSA PolicyStat Site Admin/Policy Coordinator	5/31/2017



Current Status: Active

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Next Review Due:	6/5/2020
Owner:	Jonathan Gazard
Policy Area:	Patient's Rights and Ethics
References:	
Applicability:	WA - Providence St. Peter Hospital

Consent for Service

Policy Number: 86100-PRE-039

PURPOSE:

To ensure that Providence St Peter Hospital (PSPH) caregivers and representatives provide and explain a Consent for Service form for our patients at each appropriate course of treatment.

APPLIES TO:

This policy applies to all members of the Providence St Peter Hospital (PSPH) workforce, including caregivers (all employees), medical staff members, contracted service providers, and volunteers.

It also applies to all vendors, representatives, and any other individuals providing services to or on behalf of Providence Southwest Washington Service Area. *All of these groups will be referenced in this policy as 'caregivers and representatives'.*

POLICY STATEMENT:

Consistent with our Mission and core values, Providence St Peter Hospital (PSPH) will take all reasonable steps to ensure the necessary consent for treatment is obtained in writing from our patients or their legal representatives

OBSERVATION & SAFETY FACTORS:

Per [WAC 246-320-141](#), this policy must be publicly posted on PSPH Internet site, any updates must be reported to the state and updated on the Internet site within 30 days of update.

PROCEDURE:

1. The Consent for Service form is provided to patients receiving care as inpatients or registered outpatients at PSPH.
 - A. Hospital caregivers and representatives will take the time to explain the form to each patient.
 - B. In every encounter, patients will be treated with compassion and respect.
2. The consent for service form includes consents, releases and agreements and becomes a permanent part of each patient's medical record.

3. Implied Consent

- A. Consent may be assumed when a patient voluntarily enters PSPH and submits to medical treatment. However, the consent for service should be still signed by the patient or legal representative.
 - 1. If someone other than the patient signs the consent for service, the relationship of the person signing is to be written/documentated electronically on the form.
 - 2. If the patient is unable to provide a signature, a verbal consent is appropriate. Caregivers should document the reason for a verbal consent.

4. Emergencies

- A. In a medical emergency when a patient is unable to make an informed decision and the consent of another person qualified to represent the patient is not reasonably available, consent to treatment is implied by law and an express consent is not required. {RCW 18.71.220; RCW 7.70.050 (4)}

5. Adult Persons

- A. A person 18 years of age or older is an adult for the purpose of consenting to medical treatment, and if otherwise competent, must give his or her own consent for care at Providence St Peter Hospital. {RCW 26.28.010, RCW 26.28.015(5)}
- B. If an adult person is unable to give consent, caregivers should obtain the consent of the person authorized to give consent.

6. Minors

- A. In general, patients under the age of 18 are minors and do not have the legal capacity to consent to medical care or treatment. The consent of a parent or legal guardian is necessary, except in certain situations including but not limited to: emergency care services, treatment for mental health, substance abuse, and sexually transmitted diseases.

7. Communication

- A. Caregivers should ensure that patients are alert and oriented in order to consent to treatment or refuse it.
- B. If a patient's preferred language is not English, discussions regarding the Consent for Service form should take place in the preferred language of the patient or legal representative. Wherever possible, a professionally trained interpreter should be used. Refer to the PSPH Interpreter Services policy for further guidance.
- C. Patients with other communication barriers:
 - 1. For the sight-impaired, caregivers should read the Consent for Service form in the appropriate language.
 - 2. For the hearing-impaired, written communication or sign language through a professionally trained medical interpreter may be used.
- D. Consent by telephone should only be obtained if the person(s) with legal capacity to consent for the patient is not available in person.
 - 1. Consent by telephone should be documented on the Consent for Service form and include a reason as to why consent was provided in this way.
 - 2. Two caregivers should sign as witnesses to the consent by phone.

8. Refusal to sign Consent for Service form

- A. If a patient will not sign the Consent for Service form, caregivers should document the refusal on the form and sign as witness.
- B. The attending physician should be informed about the refusal.

AGE-RELATED CONSIDERATIONS:

Yes - see Procedure section 2D.

CONTRIBUTING DEPARTMENT/COMMITTEE APPROVAL:

WA Council

DEFINITIONS:

- Express consent: Consent to medical treatment can be given by a patient who is mentally competent or the authorized patient representative either orally, in person, by telephone or in writing.
- Competent patient: A patient who is mentally competent has the right to consent to or refuse treatment.

ATTACHMENT:

N/A

OWNER:

Manager, On-Site Access

Prior Policy History:

- Implementation Date: 3/2014
- Reviewed Date:
- Revision Date:

REFERENCES:

- [PSPH Spoken Language Interpretive Services policy](#)
- [PSPH Deaf and Hard of Hearing Interpretive Services policy](#)
- WAC 246-320-141 Patient Rights & Organizational Ethics (this policy must be publicly posted on PCH internet site, any updates must be reported to the state and updated on the internet site within 30 days of update)
- RCW 18.71.220 Rendering Emergency Care - Immunity of physician or hospital from civil liability
- RCW 7.70.050 (4) Failure to secure Informed Consent - Necessary elements of proof—Emergency situations
- RCW 26.28.010 Age of majority
- RCW 26.28.015(5) Age of majority for enumerated specific purposes

ADMINISTRATIVE APPROVAL:

Chief Administrative Officer, SWSA

All revision dates:

6/6/2017, 3/1/2014

Attachments:

No Attachments

Approval Signatures

Approver	Date
Medrice Coluccio: Chief Administrative Officer, Southwest Washington [PA]	6/6/2017
Catherine Schwartz: Policy Coordinator	5/31/2017

Applicability

WA - Providence St. Peter Hospital

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