



SWEDISH MEDICAL CENTER

## PATIENT ACCESS: DELIVERY OF THE CONDITIONS OF ADMISSION CONSENT FORM

Administrative Policy and Procedure	
<b>Approved:</b> June 2017	<b>Next Review:</b> June 2020
<b>Department:</b> All Patient Access areas, all Clinical Units	
<b>Population Covered:</b> All Patients	
<b>Campus:</b> Ballard, Cherry Hill, Edmonds, First Hill, Issaquah, Mill Creek, Redmond	<b>Implementation Date:</b> September 2007

### **Related Policies/Procedures:**

[Advance Directive and CPR Preference](#)  
[Patient Access: Assigning Patient Relationships \(Next-of-Kin\)](#)  
[Patient Rights](#)  
[Health Care Agreements for Behavioral Management: Patient Consents: Who Can Authorize](#)

### **Purpose**

To ensure the standard [Conditions of Admission](#) (COA) form is appropriately communicated and signed by the patient or their authorized representative at time of admission to Swedish Medical Center (SMC). The COA form serves as the initial consent for treatment at Swedish Medical Center and other consents may be obtained depending on the context of care.

### **Policy Statement**

Consent is necessary prior to any treatment or procedure, except in emergency situations. All facility admissions require the COA form signed by the patient or his/her authorized representative at the time of each hospital outpatient visit or bedded admission encounter. For recurring hospital outpatient accounts, this form is required to be obtained at the initial visit of a treatment plan and/or after periods of more than 90 days between services for ongoing treatment.

The contents of the COA form are reviewed by patient access staff with the patient and/or the patient's authorized representative during the admission process. The patient's or authorized representative's signature is obtained confirming consent for care, receiving a [Financial Assistance at Swedish](#) brochure, [Patient Rights and Responsibilities](#), knowledge of billing information, and receipt of the [Notice of Privacy Practices](#) brochure. The patient or their representative may be referred to appropriate administrative or clinical staff with questions about the COA form. **Changes to the COA form are not permitted.**

Patient Access staff are responsible for explaining the contents of *Conditions of Admission* form, affixing patient label to the form, obtaining appropriate signatures, and scanning the form into the electronic medical record (EMR) once signed.

In the event a signature cannot be obtained at admission, a SMC staff member will mark the checkbox “Unable to obtain signature at admission” and follow-up will occur to ensure that each patient’s medical record contains a signed *Conditions of Admission* form.

## Responsible Persons

Patient Access and Clinical Units

PROCEDURE	
Responsible Person	Steps
Patient Access Staff	<p><b>OBTAINING CONSENT FOR COA FORM</b></p> <p><i>The following steps are performed at the time of registration. These steps may also be performed on the unit if the patient is admitted directly to a room.</i></p> <ol style="list-style-type: none"> <li>During admission, a Patient Access staff member reviews the <a href="#">Conditions of Admission</a> form with the patient or the patient's authorized representative.</li> </ol> <p><b>Points to emphasize during COA review:</b></p> <ul style="list-style-type: none"> <li>Consent to receive medical care from the providers at Swedish Medical Center.</li> <li>If a staff member is accidentally exposed to your blood or body fluids, you give consent to be tested for certain viruses so caregivers can be quickly treated.</li> <li>CPR will be performed in the event of an emergency unless there is a Living Will (Health-Care Directive) on file.</li> <li>SMC is not responsible for personal items.</li> <li>Weapons, drugs, tobacco, and prohibited behaviors are not permitted on SMC property.</li> <li>Medical information may be disclosed to your insurance plan(s) for payment.</li> <li>The patient is offered a <a href="#">Financial Assistance at Swedish</a> brochure and informed that financial assistance is available to those who qualify.</li> <li>The patient may receive bills from other providers associated with his or her care at a Swedish Medical Center facility.</li> <li>The <a href="#">Notice of Privacy Practices</a> brochure is offered to the patient and/or their representative to keep.</li> <li><a href="#">Patient Rights and Responsibilities</a> information is offered to the patient and/or their representative.</li> <li>Changes to the COA form are not permitted.</li> </ul> <ol style="list-style-type: none"> <li>The patient or his/her authorized representative signs the COA form.</li> <li>The Patient Access staff member affixes a label to the COA form and scans into EMR.</li> </ol> <p><b>IF NO SIGNATURE CAN BE OBTAINED AT ADMISSION</b></p> <ol style="list-style-type: none"> <li>If patient is unable to sign COA form and no authorized representative can be reached at admission, then SMC staff members mark the check box “Unable to obtain signature at admission.”</li> <li>Patient Access staff will make multiple attempts to communicate the content of the COA form and have the patient sign and/or reach their authorized representative for signature. Such attempts are documented using <b>HAR Account Note</b> in the EMR.</li> </ol> <ul style="list-style-type: none"> <li>During the attempts to gain a signature, Patient Access will withhold the COA from scanning into EMR and continue to seek a signature until such time the</li> </ul>

	<p>patient is discharged. If patient is discharged without COA signed, clinical information in the chart should reflect the urgency of the admission and the patient's inability to receive COA communication throughout his/her encounter.</p> <ul style="list-style-type: none"><li>• Access staff may also seek assistance of the clinical unit staff to help obtain the COA signature.</li></ul>
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## Definitions

None.

## Forms

[Conditions of Admission Consent](#) (Form #396584 Rev 6/17)

## Supplemental Information

### Patient's Authorized Representative

In the event that a patient is not competent to sign upon admission or is a minor, the following persons may sign the consent on behalf of the patient (listed in priority order):

1. Appointed guardian of the patient, if any
2. Individual, if any, to whom the patient has given a Durable Power of Attorney that encompasses the authority to make health care decisions
3. Patient's spouse or state registered domestic partner
4. Patient's children who are at least eighteen (18) years of age
5. Patient's parents
6. Patient's adult brothers and sisters

If verbal consent is received from the patient or their authorized representative it must be documented on the COA form including the date, time, and relationship to patient

## Regulatory Requirements

[WAC 246-320-166](#) (4c)

[RCW 7.70.065](#) – Informed consent – Persons authorized to provide for patients who are not competent.

## References

[Providing Health Care to Minors under Washington Law](#)

## Addenda

[Notice of Privacy Practices](#)

[Patient Rights and Responsibilities flyer](#)

[Financial Assistance at Swedish brochure](#)

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## STAKEHOLDERS

### Author/Contact

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### Expert Consultants

Accreditation and Safety  
Consent Advisory Committee  
Corporate Compliance  
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Legal  
Quality and Patient Safety  
Risk Management

### Sponsor

Director of Patient Access, Swedish Health Services

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## PATIENT RIGHTS

Administrative Policy and Procedure	
<b>Approved:</b> April 2016	<b>Next Review:</b> April 2019
<b>Department:</b> Patient Registration, Environmental Services, Nursing (Edmonds campus)	
<b>Population Covered:</b> All patients	
<b>Campus:</b> Ballard, Cherry Hill, Edmonds, First Hill, Issaquah, Mill Creek, Redmond	<b>Implementation Date:</b> May 2013

**Related Policies and Procedures:**

- [Advance Directive and CPR Preference](#)
- [Cleaning a Discharge Room \(EVS\)](#)
- [Complaints and Grievances: Patient/Family](#)
- [Conditions of Admission Form and Consent](#)
- [Non-Discrimination Policy, PROV-ICP-729](#)
- [Notification of Inpatient Admission](#)
- [Visitation Guidelines](#)
- [Patient Refusal of Care or Treatment Algorithm](#)
- [Potentially Inappropriate Care and Management of Disputed Treatment Requests \(Futile Care\)](#)

**Purpose**

To provide resources and direction for general communication of patient rights.

**Policy Statement**

Hospitals must inform each patient (or representative) of their rights. Whenever possible, this notice must be provided before providing or stopping care. All patients, inpatient or outpatient, must be informed of their rights as hospital patients. The patient’s rights should be provided and explained in a language or manner that the patient (or the patient’s representative) can understand in accordance with federal and state law.

**Responsible Persons**

Patient Registration representatives, Environmental Services staff members.

PROCEDURE	
Responsible Person	Steps
Patient Registration Representatives	1. Review the <a href="#">Conditions of Admission</a> (COA) form with patient/representative at admission per <a href="#">policy</a> guidelines. Offer <a href="#">Notice of Privacy Practices</a> per last clause of the COA.

Patient Registration Representatives, Department Managers	<ol style="list-style-type: none"> <li>2. Ensure that all Patient Registration areas have handouts of the English version of <a href="#">Patient Rights and Responsibilities</a> flyer readily available, including all hospital outpatient departments and emergency departments.</li> <li>3. Offer patients a copy of the <a href="#">Patient Rights and Responsibilities</a> flyer during the registration process.</li> <li>4. Ensure that staff accesses and provides translated versions (see <a href="#">Forms</a>, below) when prompted or otherwise appropriate, or contact an interpreter if needed.</li> <li>5. Ensure that a <a href="#">Notice of Privacy Practices</a> is available at admission, clearly in view of patients visiting the department and available upon request, per <a href="#">state law</a>.</li> </ol>
Environmental Services  Nursing (Edmonds only)	<ol style="list-style-type: none"> <li>6. <b>Inpatients:</b> Ensure that a copy of the <a href="#">Welcome to Swedish</a> brochure is placed in every inpatient unit bed according to the EVS policy/procedure <a href="#">Cleaning a Discharge Room</a>. (At Edmonds campus, the inpatient nursing staff members ensure delivery of this brochure during the unit admission process.)</li> </ol>

## Definitions

None.

## Forms

- ◆ Patient Rights and Responsibilities – [Amharic](#)
- ◆ Patient Rights and Responsibilities – [Arabic](#)
- ◆ Patient Rights and Responsibilities – [Chinese](#)
- ◆ Patient Rights and Responsibilities – [English](#)
- ◆ Patient Rights and Responsibilities – [Korean](#)
- ◆ Patient Rights and Responsibilities – [Russian](#)
- ◆ Patient Rights and Responsibilities – [Somali](#)
- ◆ Patient Rights and Responsibilities – [Spanish](#)
- ◆ Patient Rights and Responsibilities – [Tagalog](#)
- ◆ Patient Rights and Responsibilities – [Tigrigna](#)
- ◆ Patient Rights and Responsibilities – [Vietnamese](#)

**Required signage** in all Patient Registration areas (Patient Rights notification):

- ◆ [Your Rights As a Patient at Swedish Medical Center](#) poster (ADMN-01-02005 R-6/11)
- ◆ [Patient Concerns](#) poster (ADMN-16-0139 R-11/16)

## Supplemental Information

None.

## Regulatory Requirement

CMS. [§482.13](#) – Condition of Participation: Patient’s Rights.

[WAC 246-320-141](#) – Patient Right and Organizational Ethics.

The Joint Commission. RI.01.01 - RI.01.07.03, RI.02.01.01.

DNV. PR.1 - PR.6

## References

[CMS State Operations Manual](#)

## Addenda

[Conditions of Admission](#) form

[Notice of Privacy Practices](#)

[Welcome to Swedish](#) brochure

[Pediatric Bill of Rights](#)

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## STAKEHOLDERS

### Author/Contact

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### Expert Consultants

None.

### Sponsor

Jennifer Goodwin, Director of Patient Access

### Co-Sponsors

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## VISITATION GUIDELINES

### Administrative Policy and Procedure

**Approved:** November 2017

**Next Review:** November 2020

**Department:** All departments

**Population Covered:** All patients and visitors

**Campus:** Ballard, Cherry Hill, Edmonds, First Hill, Issaquah, Mill Creek, Redmond

**Implementation Date:** March 2007

***Related Policies and Procedures:***

[Dismissing A Visitor](#)

[Patient Rights](#)

[Pets, Service Animals, and Pet Therapy](#)

[Patient Access: Presenting Use and Disclosure \(Opt Out\) of Hospital Directory](#)

[Patient Health Information: No Clinical Disclosure](#)

[Visitor Behavior Management Agreement](#)

[Visitors, Observers, and Family Members in the Operating Room, Recovery Room, and Invasive Procedures Departments](#)

[Workplace Violence Prevention](#)

[Mandated Reporters who are not Clinical Social Workers](#)

***Go directly to:***

[Procedure for Inpatients](#)

[Procedure for Emergency Departments](#)

### **Purpose**

To provide visitation guidelines and define expectations for family members, friends, and others visiting patients.

### **Policy Statement**

Swedish Medical Center (SMC) is committed to patient-centered care, incorporating a healthcare environment that is welcoming and understanding of the importance visitors play in the healing and comfort of hospital patients.

Each patient has the right to receive visitors he or she designates, including (but not limited to) a spouse, a domestic partner, a family member or friend.

Visitation privileges are not restricted, limited, or otherwise denied on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

A patient may withdraw consent for a visitor at any time during his or her stay in the hospital.

**Guidelines for dependent family members / visitors:** For the safety of patients, visitors and hospital staff, Swedish staff cannot be responsible for the care or supervision of our patients' visitors. This



includes minor children and patients' loved ones who are dependent due to dementia or inability to complete activities of daily living independently (see definitions below). These family members or dependents are not permitted to stay with patients in their inpatient or emergency department rooms unless another responsible adult or adult caregiver are present to provide continuous support and supervision. See the Clinical Job Aid: Disposition of Minor / Vulnerable Adult Visitors.

## Responsible Persons

All administrative and clinical staff or visitors.

## Prerequisite Information

Inpatients are advised of hospital visitation guidelines during orientation to the unit and via receipt of the [Welcome to Swedish](#) handbook. Ambulatory, Hospital Outpatient and Emergency service areas have this information posted and also communicated directly by staff members via written [Patient Rights](#) handouts offered during admission.

**It may be necessary at times for staff to restrict or limit visitors if an individual's presence infringes on others' rights, privacy or safety, or is medically or therapeutically contraindicated.** In this instance, the care team will communicate this determination to the patient, designated representative or decision-maker.

Special considerations that may determine the amount of time family and visitors spend with the patient include (but are not limited to):

- Issues related to infection control.
- Visitation may interfere with the care of other patients.
- SMC staff is aware that there is an existing court order restricting contact.
- Visitors who engage in disruptive, threatening, or violent behavior of any kind.
- Rest or privacy for patient or patient's roommate(s)
- Patient is undergoing care interventions.
- In the case of a pandemic event, such as widespread influenza, hospital visitation may be limited based on recommendations of the local county health department.

## Maintaining Safety / Reportable Conditions

1. **After hours:** All caregivers are responsible for ensuring that persons in the facility after hours are wearing a visitor badge or an SMC-issued photo ID badge. All caregivers on patient care units are responsible for ensuring the protection of their patients by checking for valid and appropriate after-hours visitor badges.
2. **Security is contacted immediately:**
  - If a person is found on the unit after hours without a visitor badge.
  - Whenever staff is concerned for their own safety. Call *Code Gray* or *Mr. North* to alert Security and all areas in the hospital of a potential workplace violence situation.
  - If there is an unauthorized entry to the patient care area.
  - If staff suspects or is concerned about a *High-risk Visitor* (see definition).
  - If there is any indication that the information given by the visitor is false.
  - If the patient gives any indication that the visitor is not welcome.
  - Refer to the [Visitor Behavior Management Agreement](#) policy as needed.

## PROCEDURE FOR INPATIENTS

Responsible Person	Steps
All Staff	<p><b>OPEN VISITING HOURS</b></p> <ol style="list-style-type: none"> <li>1. <b>Visiting hours at all Swedish Medical Center facilities are 5:00 a.m. to 9:00 p.m.</b> Swedish Medical Center reserves the right to end visiting hours at any time, or to revoke the visitation privileges of any individual in order to maintain patient and staff safety. See <a href="#">Dismissing a Visitor</a>.</li> <li>2. SMC and individual nursing units may restrict the number of visitors per patient during visiting hours if determined clinically necessary or otherwise communicated.</li> <li>3. Nothing in this policy restricts individual nursing units from requiring visitor passes even during visiting hours, either for the unit as a whole or for individual patients.</li> </ol>
Charge Nurse, All Staff	<p><b>OBTAINING AN AFTER-HOURS VISITOR BADGE</b></p> <ol style="list-style-type: none"> <li>1. The charge nurse or designee is responsible for ensuring that: <ul style="list-style-type: none"> <li>• All patient visitors on their unit who wish to remain after visiting hours have visitor badges, and</li> <li>• All visitors on the unit who arrive after hours are wearing visitor badges.</li> </ul> <p>The charge nurse may delegate the issuance of blue-colored <a href="#">after-hours visitor badges (form 70081)</a> to other nursing unit staff, particularly the nurse assigned to the patient.</p> <p>Mother/baby units: Use pink-colored visitor badge <a href="#">70082</a>.</p> </li> <li>2. The visitor badge must include: <ul style="list-style-type: none"> <li>• The nursing unit</li> <li>• The room number of the patient that they are visiting, and</li> <li>• The date that the badge was issued.</li> </ul> </li> <li>3. <b>After hours badges are only valid on the time of issue until 5:00 a.m. the following morning.</b> If the same person wishes to visit on a different evening/night they must request another visitor badge.</li> </ol>
Security	<ol style="list-style-type: none"> <li>4. Persons who arrive after visiting hours and wish to visit a patient must enter through the Emergency Department (enter in Main Lobby at First Hill) and check in with Security. Security will contact the nursing unit and speak to the charge nurse or the nurse assigned to the patient for approval to issue a visitor badge. Security will not issue an after-hours visitor badge without approval from the nursing unit. Security may deny access if the potential visitor presents a potential risk to staff or patient safety.</li> </ol>
Visitors	<p><b>AFTER-HOURS VISITOR BADGE PRIVILEGES</b></p> <ol style="list-style-type: none"> <li>1. The after-hours visitor badge grants the badge holder permission to be in the patient room indicated on their badge during non-visiting hours.</li> <li>2. Clinical staff may ask the visitor to leave from time to time to perform medical procedures.</li> <li>3. The visitor may be in public areas of the nursing unit (such as waiting areas) but may not enter any other patient room.</li> <li>4. The visitor may be in public areas in the building. Examples of these areas include cafeterias, lobbies, public restrooms and hallways connecting nursing units with these areas.</li> </ol>

	5. Visitors are not allowed on any nursing or clinical unit other than that which is indicated on their visitor badge.
Clinical Staff Security	<p><b>DOCUMENTATION</b></p> <p>1. Nursing units are strongly encouraged to keep an <a href="#">after-hours visitor badge log</a> that includes the name of the visitor, the room number, and the date for which the badge was issued. The log should also include any visitor badges approved over the phone to Security.</p> <p>2. Security Services maintains a log of after-hours visitors that includes the name of the person on the nursing unit approving the issuance of an after-hours visitor badge.</p>

## PROCEDURE FOR EMERGENCY DEPARTMENTS

Responsible Person	Steps
Patient Registration	<p><b>OBTAINING A VISITOR BADGE</b></p> <p>1. Registration staff asks each visitor requesting access to the Emergency Department patient care area for his/her first and last name, and exact name of patient to visit. The visitor(s) is then asked to have a seat in the waiting area pending clinical staff and patient approval.</p> <p>2. Registration staff calls the request back to the patient's primary nurse, using the visitor's first and last name, and waits for approval.</p> <p>3. Preferably, no more than two visitors at a time are allowed access to the patient. Access will be at the discretion of the clinical staff.</p>
ED Staff	4. Provided there are no clinical reasons preventing visitors, the ED staff obtains patient approval and relays the decision to the registration staff.
Patient Registration	<p>5. If approval is received by the ED staff, the visitor is given an orange-colored <a href="#">ER visitor badge (form 75909)</a>.</p> <p>6. Patient Registration fills out a badge with:</p> <ul style="list-style-type: none"> <li>• Room number of the patient to be visited</li> <li>• Date</li> </ul> <p>The badge is displayed on the visitor in a visible location.</p> <p>7. Patient Registration either escorts the visitor to the patient's room or hands off to an ED staff person. If the handoff cannot occur due to conflict in timing with patient care, the visitor will wait in the waiting area until the timing is appropriate for escorting to the patient's room.</p> <p style="margin-left: 40px;">a. The visitor badge may suffice for after-hours badging if the patient visited wants the visitor to accompany him or her to an inpatient unit.</p> <p style="margin-left: 40px;">b. Inform Security when visitors accompany a patient to an inpatient unit, for input into their after-hour log book.</p>
Security	<p><b>DOCUMENTATION</b></p> <p>1. Security Services maintains a log of after-hours visitors that includes the name of the person on the nursing unit approving the issuance of an after-hours visitor badge.</p>

## Definitions

*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.

*Minor Children* are defined as any child under the age of 18 years, who is neither emancipated nor married to an adult.

*Responsible adult* is defined as the parent or guardian, durable power of attorney for healthcare, legal next of kin or other adult over 18 acting in place of a parent, guardian, durable power of attorney for healthcare or legal next of kin who could be expected to provide adequate safety and supervision of the minor child or dependent adult.

*Responsible caregiver* is defined as a person over 18 who is acting at the bequest or employment of a parent, guardian, durable power of attorney or legal next of kin of the minor child or dependent adult and who could be expected to provide adequate safety and supervision.

*Visitor.* A “visitor” is a guest of the patient. Patients may receive or refuse visitors at their (or their representative’s) discretion, unless there is a clinically necessary or reasonable restriction/limitation as described in this policy. A visitor may also be in public areas of the patient’s unit (such as waiting area) but may not enter any other patient room.

*Visitor’s badge.* A visitor badge grants the badge holder permission to be in the patient room indicated on their badge during after-hours or as defined by a particular unit. The visitor badge must include the **nursing unit**, the **room number** of the patient that they are visiting, and the **date** that the badge was issued. Badges are only valid on the evening and into the night that they are issued. Nothing in this policy restricts individual nursing units from requiring visitor badges even during open visiting hours, either for the unit as a whole or for individual patients.

*Vulnerable adults.* These include persons meeting any one of the following criteria:

- 1) Sixty years of age or older with the functional, mental, or physical inability to care for himself or herself.
- 2) Adults 18 years of age or older found incapacitated under chapter 11.88 RCW.
- 3) Adults 18 years of age or older who have a developmental disability (RCW 71A.10.020).
- 4) Adults 18 years of age or older admitted to any facility.
- 5) Adults 18 years of age or older receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter 70.127 RCW.
- 6) Adults 18 years of age or older receiving services from an individual provider.
- 7) Adults 18 years of age or older who self-direct their own care and receive services from a personal aide under chapter 74.39 RCW.

## Forms

- ◆ [Visitor Behavior Agreement Form](#)

## Supplemental Information

**Patient representative documentation.** Swedish Medical Center may, when circumstances require, request defined patient representation by a written legal document. Examples of when documentation might be required are if there is a conflict between two visitors, or if there is a dispute regarding defined representative(s) in an Advance Directive. SMC will also follow [RCW 7.70.065](#) guidelines in resolving conflicts among those claiming to be representatives or support persons.

*Incapacitated patients.* When a patient is incapacitated or otherwise unable to communicate his or her wishes and an individual provides an advance directive designating an individual as the patient's support person (it is not necessary for the document to use this exact term), SMC will accept this designation and allow the individual to exercise the patient's visitation rights on the patient's behalf. [§482.13(h)(1)&(2)]

## **Regulatory Requirement**

CMS. [§482.13\(h\)](#) – Patient Visitation Rights.

[WAC 246-320-296](#) – Management of Environment for Care.

DNV. PR.1, SR.12, PE.4.

## **Addenda**

[Patient Rights poster](#) for all Patient Access areas (ADMN-01-02005)

[Visitors at Swedish multilingual poster](#) (ADMIN-13-0750-O)

[Patient Rights handout](#)

[Welcome to Swedish guide](#)

[Visiting Hours for Pediatric Units](#)

[ER Visitor Badge \(form 75909\)](#)

[General After-Hours Visitor Badge \(form 70081\)](#)

[Mother-Baby Unit After-Hours Visitor Badge \(form 70082\)](#)

[After Hours Visitor Log](#)

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