

Frequently Asked Questions: Visitor Guidelines

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- 1) What are the guiding principles that are followed when making decisions about the visitor guidelines?
 - Ensure a balance between keeping people safe and meeting community/care commitments
 - Seek input/feedback from inter-professional team members
 - Review and align with best practices and local, state, and federal guidelines
 - Ensure appropriate communication with all stakeholder through a variety of channels
 - Stay ahead of the curve and remain agile
 - 2) Why is it essential for patients to have the option to have a care partner present in the healthcare setting?
 - Care partners are an active part of the care team and share in the responsibility for quality and safety of patients. They advocate for a loved one’s needs and support them in managing their health, healthcare, long-term care and overall well-being.
 - Patients are strongly encouraged to identify no more than two care partners during the duration of a hospitalization.
 - 3) When do the current visitor guidelines go into effect and where can I find them?
 - The current Visitor Guidelines go into effect on **Wednesday, 11/11/20**.
 - The Inpatient and Outpatient Guidelines can be found in the following locations:
 - [COVID-19 Inpatient Visitor Guidelines](#)
 - [COVID-19 Outpatient Visitor Guidelines](#)
 - [FAQ Visitor Guidelines 11.11.20](#)
 - If you have any questions, please send an email to ICC_Support@dhha.org
 - 4) What are the requirements for visitors?
 - Face-covering and/or mask wearing is considered a necessary step in COVID-19 infection control and is required for ALL visitors.
 - ALL visitors must be in good health, and participate in a health screening. If a health screening determines symptoms of an illness are present (example: temperature, cough, shortness of breath, etc.) the visitor will not be allowed to stay.
 - Visitor movement will be restricted. Visitor must stay in patient’s room unless directed by hospital staff to leave during aerosol-generating procedures or other procedure during which visitors are usually asked to leave. If visitor is asked to step out of room they may either go to the Good Day Café / Gift Shop / Subway OR leave the hospital and return later.
 - ALL visitors are expected to leave the hospital after their visit.

- 5) What are some of the key guidelines/restrictions in the **Inpatient, Emergency Department, and Outpatient Surgery/Procedure** settings?
- ONE (1) visitor per day is allowed for:
 - **Non-COVID patients from 10:00 am – 2:00 pm in our Adult Acute Care and Critical Care Units**
 - **Adult Inpatient Behavioral Health patients** (Standard visitor hours/guidelines apply in these units)
 - ONE (1) partner or family member is allowed for **OB Screening patients**
 - TWO (2) partner or family members are allowed for **Labor and Delivery / Mom-Baby patients**
 - TWO (2) adult visitors (Parent or Legal Guardian) are allowed for all **Admitted Minor Patients (Under 18 Years Old)**
 - Designated Responsible Person (DRP) is strongly encouraged to not enter the building for **Outpatient Surgery/Procedure** (If an exception consideration is needed for a DRP, contact PACU/Pre-OP Reception Area to discuss (x2-1021))
 - No visitors are allowed for the following Adult Patients (*except on a case-by-case basis in accordance with the "Exception Criteria"*):
 - **COVID patients**
 - **Emergency Department** (Adult ED, AUCC, Winter Park Medical Center)
- 6) What are some of the key guidelines/restrictions in the **Outpatient** settings, including all ACS and Public Health Clinics?
- Different clinics/buildings have different space available for accommodating patients and visitors. In an effort to create some consistency across a large system and reduce confusion for patients the outpatient guidelines are arranged by location.
 - No visitors are allowed for **Adult Patients at any of the following locations** (*except on a case-by-case basis in accordance with the "Exception Criteria"*):
 - **Pavilion A (Radiology, Lab, Cardiology/Heart Health Center)**
 - **Pavilion B (Orthopedics, PT / OT)**
 - **Pavilions D / E (Entire Davis Building)**
 - **Pavilion H (Center for Occupational Safety and Health (COSH), All Public Health Clinics)**
 - **Pavilion K (Behavioral Health – Adult Outpatient)**
 - NO ADULT Visitors but up to TWO (2) children may be allowed to enter with a single parent for appointments in the **Pav C Women's Care Clinic**.
 - ONE (1) Adult Visitor OR up to TWO (2) children may be allowed to enter with a single parent for **Adult patients** in the following **FQHC Locations**:
 - **Pavilion G (Entire Webb Building)**
 - Downtown Urgent Care Clinic
 - Eastside Family Health Center
 - La Casa-Quigg Newton Family Health Center
 - Lowry Family Health Center
 - Montbello Family Health Center
 - Park Hill Family Health Center
 - School-Based Health Centers
 - Sloan's Lake Primary Care Center
 - Southwest Family Health Center and Urgent Care
 - Westside Family Health Center
 - Westwood Family Health Center
 - TWO (2) Adult Visitors (Parent or Legal Guardian) are allowed for **all pediatric appointments up to 9 weeks old or 2-month visit**.
 - ONE (1) Adult Visitor (Parent or Legal Guardian) is allowed for **all pediatric appointments after 9 weeks old or 2-month visit**.

- 7) Why did we choose the visiting hours of 10am-2pm for the Adult Acute and Critical Care Units?
- This was a decision made with guidance and input from our Clinical Care Teams.
 - While we recognize that a later time block may be more accessible for care partners (i.e. after work hours), the input we received from care teams is that the 10am-2pm time would allow for better partnership and communication. For example, during this time, physician rounds are more likely to occur and discharge planning is taking place. Care Partners who are present during this time will be able to participate in these activities, ask questions, and advocate for their loved ones.
 - Given the potential issues with accessibility of these hours, it will be important to utilize a variety of communication tools to proactively communicate with those who may not be able to visit during the new designated hours (See FAQ #14 below with ideas/suggestions for other tools to use).
 - Care teams should also feel empowered to make limited case-by-case exceptions to hours (See FAQ #s 8-11 for more information on the exception process).
- 8) Who can grant exceptions to the Visitor Guidelines?
- Exceptions to the visitor allowances should ONLY be granted by the clinical team (MDs, RNs, Care Management, etc.) on the unit or in the clinic.
 - Examples of exceptions that a clinical team can grant include: allowing more than the standard number of visitors for a patient and allowing visitors outside of designated visitor hours
- 9) Who should I notify if an exception has been made for visitors on our unit or in our clinic?
- Any exceptions granted by the clinical team should be communicated in advance to the screener station where your unit or clinic is located.
 - If an exception is being granted in any Pav A, B, or C locations, please notify the Patient Information Team by:
 - Calling them at 303-602-2143 (x2-1243) with the information.
 - Sending documentation of the exception(s) granted
 - The Patient Information Team will then relay the exception information to the screeners at Pav A and/or Pav C.
- 10) What are the “Exceptions Criteria”?
- The following “Exception Criteria” should be used when determining exceptions:
 - **Individuals with disabilities who require in-person supports (COVID and Non-COVID):** ONE (1) assistance person MUST be allowed for patients who:
 - Are deaf, blind, and/or deafblind;
 - Cannot rely on speech to communicate;
 - Have mobility impairments;
 - Have psychosocial, intellectual, developmental, or cognitive disabilities (including those who have a history or record of such an impairment, or a person who is perceived by others as having such an impairment); and/or
 - Rely on in-person supports for orientation, emotional support and anxiety management, and assistance with making decisions
 - **End of Life / Comfort Care / Critical Illness or Injury Patient (Non-COVID Only):** Decisions regarding up to TWO (2) visitors will be made on a case-by-case basis and communicated to Screeners by following the *Decision-Making Process for Visitors of Critical Illness/Injury, Comfort Care, and/or End-of-Life Patients*.
 - **Visitors under 18:** ONE (1) visitor under the age of 18 is allowed ONLY in the following circumstances:
 - They are the parent of a child who is a patient
 - They are the partner of a woman in labor
 - They are with a single parent who has another minor who is a patient
 - **Post-Partum Appointments:** Mothers are allowed with Infant (but no other children)
 - **Legal Situations Category:** People who must exercise power of attorney or court-appointed guardianship for a patient are allowed.
 - **Governmental Functions Category:** Any visitor performing official governmental functions will be allowed (e.g. Regulatory Agencies, etc.)
 - **“Unique”/“One-Off” Situations:** Decisions regarding ONE (1) visitor for “Unique” and/or “One-Off” situations will be made on case-by-case basis at Provider/Care Team discretion and communicated to screeners. (See below for examples of these types of exceptions)

11) What are examples of “Unique” / “One-Off” situations where an exception may be granted?

- Examples include (but are not limited to):
 - Family Conferences
 - Support for a discharging patient
 - Patients having miscarriage
 - Care Partners needing to receive hands-on training for medical equipment or other care needed (e.g. Ostomy care, Catheter or drain care, Tube feedings, Functional training with PT/OT, Medication administration (e.g. chemotherapy, Lovenox, insulin), Complex wound care (e.g. wound vac))
 - Screeners may use discretion/good judgement when making decisions about restroom use

12) How many visitors have we had per day during the pandemic?

- We’ve been tracking visitor metrics for Pavilions A, B, and C and can provide upon request. Some of the visitor metrics that are available include: # of visitors / day (total, by unit, by day, etc.) and Exception Data (e.g. where exceptions are made, reasons for exceptions)

13) How are the visitor guidelines communicated to patients and visitors?

- The most up-to-date guidelines can be found on the DH Website at: www.denverhealth.org/visitors
- The guidelines are also publicized through social media and other communication platforms (e.g. phone hold message).
- Visitors to Pavilions A, B, and C also receive a “Visitor Rules” handout at the Screener stations when they are checked-in and screened.

14) What are other ways that we can ensure good communication with a patient’s care partner(s)?

- When in-person visits are not possible for care partners due to public health concerns or family participation factors, all efforts should be made by staff to ensure proactive communication about the plan of care with patients and their care partners. Some other methods of communication include (but are not limited to):
 - Facilitating virtual visitation using patient phones/tablets, WebEx Video Monitors and/or Tablets from Patient Experience Team
 - Use of patient whiteboards
 - One time / day phone calls to a designated care partner
 - Setting up MyChart Proxy access for a care partner
- Enhance discharge education and post-discharge follow-up.
 - Care Partners are a vital source of continuity that support successful transitions of care (e.g. understanding plan of care, who to contact with questions, symptoms to be aware of, and care management needs). Engaging Care Partners remotely in care conferences, rounds and discharge education can help to keep them up to date on their loved one.
 - In discharge planning, it will be essential to strengthen connections between the patient and Care Partner and their primary care provider or medical home to enhance support around medication management, ensure follow-up visits (in-person or telehealth) are in place and address non-clinical needs that may affect one’s ability to manage their care.
 - Post-hospital check-ins that include discharge follow-up calls, enhanced social work support and home care can further support smooth transitions and improved care coordination.

15) Will there be further review and/or changes to the guidelines in the future?

- Yes, this is a rapidly evolving situation. As circumstances change within our community, we will continually reassess by weighing the risks versus benefits of restrictions to Care Partners’ presence. Assessment includes current risk factors local to the care setting and review of applicable mandates to determine whether there is a need for restrictions to family presence.
- Examples of “triggers” for revisiting the guidelines include: New local, state, or federal public health orders and continual monitoring of the situation at DH (e.g. incidents of visitor-to-staff/patient transmission, increased hospitalizations that put additional strain on resources, and availability of PPE).

16) Who can I contact with any questions about the Visitor Guidelines?

- ICC_Support@dhha.org