Where as a community should we be focusing our efforts on this topic as we enter the final months of this year?

stephanie hillman: consistent messaging - in solidarity. don't create more confusion

Jerry Painter: Ensuring our patients that our hospitals are safe.

Dolly Sullivan: Communication with families

Maia Hendrickson: Patient and family communication options

Dana Borrie: Inclusion of families in the conversation

Michelle Morgan: Leveraging technology

Gary Jones: Communication in general with patients and families

Grace I.: Compassionate communication as both patients, healthcare givers and staff are getting fatigued.

Terri Savino: What can we do differently to allow loved ones at the bedside that is safe for staff, patient, and the visitor

Jake Poore: Employee and Physician Burnout - Reflect back on COVID lessons learned, Reconnect care team members

Sandy Uphold: I definitely agree with communication with families

Seidra Whitley: developing new tools (technology wise) to keep families informed

Donna Brown: Continued communication and education, using more technology
Margaret Borders: This is a unique time - where we have a limited number of visitors. So what have we learned? Some of our hospitals are seeing a higher breastfeeding rate, more rested patients, etc. What nuggets are we going to keep?

Tanya Lord: An equal focus on patients and families who have barriers to communication and technology

Ronda: how to take the lessons we've learned through all of this and prepare for next year to help bring patient experience back to the forefront

Nicole Iarrobino: Best practices for in-person visitation based on COVID safety metrics, and best practices for optimizing virtual visitation

Linda Biondini: Continue to focus on quality and patient safety. Many measures have taken a back seat.

Anne Diefendorf: Ensuring sound and reasonable policies that allow family / advocate at BEDSIDE when any communication occurring with caregivers esp. decisions

Jeannine Sander: Supporting our staff so that they can continue their work through this.

Greg Vasse: Be proactive; contact our patients with consistent messaging

Donna Brown: more conversations on Equity Diversity and Inclusion

Lou Montana Rhodes: innovating new ways to involve patient and family in their care

Doug Della Pietra: How do we support one another as caregivers -- when everyone is stretched and strained due to the pandemic?

Laura Urquiaga: Ensuring that the needs of vulnerable populations are addressed.

Herb Werner: Inviting patients back for a safe return while still encouraging and supporting appropriate utilization and support of telemedicine

Dana Borrie: Completely agree Donna! Equity, diversity, inclusion.

Donna Brown: Figuring out how to assists communities in despair.

James: Minimizing burnout and supporting each other.

Terri E: This is a "new normal" that we must adjust our experience for our patients and families. The experience has to be guided by patient and family safety.

Donna Brown: mandate telehealth especially for our aging population or for all patients. this creates tremendous access
**How have you had to adjust your own visitation policies as a result of this crisis?**

Vicki Holcombe: Special circumstances

Shanne Keeny: No visitors, but allowance of 1 family/support person per patient per day; 2 for pediatric

Danny Gonzalez 2: We only allow one visitor per pt if necessary, like physical or mental disability. Peds pt are allowed to have both parents on site

Colleen Urquhart: 2 for pediatrics

David Garrett: 1 visitor per patient, but must remain for 12 hour shift - can't switch out until new shift begins. No visitors on COVID units.

bonnie h: very difficult the no visitors for extended care communities

Sandy Uphold: Physicians have to put in an order for a visitor

Curtis White: Many exceptions which have changed the dynamics of the information desk team.

Lou Montana Rhodes: 2 visitors - one at the time non covid only

Sandra Holdsworth: visitor language needs to change to caregiver

Jeannine Sander: No visitors, unless patient has a special need for assistance

Carol Reagan: Incorporate ADA guidelines for patients with disabilities

Linda Biondini: We have converted the waiting rooms into break rooms for caregivers; this allows for greater social distancing.

Rosa DeVries: imposed length of time and visitation hours.

Dolly Sullivan: No visitors unless a specific exception
Ronda: we have set visiting hours for that one visitor, but we have a "golden ticket" where those patients with truly special needs can have a visitor with them at all times

Lou Montana Rhodes: Yes, both in visitation policy and patient rights policy

Barbry Deavers: We have instituted a Care Partner Program to allow 2 visitors per non-COVID patients. Only 1 is allowed at a time

Katie Odenweller: We went from 24/7 accessibility with multiples at a time- down to one a day during certain hours

Curtis White: One visitor, with several exceptions. 12 PM - 8 PM.

roseanna ryan: Limited to 1 visitor per patient between the hours of 2:30 pm and 6:00 pm. Patient identifies up to 4 people permitted to visit them but only one can go to the bedside per day.

Colleen Urquhart: working this week on exceptions for people are missing treatments because they do not have child care

Seidra Whitley: We have implemented no visitors with exception cases (1 visitor per patient)


Gary Jones: Mandate by the Governor and following CDC guidelines

Camilla Castaldo: we have not adjusted our visitation policy at all and I'm trying to get senior leadership to understand the value of visitors. We allow visitors in certain circumstances, OB, EOF

Doug Della Pietra: We used to have open visitation hours. Visitors could visit any time of day. Now, we have set visitation hours. All visitors must check in. Patients can have up to a total 4 hours of visitation by visitors per day.

roseanna ryan: and of course exceptions: peds, special needs, end of life, cognitive concerns...

James: 2 visitors for inpatient, 1 for other areas.

Rita Siedlaczek: 1 visitor per patient per day is the guideline, not policy therefore there are exceptions and are nurse managers are empowered to make those judgement calls

Carol Swanson: limit one visitor for duration of inpatient stay daily from 1 to 9 pm. This has been a challenge, though, to facilitate.

Michelle Seay: We have set visiting hours for ICU and medical surgical. Behavioral Health visitation is scheduled through the social worker.

Meredith Peters: 1 visitor per patient per day between the hours of 11A - 7P, no switching out of visitors.
Lou Montana Rhodes: Also how we support visitor with ADA identified needs

Todd C.: Allowed for the reduction of ingress/egress points throughout our facilities while still meeting Life Safety requirements

Jenine Seserko: 1 visitor per patient, no food or flower delivery and no clothes or large bags on small personal items ie glasses and dentures

Vickie Morgan: WE totally shut our visitation down in our long term care community. Physician practices only allowed accompanying family members if it was needed for access or communication reasons.

Grace Lemar: 2 visitors at a time, for End of Life patients only.

Terri Savino: Screening with 1 visitor at a time (10am - 8pm) - patient and visitor must have mask on. Allowing support person to stay overnight if requested.

roseanna ryan: does care partner have access to more hours of visitation than other visitors?

Barbry Deavers: Our care partners are allowed 24/7 and must be checked in by 8pm if they will be staying later or overnight

Doug Della Pietra: Question: are multiple care partners (spouse or sibling or child, etc.) permitted to be in the patient room at the same time? Or, one at a time?

Barbry Deavers: We allow only 1 at a time

Shanne Keeny: Re: 2 for the entire length of stay, does that also apply to pediatric patients?

Barbry Deavers: I believe so, yes. They had a recent change and I believe it was updated to the 24/7

Jake Poore: This list and Process will be great to assist in Service Recovery and Grievances

Tanya Lord: What is the thinking around hourly screenings of care partners

Anne Diefendorf: What is the rationale / science of "hourly monitoring"?

Sandra Holdsworth: My mother in law passed unexpectedly and I was only able to see her once. Her husband & sons were allowed access 24 hr but one at a time. They did 8 hr shifts but very difficult without having someone with them & they couldn’t leave room, except for washroom. It was heartbreaking. compared to when my father passed unexpectedly as well last year where my husband & I stayed in his room over night and he had lots of visitors, it was sad time, but he got time to accept his fate & we had time to say goodbye
What are your initial reactions or reflections on these suggestions from our PXPF patient leaders? What questions does it raise for you?

pam bell: Are you suggesting limiting hours

Terri E: reason for hourly care partner monitoring and who does this?

stephanie hillman: appreciate the clear guidance. a bit worried about the abilities of orgs to monitor

Rita Siedlaczek: What is the rationale for hourly temp monitoring?

Dolly Sullivan: Do you have the resources used for these guidelines?

Jake Poore: How are you doing hourly Temperature checks?

Lou Montana Rhodes: Technology available to track and trend visitation

Tanya Lord: This matches many of the specifics that we are hearing from patients and their families.

Jill: you mainly mentioned hospitals, however would this also flow to IPU for hospice or nursing homes?

Shanne Keeny: inadequate visitor management system

Tanya Lord: I am also interested in the thinking behind the hourly monitoring of care partners

Barbry Deavers: Many of these we are doing; however we are not doing the temp checks which I feel should be done

roseanna ryan: NY DOH has a maximum number of hours of visitation per patient as 4 hours. There are exceptions such as peds, I&D, support persons for cognitive impairments or dementia. How can this fit into these regulations?

Linda Biondini: I think it is difficult for caregivers to monitor visitors when they are already challenged with staffing, PPE, other issues. Taking hourly temps is a curious step; do they record it? report it?

Curtis White: Needs for a robust visitor management system/application

Gary Jones: Monitoring entrances to the hospital and on the units

Maia Hendrickson: We worked with Microsoft Teams to create a high quality, virtual visit option for connecting patients and family members. We’re just rolling it out to all of our hospitals, and so far hearing great feedback. The problem is the perception from caregivers that they do not have enough time to use the equipment.

Jake Poore: Do you give nursing and employees, patient relations TALKING POINTS why, what and how?

Lou Montana Rhodes: Deployed virtual connect Launched connector virtual visits led by our hospitality team
Rita Siedlaczek: how can you facilitate the hourly temp monitoring? Care teams are tapped

Jill: do we also look at checking staff hourly?

Linda Biondini: We don't want caregivers to feel like the a "patient plus one" to care for. We need to engage visitors as part of the care.

Jeanette Thomas: How do you communicate exceptions that were granted to families who were denied an exception?

Terri E: We monitor visitors entering and leaving. We do temp checks but not hourly. The conservation of PPE for our medical staff is an ongoing endeavor.

Linda Biondini: Being consistent with allowing visitors will be essential.

Donna Gallant: our nursing home that includes a dementia and hospice unit have instituted most of these actions but families are struggling with not being able to physically being with their loved ones

Carol Swanson: The consistency part is so key, but also one of the greatest challenges.

MartieCarnie: They aren’t visitor but rather care partners or companions

Vickie Morgan: It is very traumatic for some patients not to have family at the bedside. It really is depressing for them and affecting recovery.

Lou Montana Rhodes: Launched social media campaign For your safety --

Rita Siedlaczek: we do temp checks when visitors/families enter the building. hopefully they will answer the reasoning and facilitation of the hourly temp check.

Barbry Deavers: I agree Carol, consistency is key but very challenging here

Tanya Lord: Yes! We are hearing that too. Staff and Clinicians are missing visitors in many situations

Linda Biondini: Logistics: what about meals/rest for visitor? BRP

Maia Hendrickson: Agree with Nikki!! Trust is key, and permitting visitors builds trust.

Seidra Whitley: I would like to know current scripting being used as a best practice to help foster understanding of visitation changes

Ronda: its not just a compassion issue, but a communication one too. Patients can't always remember their plan of care or what the doctor has told them

Meredith Peters: How do you handle employees visiting family in the hospital? they are screened but seems like preferential treatment
What have you learned and/or what would you do differently in the future regarding visitation?

Ronda: we need a better way to communicate to family how to care for the patient after discharge, how to keep them up to speed on the status of their patient while they are with us

Dolly Sullivan: Need to be consistent with rules, need to have one department in charge

Linda Biondini: Everyone checks in through security and gets temp screening/symptom clearance.

Barbry Deavers: Consistency is KEY

Donna Brown: How difficult it is to manage the visitation itself

Michelle Seay: We need to remind the team to keep communication open to the caregivers

stephanie hillman: i liked the model of redeploying staff to help patients who were alone...prefer care partners, but better than being completely alone all the time

Robin Huffman: We need to be consistent. Some units are so tapped for resources that they are telling visitors to come "whenever they wish" and that has created a host of other problems.

Linda Biondini: DC instructions are currently at the curbside with family. That leaves little time for questions and such.

Curtis White: For the information desk team, we have taken steps to establish a closer relationship with the clinical units.

Barbry Deavers: Communication is also important with staff to ensure they are clear in what our visitation is currently

Gary Jones: I agree with consistency, too many mixed messages from us and the media. A real fear!

Jake Poore: Building a consistent CONDUIT of communication pipeline as policies change: website, pre-admission testing, admissions, facebook, employee huddles, etc.

Linda Biondini: post discharge follow up phone calls need to be done.

Donna Brown: since we only allow one visitor per patient at a time how long should that visitor be able to visit as other visitors are waiting to go up.

Mary Beth Mielke: Define Care partners and include on Inpatient Admissions. Currently we allow no visitors with Inpatients.

Catie Jones: Our organization has created a new service line of screening/entry points to vet all coming into the facilities. It has proved to be a GREAT solution to allowing family members in.
Frank Panzetta: I’ve learned 10 different people have 10 different answers as to what visitation should look like. Educating EVERYONE, staff, patients and families is critical.

Meredith Peters: embrace technology, facetime has been somewhat of a satisfier

Michele Blackburn: Consistency for all.

Vickie Morgan: I think one of our valuable lessons is making sure communication is timely and appropriate all of the time. The other thing is making sure we keep family/spokesperson for the patient updated with appropriate information as often as we can to allay apprehension.

Terri E: From a patient experience perspective, Pediatrics should allow both parents to be with their child. We only allow one parent and that is one of our biggest complaints. It is limited to one in our surgery, testing, med offices and hospital. I personally believe both parents should be allowed

Cathy Gould: As we welcome our visitors back into our facility we have to be very clear about the expectations & have them partner with us for safety.

Gary Jones: Communicate, Communicate, Communicate!!!

Seidra Whitley: We need innovative methods of communication management during this crisis

Vickie Morgan: I agree with both parents being allowed with ped patients.

Michele Blackburn: It would be very helpful if visitors could be monitored from the registration desk and not all allowed on the floors.

Anne Diefendorf: I think current visitation policies is impeding people accessing routine & elective care

Colleen Urquhart: people are missing appointments with lack of child care.

Mary Melquist: Although they are not having an active "procedure" consider the mental health needs of long term care geriatric patients-be creative to look at outdoor/masked visitation to increase contact

Doug Della Pietra: @Anne Diefendorf: can you say more about how current visitation policies are impeding people accessing routine and elective care? Very interested. Thanks.

Barbry Deavers: @ Gary Jones....COMMUNICATION IS KEY !!!

Anne Diefendorf: If you know that your family member can't be bedside with you and engaged in care, you may still postpone elective surgery / visits...we are hearing this from our patients / PFAs

Jason Wolf: Thank you all for being with us today!!!