Background and Significance

- AACN and SCCM recommend open visitation in adult ICUs\(^1\)\(^-\)\(^2\)
- Unrestricted, 24 hour access of patients to families, including children may increase family presence and family-centered care\(^2\)
- Open visitation is associated with increased family satisfaction\(^3\), decreased anxiety\(^4\), better communication\(^5\), improved understanding of patient needs\(^3\)\(^-\)\(^6\), for patient, decreased delirium\(^7\), cardiovascular complications\(^8\), depression and anxiety\(^3\), and ICU length of stay\(^9\)
- Why only 30% of adult ICUs with open visitation in US\(^10\)?

Specific Aims

- Describe current national visitation practices in adult ICUs
- Determine changes in visitation practices since the last national study
- Better understand the experience of implementing and sustaining open visitation in adult ICUs
- Make policy and implementation recommendations

Methods: Phase 1

- Sampling frame
  - 404 Magnet\(^1\)\(^-\)\(^2\), 133 Pathway to Excellence\(^1\)\(^-\)\(^2\)
- Facility describes Adult ICU as open visitation
  - Website review
  - Phone call to hospital operator or ICU staff
- Data were entered into an excel spreadsheet

Methods: Phase 2

- Direct contact to ICU
  - AACN defines open visitation as no restrictions on:
    - Hours
    - Duration
    - Number of visitors
    - Type of visitor
    - Age of visitor
  - Data imported into SPSS for data analysis

Methods: Phase 2 (cont.)

- Hospitals with true open visitation
  - Email invitation sent to Magnet and Pathway directors
  - Semi-structured interviews by phone March to August 2018
  - Audio recorded interviews
  - Interviews transcribed verbatim
Methods: Phase 3

• Transcripts were imported into ATLAS.ti
• Open coding to create initial framework & root words to organize codes
• Axial coding process to identify connecting themes
• Themes related to open visitation implementation, barriers & sustainment were identified within and between participant interviews
• Results compared for intercoder agreement to reduce researcher bias

Results: Phase 1

Type of Restriction in Adult ICUs without Open Visitation Policy (n=175)

<table>
<thead>
<tr>
<th>Restrictions</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visitor number (n=170)</td>
<td>116(68.2)</td>
</tr>
<tr>
<td>Visitor age (n=158)</td>
<td>94(59.5)</td>
</tr>
<tr>
<td>Visitor hours (shift change) (n=167)</td>
<td>33(19.8)</td>
</tr>
<tr>
<td>Visitor Type (Immediate family only) (n=158)</td>
<td>7(4.4)</td>
</tr>
</tbody>
</table>

51% (n=274) PRESENTED TO PUBLIC OPEN VISITATION
18.6% (n=99) TRULY OPEN WITHOUT VISITOR RESTRICTIONS

Results: Phase 2

Themes were categorized into 3 phases

Pre-implementation: Barriers, Strategies
Implementation: Barriers, Strategies
Sustainment: Barriers, Strategies
Results: Pre-implementation

Barriers
- Nursing attitudes
  - The biggest challenge was getting some of the folks who had been here for longer periods, so higher seniority, to get away from the practice of not having family present

Strategies
- Empathy
  - Personal
  - Patient
- EBP
- Model of care

Results: Implementation

Barriers
- Nursing attitudes
  - Sometimes they view family members as a hindrance versus being helpful or a partner in this person's journey

Strategies
- EBP
- Shared governance
  - It was driven by the staff... shared governance models to bring it through

Results: Sustainment

Barriers
- Clinically indicated
  - When the flu season is in practice... we restrict then
- Not clinically indicated
  - We have a visitor who is not behaving, or is being obstructive in the care of the patient

Strategies
- Nurse discretion
- Security
- Family spaces, communication, helping patient
  - We wanted a big space because we knew that it was important for our patients that their family members could be there, and that they felt welcomed...

Strengths
- Interprofessional research team
- National sample of hospitals that are recognized for nursing excellence and practice using best evidence
- Mixed-methods

Limitations
- Website data may not be up to date
- Visitor policy verification by RN that may be practicing different from policy
- Snapshot in time

Implications
- Practice
  - Evaluate current state of visitation policy in adult ICU
  - Address barriers to open visitation
  - Work towards culture that has less visitor restrictions
- Education
  - Disseminating strategies nationally to overcome barriers in the pre-implementation, implementation, and sustainment phases
Implications (cont.)

- **Policy**
  - Support nurses and other healthcare staff to maintain a safe, inclusive, family welcoming environment
  - Share findings and recommendations with AACN & SCCM

- **Research**
  - Testing effectiveness of implementation and sustainment strategies for open visitation
  - Phase 3 study

References