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Visitation Practices in Magnet® and Pathway to Excellence® Facilities with Adult Intensive Care Units

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Background and Significance

- AACN and SCCM recommend open visitation in adult ICUs¹⁻²
- Unrestricted, 24 hour access of patients to families, including children may increase family presence and family-centered care²
- Open visitation is associated with increased family satisfaction³, decreased anxiety⁴, better communication⁵, improved understanding of patient needs^{3,6}; for patient, decreased delirium⁷, cardiovascular complications⁸, depression and anxiety⁹, and ICU length of stay⁹
- Why only 30% of adult ICUs with open visitation in US¹⁰?

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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

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Methods: Phase 1

- Sampling frame
 - 404 Magnet®
 - 133 Pathway to Excellence®
- Facility describes Adult ICU as open visitation
 - Website review
 - Phone call to hospital operator or ICU staff
- Data were entered into an excel spreadsheet

 MAGNET
RECOGNIZED
AMERICAN NURSES
CERTIFICATION CENTER

 PATHWAY
DESIGNATED
AMERICAN NURSES
CERTIFICATION CENTER

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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

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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

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Methods: Phase 3

- Transcripts were imported into ATLAS.ti
- Open coding to create initial framework & root words to organize codes¹²
- Axial coding process to identify connecting themes¹²
- Themes related to open visitation implementation, barriers & sustainment were identified within and between participant interviews
- Results compared for intercoder agreement to reduce researcher bias¹³



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Results: Phase 1

51% (n=274) **PRESENTED TO PUBLIC OPEN VISITATION**

18.6% (n=99) **TRULY OPEN WITHOUT VISITOR RESTRICTIONS**



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Results: Phase 1

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

Restrictions	f(%)
Visitor number (n=170)	116(68.2)
Visitor age (n=158)	94(59.5)
Visitor hours (shift change) (n=167)	33(19.8)
Visitor Type (Immediate family only) (n=158)	7(4.4)



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Results: Phase 1

Magnet® and
Pathway to
Excellence®
Hospitals with Open
Visitation in Adult
ICU



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Results: Phase 1

Adult ICU Type	f(%)	Bed Number*
Multipurpose (e.g. medical/surgical)	71(77.2)	Range 2 to 227
Multipurpose + 1 specialty	13(14.1)	Median 26
Multipurpose + 2 or more specialty	5(5.4)	Mean 54
Specialty only	3(3.3)	SD 58

*Specialty care beds includes newborn



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Results: Phase 2

Themes were categorized into 3 phases



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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



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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*



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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...*



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Strengths

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



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Limitations

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



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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



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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



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