

**NEW YORKERS FOR PATIENT & FAMILY EMPOWERMENT
NEW YORK PUBLIC INTEREST RESEARCH GROUP (NYPIRG)**

NEWS RELEASE

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**NEW REPORT: NY HOSPITALS VARY WIDELY IN PATIENT VISITOR ACCESS
HOSPITAL VISITS CITED AS KEY TO PROMOTING PATIENT WELLNESS AND
PREVENTING MEDICAL ERRORS**

**ADVOCATES URGE HOSPITALS TO BE MORE PATIENT-FRIENDLY:
IMPROVE LOVED ONES' ACCESS TO PATIENTS**

Visiting policies for large hospitals in New York have wide disparities in patient access rules and disturbing flaws in communication that run afoul of new state and federal regulations on the right of patients to have visitors, according to a new report by New Yorkers for Patient and Family Empowerment and the New York Public Interest Research Group (NYPIRG).

The report, *Sick, Scared, and Separated from Loved Ones: A Report on NYS Hospital Visiting Policies and How Patient-Centered Approaches Can Promote Wellness and Safer Healthcare*, evaluates the visiting policies and hospital visiting policy website communications for 99 acute care hospitals in New York State that have 200 or more staffed beds. Each hospital surveyed received two scores: one score on the quantity and flexibility of its visiting hours and another score on the quality of its website communications about visiting.

“We thought we were just going to do an ordinary consumer-oriented comparison of visiting hours,” said Suzanne Mattei, Executive Director of New Yorkers for Patient and Family Empowerment, Inc., a new public interest health policy organization. “Instead we found such surprising differences in patients' visitation rights from one hospital to the next that we had to ask – how much of this can possibly be based on medical science?”

“Hospital visitors often do a lot more than just cheer up a patient,” said Russ Haven, Legislative Counsel for the New York Public Interest Research Group (NYPIRG). “Loved ones can provide important observations and even prevent medical mistakes. Someone who knows the patient well, for example, may have a better understanding of the medications the patient takes than the hospital staff. Often they listen and take notes for the patient while the doctor talks,” Haven said.

The Joint Commission (TJC), which accredits hospitals based on medical quality and safety, urges patients to have a trusted family member or friend with them at all times in the hospital to assist and advocate for them, according to Ms. Mattei. “But that trusted person can only be there if the hospital opens the door to this kind of support. Some hospitals are better than others at doing this,” Mattei said.

Four hospitals received a “perfect 10” for their visiting hours and flexibility:

Glen Cove Hospital
Northern Westchester Hospital (Mount Kisco)
Saint Joseph's Hospital Health Center (Syracuse)
Saint Peter's Hospital (Albany)

More-More-More

Another four hospitals received a zero score, indicating that the hospital offers fewer than eight hours of daily visiting time and fails to provide notice on its visiting hours webpage about any opportunity for flexibility:

North Central Bronx Hospital
Saint Catherine of Siena Hospital (Smithtown)
Saint Charles Hospital (Port Jefferson)
Winthrop-University Hospital (Mineola)

The report found that a surprising 22% of the policies don't provide any visiting hours in the morning and do not indicate any flexibility for visiting by a patient's primary support person. The report notes that this is a particular concern in light of the fact that important medical care occurs in the morning.

Ms. Mattei explained that while some hospitals may claim that they exercise discretion in how they implement restrictive rules, "Too much discretion can open the door to unfairness. Hospital personnel might grant more or less flexibility based on staff fatigue or a personal reaction to the patient or the patient's loved one. It is impossible to supervise and ensure the fair exercise of discretion on a daily basis."

The review of websites uncovered a disturbing inconsistency with state and federal rules on visitation, the groups reported. After a highly publicized incident in Florida in which a dying hospital patient's domestic partner was denied visitation, the federal government developed a new rule under its Medicare and Medicaid authority requiring hospitals to respect the patient's choice when visiting is limited. The New York State Department of Health has a similar regulation.

"The patient gets to decide who can visit, not the hospital," Ms. Mattei explained. "It could be a family member, or a domestic partner, close friend or spiritual advisor. The old 'immediate family only' rule is no longer valid. Yet it is still stated in 23 percent of the policies we reviewed. We don't know how those policies are actually carried out, but the language could have an improper influence on people."

On a 10-point scale assessing the availability and quality of the communication of information for visitors, no hospital received a "perfect 10" and seven received a score of zero, indicating that they did not post visiting hours on their website. Also, the groups reported, a third of the hospitals' websites contained inaccurate hours or failed to disclose a restriction on child visitors, based on a review of hard copy policies and the results of follow-up telephone calls.

"Some hospitals are doing a lot better than others in developing patient-centered visiting policies and communicating them to the public," said Mr. Haven. "The hospitals in New York State can look to each other to learn how to do it."

The report provides 10 recommendations for hospitals to improve their visiting policies and communications.

Attachment:

Statements from healthcare professionals and policy experts

Available on request/embargoed:

Report

Table of scores (in Excel file) on visiting hours/flexibility and quality of webpage on visiting policy

List of hospital statements that are consistent – or – inconsistent with New York and federal visiting regulations

Table of visiting hours of hospitals (in Excel file)

Score sheet form for visiting hours and notifications of flexibility

Score sheet form for quality of webpage communication of visiting policy

STATEMENTS ABOUT THIS REPORT:

Bruce Boissonnault, President and CEO, Niagara Health Quality Coalition stated: "This is a groundbreaking report about an important aspect of hospital quality that is too often overlooked – by hospital leaders and by patients. Visitation rights are an important quality of care measure that patients should consider before selecting a hospital. The scientific literature is clear. Having loved ones with patients improves transitions of care, helps patient scope better, and can make the delivery of care safer."

Janice K. Langbehn, MPA, MSW, ACSW and 2010 U.S. Presidential Citizen Medal Recipient for her advocacy for non-discriminatory, patient-centered hospital visiting policies, stated: "I appreciate the opportunity to review this study and recommendations. Several critical elements for patient care are highlighted in this report, including the importance of family and support system visitation with the patient. I would agree wholeheartedly from my personal and professional experience with the recommendation to consider allowing for 24-hour visitation. Hospitals or more specifically personnel would like to think that restricting visitation is in the best interest in the patient. However, as your review of literature shows, this assumption is flawed and patients actually improve with loved ones around them.

"I know from personal experience that it is important that loved ones be allowed by the patient's side even if death is inevitable, assuming there is no medical procedure preventing the contact. In 2007, my partner of 18 years had a fatal brain aneurysm, then slipped into a coma for over eight hours, and hospital staff barred our children and me from Lisa's side. This tragedy was compounded because as a family we could not spend those final moments together, saying our goodbyes and allowing for our children and me to begin grieving. I applaud the team who carefully analyzed hospitals throughout New York State. My hope is that the findings will open the eyes of the hospitals that are more restrictive in their visitation policy, whether by time, or age or relationship."

Renee Gecsed, MS, RN, Director of Education, Practice & Research for the New York State Nurses Association stated: "The New York State Nurses Association supports patient-centered hospital visiting policies that welcome and engage the patient's loved ones in the healthcare process. The patient's support system is important for continuity of care after hospitalization. It's good for the people who are close to the patient to understand the situation – what the patient needs. It's good to engage them early on in the care and support of the patient. They are the ones who can help make sure that the patient gets follow-up care."

Maria Alvarez, Executive Director of the New York StateWide Senior Action Council, stated: "Senior patients benefit from contact with loved ones and friends to help keep up their spirits and counteract the disorienting effects of hospitalization. Children bring special joy and every effort should be made to accommodate their visits. The New York Statewide Senior Action Council strongly supports efforts to make hospital visiting policies more patient-centered."

Ilene Corina, Executive Director of PULSE of New York, stated: "I believe in most cases hospitals want to do the right thing, but visitation policy and the dissemination of that information has just taken a back seat to other hospital priorities. It is an important piece of information for patients and their visitors to know when choosing a hospital how they will have their emotional needs met. The information in this report is right-on. The leaders in patient safety have been sharing this information for years, but now it's in a single comprehensive report so hospital leadership can see where they fall short in patient centered care and start making improvements now!"

Mary Dewar, retired Nurse educator (Adelphi University) and President, Long Is. Coalition for a National Health Program stated: "Since health care is meant to meet people's health needs, we look at insurance to cover cost, access to give entrance to the health care system and quality to give the best possible care. Quality not only means the best diagnostic, treatment and medicinal care but also social care, which includes those things that will enhance the recovery of a patient, such as having familiar loved ones or friends available to support and help in every way, even just by being there. It will allay fears in a strange environment, lower stress and blood pressure and increase hope and desire to get well and live life to the fullest. That is why opening up of patient visitation hours and people, under patient control, will help improve quality of care."