Using an Evidence-Based Practice Process to Change Child Visitation Guidelines

Jane Falk, MS, BSN, RN, OCN®, Sirilak Wongsa, BSN, RN, OCN®, Jade Dang, BSN, RN, OCN®, Lisa Comer, ADN, RN, OCN®, and Geri LoBiondo-Wood, PhD, RN, FAAN

The multidimensional scope of nursing practice requires a nurse to provide not only physical and psychosocial interventions for patients, but also to support the family, particularly as the end of life approaches. One of the highest priorities for patients at the end of life is being able to spend time with the family members who are most important to them. In the case of a parent with young children, such visits can provide a sense of joy and peace that is important to the overall well-being of all.

Jane Falk, MS, BSN, RN, OCN®, is the associate director of clinical nursing and Sirilak Wongsa, BSN, RN, OCN®, Jade Dang, BSN, RN, OCN®, and Lisa Comer, ADN, RN, OCN®, are clinical nurses, all in the Division of Nursing on the Lymphoma/Myeloma Unit; and Geri LoBiondo-Wood, PhD, RN, FAAN, is an associate professor and director of Nursing Research and Evidence-Based Practice in Nursing, all at the University of Texas MD Anderson Cancer Center in Houston. The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. No financial relationships relevant to the content of this article have been disclosed by the authors or editorial staff. Falk can be reached at jfalk@mdanderson.org, with copy to editor at CJONEditor@ons.org.

Digital Object Identifier: 10.1188/12.CJON.21-23

Unfortunately for patients with cancer, many hospitals have areas that restrict access to children. In the inpatient lymphoma/myeloma unit at the University of Texas MD Anderson Cancer Center in Houston, nurses adhered to visiting guidelines restricting children because of the immunocompromised status of the patient population. Children younger than 12 years were not allowed to visit patients in the unit or other areas of the hospital. However, a patient and her family made such an impression on the nurses that they prompted the staff to find the evidence supporting that policy.

Case Study

Mrs. A was a 33-year-old patient with aggressive large B-cell lymphoma, which was rapidly progressing despite multiple treatments with different chemotherapy regimens. She and her family were determined to fight the cancer until the end. Mrs. A had been admitted to the inpatient unit multiple times to receive her treatments and for management of numerous complications. During one admission, Mrs. A became gravely ill, which made seeing her two young children difficult for her. She had to be placed in a wheelchair and taken to a public area where visitation was allowed. At numerous times during the hospitalization, she was too ill to be moved.

Mrs. A’s husband asked the staff why age 12 was the “magic number” and whether children become germ-free at age 13. He also asked why the children would be such a threat if they had been vaccinated against communicable diseases. In addition, he wanted to know why their children had been allowed unlimited visits when Mrs. A was admitted to the pediatric unit (an overflow unit when the lymphoma unit is full). The nurses in the lymphoma/myeloma unit recognized that the husband’s questions were valid and that they did not have good answers for him. Mrs. A died while in the pediatric unit and, therefore, was able to visit with her children until her death. The nurses promised Mrs. A’s husband that they would look into the issue of child visitation for the benefit of future patients and their families.

Methods

The unit nurses conducted a preliminary search of the literature to find studies that explained the higher risk of acquiring infections from children compared to adults in the immunocompromised population of patients with cancer. Surprisingly, the search did not reveal any study that was conducted on this subject. Further inquiries were made to the experts in the department of infectious diseases at MD Anderson Cancer Center, who were not able to provide any evidence to support that assumption. Physicians from different areas of the institution also were interviewed to solicit their opinion about the issue. The unit nurses learned that most practitioners were not opposed to allowing children visitation rights if the same guidelines that the institution uses to screen adult visitors were used to screen children.

The issue was presented to the nursing governance body to start the process of revising the institutional policy. The representatives of the nursing governance body recognized that the child visitation policy was important and voted to consider the issue. That led to the formation of a multidisciplinary professional action coordinating team (PACT). The child visitation policy PACT included staff from nursing (inpatient and outpatient), patient advocacy, risk management, and infection control departments, as well as physicians from different specialties. The members met weekly to discuss, develop, and implement changes in the
Child visitation becomes an ethical concern when critically ill parents request visitation from their young children. Nurses working in areas where children are restricted from visiting often have to face the ethical decision of whether to abide by the policy or hold firm to their morals and values.

Evidence-Based Process

The PACT conducted an extensive review of the literature using the search terms hospital visitation policy, childhood communicable disease, visitation recommendation for neutropenic patients, and visitor restriction for stem cell transplant patients in the core databases CINAHL®, PubMed®, MEDLINE®, Cochrane Database of Systematic Reviews, and UpToDate®. The searches were dated from 1990 to 2008. Although the search was exhaustive, the team found no evidence to support the child visitation restriction. The PACT then focused its search on recommendations instead of restrictions.

The PACT found that the major guidelines for the prevention of infection in neutropenic patients, the main population of concern, contained no specifications or restrictions relative to the age of visitors. For example, the guideline for Preventing Opportunistic Infections After Hematopoietic Stem Cell Transplantation, published by the American Society of Hematology, issued no restrictions on the age of visitors (Sullivan et al., 2001). Similarly, Dykewicz’s (2001) recommendations for transplantation center visitors, published by the Centers for Disease Control and Prevention, did not specify restrictions in regard to the age of the visitor.

In Treatment Guidelines for Patients With Cancer: Fever and Neutropenia, the American Cancer Society (2006) stated that to reduce the risk of infection, patients should “avoid large crowds of people and anyone with a fever, flu, or other infection” (p. 18); however, the guidelines did not address the issue of children in general. The American Society of Hematology’s recommendation for the prevention of community-acquired respiratory viruses in patients with hematologic malignancies did not mention visitation restrictions for children (Wingard, Nichols, & McDonald, 2004). In fact, all recommendations in the located guidelines regarding visitors were irrespective of age. The major recommendations were to screen all visitors for communicable illness and vaccinations and to require all visitors to wash their hands prior to contact with the patient (American Cancer Society, 2006).

From a different perspective, a study by Nicholson et al. (1995) suggested that allowing children to visit may help them cope with the critical illness of an adult family member. In addition, one study showed that lifting visitation restrictions improves patient satisfaction. According to Roland, Russell, Richards, and Sullivan (2001),

Changing to a more liberalized visitation policy improved family and patient perceptions of the quality of care. Overall, complaints decreased dramatically. The number of written complaints dropped from 16 the previous year to one during the year in which the study was done (p. 23).

To obtain a more comprehensive view of hospital policy regarding child visitation, the PACT conducted a survey of institutions near Houston, TX, and from outside the state. Of the 17 large hospitals surveyed, 12 allowed children, 4 did not, and 1 discouraged child visitation. In smaller settings such as outpatient centers, nine allowed children, six did not and would not change, and two did not but would consider changing depending on the findings and recommendations of the PACT.

Results

The child visitation policy PACT presented its findings to the nursing governance body. The governance representatives then voted to amend the policy to allow child visitation. Supported by literature and data, the institutional visitation policy committee determined that the child visitation policy and guidelines would be amended to allow child visitation as part of the overall institutional policy on visitation.

Under the new guidelines, children are now allowed to visit patients after being screened for immunization status, general health, and recent exposure to communicable diseases. Visitors entering MD Anderson Cancer Center with children now are directed to the nearest information desk for screening. A welcome center staff member has been assigned to assist visitors in completing the screening document. When no staff member is at the welcome center, visitors are screened by the security department after entering the institution. Children who are cleared for visitation are required to wear a bright yellow visitor’s passport, and all children must be accompanied by an adult at all times. A further stipulation was that any area could amend the general guidelines to meet their individual needs.

Discussion

In an effort to protect patients at MD Anderson Cancer Center, children had been restricted injudiciously from visiting various areas of the institution. The child visitation policy was based on the assumption that children can easily acquire diseases and transmit them to immunocompromised patients, a great concern in the patient population. However, child visitation becomes an ethical concern when critically ill parents request visitation from their young children. Nurses working in areas where children...
are restricted from visiting often have to face the ethical decision of whether to abide by the policy or hold firm to their morals and values. With the restriction lifted, nurses at MD Anderson Cancer Center have experienced a significant reduction in stress related to this dilemma. Patients' satisfaction also has increased with regard to child visitation.

Conclusions

After reviewing the literature, presenting the findings to the nursing governance body, and revising the child visitation policy, the nurses at MD Anderson Cancer Center realized changing practice is possible based on evidence. Nurses should be encouraged to examine current child visitation policies in their own institutions to determine the need for the revision, elimination, or creation of new policies. Furthermore, additional research is needed on child visitation and related issues to generate updated evidence to support policies and practices.

References


