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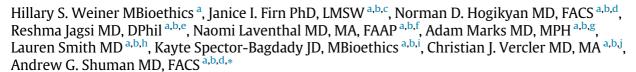
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Brief Report

Hospital Visitation Policies During the SARS-CoV-2 Pandemic

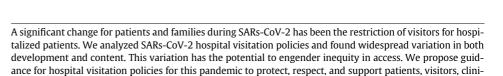
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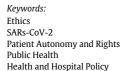


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INTRODUCTION

During the SARS-CoV-2 pandemic, policies and patient care rapidly transformed as U.S. hospitals endeavored to treat patients, protect public health, and steward resources. One major change was visitor restriction within clinical environments. The impact, content, underlying ethical principles, stakeholder involvement, and accessibility and transparency of SARS-CoV-2 visitor policies remains underexplored.

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Comparison of SARS-CoV-2 visitor policies could reduce inconsistencies in policy application and promote more equitable care. Here, we analyze, compare, and describe visitor policy content with the goal of providing guidance for future visitation policies.

METHODS

We conducted a content analysis of thirteen SARS-CoV-2 visitor policies within Michigan. Policies were obtained between April 15-19, 2020. This study was exempt from review by the University of Michigan IRBMED.

Sample

Hospitals in Michigan (n=13) were purposively identified through the Michigan Health and Hospital Association and Michigan Clinical Ethics Resource Network (MiCERN, a statewide ethics consortium). Hospital diversity was sought based upon number of beds, type, geographic location, and profit status, and selected based on proximity to pandemic hot spots and to represent major healthcare systems in Michigan. Hospital characteristics were gathered from publicly available websites.



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Table 1Characteristics of Public Visitor Policies from a Michigan Statewide Sample (n=13)

Identifier	Hospital Characteristics (funding, network, bed size)		y Framework Ethica Principles Informing Policy	l Stakeholders Involved in Policy Creation	Decision Maker Granting Exceptions	Definitions of Policy Terms	Exceptions for SARS-CoV-2 Positive Patients	Exceptions for Labor & Delivery	Exceptions for End of Life	Exceptions for Pediatric Patients	Exceptions for Other Vulnerable Populations	Exceptions for Out-patient Procedures and Visits	Process for
A	Voluntary nonprofit, In state health system, Bed-size > 500	i- Online, Explicit, Publicly Accessible	Protection of the Public from Harm, Individu Liberty		Clinical Leadershij or administrato No Contact Information		Visitors permit ted in end-o life situation with approval	f and Significant s other/support person	No Stated Exceptions	Children who are 21 years of age or under: two parents	Patients with cogni tive, physical, or mental disabil- ities may have one visitor; Peo- ple who must exercise power of attorney or court-appointed guardianship for a patient	going sur- gery or an outpatient test or proce- dure may have one support person	
В	Voluntary nonprofit, Church, Community, Critical access, bed- size < 100		Protection of the Public from Harm, Individu Liberty	Unknown	Hospital Adminis- tration, No Con- tact Information	Definitions	No Stated Exceptions	No Labor and Deliv ery department		Children who are 21 years of age of under: one par- ent or guardian	Patients with cognic tive or mental disabilities may have one visitor. Patients without decision-making capacity may have one visitor	Exception ;	None Stated
c	Proprietary, corpora- tion, Teaching, Com- munity hospital, in- state health system, bed-size 100-500	Online, Explicit, Publicly Accessible	Protection of the Public from Harm, Individu Liberty, Stewardship	Unknown	Unknown	No Stated Definitions	No Stated Exceptions	No Stated Exceptions	Non-specific/ Unclear Exception	No Stated Exception	Non-Specific/ Unclear Exception	No Stated Exception	None Stated
Hospital Identifier		Accessibility I	Ethical In						Exceptions for End of Life			Exceptions for Out-patient	Explicit Publi Process for
	network, bed- size)	I	Principles Po Informing Policy	•	anting ceptions		ositive atients	Delivery		Patients	Vulnerable F	Procedures and Visits	Dispute Resolution (Public Facin
)	network, bed- size)	I I	informing Policy	Ex	known No Si	Pa	atients		Limited number of visitors; Family mem- bers under the age of 16 with permis- sion of the healthcare	Patients	Vulnerable F Populations a	Procedures and Visits Patients under- going sur- gery or an outpatient test or proce- dure may have one support	Resolution
	voluntary Non- profit, Teach- ing hospital, Community hospital, in- state health system, bed- size 100-500	Dolline, Explicit, Fublicity Accessible	nforming Policy Protection of the Public from Harm, Individual Liberty	Ex	known No Si De	Parated Ca Infinitions	ase-by-case decisions by the health- care team	One significant I other/sup- port person	cimited number of visitors; Family mem- bers under the age of 16 with permis- sion of the	Patients Children who are 21 years of age or under: one parent or guardian	People who must exercise power of attorney or courtappointed guardianship for a patient	Patients undergoing surgery or an outpatient test or procedure may have one support person patients undergoing surgery or an outpatient test or procedure may have one support person patients undergoing surgery or an outpatient test or procedure may have one support	Resolution (Public Facil
D E	voluntary Non- profit, Teach- ing hospital, Community hospital, in- state health system, bed- size 100-500 Voluntary Non- profit, other, Community, bed-size 100-500	Online, Explicit, Publicly Accessible Online, Explicit, Fublicly Accessible	Protection of the Public from Harm, Individual Liberty Protection of the Public from Harm, Individual Liberty	Exitknown Un	known No Si be known No Si be	Parated Carefinitions ated Note that the second se	ase-by-case decisions by the health-care team o Stated Exceptions	One significant other/sup- port person One significant other/sup- port person	cimited number of visitors; Family members under the age of 16 with permission of the healthcare team	Children who are 21 years of age or under: one parent or guardian Children under the age of 18: one parent or guardian	People who must exercise power of attorney or court-appointed guardianship for a patient No Stated Exceptions	Procedures and Visits Patients undergery or an outpatient test or procedure may have one support person Patients undergery or an outpatient test or procedure may have one	Resolution (Public Facia None Stated

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	Q

Hospital Identifier	Hospital Characteristics (funding, network, bed- size)	Policy Accessibility	Framework Ethical Principles Informing Policy	Stakeholders Involved in Policy Creation	Decision Maker Granting Exceptions	Definitions of Policy Terms	Exceptions for SARS-CoV-2 Positive Patients	Exceptions for Labor & Delivery	Exceptions for End of Life	Exceptions for Pediatric Patients	Exceptions for Other Vulnerable Populations	Exceptions for Out-patient Procedures and Visits	Explicit Public Process for Dispute Resolution (Public Facing)
	Community, Critical access hospi- tal, in-state health sys- tem, bed-size < 100	Online, Explicit, Publicly Accessible	Protection of the Public from Harm, Individual Liberty			No Stated Definitions	No Visitors with No Exceptions	No Labor and Delivery Department	Limited number of visitors	One adult parent and one support person	Patients with disruptive behavior may have one visitor; Patients requiring a trained home caregiver may have one visitor	Patients undergoing surgery or an outpatient test or procedure may have one support person	
Hospital Identifier	Hospital Characteristics (funding, network, bed- size)	Policy Accessibility	Framework Ethical Principles Informing Policy	Stakeholders E Involved in M Policy Creation G	Decision Maker Granting Exceptions	Definitions of Policy Terms S	Exceptions for B SARS-CoV-2 I Positive I Patients	Exceptions for Labor & Delivery	Exceptions for B End of Life I	Exceptions for E Pediatric C Patients V	Exceptions for E Other Oulnerable P Populations V	Exceptions for Out-patient Procedures and Visits	Explicit Public Process for Dispute Resolution (Public Facing)
Ŧ	Community, Critical access hospital, bed-size	Online, Explicit, Publicly Accessible	Protection of the Public from Harm, Individual	Unknown	Unknown	No Stated Definitions	No Stated Exceptions	No Labor and Delivery Department	No Stated Exceptions	No In-Patient Pediatrics	No Stated N Exceptions	No Stated Exception	None Stated
_	Voluntary non- profit, Com- munity, Criti- cal access hospital, bed-size <	Online, Explicit, Publicly Accessible	Protection of the Public from Harm, Individual Liberty	Unknown	Unknown	No Stated 1 Definitions	No Stated C Exceptions	One significant other/support person	One visitor F	Pediatric Patient 21 years of age or under: One adult primary	No Stated P. Exceptions	Patients undergo- ing surgery may have one sup- port person	None Stated
_	Proprietary, Corporation, bed-size < 100	Not found online, Phone call, Verbal	Protection of the Public from Harm, Individual	Unknown	Unknown	No Stated Definitions	No Stated Exceptions	No Labor and delivery Department	No Stated Exceptions	S	No Stated Exceptions	No Stated Exceptions	None Stated
Ā	Government, Teaching, Community, bed-size > 500	Online, Explicit, Publicly Accessible	Protection of the Public from Harm, Individual Liberty	Unknown	Unknown	No Stated Definitions	No Stated C Exceptions	One significant other/support person	Up to two visitors	One adult pri-Paray	Patients with P developmental delays	Patients undergo- ing surgery may have one sup- port person Outpatient clin- ies: One visitor may accompany each patient to an appointment	None Stated
Hospital Identifier	Hospital Characteristics (funding, network, bed-size)	Policy Accessibility rk,	Framework Ethical Principles Informing Policy	Stakeholders Involved in Policy Greation	Decision Maker Granting Exceptions	Definitions of Policy Terms	Exceptions for SARS-CoV-2 Positive Patients	Exceptions for Labor & Delivery	Exceptions for End of Life	Exceptions for Pediatric Patients	Exceptions for Other Vulnerable Populations	Exceptions for Out-patient Procedures and Visits	Explicit Public Process for Dispute Resolution (Public Facing)
1	Voluntary Non- profit, Church, Teaching,	Online, Explicit, Publicly Accessible	t, Protection of the Public from Harm,	Unknown	Hospital Lead- ership, No	No Stated Definitions	No Stated Exceptions	No Stated Exceptions	Non-specific/ Unclear Exception	Patients 21 or under: one adult	Visitors are per- mitted if they are	No Stated Exception	None Stated

Hospital Identifier	Hospital Characteristics (funding, network, bed-size)	Policy Accessibility	Framework Ethical Principles Informing Policy	Stakeholders Involved in Policy Creation	Decision Maker Granting Exceptions	Definitions of Policy Terms	Exceptions for SARS-CoV-2 Positive Patients	Exceptions for Labor & Delivery	Exceptions for End of Life	Exceptions for Pediatric Patients	Exceptions for Other Vulnerable Populations	Exceptions for Out-patient Procedures and Visits	Explicit Public Process for Dispute Resolution (Public Facing)
	Community, Instate health system, bed-size 100-500		Individual Liberty		Contact Information					primary caregiver	necessary to activities of daily living Visitor with power of attorney or court-		
Σ	Voluntary non- profit, Teaching, Community, in- state health sys- tem, bed-size >	Online, Explicit, Publicly Accessible	Protection of the Public from Harm, Individual Liberty,	Unknown	Unknown	No Stated Definitions	No Stated Exceptions	One significant other/sup- port person	Non-specific/ Unclear Exception	One approved visitor	No Stated Exceptions	Patients undergoing surgery may have one support	None Stated

Data Collection

First, we searched hospital websites for relevant policies. For policies not readily accessible, we contacted hospitals via phone. For institutions without explicit, written policies, we inquired about policy creation and visitation exceptions.

Data Analysis

We used conceptual content analysis⁶ to assess public-facing visitor policy content. For confidentiality, each policy was assigned an identifier (letters A-M). The initial codebook was generated from professional recommendations (CDC guidelines, state executive order), relevant ethical principles, stakeholders, policy development, dispute processes, screening procedures, and exception type.⁶

Visitor policies were single-coded into content categories (HSW), with discrepancies reconciled by JIF and AGS, who engaged in critical reflection, systematically attending to the context of knowledge construction to limit bias. We used the Standards for Reporting Qualitative Research (SRQR) to present the study design, analysis, and results. 8

RESULTS

All thirteen hospitals had SARS-CoV-2 visitor restriction policies (Table 1); described below.

Policy Overview

All policies incorporated some ethical rationale regarding protecting both public health and individual liberty, A-M one specifically considered stewardship of protective equipment. Two referenced CDC guidelines, A,G and four referenced state executive orders. Three specified decision-makers, including hospital staff or leadership, involved in granting case-by-case exceptions.

No policies provided specific points-of-contact for exception requests or reported stakeholder involvement. All policies utilized specific language without providing definitions; none described processes for iterative policy revision.

Inpatient Exceptions

Policies varied in visitor exceptions for laboring patients. Four had no labor and delivery units. ^{B,C,H,J} One permitted both a doula and additional support person, ^A six allowed one support person. ^{D,E,F,I,K,M.} Two did not grant exceptions for laboring patients. ^{C,L}

In end-of-life or critical care situations, policies differed: four had case-by-case visitor exceptions but did not provide numeric requirements, CJ.L.M three allowed a limited but unqualified number of visitors, One allowed a single visitor, and five had no end-of-life exceptions. A.B.E.F.H For patients SARS-CoV-2 positive or under investigation, one policy permitted an unspecified number of visitors for end-of-life. No policy defined "end-of-life" and/or if this was at clinician discretion.

For pediatric inpatients, three policies permitted two parents/guardians to be present, A,F,G seven allowed one parent/guardian, B,D,E,I, K,L,M and two did not state exceptions. CJ (one provided no pediatric inpatient care). H

For adult inpatients: five policies had guidelines for vulnerable adults, A,B,G,K,L four permitted visitors acting as power of attorney, A,B,D,L one permitted visitors necessary for patient care, and six had no stated exceptions. Policies did not define "vulnerable adult."

DISCUSSION

In a purposive sample of SARS-CoV-2-related hospital visitation policies, we identified differences in approach and content. Most policies lacked elements, including stated ethical rationales for their stipulations and stakeholder participation, and failed to define terminology or exception request processes.

Numerous local and institutional factors might justifiably motivate institution-specific policy content and enforcement variation. These differences could engender inequity in visitation access and fair appeals processes; further disadvantaging specific populations.

The policies did not specify stakeholder involvement and we could not assess whether and how stakeholders' perspectives informed policies. While assembling institutional and community stakeholders to inform policies is time-consuming and labor-intensive, moving forward it is critical to ensure these voices are heard.

The absence of transparent exception processes could also contribute to disparities, as patients and families enabled to advocate for themselves in such settings differ in kind from those who are not. A centralized exception request process is preferable to unit-based processes, to support equitable application across multiple hospital units or clinics. Accessibility of the exception process supports frontline staff and/or family members struggling to understand visitor restrictions, and facilitates resolution with appropriate triage of exception requests.⁵

A major challenge of these policies involves the need for explicit, easily interpreted rules, sensitive to the complexity of familial dynamics and contemporary care delivery across a variety of settings within a given institution. Specification for which visitors are permitted, such as parents or immediate family, could overgeneralize familial structure, excluding individuals important to the patient arbitrarily and unnecessarily; inadvertently creating disparities and inequality for a multi-cultural society with complex family dynamics. Specification for which visitors are permitted, such as parents or immediate family, could overgeneralize family and unnecessarily; inadvertently creating disparities and inequality for a multi-cultural society with complex family dynamics.

While this analysis benefits from a purposive sample representative of Michigan's inpatient hospitals, we recognize limitations including a modest sample size from a single state, and that a snapshot in time of policies does not reflect their likely evolution at each institution. Assessment of effectiveness or response from patients' or clinicians' perspectives and analyses of implementation experiences are critical next steps.

CONCLUSION

Individual hospital visitor policies during the spring of SARs-CoV-2 pandemic varied widely. Given the importance of public health and

hospital measures to prevent viral transmission, preserve PPE, and maintain a healthy medical workforce, we argue that hospitals should develop:

- visitor restrictions informed by the best epidemiological data possible, consideration of available resources, and stakeholder input;
- policy definitions delineating who may visit in which exceptional circumstances;
- 3. transparent, public exception request processes; and
- 4. plans for clear and consistent communication.

Further exploration of hospital visitation practices in a public health crisis are essential to support future policies that protect and support patients and communities.

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