



DEPARTMENT OF THE ARMY
WOMACK ARMY MEDICAL CENTER
2817 REILLY ROAD
FORT BRAGG, NORTH CAROLINA 28310

MCXC-CO

26 AUGUST 2021

MEMORANDUM FOR INPATIENT SERVICES

SUBJECT: INPATIENT REQUEST FOR VISITATION – EXCEPTION TO POLICY

1. Authorizing Directive. The Deputy Commanding Officer, Womack Army Medical Center is the process owner and the approving authority for all patient visitation exceptions to policy.

2. Purpose. The intent of this memorandum is to provide guidance for inpatient visitation during the visitor restrictions of the COVID-19 pandemic.

3. Visitor Guidelines. Womack Army Medical Center is restricting all visitor access to the medical center. These measures simply serve as a precaution to slow the spread of the COVID-19 virus and protect all patients and staff.

a. Children may be accompanied by one parent or caregiver.

b. The medical center is allowing women in labor to have one support person with them. The support person privileges cannot be transferred from person-to-person.

c. In extenuating circumstances, such as imminent end-of-life and/or a specific patient needs extra support, temporary limited visitation on inpatient wards may be granted to include, but not limited to; external spiritual support personnel and surrogate decision-makers acting as agents for consenting to treatment (e.g., signing consent forms) for a patient lacking capacity to do for themselves may be granted access for those purposes. For example, court-appointed guardians and healthcare agents with a power of attorney may be permitted to fulfill their responsibilities for the patient.

d. Public safety and Military leadership representatives will be limited to the minimum numbers of individuals to safely perform their duties.

e. We encourage visitors to remain closely connected to their loved ones through virtual means and/or phone.

4. Exception to Policy for limited visitation (no more than two hours) on inpatient wards is granted on a case-by-case basis through the following approval process:

a. Family/Caregiver requests “visitation by exception” to nursing staff.

SUBJECT: INPATIENT REQUEST FOR VISITATION – EXCEPTION TO POLICY

b. No visitors will be allowed on the inpatient wards if they are sick or have a fever in the past 24 hours.

c. Request for visitation by exception submitted to charge nurse of patient ward (Appendix A).

d. Charge nurse ensures the top half of the “request for visitation” form is completed.

e. Charge nurse consults the medical team for a multi-disciplinary review of the patient status and collaboration for consensus for ETP visitation.

f. Charge nurse contacts the visitor, to conduct a telephonic health screening for each visit.

g. If visitor passes the screening, the charge nurse submits request for visitation form to the Nursing Supervisor.

h. Nursing Supervisor authorizes visitation request and contacts the visitor to advise them of process to enter the facility including PPE requirements.

i. Visitor will be met at the (pre-determined entrance) and escorted by nursing supervisor to area where appropriate PPE will be distributed.

5. PPE and Documentation Requirements for Visitors.

a. The following PPE will be provided with instructions on donning and doffing to all visitors by the nursing staff: Surgical mask, Goggles (or disposable surgical mask with face shield), gown, and gloves.

b. Nursing Documentation within Nursing Note or IC Note: “Patient’s visitor provided education regarding risks for transmission for COVID19, how to put on and take off personal protective equipment, and how to perform hand hygiene. Patient’s visitors instructed to limit movement throughout facility after visitation. Patient’s visitor acknowledged and verbalized understanding.”

c. Please make sure the visitor education and documentation is completed in the patient chart.

d. Document the visitation on the attached Visitor Entry and Monitoring Log (Appendix B).

e. Submit Visitor Entry and Monitoring Log to Infection Control Office upon patient discharge.

6. Appeal Process for Visitors: If visitation is denied and an appeal is requested, the nursing supervisor will instruct the patient/visitor on the following process.

SUBJECT: INPATIENT REQUEST FOR VISITATION – EXCEPTION TO POLICY

a. The request for exception to policy for visitation will be sent to the Executive Officer On Call (EOOC) for review.

b. The EOOC will consult with the medical team and review the health screening of the visitor.

c. The EOOC will make a final decision to allow for visitation.

d. If visitation approved by the EOOC, will notify the nursing supervisor.

7. Access to Ft. Bragg Installation.

a. If the approved visitor has valid military issued identification card (ID) then access to the installation will be granted without restriction.

b. If the approved visitor does not have a valid military issued ID card, they must access the installation through the Fort Bragg Visitors center at the All American gate. The visitor must present driver license or other documentation serving as proof of identification.

8. Visitor Rights and Responsibilities.

a. Visitors, patients and staff are all to adhere to the rights and responsibilities adopted by the WAMC organization.

b. The nursing supervisor will inform the visitor of the rights and responsibilities after approval for visitation and provide a hard copy to the visitor upon entry to the facility (Appendix C).

c. If any violation of the rights and responsibilities are observed during the visitation timeframe, WAMC holds the right to ask the visitor to leave the premises.

CHRISTOPHER G. JARVIS
COL, MC
Commanding

SUBJECT: INPATIENT REQUEST FOR VISITATION – EXCEPTION TO POLICY

APPENDIX A

WAMC “INPATIENT” Request for Visitation - Exception to Policy (ETP)

Date/Time requested ETP received: _____

Patient Name: _____ Patient DODID: _____

Patient Location: _____ Primary Nurse: _____

Charge Nurse: _____ Nursing Supervisor: _____

Visitor Name: _____ Visitor Phone Number: _____

Visitor Relationship to Patient: _____

Patient Consent (if applicable): _____

Reason for Request: _____

Staff Consulted for authorization: _____

Staff Recommendation for visitation: Concur Non-Concur

Visitor Health Screening (check all that apply):

- Fever in past 24hr
- Cough
- Difficulty Breathing
- Exposure to someone with known COVID19

-----STOP-----

The following to be completed by Nursing Supervisor

Approval: Authorized 2hr visitation from _____ to _____ on _____ (date)

Denied (reason) _____

Authorized By: _____ Date: _____
Nursing Supervisor

SUBJECT: INPATIENT REQUEST FOR VISITATION – EXCEPTION TO POLICY

APPENDIX B

VISITOR ENTRY AND MONITORING LOG

Patient Name _____ DODID: _____

Location _____

NOTE: ALL Visitors entering the room must record visit.

Visitor Log to be maintained at Nursing Station.

Visitor Entry and Monitoring Log								
Visitor Name	Date	Time In	Time Out	PPE Worn	Any Identified Exposures or Breaches in Infection Control (if Yes - explain)	Relationship to Patient	Phone Number	Comments
				<input type="checkbox"/> Mask <input type="checkbox"/> Gown <input type="checkbox"/> Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Mask <input type="checkbox"/> Gown <input type="checkbox"/> Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Mask <input type="checkbox"/> Gown <input type="checkbox"/> Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Mask <input type="checkbox"/> Gown <input type="checkbox"/> Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Mask <input type="checkbox"/> Gown <input type="checkbox"/> Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Mask <input type="checkbox"/> Gown <input type="checkbox"/> Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Mask <input type="checkbox"/> Gown <input type="checkbox"/> Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Mask <input type="checkbox"/> Gown <input type="checkbox"/> Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Mask <input type="checkbox"/> Gown <input type="checkbox"/> Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Mask <input type="checkbox"/> Gown <input type="checkbox"/> Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Mask <input type="checkbox"/> Gown <input type="checkbox"/> Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No			

This form is to be returned to Infection Prevention and Control upon patient discharge.

SUBJECT: INPATIENT REQUEST FOR VISITATION – EXCEPTION TO POLICY

APPENDIX C

Patient Rights and Responsibilities:

Patient Responsibilities:

(1) **Providing Information.** Patients are responsible for providing accurate, complete, and up-to-date information about complaints, past illnesses, hospitalizations, medications, and other matters relating to their health to the best of their knowledge. Patients are responsible for advising their healthcare provider of whether they understand the diagnosis, treatment plan, and prognosis.

(2) **Respect and Consideration.** Patients are responsible for being considerate of the rights of other patients and MTF healthcare personnel. Patients are responsible for being respectful of the property of other persons and of the MTF.

(3) **Adherence with Medical Care.** Patients are responsible for adhering to the medical and nursing treatment plan, including follow-up care, recommended by healthcare providers. This includes keeping appointments on time and notifying MTF when appointments cannot be kept.

(4) **Medical Records.** Patients are responsible for returning medical records promptly to the MTF for appropriate filing and maintenance if records are transported by the patients for the purpose of medical appointments, consultations, or changes of duty location. All medical records documenting care provided by any MTF are the property of the U.S. Federal Government.

(5) **MTF Rules and Regulations.** Patients are responsible for following MTF rules and regulations affecting patient care and conduct.

(6) **Refusal of Treatment.** Patients are responsible for their actions if they refuse treatment, or do not follow the practitioner's instructions.

(7) **Healthcare Charges.** Patients are responsible for meeting financial obligations incurred for their healthcare as promptly as possible.

(8) **Provider Information.** Patients have the right to receive information about the individual(s) responsible for, as well as those providing, his or her care, treatment, and services. The MTF will inform the patient of the names, and as requested, the professional credentials of the individual(s) with primary responsibility for, as well as those providing, his or her care, treatment, and services.

(9) **Explanation of Care.** Patients have the right to an explanation concerning their diagnosis, treatment options, procedures, and prognosis in terms that are easily understood by the patient or responsible caregiver. The specific needs of vulnerable populations in the development of the patient's treatment plan shall be considered when applicable. Such vulnerable populations shall include anyone whose capacity for autonomous decision-making may be affected. When it is not medically advisable to give such information to the patient due to vulnerabilities or other circumstances, the information should be provided to a designated representative.

(10) **Informed Consent.** Patients have the right to any and all necessary information in non-clinical terms to make knowledgeable decisions on consent or refusal for treatments, or participation in clinical trials or other research investigations as applicable. Such information is to include any and all complications, risks, benefits, ethical issues, and alternative treatments as may be available. Patients will be informed that information on TRICARE covered services, including clinical trials, is available on the TRICARE.mil website at www.tricare.mil

(11) **Filing Grievances.** Patients have the right to make recommendations, ask questions, or file grievances to the MTF Patient Relations Representative or to the Patient Relations Office. If concerns are not adequately resolved, patients have the right to contact The Joint Commission (TJC) at 1-800-994-6610, or by submitting a concern or complaint online at <https://www.jointcommission.org/report-a-complaint.aspx>

(12) **Research Projects.** Patients have the right to know if the MTF proposes to engage in or perform research associated with their care or treatment. The patient has the right to refuse to participate in any research projects and withdraw consent for participation at anytime.

(13) **Safe Environment.** Patients have the right to care and treatment in a safe environment

(14) **MTF Rules and Regulations.** Patients have the right to be informed of the MTF rules and regulations that relate to patient or visitor conduct.

(15) **Transfer and Continuity of Care.** When medically permissible, a patient may be transferred to another MTF or private sector facility/provider only after he or she has received complete information and an explanation concerning the needs for and alternatives to such a transfer

(16) **Charges for Care.** Patients have the right to understand the charges for their care and their obligation for payment.

(17) **Advance Directive.** Patients have the right to make sure their wishes regarding their healthcare are known even if they are no longer able to communicate or make decisions for themselves.

(18) **Limits of Confidentiality.** Patients have the right to be informed in advance of making a sensitive disclosure during a health care encounter that in certain circumstances the provider is mandated to make a notification to an individual, agency, or service, without requiring the patient's permission or consent to make the provider notification. For example, types of sensitive disclosures may include but are not limited to sexual assault or harassment, domestic violence, substance misuse or abuse, or intent to harm self or others.

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Womack Army Medical Center Fort Bragg, North Carolina

ADVANCE MEDICAL DIRECTIVES FOR PATIENTS



PATIENT'S RIGHTS AND RESPONSIBILITIES

WAMC FORM 2714, December 2018 MCXC-PRD

SUBJECT: INPATIENT REQUEST FOR VISITATION – EXCEPTION TO POLICY

What Is An Advance Directive?

An Advance Directive is a written statement of your wishes regarding your health care which goes into effect if at sometime you are unable to make health care decisions. There are two types of advance directives: **A Living Will and a Durable Health Care Power Of Attorney.**

What Is A Living Will?

A **Living Will** is a document that states your desires concerning the medical treatment you do or do not want to receive, if you become unable to make your own medical care decisions.

What Is Durable Health Care Power of Attorney?

A **Durable Power of Attorney** is a document in which you give another adult person the legal authority to make medical treatment decision for you if you become unable to do so. You can designate anyone, a spouse, relative, or good friend as your decision-maker. This person is frequently referred to as your agent, proxy, or surrogate decision-maker.

Why Should I Put My Wishes In Writing?

If, as result of serious Injury or illness, you become unable to make medical treatment decisions, you retain legal ability to control your medical treatment by having an **Advance Directive**. Writing your wishes down helps your doctor, family and friends know what medical treatment you do or do not want in case you cannot tell them yourself.

Who should I Tell About My Advance Directive?

Before you prepare an Advance Directive, you should discuss your medical treatment wishes with your physicians, close family members, and the person you choose as your surrogate.

You should give a copy of your Advance Directive to your primary physician. Military patients see different physicians; a copy should be placed in your outpatient medical record. Another copy should be placed in your inpatient record if you have one. You should also bring a copy of your **Advance Directive** with you any time you are admitted to the hospital. A copy of **any Durable Healthcare Power Of Attorney** should be given to the person you named as your surrogate decision maker.

Under What Circumstances Might My Advance Directive Not Be Honored?

During surgery or other invasive procedures.

Am I Required To Have An Advance Directive?

No, you are not required by law, Army regulations or hospital policy to have an Advance Directive in order to receive care. However, your advance directive is an effective way to ensure desires concerning medical treatment are honored if you become unable to communicate your choices to those providing your medical care. Discussing your wishes with your physician is another way to communicate your treatment preferences in advance.

What Should Be Included In Advance Directive?

You should declare your desires concerning the limitation or withdrawal of life-sustaining medical treatment.

Typical Instructions Include those concerning:

Cardiopulmonary Resuscitation (CPR): Treatment to restore breathing and heartbeat. It may include pushing on the chest, electric shock to the chest and the Insertion of a breathing tube in your throat.

Dialysis:

Treatment to clean the blood with a machine when the kidneys do not function.

Being placed on a ventilator or breathing machine.

A breathing machine helps the patient breath. It is designed to help patients who cannot breathe adequately on their own "in a potentially life threatening situation".

Give pain medication and comfort care.

This is to alleviate pain and discomfort.

Donating your organs.

This act allows a person to make a gift of organs and tissue during his or her lifetime with the gift to take effect upon death.

What If My Doctor And I Do Not Agree About My Treatment?

Your doctor will treat you according to professionally accepted medical standards. If you and your doctor do not agree about your medical treatment, you have the right to request to be treated by another doctor.

Second Opinions

You have the right to request/seek a second opinion within your Primary Care Medical Home.

Specialty Care

You have the right to request specialty care through your Primary Care Provider/Manager.

You may also seek advice from the Ethics Committee. The Ethics Committee consists of doctors, nurses, and the Chaplain, Legal and administration representatives and is on-call to help patients and staff members with ethical questions concerning health care. You may contact the Committee through the phone number listed in this pamphlet.

Can I Change My Advance Directive?

Your Advance Directive can be changed or revoked by you any time either verbally or in writing. If you do so it is crucial that you tell your physician and family members, along with anyone you have designated as decision-maker.

How Can I Have An Advance Directive Prepared?

You can complete an Advance Directive form yourself in the presence of acceptable witnesses and a notary public. You may also complete one at your servicing Legal Assistance Office (LOA). Remember that witnesses may not be member of your family or on the hospital staff. It is highly recommended that you discuss advance directives with your family and physician before you prepare one.

Legal advice is available at the XVIIIth Airborne Corps LAO, 910-396-6113, or the 82nd Division LAO, 432-0195.

What Do I need to Remember?

It is important to remember that you are a member of your own health care team. Your wishes about your care are important to your doctor and the other health care professionals. They can serve you best if you continue to talk with them and with your family throughout your treatment, both in and out of the hospital.

Important Telephone Numbers:

18th Airborne Corps Legal Assistance Office
910-396-6113 / 396-0396

+82nd Division Legal Assistance Office 910-432-0195

Patient Advocate 910-907-6036

Chaplain's Office 910-907-PRAX(7729)

Any individual who has any concerns about patient care and safety in the hospital or clinics is encouraged to contact the hospital's management. If those issues are not resolved, the individual may contact the Joint Commission's Office of Quality Monitoring to report any concerns or register complaints by either calling 800-994-6610 or complaint@jointcommission.org.

Patient Rights:

(1) Medical Care.

Patients have the right to quality care and treatment that is consistent with available resources and generally accepted standards, including timely access to specialty care and to pain assessment and management. Patients have the right to obtain care from other clinicians within the facility, to seek a second opinion, and to seek specialty care.

(2) Respectful Treatment.

Patients have the right to considerate and respectful care, with recognition of personal dignity, psychosocial, spiritual, and cultural values and belief systems

(3) Privacy and Security

(a) Patients have rights, defined by Federal law, in accordance with References (m) through (n), to reasonable safeguards for the confidentiality, integrity, and availability of their protected health information, and similar rights for other personally identifiable information, in electronic, written, and spoken form. These rights include the right to be informed when breaches of privacy occur, to the extent required by Federal law.

(b) Limits of confidentiality. Patients have the right to be informed in advance of making a sensitive disclosure during a health care encounter that in certain circumstances the provider is mandated to make a notification to an individual, agency or service, without requiring the patient's permission or consent to make the provider notification. For example, types of sensitive disclosures may include but are not limited to sexual assault or harassment, domestic violence, substance misuse or abuse, or intent to harm self or others.