

**EXECUTIVE BRIEF • 5-6 MIN**

# The influence of COVID-19 visitation restrictions on patient experience and safety outcomes: A critical role for subjective advocates

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## Introduction to the Report

Recently published in the latest issue of [Patient Experience Journal](#), this study examines the degree to which hospital visitation restrictions in the U.S. during COVID-19 impacted healthcare outcomes. To examine this relationship, outcomes for 2019 and 2020 from a national sample of hospitals are compared to previous corresponding performance. The findings show that the closing of visitations was detrimental for both patient experience and safety outcomes. Hospitals with closed visitations saw performance ratings and quality measures negatively impacted for medical staff responsiveness, falls and sepsis. Performance in hospitals that remained unrestricted or partially open to visitors was not significantly different from pre-pandemic performance.

The study reinforces the point that healthcare organizations made the difficult decision to establish significant visitation restrictions in the face of a new and unknown virus, and given the impacts of this decision, the authors find there is opportunity to build new processes and consider new actions as a result of what the study exposed. The findings of this study suggest that the presence of a care partner makes a difference in patient experience and safety outcomes. Organizations are asked to reserve visitor restrictions for only extreme cases and, under those circumstances, consider policies that allow and provide for "subjective advocates" in the room, whether a

### GENERAL DEMOGRAPHICS

Data was collected for the two-year period of January 2019 to December 2020. Demographics of the participants who volunteered to submit data include:

- Senior executives from 32 U.S. hospitals within The Beryl Institute Community
- Hospitals represented organizations from 9 states across the country
- All hospitals identified as non-profit healthcare systems or organizations
- 6 of the 32 hospitals represented academic medical centers
- Facilities ranged in size from 240 to 35,000 FTEs and 35 to 2,400 beds

# Key Takeaway Headlines

- 1 On average, performance for both safety and experience measures were worse in 2020 when compared to 2019.
- 2 In 2020, hospital performance varied based on whether some level of patient visitation was maintained (either open visitation or limiting to one or two persons) or full restrictions were imposed.
- 3 Hospitals that maintained patient visitations outperformed hospitals that elected to close visitation completely.

“The variation in hospital visitation policies implemented during the COVID-19 pandemic has created a nearly natural experiment in which to understand the value of patient visitors on care quality outcomes and the role of subjective advocates.”

## DATA HIGHLIGHTS

The study compares top-box scores based on five hospital quality metrics of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey and three composite measures of the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators. Results reveal that the decision to limit visitation in hospitals, while beneficial for slowing the spread of the virus, had effects relevant to quality of care:

- HCAHPS scores reduced slightly 2019 to 2020 with top box overall rating score staying relatively the same.
- The greatest change in HCAHPS was related to “responsiveness of staff” with a drop of 1.9 points followed by care transition with a drop of 1.2 points.
- In-hospital fall rates saw a staggering 253% increase from 2019 to 2020.
- In-hospital fall rates and sepsis rates were over 100% higher for hospitals with no visitation over those hospitals that allowed open or partial visitation in 2020.
- Both fall rates and sepsis rates increased to above AHRQ benchmarks.

Measures	2019 Overall Sample Score	2020 Overall Sample Score	Net Change 2019 to 2020	% Change 2019 to 2020
Overall Rating of Hospitals (HCAHPS)	73.6%	73.5%	-0.1	-0.1%
Responsiveness of Hospital Staff (HCAHPS)	67.8%	65.9%	-1.9	-2.9%
Transition to Post-Hospital Care (HCAHPS)	57.5%	56.3%	-1.2	-2.1%
In-Hospital Fall with Hip Fracture Rate (AHRQ PSI 8)	0.03	0.11	0.08	253%

Measures	Open/Limited Visitation 2020	No Visitation 2020	Net Difference (Open/Limited to No 2020)	% Difference (Open/Limited to No 2020)
Overall Rating of Hospitals (HCAHPS)	73.6%	73.3%	-0.3	-0.4%
Responsiveness of Hospital Staff (HCAHPS)	66.3%	64.7%	-1.9	-2.5%
In-Hospital Fall with Hip Fracture Rate (AHRQ PSI 8)	0.07%	0.14	0.07	104%
Postoperative Sepsis Rate (AHRQ PSI 13)	2.65%	5.39	2.74	104%

# Strategic Considerations

Healthcare leaders across the country decided that the best way to control the spread of an unknown virus was to limit or restrict visitor access to hospitals, a decision made with limited research on its implications. This meant that many patients were left alone without family support during the pandemic, sometimes even in the final moments of life. With this hindsight, filled with painful stories of patients saying good-bye via Zoom or FaceTime, healthcare leaders should consider new actions and processes in the future based on what we learned from this study. Strategic considerations for organizations include:

- 1 Assess with great seriousness whether restricting visitor presence is scientifically or operationally necessary and, if necessary, proceed only under extreme circumstances.
- 2 Implement policies allowing a subjective advocate – someone who knows the patient and can advocate and communicate on their behalf – in the room to alleviate negative healthcare outcomes.
- 3 Develop a cadre of advocates, similar to the roles of Child Life Specialists, to build personal relationships with patients so they don't travel the care journey alone.
- 4 In crises necessitating staff reassignments or reallocation, build "SWAT teams" comprising diverse roles to serve as advocates to support patients and improve outcomes.
- 5 Even after the COVID-19 pandemic has passed, offer patients a subjective advocate in instances when the patient does not have the support of family or care partners at their side.

"Hospital administrators that decided to open visitation in the middle of a pandemic were prioritizing patient experiences and the experiences of their families and friends."

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The Beryl Institute is a global community of over 55,000 healthcare professionals and experience champions committed to transforming the human experience in healthcare. As a pioneer and leader of the experience movement and patient experience profession for more than a decade, the Institute offers unparalleled access to unbiased research and proven practices, networking and professional development opportunities and a safe, neutral space to exchange ideas and learn from others.

We invite you to join us.  
[theberylinstitute.org](https://theberylinstitute.org)

### ADDITIONAL RESOURCES

*Reexamining the Definition of Patient Experience* 15 MIN

*Maintaining Human Experience in a New Era of Virtual Connection* 15 MIN

*Is this really happening? Family-Centered care during COVID-19: People before policy – PXJ* 10 MIN

*Patient and family recommendations for addressing visitation policies during COVID-19 – Patient Experience Policy Forum* 10 MIN



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