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Quality Life Association Visitation Program & Guidelines

The Quality Life Association (QLA) Visitation Program encourages members, on a volunteer basis, to visit and provide non-medical support to patients and other members who have elected to have a continent ostomy and to encourage membership in QLA.

In order to provide for a successful visitation program, members must be aware of rules and regulations which are meant to protect the rights and privacy of all patients. Consideration of patient needs is extremely important as each person's needs and situations are different and specific to them. Therefore, QLA establishes the following guidelines effective upon board approval.

Visitation Program Guidelines

1. A quarterly hospital visitation schedule must be planned at least one month in advance of first visit and be approved by appropriate hospital staff. The visitation schedule will be divided as follows:
 - a. January – March (schedule due to hospital staff prior to December 1)
 - b. April – June (schedule due to hospital staff prior to March 1)
 - c. July – September (schedule due to hospital staff prior to June 1)
 - d. October – December (schedule due to hospital staff prior to September 1)

2. A list of patients who have agreed to be visited shall be obtained from the nursing unit at the beginning of or prior to each visit. No names or lists shall be removed from the nursing unit in accordance with HIPAA regulations. In addition, no written information or data on patients shall be taken when leaving the hospital. Notify nursing unit when leaving.

3. Patients who have just undergone surgery for a continent ostomy should not be visited until at least five (5) days post-op.
4. Visits with patients should be quietly conducted and kept to a minimum in order to not interfere with nursing schedules and other visits with family and friends of the patients. The QLA representative/visitor should be considerate of the patient's needs at time of visit.
5. If a physician, nurse, or other medical staff enters the patient's room during the visit, please excuse yourself and leave the room immediately (do not wait to be asked), in order to be in compliance with and considerate of patient/medical confidentiality.
6. Visitation talks and discussions should be related to providing information regarding the Quality Life Association, its purpose and encouragement to join and to go on line to visit QLA, BCIR & associated websites, Facebook pages, or Message Board.
7. Visitors may briefly tell about their personal BCIR experience, but should not physically show any patient their BCIR, unless agreed upon by nurses or physician and a nurse should be present.
8. Any materials, food or other items provided to patients must be approved by the nursing staff in advance of each visit.
9. Medical advice should not be given to patients at any time. Patients wishing to discuss or seek medical advice should be referred to their treating physician or nurses that are specifically trained in their procedure.
10. Medical information regarding patients visited should not be discussed with any other patient, member or person at any time.
11. Medical information regarding any QLA member should not be discussed with any other member, patient or person at any time without the written consent of the QLA member involved.

Remember that what you say and do reflects on QLA, not just you.

QLA members wishing to participate in the Visitation Program must agree and adhere to the guidelines as established above. Failure to follow the QLA Visitation Guidelines may result in the member's removal from the visitation program and may not represent QLA in any patient visitation.

By signing below, I express my desire to participate in the QLA Visitation Program and agree to adhere to the guidelines above and any and all guidelines established by any hospital program, staff or nursing personnel associated with my visit. I further understand that it is a volunteer program and I will not be monetarily compensated for participation.

Signature

Date

Printed Name

Approved: _____

Disapproved: _____

Date: _____

Authorized By: _____

Chair, Membership Committee