

ORIGINAL RESEARCH

Strategies to improve family visitation during pandemics or outbreaks in acute care

Olufemi Ijiwoye, RPN, BTech, BScN, MA, CIC^{1*}, MaryJane McNally, BScN, MN², Rhona Baltazar, RN, BScN, CIC¹, and Adenike Rowaiye, BSc, MBA, MSc¹

¹ Infection Prevention and Control, William Osler Health System, Brampton, ON, Canada

² Patient Experience, William Osler Health System, Brampton, ON, Canada

*Corresponding author

Olufemi Ijiwoye

Infection Prevention and Control Department

William Osler Health System

2100 Bovaird Drive East,

Brampton, Ontario L6R 3J7, Canada

email: olufemi.ijiwoye@williamoslerhs.ca

Article history:

Received 11 August 2025

Received in revised form 29 October 2025

Accepted 8 December 2025

ABSTRACT

Background: During the Coronavirus Disease 2019 (COVID-19) pandemic, hospitals were required to allow visitation while also adopting more effective approaches to managing patient care and family support. Balancing infection control practises with the emotional and psychological needs of patients and their families is essential. This study explores approaches to enhance visitation practices, thereby contributing to better patient outcomes and overall well-being.

Methods: A purposive sampling method was used to select 14 participants from the circle of care (COC) at an acute care institution in Western Ontario, Canada. The COC consisted of the hospital Chief Patient Experience Officer, Access and Flow leaders, frontline nurses, infection control practitioners, occupational health professionals, clinical service managers, and resource nurses. A team mapping method was used to engage the COC in gathering information. The team mapping method consisted of three stages: a development phase, a team mapping phase, and an integration phase. The collected responses were coded, and thematic analysis was used to identify themes.

Results: The analysis yielded four key themes: (1) fostering interpersonal relationships and communication among the COC, (2) developing new approaches to patient admission and care, (3) modifying the physical layout of hospital spaces, and (4) raising public and community awareness to empower individuals to make well-informed choices.

Conclusion: Any change to a hospital's visitation policy should include input from patients, families, clinicians, and hospital subject matter experts. Allowing visitation access, especially during a pandemic, may improve the mental and emotional well-being of patients and families and may also provide a sense of normalcy despite hospitalization.

KEYWORDS:

COVID-19, patient families, hospital visitation policies, pandemic, infection prevention and control, patient mental health, emotional well-being, Isolation, and outbreaks.

INTRODUCTION

The COVID-19 pandemic was declared a global health crisis by the World Health Organization (WHO) in March 2020, this led to strict hospital visitation restrictions as a measure to control the spread of COVID-19 (Moss et al., 2020). Although these measures were necessary, they created fear and anxiety for patients and families, resulting in depression and loneliness (Peter et al., 2021).

The competing priorities of safeguarding families and healthcare personnel from serious infection, ensuring family-centred care, and carrying out end-of-life care have led to tensions in how to effectively implement restrictive visitation policies (Rapheal et al., 2021). Restrictive visitation has increased mental health concerns causing despair, anger, frustration, and helplessness among patients and families (Javakhishvili et al., 2020; Nash et al., 2021).

Prior to the pandemic, an acute care institution located in Western Ontario, Canada with over 1,000 beds had implemented protocols and guidelines to facilitate visitation privileges for patient and their families. Despite the implementation of these measures, concerns regarding the spread of infections and the mental well-being of patients persisted especially during the pandemic. These existing visitation policies required more transparent and flexible visitation protocols that prioritized compassion without compromising patient safety.

The aim of this study was to review the challenges and gaps in existing visitation policies and to understand key considerations when developing improved visitation practices during future pandemics.

Conflicts of interest: The authors declare no conflicts of interest.

Acknowledgements: The authors extend their profound gratitude to Donna Moore, Tiffany Hill, Kaitlyn Svistovski and Royal Roads University (RRU) for their support during the planning and implementation of the study. We also thank William Osler Health System for providing the opportunity to conduct the study. This manuscript is based on the Olufemi Ijiwoye Master's thesis submitted to RRU in partial fulfillment of the requirements for the degree.

METHODS

Study design

This qualitative study was executed through a well-defined and structured process, encompassing ethical considerations, participant engagement, information collection and verification, data analysis, and knowledge translation.

Sampling approach

To select participants, purposeful sampling was employed. This method involves intentionally choosing individuals who possess significant expertise relevant to the research subject, and align with the study goals (Shaheen et al., 2019). In this case, participants included healthcare staff who were involved in providing patient visitation access during the COVID-19 pandemic. These staff members were drawn from various departments, including infection prevention and control, occupational health and safety, patient experience, frontline and resource nursing, clinical services, access and flow, as well as the hospital's Chief Patient Experience Officer.

An email that included a survey questionnaire and a brief explanatory video outlining the project was sent to all participants. Participants were instructed to complete and return the survey via email.

Team mapping method

The team mapping method was used to obtain information from 14 participants. Team mapping is a method in which individuals participate in accelerated, guided co-creation workshops to facilitate the analysis of collaborative and implementation strategies in primary healthcare settings. This method was implemented in three stages: the development phase, the team mapping phase, and the integration phase (Price et al. 2020).

First stage: Development phase

The development phase involved engaging in discussions and interactive brainstorming sessions with co-investigators and capstone partners. These sessions were conducted via Microsoft Teams and through in-person meetings. To elicit input, open-ended questions were posed, such as: (1) Please describe your firsthand experience with visitation access challenges during the pandemic; and, (2) Can you provide an example of a situation in which allowing visitation privileges to a patient's family members resulted in the spread of infection?

The concepts and narratives provided were documented to create a persona. A persona is a fictional representation which accurately captures the challenges individuals face while also considering the impact of social determinants of health and other relevant factors (Price et al. 2020). For this purpose, two personas were created to represent the difficulties encountered by patients and their families during the pandemic due to visitation restrictions (Appendix A – see *online edition*).

Second stage: Team mapping phase

All 14 participants took part in the team mapping session, which lasted two and a half hours. This session was held in a boardroom at the healthcare institution. The session included two stations where Samsung audio recorders were used to record participants' conversations and contributions. In addition, participants used coloured sticky notes to provide feedback on how to support personas based on these questions:

Questions for everyone:

- Who would be on this patient's team? Why?
- How would you collaborate and coordinate care?
- What barriers could we improve for the patient in Persona 1 and Persona 2?

Individual questions:

- What would you do to help this patient?
- How have you helped someone like this before?

Each station had seven participants from different departments to facilitate diverse input and reduce power-over issues in order to ensure that participants are free to provide information or data without any form of coercion.

Third stage: Integration phase

The data collected included sticky notes from the stations, transcribed audio recordings from the team mapping session, and notes and reflections from the development phase of the team mapping method. Recordings from the team mapping session were transcribed into Microsoft Word documents and reviewed for accuracy. Unique identifiers were used to maintain participants' confidentiality. For example, AA1 was assigned to the first participant, and AA2 to the second participant (Appendix B – see *online edition*).

Data collection and analysis

A thematic analysis was conducted to identify meaningful insights from the coded data (Ryan & Bernard, 2003). The VocabGrabber program was used to identify key vocabulary and contextual usage (Appendix B).

Common themes from the words repeatedly used by participants during the team mapping phase included communication, relationships, teamwork, screening, new processes, new admission processes, new spaces or staffing, visitation space, new visitation spaces, public awareness, community outreach, and social media outreach. Appendices B and C (see *online edition*) displays the participants' pseudonyms, their verbatim statements from the team mapping session, and the corresponding themes derived from their statements.

The process involved:

- **Categorization:** Organizing statements into broad categories based on content.
- **Theme identification:** Naming and defining themes based on recurring ideas and issues.

- **Validation:** Ensuring the themes accurately reflect the data and participant concerns.

The themes were developed by grouping similar ideas and concerns expressed by participants. Each theme represents a significant area of focus or challenge identified through the transcripts.

Ethical approval

Ethical approval was obtained from the William Osler Health System and Royal Roads University (RRU) Ethics Board. A signed consent form was received from all participants.

RESULTS

The results from the team mapping were grouped into four themes: (1) fostering interpersonal relationships and communication among the Circle of Care (COC), (2) developing a new approach to patient admission and care, (3) modifying the physical layout of hospital spaces, and (4) raising public and community awareness to empower patients and families to make well-informed choices. The level of participant support for each theme was as follows: Theme 1 – 71%, Theme 2 – 86%, Theme 3 – 79%, and Theme 4 – 86%.

Theme 1: Fostering interpersonal relationships and communication among Circle of Care

A significant finding from the team mapping is the crucial role of communication, therapeutic relationships, and teamwork within the COC and with patients' loved ones in facilitating visitation access for patient families at the acute-care institution.

The participants discussed the need for clear and precise communication strategies, specifically highlighting the language used by staff members in their interactions. They emphasized that unclear communication contributes to misunderstandings regarding individual responsibilities in facilitating visits for patients' relatives during the pandemic.

During the team mapping session, participants raised inquiries such as "How can we work together?", "Who is doing what?", and "Who is the final decision maker?" The participants consistently emphasized the need for collaboration to improve visitation access during future pandemics or outbreaks. For example, participants noted that relatives of patients requiring a respirator fit test lacked explicit guidelines regarding the procedure and location, which restricted their ability to visit their loved ones.

Therefore, the findings suggest that promoting interpersonal relationships and communication – first within the COC and then between the COC and patients' families – may enhance the accessibility of visits. This may be achieved by focusing on explicit strategies in which COC members intentionally convene to discuss ways to assist patients' loved ones in visiting.

Theme 2: Developing a new approach to patient admission and care

Participants engaged in a discussion on the current screening process, which appears to define the criteria for denying visitation privileges to patients' families. They, however, emphasized the importance of daily screening for visits by patients' families. Participants emphasized the importance of establishing a protocol that guarantees the statutory visitation rights of patients' family members, irrespective of their immunization status, respirator fit testing, knowledge of hand hygiene practices, or ability to don and doff personal protective equipment.

It was suggested that the healthcare setting should "broaden the definition of Essential Care Partners (ECP) to cover loved ones who can support the patient socially, emotionally, and mentally." It was also proposed to have dedicated staff to assess patients' families on the unit before visitation, ensure the availability of the COC team 24 hours per day, assign safety officers on affected units, properly screen patients' visitation access before bed spacing on the units, and identify the patient experience team member overseeing each unit or the final decision-maker responsible for granting visitation access.

Theme 3: Changing the physical layout of hospital spaces

Participants underscored the significance of establishing a specific visitation area within the healthcare setting for patients who may require assistance with daily living activities. According to the participants, this measure has the potential to enhance visitation accessibility and reduce the transmission of infections on patient floors. Several participants proposed the introduction of a "more visitation-friendly environment for families" and "a new structure or renovation" of the existing area to enhance the service provided to patients' families. For example, it was noted that, amidst the pandemic, areas such as cafes, courtyards, and staff lunch areas were shut down and left unoccupied. These spaces could have been utilized by patients' family members to visit their loved ones at designated times, subject to careful supervision.

All participants emphasized that effective staffing and thorough planning of the proposed visitation area were crucial for the successful implementation of the visitation space.

Theme 4: Raising public or community awareness

The significance of extensive public participation was emphasized by the participants. This initiative aims to provide community members with crucial information regarding possible barriers to visiting their loved ones during a pandemic or outbreak and to empower them to make well-informed choices. Specifically, community members must understand the importance of vaccination, be familiar with the process of donning and doffing personal protective equipment, adhere to proper hand hygiene, don/doff an N95 respirator appropriately, regularly perform health assessments, and be ready to isolate themselves in the event of a possible outbreak. The following were challenges identified by participants which hinder patients' family members from accessing visitation rights.

It is imperative to focus outreach efforts on a diverse range of community members, encompassing schools, retirement homes, long-term care facilities, walk-in clinics, temples, mosques, churches, community centres, and restaurants. Through active involvement at this level, it becomes possible to reach a large number of individuals and provide them with the essential information and skills to safely visit their loved ones during outbreaks or future pandemics.

Finally, the participants expressed that the team mapping session facilitated their comprehension of the responsibilities of various disciplines, as well as enhanced their understanding of each other's roles and why it is imperative for them to communicate and develop relationships in order to work together.

DISCUSSION

During the COVID-19 pandemic, restrictions on visitation access adversely affected the mental health of patients. This study explored approaches to enhance visitation practices, thereby contributing to improved patient outcomes and overall well-being.

First, it was recommended that the healthcare setting adopt the team mapping method among the COC to enhance collaboration, communication, and mutual understanding, especially in resolving visitation access issues during pandemics and outbreaks. This finding is also supported by McLaren et al. (2022), who suggested that clear mapping of team communication promotes effective interdisciplinary teamwork and aids open and structured communication. Similarly, Morley and Cashell (2017) emphasized that structured interpersonal collaboration grounded in shared goals, trust, and transparent communication strengthens decision-making. These findings suggest that the team mapping method can help in managing ethically sensitive issues, such as visitor restriction policies.

Secondly, fostering strong interpersonal communication through therapeutic strategies can build supportive, patient-centred relationships among COC members. Teams that intentionally engage in open dialogue, emotional intelligence and empathy, including active listening and mutual respect, demonstrate higher cohesion (Erjavec et al., 2022), which may enhance collaboration during visitation policy discussions.

Finally, to ensure effective uptake of the visitors' essential care policy, the healthcare setting must develop best practices grounded in ethical guidelines, stakeholder input, and clear definitions of roles. This is also supported by the findings of Iness et al. (2022) and McDougall et al. (2023), who suggested that an ethically justified, evidence-informed, and flexible visitation framework can reduce moral stress for staff as well as improve the mental well-being for patients and their families.

Together, our data suggest that the emphasis should be placed on minimizing adverse patient outcomes and supporting compassionate, transparent visitation policies.

Limitations of the study

In the team mapping evaluation, it was deemed that a single session lasting two and half hours was insufficient for

participants to actively engage and contribute ideas, despite their strong desire to do so. Given the spatial arrangement of the team mapping session, in which both groups were present in the same room, distractions and noise were also evident. This hindered participants' ability to concentrate adequately. These challenges may limit the interpretation and application of the study's findings and conclusions.

CONCLUSION

Any changes or revisions to a hospital's visitor policy should include input from patients and families, as well as healthcare staff. A transparent and inclusive visitation framework, supported by effective team collaboration and therapeutic communication, will help in delivering compassionate care during future pandemics or outbreaks without compromising patient safety.

REFERENCES

- Erjavec, K., Pelko, A., & Škof, B. (2022). Communication in interprofessional health care teams: Understanding team members' perceptions and experiences. *Journal of Interprofessional Care*, 36(5), 682–690. <https://doi.org/10.1080/13561820.2021.1997073>
- Iness, A. N., Mourad, M., Sliwka, D., & Gonzales, R. (2022). The effect of hospital visitor policies on patients, their visitors, and health care providers: A narrative review during the COVID-19 pandemic. Retrieved from <https://pmc.ncbi.nlm.nih.gov/articles/PMC9035621>
- Javakhishvili, J. D., Ardino, V., Bragesjö, M., Kazlauskas, E., Olff, M., & Schäfer, I. (2020). Trauma-informed responses in addressing public mental health consequences of the COVID-19 pandemic: Position paper of the European Society for Traumatic Stress Studies (ESTSS). *European Journal of Psychotraumatology*, 11(1), Article 1780782. <https://doi.org/10.1080/20008198.2020.1780782>
- Morley, L., & Cashell, A. (2017). Collaboration in health care. *Journal of Medical Imaging and Radiation Sciences*, 48(2), 207–216. <https://doi.org/10.1016/j.jmir.2017.02.071>
- McDougall, R. J., Gillam, L., & Montgomery, J. (2023). Visitor restrictions in hospitals during infectious disease outbreaks: The ethics of limiting access. *Bioethics*, 37(2), 110–118. <https://doi.org/10.1111/bioe.13106>
- McLaren, R. A., Aitken, L. M., & Tuckett, A. G. (2022). Understanding the dynamics of interdisciplinary teamwork in acute care: A qualitative study of mapping team communication. *Journal of Clinical Nursing*, 31(1–2), 159–171. <https://doi.org/10.1111/jocn.15942>
- Moss, S. J., Krewulak, K. D., Stelfox, H. T., Pattan, S. B., Doig, C. J., Leigh, J. P., & Flest, K. M. (2020). Perspectives from designated family caregivers of critically ill adult patients during the COVID-19 pandemic: A qualitative interview study. *PLoS ONE*, 17(9), e0275310. <https://doi.org/10.1371/journal.pone.0275310>

- Nash, W. A., Harris, L. M., Heller, K. E., & Mitchell, B. D. (2021). "We are saving their bodies and destroying their souls.": Family caregivers' experiences of formal care setting visitation restrictions during the COVID-19 pandemic. *Journal of Aging & Social Policy*, 33(4-5), 398-413.
<https://doi.org/10.1080/08959420.2021.1962164>
- Price, M., Belwood, P., Hill, T., & Fletcher, S. (2020). Team mapping: A novel method to help community primary healthcare practices transition to team-based care. *Healthcare Quarterly*, 22(4), 33-39.
<https://doi.org/10.12927/hcq.2020.26086>
- Peter, P., Ramakrishnan, R., Rathod, S., Elliot, K., Thayanandan, T., Sandle, N., Haque, N., Chau, S. W. H., Wong, O. S. H., Chan, S. M., Wong, E. K. Y., Raymond, V., Au-Yeung, S. K., Kingdon, D., & Delanerolle, G. (2021). An evaluation of mental health impact of SARS-CoV-2 on patients, general public and healthcare professionals: A systematic review and meta-analysis. *EClinicalMedicine*, 34, Article 100806.
<https://doi.org/10.1016/j.eclinm.2021.100806>
- Raphael, J. L., Kessel, W., & Patel, M. (2021). Unintended consequences of restrictive visitation policies during the COVID-19 pandemic: Implications for hospitalized children. *Pediatric Research*, 89, 1333-1335.
<https://doi.org/10.1038/s41390-021-01439-0>
- Ryan, G. W., & Bernard, H. R. (2003). Techniques to identify themes in qualitative data. *Field Methods*, 15(1), 85-109.
<https://doi.org/10.1177/1525822X02239569>
- Shaheen, M., Pradhan, S., & Ranajee, R. (2019). Sampling in qualitative research.
<https://doi.org/10.4018/978-1-5225-5366-3.ch002> *

Appendix A: Personas

Persona 1:

A brief history of Mr. A.D., who died due to complications from the nosocomial COVID-19 infection.

- Mr. A.D. is a 75-year-old male who lived at home with his wife and came to the ER as a result of poor oral intake, generalized weakness, and malaise on Friday afternoon.
- A.D had a medical history of hypertension and diabetes that was well controlled at home.
- A.D was transferred from the ER to medicine unit in a double-bed room for electrolyte monitoring, IV fluid administration, and potential physiotherapy on Friday evening around 7 p.m.
- Mr. G.K. is A.D.'s roommate, a 35-year-old male with a diagnosis of diabetes.
- On Saturday morning at 7 a.m., G.K.'s wife told the unit that she had visited her husband on Friday at 6 p.m. and left around 10 p.m.
- G.K's wife further stated that she came in with a runny nose and sore throat, which she thought was due to her allergies, but then tested positive for COVID-19 on a rapid antigen test at home.
- IPAC received the notification when the NP swab order was entered around 10 a.m. on Saturday morning.
- G.K's NP swab was positive for Influenza A and COVID-19 on Sunday around noon. A.D. was also NP-swabbed on Sunday, and was also positive for COVID-19.
- A.D died after six days due to the complications from COVID-19.

Everyone questions:

- Who would be on this patient's team? Why?
- How would you collaborate and coordinate care?
- What barriers could we improve for patient A.D?

Individual questions:

- What would you do to help this patient?
- How have you helped someone like this before?

Persona 2:

A brief history of Ms. K.O., who was diagnosed with a new onset of dementia after her hospital admission.

- Ms. K.O. is an 80-year-old female widow who lived in an independent living nursing home for the past six years.
- K.O. decided, with her only daughter, to move to an independent living nursing home because of her husband's death six years ago. She received support from the staff in the home, mainly for her medication refilling and food preparation and serving. K.O.'s daughter visits every evening, and they both eat dinner and socialize together.
- K.O.'s nursing home was in the COVID-19 outbreak and she was brought to the ER due to shortness of breath. The K.O. NP swab was positive for COVID in the ER and she was placed in isolation.
- K.O.'s daughter was unable to visit due to the restriction placed on COVID-19-positive patients' families from visiting.
- After the isolation was stopped, K.O.'s daughter visited and complained that her mother status had significantly deteriorated as she did not recognize her, had difficulty following conversations, and had trouble finding words.

Everyone questions:

- Who would be on this patient's team? Why?
- How would you collaborate and coordinate care??
- What barriers could we improve for patient A.D?

Individual questions:

- What would you do to help this patient?
- How have you helped someone like this before?

Appendix B: Thematic analysis

Participants	Transcript/Words from participants	Themes
AA1, AA2, AA3, AA4, AA5, AA8, AA11, AA112, AA13, and AA14	<p>“Use of language among staff”</p> <p>How do we do it together as a team?</p> <p>“Looking at the visitation access risk and benefit together by the COC.”</p> <p>“From the family perspective, what is the risk of not/or seeing the patient and the benefit of not/or seeing the patient”?</p> <p>“Who is doing what?” and “who is the final decision maker?”</p> <p>“(Someone who has access to patient information and be able to make final decision about how visitors can come in.”</p> <p>“(Communication is the key – how do we communicate or educate families that are not tech savvy, with no phone, no email, no credit card, speak very little or no English)”?</p>	<p>Communication</p> <p>Relationship Teamwork</p> <p>Communication</p> <p>Relationship/Communication</p> <p>Communication</p>
AA1, AA2, AA3, AA4, AA7, AA8, AA9, AA10, AA11, AA12, AA13, and AA14	<p>“There has to be screening every day, every time a visitor comes.”</p> <p>“Maybe there’s like a paper version or something that we could do for the visitor to come in so that way they have to fill and sign in.”</p> <p>“Because infection prevention and control, and public health guidelines are not black & white they should come together to set a process that focuses on putting a patient into high, medium and low risk – and work with Occupational health staff, Resource nurses and Attending nurses in setting up a process/spaces to safely bring visitors in.”</p> <p>“Crowd control problems” “process that focus on providing access and not denying patient loved ones.”</p> <p>“Looking into ECP App; whom to contact; who is making decision; and which group of COC are involved).”</p> <p>“Broaden the definition of ECPs to cover loved ones that can support patient socially, emotionally and mentally”, “increase ECP mask fit test to daily and easily accessible”, “a dedicated staff to assess patient loved ones on the unit before visitation”, “availability of COC team 24 hours per day”, “safety officers on affected units”, “proper screening of patients visitation access before bed spacing to the units”, and “knowing the PE team member overseeing each unit or who is the final decision-maker to grant visitation access”.</p>	<p>Screening</p> <p>New process</p> <p>New admission process</p> <p>New process</p> <p>Screening</p>

Appendix B: Thematic analysis

Participants	Transcript/Words from participants	Themes
AA1, AA2, AA3, AA4, AA5, AA6, AA7, AA8 AA9, AA11, and AA13	<p>“New structure or renovation –that will accommodate families – Designated space for each unit for visitation – Staffing of this unit and their skill sets).”</p> <p>“All participants (space creation; staffing is critical and need to be appropriate to the needs; someone needs to decide who can go outside or to the courtyard space).”</p> <p>“Courtyard visitation”</p> <p>“We need to build a new hospital that has an anti-room for patients who can’t go out.”</p> <p>“Staffing of the visitation space with the right set of staff that will monitor.”</p> <p>“Visitation space for families, for example, the café at BCH courtyard, or any other space that can be utilized.”</p>	<p>New Space/Staffing</p> <p>New Space</p> <p>New Space/Staffing</p> <p>Visitation Space</p>
AA2, AA3, AA4, AA5, AA6, AA7, AA8, AA9, AA11, AA12, AA13, and AA14	<p>“PH/family doctors/media/social media engagement in this new visitation access are very important; Patients and loved ones must be informed about visitation access. For example, rather than putting fear in people that they might die if they go out, empowering people on what to do so they can go out or visit.”</p> <p>“Monthly townhall meeting with the community: In different languages; Outreach to churches, temples, mosques, and other stakeholders.”</p> <p>“Monthly outreach to LTC, family doctor offices and other stakeholders: Pamphlet titled: “I want to visit my loved ones any day and anytime: WHAT TO DO”.</p> <p>“Physical presence on the media (local media stations and any social media link) to empower community members on what they can start to engage in or do. Learn and practice ways to prevent barriers from visiting their loved ones”</p>	<p>Public/Awareness</p> <p>Community/Awareness</p> <p>Community outreach</p> <p>Social media outreach</p>

Appendix C: Coding

Appendix C1: Coding

Themes	Coding
Communication Relationship Teamwork/Relationship Teamwork Relationship/Communication	Fostering therapeutic relationship and communication
Screening New process	Creating a new model for patient admission and care delivery
New space/Staffing New space Visitation space	Adapting hospital space
Public/Awareness Community/Awareness Community outreach Social media outreach	Enhance public awareness

Appendix C: Coding

Appendix C2: Coding

Communication:

- Findings: Emphasized the critical need for effective operation and educating families with limited technological access.
- Evidence: Statements about the use of language, the need for clear communication strategies, and addressing barriers for families who lack technology.

Relationship:

- Findings: Focused on interpersonal dynamics, roles, and decision-making processes within the team.
- Evidence: References to understanding roles and responsibilities, decision-making authority, and the importance of teamwork.

Teamwork:

- Findings: Highlighted the need for collaborative efforts and clear division of tasks among team members
- Evidence: Discussions about working together as a team and managing visitation access collectively.

Screening:

- Findings: identified as an ongoing necessity with suggestions for improvements and a structured approach.
- Evidence: Statements about the need for daily screening, the potential use of paper forms, and the integration of infection control guidelines.

New Process:

- Findings: The need for developing new procedures and processes for visitor management.
- Evidence: Comments on the necessity for a structured approach to managing visitor access and integrating various guidelines.

New Space or Staffing:

- Findings: Importance of creating and staffing new spaces for visitation.
- Evidence: Statements about designing new spaces, such as courtyards and designated visitation areas, and ensuring proper staffing.

Visitation Space:

- Findings: Focus on creating dedicated spaces for family visitation within healthcare settings.
- Evidence: References to specific types of spaces like courtyards or cafés that can be used for visitation.

Public Awareness:

- Findings: Emphasized the need for broad public engagement and information dissemination.
- Evidence: Comments about using media, townhall meetings, and outreach to increase awareness and understanding.

Community Outreach:

- Findings: The need for targeted outreach to various community groups and stakeholders.
- Evidence: Suggestions for outreach efforts to churches, temples, and other community organizations.

Social Media Outreach:

- Findings: Highlighted the role of social media in informing and empowering the community.
- Evidence: Suggestions for outreach efforts to churches, temples, and other community organizations.