



August 12, 2020

Executive Commissioner Cecile Young  
Office of the Texas Health and Human Services System  
P.O. Box 13247  
Austin, TX 78751-2316

Re: Principles for Visitation of End-of-Life and Serious-Illness Patients in Texas Health  
Care and Assisted-Living Facilities

Dear Commissioner Young:

As representatives of the hundreds of thousands of frontline health care workers across the continuum of care, we remain grateful for your continued effort to work alongside us in caring for the citizens of Texas during the COVID-19 crisis.

As COVID-19 threatens Texas communities, our health care and assisted living facilities have limited visitation in order to lower the risk of exposure and prevent further spread of the virus. Clearly the greater the level of community transmission exists, the greater the likelihood that patients, visitors, health care workers, and others may contract and spread the disease in the facilities they are within. The Health and Human Services Commission recently renewed a temporary rule restricting visitation for another 60 days.

Our organizations wish to recognize the mental, emotional, spiritual, and other health needs of the patient that may be unmet with strict, limited, or “no visitation” policies. We would expect the emergency rules will evolve with time as the rate of virus growth ebbs. As the state considers how to move forward with visitation in health care and assisted living facilities in the time of a pandemic, our groups have developed principles related to end of life and seriously ill patients. The undersigned groups subscribe to the attached principles for care in our state as we continue to grapple with the reality of COVID-19.

We thank you for your consideration of this subject and remain available to work with your office, HHSC, and DSHS on this important issue for Texas’ mitigation of the COVID-19 crisis.

Sincerely,

Diana L. Fite, MD  
President  
Texas Medical Association



Ted Shaw  
President and Chief Executive Officer  
Texas Hospital Association



George Linial, CAE  
President and Chief Executive Officer  
Leading Age Texas



Diana Martinez  
President and Chief Executive Officer  
Texas Assisted Living Association



Kevin Warren  
President and Chief Executive Officer  
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Larry A. Farrow  
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Cindy D. Zolnierok, PhD, RN, CAE  
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**Principles for Visitation of End-of-Life and Serious-Illness Patients  
in Texas Health Care and Assisted-Living Facilities  
August 2020**

As COVID-19 continues to threaten Texas communities, health care and assisted-living facilities have limited visitation in order to lower the risk of exposure and prevent further spread of the virus. The greater the level of community transmission, the more likely patients, visitors, health care workers, and others may contract and spread the disease in the facilities within that community. Limiting the number of visitors to only those who are considered essential for the patient's care not only protects the health care workers and patients in the facility, but also protects the visitors themselves from potentially being exposed to the virus during their visit.

However, outside of infection control, health care and assisted-living facilities recognize the mental, emotional, spiritual, and other health needs of the patient that may be unmet with strict "no visitation" policies. Current emergency rules were published as the COVID-19 pandemic was escalating in Texas, and we can expect those rules to evolve with time. As the state considers how to proceed with visitation in health care and assisted-living facilities in the time of a pandemic, our groups have developed principles related to end-of-life and seriously ill patients. The undersigned groups ascribe to the following principles for care in our state as we continue to grapple with the reality of COVID-19.

**Basic Principles Related to End-of- Life and Serious-Illness Care Visitation**

1. As the epidemic evolves, we will need to retain flexibility as we balance the social, emotional, and spiritual needs of end-of-life, seriously ill, and chronically critically ill patients (and their family members) with well-functioning infection control of health care and assisted-living facilities. We recognize it can be difficult for facilities to adjust policies quickly or on an ongoing basis. We also recognize that the "new normal" we are currently living through may last years, meaning any set of rules may change as the disease and its treatment change.
2. These principles must be balanced against the reality of having adequate personal protective equipment (PPE) and availability of rapid point-of-care testing for anyone entering a facility. Based upon facility access and circumstances, some facilities within the same community may or may not be able to accommodate visitation.
3. Any decision should have the support and clearance of facility infection control leadership and take into account applicable rules and regulations. Considerations may include interim visitation policies such as having external visits or meetings outside the facility to better accommodate physical distancing. As we open facilities for nonessential surgeries, we hope to improve public confidence in the safety of being present in a facility. The more treatment can be normalized at least for non-COVID-19 patients, including those at the end of life, the better.
4. For purposes of these recommendations, we adopt the following definitions:
  - **End-of-life in-person visitation** is understood to meet one or both of the following clinical criteria:
    - In-person visitation for the purpose of discussing or determining serious illness goals of care or advance care planning, in which decisions regarding the end of life may be made (including, but not limited to, decisions about maintenance or withdrawal of life-sustaining treatments, attempted cardiopulmonary resuscitation, or an advance directive under [Chapter 166](#) of the Texas Health and Safety Code), and/or

- In-person visitation when death is expected in the near future by one or more responsible physicians or advance practice professionals during the hospital or facility stay with or without maintenance of life-sustaining treatments.

In either of these situations, daily visitation should be considered only if other criteria can be met (such as availability of PPE).

- **Serious illness** is an illness where the physician would not be surprised if the patient died within the next year. This is defined as “surprise question positive” and predicts about a 50% one-year mortality. This could be helpful for hospitalized patients with various end-stage organ failures and cancer leading to prolonged stays.
  - **Chronic critical illness** is as an illness where a patient is expected to remain in the intensive care unit more than one week.
5. There should be a provision for visitation by children of seriously ill adults, in accordance with applicable requirements.
  6. Other considerations regarding policies in health care and assisted-living facilities are these:
    - Visitors must comply with required policies related to PPE. If PPE is not available or a visitor refuses compliance, then policies should prohibit the visit.
    - Policy development should consider that nursing managers need flexibility to restrict visitation related to staffing. Assisting a visitor with donning and doffing full PPE is an extra time load on a nurse.
    - Policies should consider registration of all visitors to COVID-19 patients, and sharing registration records with local health departments in the event of disease spread.
    - Facilities should have the option to require a signed waiver of liability by a visitor.
    - For visits to COVID-19 patients longer than an hour, visitors should agree in advance to self-quarantine for 14 days from the date of their last visit.
  7. Ethically, long-term acute care, skilled nursing facilities, assisted-living facilities, and other facilities housing older Texans all should treat the individuals in these various facilities similarly. Thus, as standards evolve for visiting patients in acute facilities, the same should occur in other facilities where those individuals reside.

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