

## COVISIT: COVID-ICU and FAMILIES

A survey to describe

Family visitation policies, facilities, communication and support

variations within and between countries in the setting of the COVID-19 pandemic.

Protocol

V 1.2

updated 06/04/2021

# Protocol

## Objectives:

To describe

- Current visiting policies and how they have changed since the COVID-19 pandemic
- Support offered to families, including virtual visiting and communication strategies.

## Rationale

The ongoing COVID-19 pandemic has caused a disruption of communication, services and support for relatives of ICU patients (1). Since the very beginning of the pandemic (2), and in periods of high community transmission, visits to critically ill patients have been strictly limited or stopped altogether to minimize the risk of COVID-19 transmission and to conserve limited PPE supplies.

Prior to December 2019, family centred critical care, which includes unrestricted, open visiting, had been increasingly recognised as an integral and important component of the management of ICU patients.

Society guidelines acknowledge the importance and impact such restrictions may have on relatives of ICU patients, especially around the time of death. This includes establishing local guidelines, including frequent structured communication and the use of technology to palliate the inability to provide with the usual interactions and information (3-5).

The aims of this survey are to describe the organisation of information and visiting for relatives of ICU patients and the services available to support them in the current pandemic times.

## Methods

### Survey Design

We will use a custom-designed survey using the survey-monkey online platform. It will be tested by management committee members and by clinicians with relevant experience not in the management committee for flow, content and administration. Iterative adaptation will be performed based on tester feedback.

The survey will be designed to be short and not take more than 20 minutes to complete. It will investigate 5 core domains

1. Institutional demographics. Description of the hospital and the ICU. Local pandemic status. Identification of the ICU to avoid duplicates – Only country information will be kept for analysis, the other variables will be deleted prior to importing in the statistical software
2. Visiting Policies, including visiting hours and management near the end of life; ~~use of PPE by visitors~~ .
3. Use of technology to facilitate virtual visiting by relatives of ICU patients
4. Communication with relatives of ICU patients.

### Anonymity and data management processes

Data will be collected via survey monkey and exported to an excel document. Data will be checked for duplicates by sorting by country, town, hospital name and ICU names if available.

If duplicate entries are found, they will be checked for completion. If any completion discrepancies, the most complete entry will be kept.

In case where several complete entries are available for the same ICU, they will be sorted according to the role of the respondent (Medical director, Nurse unit manager or nursing director, Medical senior role, Nursing senior role, Medical other, Nursing other, Administrative role, Other). The entry with the ranking that comes first in this list will be kept.

Once duplicates removed, the following data fields will be deleted: role, town, name of hospital, name of ICU. Data will then be saved as the master data file for the study and transferred to the statistical software for analysis.

Descriptive statistics will be provided for reporting and publication.

#### Survey population

ICUs worldwide– we define ICU as an inpatient service with capacity to provide invasive mechanical ventilation. One response per ICU will be sought. Sample size will be defined as a convenience sample from the ICUs that respond. Response rate will be by design unknown.

#### Survey dissemination

We will disseminate the survey through all means available to the management committee including the following:

1. European Society of Intensive Care Medicine mailing list
2. Partner scientific societies mailing lists
3. Personal networks of management committee members
4. Social media (Twitter accounts of management committee members)

We will also ask respondents to forward the survey to their contacts for snowball sampling.

Endorsement has been being obtained from:

European Society of Intensive Care Medicine (ESICM)

#### Ethical considerations

COVISIT has been reviewed as a low and negligible risk project by the Ethics committee of the Royal Brisbane and women's hospital in Australia (LNR/2020/QRBW/71880).

## Organizing committee

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