

Exploring the impact of COVID-19 visitor restrictions on patient and family-centered care in Canadian ICUs

Background

Guidelines have previously identified best practices for patient and family-centered care (PFCC) in the ICU, which include broadly 1) family presence in the ICU; 2) family support; 3) communication with family members; 4) use of specific consultations and ICU team members; and 5) other operational and environmental issues (1). Open ICU visitation policies are the foundation of PFCC in ICU (2).

Unfortunately, due to the COVID-19 pandemic, visitor restrictions have been implemented across Canadian healthcare facilities that are not in keeping with the best practices for PFCC. For example, in Saskatchewan, family members are unable to visit their loved ones or provide comfort through physical contact, unless the patient is imminently dying. Healthcare providers (HCPs) are innovating new ways to include families in the care of ICU patients (3). However, these visitor restrictions may be inconsistently applied across the country, and family members have called for a uniform policy or national guidelines for visitation, so families are not “spending loved ones’ final days pleading for visitation” (4).

We will undertake a two-phase project that will seek to understand the impact of the COVID-19 visitor restrictions on ICU healthcare providers and families of ICU patients when visitor restrictions were in place. We have delayed the family portion of this study to allow family members adequate time to grieve and process painful emotions, if needed.

Research Objectives

- 1) To identify the impact of COVID-19 visitor restrictions on patient families and healthcare providers (HCPs) in Canadian ICUs, explore solutions, and inform planning for the future.
- 2) To identify practical ways that healthcare providers in ICU and patient families can support each other during pandemic conditions.

Methods

We will use a mixed-methods research design comprised of a modified surveys (with input from Patient Family Advisors) and follow up interviews (5,6). We will recruit Canadian ICU healthcare providers via their professional society mailing lists (Canadian Critical Care Society, the Canadian Association of Critical Care Nurses, and the Canadian Society of Respiratory Therapists). We will recruit patient family participants through the Strategy for Patient Oriented Research (SPOR) SUPPORT units, via the Saskatchewan Centre for Patient Oriented Research (SCPOR). SCPOR will distribute the invitation through their email lists, and post ads on their Patient Opportunities site and to Facebook.

Following the survey, participants will have the opportunity to leave contact information for a follow up interview. Semi-structured interviews will be conducted remotely by an RN via phone, video, and/or email. Qualitative interviews will add depth to the survey responses and provide an opportunity for problem solving of strategies that can be used when families cannot be present with their loved ones. We will continue recruiting for interviews from families and healthcare providers until we achieve saturation of themes in each group.

Exploring the impact of COVID-19 visitor restrictions on patient and family-centered care in Canadian ICUs

Research Team

Our team includes two intensivists (Dr. Sabira Valiani & Dr. Joann Kawchuk), a researcher with experience in community-engaged and mixed methods research (Dr. Jennifer O'Brien), and a RN research assistant with expertise in patient and family centered care in emergent and intensive care settings (Ms. Faith Bae). Furthermore, we are contributing to training two SCPOR-funded students – a Dean's Summer Student (Ms. Caitlyn Kitts) and an undergraduate student (Ms. Sana Mohammad) in patient-oriented and mixed methods research. We are also in the process of recruiting a Patient Family Advisor (PFA) with the experience of having a loved one in the ICU to our research team. This PFA will have the opportunity to contribute to survey and interview questions, data analysis, and identification of key findings to be communicated to stakeholders as part of knowledge translation activities.

Research Ethics Board Approval

We have received approval from the University of Saskatchewan Behavioral Research Ethics Board for surveys and interviews of healthcare providers (enclosed).

Impact

This study will have the ability to contribute to planning and decision-making around visitor restrictions in ICUs during pandemic conditions locally, nationally, and internationally as health systems navigate the unique context of COVID-19. We hope that this work will begin to define best practices for patient and family-centered care in the ICU during a pandemic. This research also has the potential to inform best practices for PFCC when family members are located remotely from the ICU patient and cannot travel to be with the patient under non-pandemic circumstances.

Exploring the impact of COVID-19 visitor restrictions on patient and family-centered care in Canadian ICUs

References

1. Davidson JE, Aslakson RA, Long AC, et al. Guidelines for family-centered care in the neonatal, pediatric, and adult ICU. *Critical Care Med.* 2017;45(1):103-28.
2. Vaeza NN, Delgado MCM, La Calle GH. Humanizing intensive care: toward a human-centered care ICU model. 2020 Mar. 48(3): 385-90. DOI: 10.1097/CCM.0000000000004191
3. Arya A, Buchman S, Gagnon B, Downar J. Pandemic palliative care: beyond ventilators and saving lives. *Canadian Medical Association Journal.* 2020;192(15):E400-404. doi:10.1503/cmaj.200465..
4. Haines, Avery. "Family of woman who died from COVID-19 calls for uniform policy on hospital visitations." *CTV News.* 6 Apr 2020: <https://www.ctvnews.ca/health/coronavirus/family-of-woman-who-died-from-covid-19-calls-for-uniform-policy-on-hospital-visitations-1.4884913>
5. Tolomiczenko GS, Kahan M, Ricci M, Strathern L, Jeney C, Patterson K, Wilson L, 2005. SARS: coping with the impact at a community hospital. *J Adv Nurs*;50(1): 101-10.
6. Wall RJ, Engelberg RA, Downey L, Heyland DK, Curtis JR. Refinement, scoring, and validation of the family satisfaction in the intensive care unit (FS-ICU) survey. *Crit Care Med.* 2007;35(1):27-9.