

Survey of basic information of the hospital/ICU

Dear Study Participants,

The aim of this study is to describe the implementation of daily ICU care, especially associated with the ABCDEF bundle, PADIS guidelines, and nutrition with regard to patients infected with COVID-19.

We appreciate your interest in participating in this online survey. Please look over the information below carefully before agreeing to participate by clicking ‘**Agree to participate**’ at the bottom.

- ① This investigation consists of two surveys: the first is a survey of basic information of the hospital/ICU and the second is a survey of daily ICU care.
- ② **Do NOT forget** to save the **Facility Registration Number** you will be given when you complete this survey of basic information of the hospital/ICU. You will need to enter this number when you answer the survey for daily ICU care on 3rd June. If you forget the number, you need to complete this survey again to get a new Facility Registration Number. The Study Committee does not save and cannot give you the number to protect anonymity.
- ③ You will be given about 30 questions associated with basic information for your hospital/ICU, such as hospital structure, ICU structure, and treatment policies in the ICU. It should take about 5 to 10 minutes to complete.
- ④ You will be given about 30 questions associated with the ICU care you are providing to patients on 3rd June in the next survey of daily ICU care. The questionnaire includes information about age, gender, and estimated Body Mass Index, which are collected as categorial variables. You need to complete one questionnaire about ICU care for each patient. It should take about 10 minutes per questionnaire.
- ⑤ Your participation in this survey is voluntary. If you decide to join the study and start to answer, you may withdraw at any point during the questionnaire for

any reason before submitting your answers by pressing the ‘Submit’ button/closing the browser.

- ⑥ This project has been reviewed by, and received ethical approval [2020-07] from, the Saiseikai Utsunomiya Hospital Institutional Review Board. The ISIIC Study Committee is investigating ethical issues in collaboration with a lawyer in Japan and we believe that ethical review from each facility is not required according to ethical policies in Japan. This study is conducted via a survey that does not include personal information as defined in the Personal Information Protection Law in Japan, and is therefore judged to meet the requirements for ethics review exemption in the ethical guidelines for medical research as described below.
- (1) The collected information does not include data that can be used to identify the facility or individual.
 - (2) We do not use samples taken from the human body.
 - (3) This is an observational study that does not involve any intervention or any burden on personnel.
 - (4) Registered institutions definitely have the right to decide whether they choose to answer the questions.
 - (5) The content of the questions will not cause psychological distress to the questionnaire respondents. Questionnaire respondents in registered facilities are guaranteed the right to refuse to answer the questionnaire and are not disadvantaged or coerced into answering the questionnaire if they do not return it.

However, please note that each institution outside of Japan must consider the necessity for ethical review in their location.

The name of one representative from each participating facility will be included as an acknowledgement in all study publications.

If you have any questions or concerns about any aspect of this survey, please do not hesitate to contact to the ISIIC study committee below. We will do our best to answer your query and resolve it.

ISIIC Study Committee Mail: pics-covid-e@isicm.org

The principal investigators of this study are members of the Japanese Society of Intensive Care Medicine (JSICM): Keibun Liu MD PhD, Kensuke Nakamura MD PhD, Hajime Katsukawa PT PhD, and Osamu Nishida, the President of JSICM.

If you agree to participate after reading the above, please click “**Agree to participate**” at the bottom of this web page to start the questionnaire. If you do not agree to participate in this survey, please click “**Disagree to participate**” at the bottom to close this web page.

- Agree to participate**
- Disagree to participate**

For all questions, please select the one best answer unless otherwise indicated.

Respondent identity

1. What is your role in the ICU?
 - Nurse (include nurse managers, directors, and critical care nurse specialists)
 - Intensivist (Physician)
 - Physician other than intensivists
 - Dedicated Physiotherapist in the ICU
 - Non-dedicated physiotherapist
 - Respiratory therapist

Hospital Characteristics

2. Which country are you working in?

3. How many beds does your hospital have?
 - <200 beds
 - $200 \leq < 400$
 - $400 \leq < 600$

$600 \cong < 800$

$\cong 800$

4. Describe the academic affiliation of your hospital.

University hospital

University-Affiliated hospital

Community hospital

Others

5. Number of beds specialized for patients with COVID-19 in your hospitals.

< 10 beds

$10 \cong < 20$

$20 \cong < 30$

$30 \cong < 40$

$40 \cong < 50$

$\cong 50$

ICU Structure / Characteristics

6. What is the type of ICU?

Medical

Medical-surgical (mixed)

Surgical

Cardiac surgical

Neurologic

Others

7. Is your ICU managed as a tele-ICU by another hospital or ICU?

Yes

No

8. How many ICU beds does your ICU have?

<10 beds

$10 \leq < 15$

$15 \leq < 20$

≥ 20

9. How many ICU beds are **specifically designated for patients with COVID-19?**

<5 beds

$5 \leq < 10$

$10 \leq < 15$

$15 \leq < 20$

≥ 20

10. What is the nurse to patient ratio in your ICU?

1

2

3

4

≥ 5

11. Are there dedicated intensivists (physicians) in your ICU?

No Intensivists Available

Intensivists Available for Consultation

Intensivists provides mandatory consultation

Intensivists have Primary Responsibility in ICU patient care

12. Is there a dedicated physical therapist available in your ICU?

- Yes
- No

13. Is a dedicated occupational therapist available in your ICU?

- Yes
- No

14. Is a dedicated respiratory therapist available in your ICU?

- Yes
- No

15. What is the USUAL number of visiting hours in your ICU for a family per day? The word "usual" means before the COVID-19 pandemic.

- No visiting hours available
- $0 < < 6$ hours
- $6 \cong < 12$
- $12 \cong < 18$
- $18 \cong < 24$
- No limitation on visiting hours

16. Recently, how many hours per day can the family visit a patient, after the COVID-19 pandemic started?

- No visiting hours available
- $0 < < 6$ hours
- $6 \cong < 12$
- $12 \cong < 18$
- $18 \cong < 24$
- No limitation on visiting hours

17. How long the family allowed to visit a patient with COVID-19 per day in your ICU?

- No visiting hours available
- 0 < <6 hours
- 6 ≅ < 12
- 12 ≅ < 18
- 18 ≅ < 24
- No limitation on visiting hours

18. Who may enter the room of patients with COVID-19 under the infection control regulations of your hospital? (Click all that apply)

- Nurses (include nurse managers, directors, and critical care nurse specialists)
- Intensivists
- Physicians other than intensivists
- Dedicated Physiotherapist in the ICU
- Non-dedicated physiotherapists
- Occupational therapists
- Respiratory therapists

19. How many times daily does your ICU have multidisciplinary rounds to visit COVID-19 patients?

- Not applicable
- daily
- once every two-three days
- once a week
- once a month

20. Is there a written pain management protocol in your ICU?

- Yes
- No

21. What proportion of patients with COVID-19 undergo regular pain assessment in your ICU? Regular pain assessment means that medical staff assess patients with COVID-19 6 times or more per day by using a pain assessment tool such as a Numerical Rating

Scale (NRS), Critical-care Pain Observation Tool (CPOT), Behavioral Pain Scale (BPS), or others.

- 0 %
- $0 < < 25$
- $25 \cong < 50$
- $50 \cong < 75$
- $75 \cong < 100$
- 100 %

22. Is there a written Spontaneous Awakening Trial (SAT) management protocol in your ICU?

- Yes
- No

23. What do you think the proportion of patients with COVID-19 who could receive regular Spontaneous Awakening Trial assessment in your ICU? Regular Spontaneous Awakening Trial assessment means that medical staff orders cessation of sedatives and narcotics, or a similar local protocol, to the patients with COVID-19 to evaluate consciousness.

- 0 %
- $0 < < 25$
- $25 \cong < 50$
- $50 \cong < 75$
- $75 \cong < 100$
- 100 %

24. Is there a written spontaneous breathing trial (SBT) management protocol in your ICU?

- Yes
- No

25. What do you think the proportion of COVID-19 patients who could receive a regular spontaneous breathing trial assessment in your ICU? Regular spontaneous breathing trial assessment means that medical staff sets a respiratory rate of zero with 8 or less of pressure support ventilation, or similar local protocol, to evaluate whether a patient meets the requirements for extubation.

- 0 %
- $0 < < 25$
- $25 \cong < 50$
- $50 \cong < 75$
- $75 \cong < 100$
- 100 %

26. Is there a written sedation management protocol in your ICU?

- Yes
- No

27. What is the proportion of patients with COVID-19 who could undergo regular sedation assessment in your ICU? Regular sedation assessment means that medical staff assesses a patient with COVID-19 6 times or more per day by using the assessment tools such as Richmond Agitation- Sedation Scale (RASS), Sedation-Agitation Scale (SAS), or others.

- 0 %
- $0 < < 25$
- $25 \cong < 50$
- $50 \cong < 75$

$75 \leq < 100$

100 %

28. Is there a written delirium management protocol in your ICU?

Yes

No

29. What is the proportion of patients with COVID-19 who could undergo regular delirium assessment in your ICU? Regular delirium assessment means that medical staff assesses the patient with COVID-19 2 times or more per day by using assessment tools such as Confusion Assessment Method for ICU (CAM-ICU), Intensive Care Delirium Screening Checklist (ICDSC), or others.

0 %

$0 < < 25$

$25 \leq < 50$

$50 \leq < 75$

$75 \leq < 100$

100 %

30. Is there a written mobilization / rehabilitation management protocol in your ICU?

Yes

No

31. What do you think the proportion of patients with COVID-19 who could achieve the rehabilitation level of sitting on the edge of the bed or higher during their ICU stay?

0 %

$0 < < 25$

$25 \leq < 50$

$50 \leq < 75$

$75 \leq < 100$

100 %

32. Is there a written sleep management protocol in your ICU?

Yes

No

33. What do you think the proportion of patients with COVID-19 who received pharmacological or non-pharmacological intervention for sleep disorders based on an assessment that day?

✘ non-pharmacological intervention including eye-mask, monitor light arrangement, sound limitation, or others

0 %

$0 < < 25$

$25 \leq < 50$

$50 \leq < 75$

$75 \leq < 100$

100 %

34. What do you think the proportion of patients with COVID-19 who received an ICU diary in your ICU?

0 %

$0 < < 25$

$25 \leq < 50$

$50 \leq < 75$

75 ≅ < 100

100 %

35. What is the proportion of patients with COVID-19 who required the use of physical restraints to the bed in your ICU?

0 %

0 < < 25

25 ≅ < 50

50 ≅ < 75

75 ≅ < 100

100 %

Caution ! !

Do NOT forget to save the **Facility Registration Number** you will be given when you complete this survey of basic information of the hospital/ICU. You will need to enter this number when you answer the survey for daily ICU care on 3rd June. If you forget the number, you need to complete this questionnaire again to receive another Facility Registration Number.

36. Is this questionnaire you just completed a repeat entry (for example if you lost the Facility Registry Number)?

Yes

No