Supplementary Digital Content 6 Quotations Related to the Impact of the SARS-CoV-2 Pandemic on Neurocritical Care Delivery by Themes

Opportunities

Strengthening resilience, team spirit, collaborations

"Emphasize that we bent but never broke, required a lot more work but everyone chipped in"

"Teamwork has skyrocketed and created a much more family-oriented mentality towards work and colleagues. This pandemic has shattered interpersonal and interprofessional barriers and forced us to work together to solve life-threatening problems. It has brought us closer."

"This pandemic also highlighted how multidisciplinary teams are very important (RT, social worker, rehab, physicians, nurses etc). Lot more cross-departmental movement. More collaborative model which was not existent. Breaking down of old barriers"

"This pandemic has brought the healthcare community together. We've thought quickly, been nimble about making changes to improve care for our patients and safety of our caregivers."

"We got the vaccine into the arms of our team!"

"I think our generation now will be better equipped to deal with all kinds of crisis"

NCC providers step us as intensivists and refine critical care skills

"Better able to care for pulmonary physiology as a result of the pandemic "
"I think it's been great for NCC reputation that we can take care of medical ICU with the same competency as
MICU or SICU attendings"

"In this pandemic, NCC providers everywhere are an essential part of the frontline work force and i think we made our mark, and the world now has a better idea of what neurocritical care is and what we do."
"We gained more experience in managing pulmonary acute disease, that can affect also neurocritical patients."

Development of telemedicine capabilities

"Tele-Neuro ICU is the future"

"Increased use/familiarity for telemedicine which will likely continue"

"It is time to have tele - Neurocritical Care service worldwide"

Increased productivity and opportunities for research

"Research did not stop, we continued and if anything increased due to the high incidence of neurologic complications in COVID patients."

"Increased Research activity was implemented because of a quicker activity of the ethical committee"

"It did somehow spark an increased interest in research and the planning / participation of new, COVID-related studies"

Emphasis on safe practices and hygiene

"The importance of hand hygiene and masks has never been emphasized this effectively, as has happened with this pandemic. In my belief, this would continue for very long as a habit amongst the healthcare professionals"

"Greater awareness of infection control / infection prevention measures."
"The pandemic has made us more mindful of infection control practices."

Challenges

Giving less priority to NCC patients

"I can't believe we stopped operating on patients with brain tumors"

"Tumors need to be resected"

"Stroke patients are presenting late, out of the thrombolysis windows"

"Challenge is to weigh and prioritize (42 yo ruptured aSAH and potentially good outcome vs. 79 yo COVID pts with ARDS and multiorgan failure), neuro patients were frequently not prioritized"

Triage – having to turn down NCC patients

"Had to deny some admissions. The status epilepticus patients were denied"

"The bigger impact is due to diversion of patients due to occupancy of ICU by COVID cases"

"frequent diversion to include stroke and STEMI due to lack of capacity"

"Family visitation still very restricted, families frequently don't have the best understanding of patient's state. Felt that families prolonged care (and hesitated to withdraw) in cases where they might not have if they could have seen the patient"

Restricted Family visitations

"Major issue was the communication with relatives. It is especially painful to explain and detail the compromised neurological status to a beloved that cannot personally see his/her relative. This become more touching in the neuro emergencies when major abilities (i.e., movement, speaking, understanding, etc) can be persistently or permanently compromised by the acute brain injury"

"What impacted our neuro ICU population the most is visiting restrictions policies. Our physical and occupational therapist work with the patients and show the family the movements and exercise that they should do and how they can help the patient. Not having the families at the bedside has eliminated the possibility of early rehab and passive range of motion in our patients."

Detrimental effect to academics

"Non-COVID research shut down in April. All national trials shut down. Coordinators not allowed to come into hospital. BOOST-3 got delayed and slowly started back up in May"

"Students and resident projects taken a hit because normal rhythms thrown off.

QI projects affected"

"I was not able to recruit a critical care fellow for year 2021-2022"

Burden on financial resources

"Negative long-term consequence. Due to financial hit, had to furlough a fair number of nurses. Travel nurses pulled to COVID and stretched to the absolute limit. Very junior nurses, with limited NCC experience, doing multiple shifts. Quality has changed"

"All infrastructure that needs extra financial investment is on hold indefinitely. even manpower, so right now there is no contingency for another massive surge"

Emotional toll on providers, decreased morale, personal stressors

"My team's morale is down"
"Felt as being kicked-around"

"The most striking effects of the pandemic has been on staff wellness and morale. As weeks have dragged into months, there has been an alarming attrition rate of staff"

"Childcare at home was an issue for clinical and academic productivity for many of the attendings"

"Due to the fear of getting our families sick with COVID, we the health care workers quarantine from our families and didn't see them until one or two months ago. This was quite stressful for all of us"

"Many staff doctors resigned, and we are not hiring more medical personnel." "I'm looking for something positive in neurocritical care, but I can't find it, I'm sorry"