Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the Editor

Introducing the Video call to facilitate the communication between health care providers and families of patients in the intensive care unit during COVID-19 pandemia

Dear Editor,

Communication between health care providers, patients and families has been identified as the most important and least accomplished factor in quality of care in the intensive care unit (ICU) (Kleinpell, 2014). Many studies have shown that communication with caregivers is one of the most highly valued aspects of care (Kentish-Barnes et al., 2018; Nelson et al., 2006; Long and Curtis, 2014). The receipt of honest, intelligible and timely information is among the primary concerns of family members of patients in the ICU (Curtis et al., 2001; Wood, 2018). In addition, they need support, comfort, proximity and reassurance (Henrich et al., 2011; Wood, 2018). Families want to feel that there is hope and they generally want to know the prognosis (Kon et al., 2016). Effective communication improves family satisfaction, trust in ICU physicians, clinical decision-making and psychological well-being being of family members (Lilly et al., 2000; Wood, 2018).

Complete isolation due to the COVID-19 pandemic restrictions disables clinician-family meetings and the limitations of hospital visitation policies do not permit caregivers to be near their loved ones, with the risk of leaving them without any form of trusted representation and advocacy. Bowman and colleagues report that due to knowledge and resource uncertainty during the COVID-19 pandemic, front-line clinicians are experiencing distress during patient and family conversations. (Bowman et al., 2020). On the basis that an extended family visitation policy in the ICU can be associated with reduced occurrence of delirium and shorter length of delirium/coma and ICU stay (Rosa et al., 2017), we assumed that a video call could be a method to mitigate the bad effects of isolation. We therefore report on an intervention designed to improve communication quality and outcomes between providers and families of patients in the ICU.

We started to use video calls between patients and families and for daily communication between clinicians and families. We developed a checklist to guide clinicians leading the video call between a patient and their family (Table 1). This checklist could be a support and guide for a clinician during the call. It [provides support during the conversation to ensure uniform conversation and assure information. Before the start of the video call, it is important to create the setting for the patient and for the team. The patients clinical and emotional condition must be stable, it is not recommended to start a video call with patients with a RASS score > 2. The team should not be managing an emergency situation or an admission of a new patient.

After preparation the video call can start following the check list. The tool helps clinicians to conduct the call. It provides some phases and a structure to assist with the call. Addressing barriers to facilitate better communication in the ICU is a priority area to enhance patient safety as well as promote optimal interaction and patient satisfaction.

The video call is often carried out some days or, more frequently, weeks from the last time the families met their loved ones. During this period patients have often been treated in prone position for long times, have an endotracheal tube, a nasogastric tube for enteral feeding and other devices that contribute to change the image of a person. Families can be worried about the patient, we need to prepare them. The caller should spend time in introducing the current situation of the patient thinking not only about the clinical state, but also the visual impact.

In a period in which families can only hear by phone a voice often telling them bad news, the opportunity of “meeting” the clinicians caring for their loved ones appear to be a chance to give something more. Physicians and nurses in ICU are not used to communicate in this way, but our team reveals adaptability and creative characteristics. Whether we use a tablet or audio calls, the advice for the preparation are the same as the video call between patients and family. The conversation flows as a normal ICU family meeting, keeping in mind to respect the augmented dialogue times, due to possible devices and connection limits.

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Table 1
Checklist for the video call in ICU between the patients and the relatives.

Preparation call with the family member	• Name of the patient _____ • Ask if family members want to get in touch with their relative by video call, allow them time to reflect on it and legitimise any response • If yes, anticipate that you will call them at the agreed time, advising them to wait for the call in a quiet place. • Evaluate and settle the presence of children. • Inform that the video call will be short and should be based on positive and encouraging contents. • If the patient is unable to verbalise, for example because they have an endotracheal tube, ask the family members not to ask open questions
Preparation of the patient	• Ask the patient if they want to get in touch with someone on video call and with whom, leave time to reflect on it, without influencing, and legitimising any response. • If yes, prepare them by optimising their position • Inform that the video call will be short
Preparation of the caller	• Make sure to call at a suitable time for you and for the team • If appropriate, involve other professionals in the call • Call the family member at the scheduled time • Inform the whole team that you are about to make a video call, in order to set up an adequate environment and limit interruptions. • Check for the calling devices and web connection.
Start	• The video call begins outside the patient's vision • Present yourself with name and qualification. • Check who you are talking to. • Smile and approach the patient talking to the family member • Connect the patient and the family member
Conduction	• Stay close to the patient and check their reactions • If necessary, help the patient to understand the contents • If the patient becomes fatigued or disinterested bring the communication towards closure.
End	• Take back control of the communication, thank the patient and move away from them telling that you will come back • Check the emotional state of the family members and allow them to ask for questions. • Take a few minutes for yourself.

Lessons learned: Always be open minded to new ways of acting your mission.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Alessandra Negro
Milena Mucci
Paolo Beccaria
Giovanni Borghi
Tania Capocasa
Matteo Cardinali
Nicola Pasculli
Roberta Ranzani
Giulia Villa *
Alberto Zangrillo
IRCCS San Raffaele Institute, Milan, Italy
* Corresponding author.
E-mail address: villa.giulia@hsr.it (G. Villa)