

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	The Impact of Restricted Visitation Policies in Hospitals on Patients, Family Members and Healthcare Providers During the COVID-19 Pandemic: A Scoping Review Protocol
AUTHORS	Moss, Stephana; Stelfox, Henry; Krewulak, Karla; Ahmed, Sofia; Anglin, Melanie; Bagshaw, Sean; Barnes, Tavish; Burns, Karen E. A.; Cook, Deborah; Crowe, Sarah; Doig, Christopher; Foster, Nadine; Fox-Robichaud, Alison; Fowler, Robert; Kredenster, Maia; Murthy, Srinivas; Niven, Daniel; Olafson, Kendiss; Parhar, Ken Kuljit; Patten, Scott; Rewa, Oleska; Rochweg, Bram; Sept, Bonnie; Soo, Andrea; Spence, Krista; Spence, Sean; Straus, Sharon; West, Andrew; Parsons Leigh, Jeanna; Fiest, Kirsten

VERSION 1 – REVIEW

REVIEWER	Lees-Deutsch, Liz University Hospitals Birmingham NHS Foundation Trust, Acute Medicine
REVIEW RETURNED	04-Feb-2021

GENERAL COMMENTS	<p>This novel Scoping Review will address a much needed area of concern to patients and staff in acute care. Your review questions and methods are easy to follow and certainly make the process transparent. I was only left pondering two points:</p> <p>(1) Will you be able to distinguish what visiting hours acute areas operated prior to Covid-19 Pandemic and therefore the degree to which they were restricted?</p> <p>(2) Are you able to describe an acute area in terms of the patient length of stay? [how acute is acute]....</p> <p>The research outputs should prove very useful and I look forward to reading the final research.</p>
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REVIEWER	Imbriaco, Guglielmo Maggiore Hospital Carlo Alberto Pizzardi, Intensive Care Unit - Helicopter Emergency Medical Service
REVIEW RETURNED	05-Feb-2021

GENERAL COMMENTS	<p>First of all I would like to thank you and all the other authors for your valuable work on an extremely timely and relevant topic, particularly in this difficult time.</p> <p>I am very glad for the opportunity to review your submission. Overall the submitted protocol is very good, complete and exhaustive. PRISMA reporting guidelines have been correctly followed.</p> <p>Considering that this scoping review will be conducted on published studies only, it will not require an ethical committee</p>
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	<p>approval. I suggest to add a statement reporting that ethical approval is not required.</p> <p>My only doubt is related to the timeframe limit of the publications you will include in the review. Your timeframe (01/01/2019-25/11/2020) will probably exclude some potentially relevant experiences related to the measures applied during the second wave of COVID-19 in Western countries or medium-long term outcomes for patients, families and healthcare professionals:</p> <ul style="list-style-type: none"> - some countries (for example UK, France and Belgium) applied stricter restrictive measures during the second wave; - hospital response is very different from the first and the second wave, considering the re-modeling and the increase in the number of beds and wards (e.g. some wards have been redesigned including protected paths to allow visitations) maybe you can analyze strategies and experiences useful for your objective n.2 ("What approaches have been taken to mitigate the impact on patients, family members, or healthcare providers"); - extending the timeframe of your research you can probably better explore experiences of the difference between the two waves and medium/long term impact on your population (objective n.1 "What are the impacts of restricted hospital visitation policies due to the COVID-19 pandemic on patients, family members or healthcare providers"). <p>Considering those aspects, I suggest to extend the timeframe of your literature research to the end of February 2021.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Ms. Liz Lees-Deutsch, University Hospitals Birmingham NHS Foundation Trust

Comments to the Author:

This novel Scoping Review will address a much needed area of concern to patients and staff in acute care. Your review questions and methods are easy to follow and certainly make the process transparent.

RESPONSE: Thank you for your time to review our scoping review protocol and providing helpful suggestions to strengthen our paper.

I was only left pondering two points:

(1) Will you be able to distinguish what visiting hours acute areas operated prior to Covid-19 Pandemic and therefore the degree to which they were restricted?

RESPONSE: Thank you for this excellent suggestion. The authors agree that providing context for the relative change of visitation policies is an important piece of information to place our findings in context. We have added this as an item to our data abstraction methods that are listed in Table 3 (on page 22) of our revised manuscript and will ensure this data is collected in the scoping review.

(2) Are you able to describe an acute area in terms of the patient length of stay? [how acute is acute]....

RESPONSE: Thank you for the suggestion to provide more detailed information on the acute care settings that we will include in our scoping review. We plan to abstract data on both the hospital length of stay and the intensive care unit length of stay (listed in Table 3 on page 22 of our paper). Should sufficient data allow, we will stratify our results by patient length of stay to investigate our results by “acuteness” of patient location.

The research outputs should prove very useful and I look forward to reading the final research.

RESPONSE: Thank you, kindly.

Reviewer: 2

Dr. Guglielmo Imbriaco, Maggiore Hospital Carlo Alberto Pizzardi, University of Bologna
Comments to the Author:

Dear Dr. Fiest,

First of all I would like to thank you and all the other authors for your valuable work on an extremely timely and relevant topic, particularly in this difficult time.

I am very glad for the opportunity to review your submission. Overall the submitted protocol is very good, complete and exhaustive. PRISMA reporting guidelines have been correctly followed.

RESPONSE: Thank you for your time to review our scoping review protocol and providing helpful suggestions to strengthen our paper.

Considering that this scoping review will be conducted on published studies only, it will not require an ethical committee approval. I suggest to add a statement reporting that ethical approval is not required.

RESPONSE: Thank you for the suggestion to add a statement on ethical committee approval. On page 4 of our revised manuscript in “Ethics and Dissemination” we have added the following statement as suggested, “Ethical approval was not applicable as this review will be conducted on published studies only.”

My only doubt is related to the timeframe limit of the publications you will include in the review. Your timeframe (01/01/2019-25/11/2020) will probably exclude some potentially relevant experiences related to the measures applied during the second wave of COVID-19 in Western countries or medium-long term outcomes for patients, families and healthcare professionals:

- some countries (for example UK, France and Belgium) applied stricter restrictive measures during the second wave;
- hospital response is very different from the first and the second wave, considering the re-modeling and the increase in the number of beds and wards (e.g. some wards have been redesigned including protected paths to allow visitations) maybe you can analyze strategies and experiences useful for your objective n.2 (“What approaches have been taken to mitigate the impact on patients, family members, or healthcare providers”);
- extending the timeframe of your research you can probably better explore experiences of the difference between the two waves and medium/long term impact on your population (objective n.1 “What are the impacts of restricted hospital visitation policies due to the COVID-19 pandemic on patients, family members or healthcare providers”).

Considering those aspects, I suggest to extend the timeframe of your literature research to the end of February 2021.

RESPONSE: The authors agree that capturing both the first and second waves of the pandemic is an important consideration for our scoping review. We thank you for providing excellent context for your suggestion. We have revised our stated timeline (pages 8 and 11) to indicate that we will include studies published from December 01, 2019 to March 01, 2021. We have also highlighted this change in the third bullet point of our "Strength and Limitations" section (page 5) that reads as follows: "We will include all study designs including qualitative and quantitative methodologies as well as reports, opinions, and editorials, to identify the broad impact of restricted hospital visitation during the first and second waves of the pandemic."

VERSION 2 – REVIEW

REVIEWER	Imbriaco, Guglielmo Maggiore Hospital Carlo Alberto Pizzardi, Intensive Care Unit - Helicopter Emergency Medical Service
REVIEW RETURNED	23-Jul-2021

GENERAL COMMENTS	<p>I would like to thank you for your appreciable work. As I wrote in the previous peer-review round, your paper is complete and exhaustive in all of its sections. The revised version of the manuscript includes all the suggests and corrections indicated by the editor and the reviewers</p> <p>Please check the date in the "Timeframe eligible" section (page 12): change March 01, 2020 with 2021.</p> <p>Sincerely</p> <p>Guglielmo Imbriaco BSN, RN, CEN - Maggiore Hospital Carlo Alberto Pizzardi, Bologna, Italy - Critical Care Nursing Master course, University of Bologna, Italy</p>
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