

## **Did organizational models and designs of end-of-life care in burn intensive care units change during the COVID-19 pandemic? Professionals' views and experiences**

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**Background:** Burns are a global public health problem, accounting for around 300,000 deaths annually. 25% of patients aged 45-65 with severe burns die. Given the changing environment of the COVID-19 pandemic, health services, including burn intensive care units (BurnICUs), were redesigned to be most effective.

**Aim:** To explore organizational models and designs of end-of-life (EOL) care in BurnICUs during the COVID-19 pandemic.

**Methods:** Qualitative study using in-depth interviews. All 5 BurnICUs reference centres across Portugal were invited; 3 participated. 15 professionals (12 nurses; 3 physicians) were interviewed after the first wave of the pandemic (July-October 2020), until reaching theoretical saturation. Analysis: inductive thematic analysis.

**Results:** Five themes emerged and divided in sub-themes: (i) Risk of infection/sepsis and strict visiting procedures (flexibility, by-passing visiting restrictions; struggle with visiting restrictions; videoconferencing); (ii) Hampered consultation model (specialist consultation and interventions from other professionals were impeded); (iii) Difficulties in case management (physicians on call); (iv) Palliative care (PC) not included; and (v) BurnICUs were reorganized.

**Discussion:** Organization design refers to the way in which the building blocks of organizations are (re)arranged to improve effectiveness and adaptive capacity. Findings show that decisions were made to adapt BurnICUs both to the challenges and impact of the COVID-19 pandemic and to the needs of critically burned patients. Tasks, rules, procedures and communication channels were reorganized.

**Conclusions:** BurnICUs were redesigned as organizational needs changed during the COVID-19 pandemic. Despite strict visiting procedures, strategies were implemented to meet patients and families' needs at the EOL. As before the pandemic, palliative care was not involved in EOL care. Findings show the need to further explore PC involvement in EOL care in BurnICUs.

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