

## **FS-ICU 24R-Site Registration Instructions**

Upon completion of the online site registration form, you will be assigned a REDCap username and password. Additional users will receive their new usernames and passwords via a confirmation email.

- A username and password will be provided only to those who are registered to participate in the study
- The site and REDCap user registration must be completed **once** for each ICU
  - Please ensure only one person registers each ICU, and provides all the contact details for all other individuals from that ICU that require a username and password
- If you have multiple ICUs in your hospital:
  - You should register each ICU separately; you will receive a separate username for each ICU report.
- All users must log onto the website using their own username and password prior to data entry.

**Please keep track of your password to avoid having to contact IT at CERU.**

Primary REDCap Users	Specify who is going to be involved in collecting and entering study data, and coordinating the study. Each person indicated here will receive a REDCap username and password. <b>Please ensure that there are no accents or special characters in your first and last name. The only exception to this is a hyphen (" - "). Please ensure that you put in your correct and valid email address as well.</b>
Hospital Name	Specify your hospital's full name, (no abbreviations, as you wish for it to appear on your Site Report. <b>Avoid accents and special characters, with the exception of hyphens (" - ")</b> )
Hospital Type	A teaching hospital is a hospital that provides training to medical students and residents. If your hospital only has occasional medical students/residents, select non-teaching hospital.
Location	Specify the city, province/state and country your hospital is located in.
Size of Hospital	Specify the number of beds in your hospital
Multiple ICUs	Indicate whether or not your hospital has multiple ICUs. Select yes even if only one of these ICUs is participating in the study.
ICU Name	Specify your ICU's name as you wish for it to appear on your Site Report. <b>Please avoid accents and special characters, with the exception of hyphens (" - ").</b>
ICU Type	Indicate the ICU structure. Open ICUs are sites where patients are under the care of an attending physician (e.g. internist, family physician, surgeon) with intensivists (i.e. physician with training in critical care) consulted as necessary. Patients in closed ICUs are under the care of an intensivist or care is shared between the intensivist and another attending physician.
Case Types	Please indicate all case types applicable to this ICU.
ICU Medical Director	Indicate whether or not your ICU has a designated Medical Director
Number of staffed ICU beds	Indicate how many staffed beds your ICU contains
Number of admissions	Indicate how many admissions the ICU receives each year
In-House intensivist	Indicate whether or not your ICU has an in-house intensivist 24 hours a day
Patients/nurse	Indicate the number of patients per nurse your ICU sets out to have

## **FS-ICU 24R** - Site Registration Form

*Required fields are marked with an asterisk (\*)*

\*ICU Name:

\*Primary REDCap Users: (Usernames and passwords to access the online data entry system will be assigned to each of the individuals listed below)

First Name	Last Name	Email	Phone	Role in ICU	Signature

*To register your site, please provide the following information.*

### ***Hospital Information***

\*1. Hospital Name: \_\_\_\_\_

\*2. Hospital Type: ☐ Teaching ☐ Non-Teaching

\*3. City: \_\_\_\_\_ 4. Province/State: \_\_\_\_\_ \*5. Country: \_\_\_\_\_

\*6. Size of Hospital (Number of Beds): \_\_\_\_\_

### ***ICU information***

\*7. Does your hospital have multiple ICUs? ☐ Yes ☐ No

\*8. ICU Name: \_\_\_\_\_

\*9. ICU Type:

☐ Open: Attending physician remain in charge, ICU physician consults.

☐ Closed: Care transferred or shared with ICU physician

☐ Other, please specify: \_\_\_\_\_

\*10. Case Types (select all that apply):

☐ Medical

☐ Pediatrics

☐ Cardiac Surgery

☐ Surgical

☐ Neurological

☐ Burns

☐ Trauma

☐ Neurosurgical

☐ Other, please specify: \_\_\_\_\_

\*11. Is there a designated ICU Medical Director? ☐ Yes ☐ No

\*12. Number of staffed beds in ICU: \_\_\_\_\_

\*13. Number of ICU admissions per year: \_\_\_\_\_

\*14. Presence of an in-house intensivist 24h/d? ☐ Yes ☐ No

\*15. Number of patients per nurse: \_\_\_\_\_ patients/nurse.

☐ Checking this box indicates that you have had the opportunity to read information about the survey and understand the purpose of the Family Satisfaction in the Intensive Care Unit Questionnaire: FS-ICU 24R. Checking this box further indicates you agree to share your de-identified data so that it can be compiled into a larger dataset which will be used to generate bench-marked site reports.