Second, flexible visiting hours were safe in terms of occurrence of infections, perception of disorganization of care, conflicts, and staff burnout, which are major concerns when adopting this intervention. Third, family members—a commonly missed piece of the critical care puzzle—benefited from flexible visitation. Important outcomes such as satisfaction with care, anxiety and depression symptoms, and involvement in patient care improved with flexible visitation. We also agree that more complex issues of critical care, such as workload and moral distress, may have a greater influence on the occurrence of burnout than the visiting policy. However, we believe that the implementation of flexible visiting hours should be accompanied by clinician-centered strategies, such as workload reduction and communication skills training, and both clinician and family education.

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CORRECTION

Incorrect Data in Text, Table, and Figure Legend: In the Research Letter entitled “Prevalence of Oral HPV Infection in Unvaccinated Men and Women in the United States, 2009-2016” published in the September 10, 2019, issue of JAMA, data and some language were incorrect in the text Results, the “Smoking” section of the Table, Table footnote “a,” and the Figure legend. Correcting the data does not affect the study interpretation and conclusions. This article has been corrected online.


Incorrect Height and Positioning of Box and Whisker Plots: In the Original Investigation entitled “Effect of High-Dose Vitamin D Supplementation on Volumetric Bone Density and Bone Strength: A Randomized Clinical Trial” published in the August 27, 2019, issue of JAMA, data were incorrectly shown in the Figure 3 box and whisker plots. The height and positioning for boxes, error bars, and dots indicating levels for 10 000 IU vs 400 IU of vitamin D supplementation were reversed. This error did not affect the findings of this study. This article has been corrected online.


Clarifying Terminology Use: In the Viewpoint entitled “Evolving Issues in the Treatment of Depression” published in the June 25, 2019, issue of JAMA, clarification was needed regarding the use of the terms “ketamine” and “esketamine.” In the section titled “Ketamine,” the first sentence of the first paragraph should have read “On March 5, 2019, the Food and Drug Administration approved nasal esketamine (the s-enantiomer of ketamine) (Spravato), in conjunction with an oral antidepressant in adults, as a drug for treatment-resistant depression (TRD).” The first sentence in the second paragraph of that section should have read “Clinical trials have established that more than half of the patients with TRD experience antidepressant effect of intranasal ketamine and esketamine or intravenous ketamine in addition to their treatment as usual.” And the third sentence of the third paragraph in that same section should have read “Ketamine and esketamine represent promising drugs that potentially can help alleviate TRD, but further studies are necessary to identify which patients will receive sustained benefit.” This article was corrected online.