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- 18 - Availability of a medical technical manager in the ICU: () 0 No
 () 1 Yes, shared with other hospital units
 () 2 Yes, exclusive to the ICU
- 19 - Medical technical manager is an accredited specialist in adult intensive care medicine: () 0 No () 2 Yes
- 20 - Availability of a nursing coordinator in the ICU: () 0 No
 () 1 Yes, shared with other hospital units
 () 2 Yes, exclusive to the ICU
- 21 - Nursing coordinator participated in a specialization course or is accredited in intensive care nursing: () 0 No
 () 1 No, but currently attending
 () 2 Yes, already completed
- 22 - Availability of a physical therapy coordinator in the ICU: () 0 No
 () 1 Yes, shared with other hospital units
 () 2 Yes, exclusive to the ICU
- 23 - Physical therapy coordinator participated in a specialization course or is accredited in intensive physical therapy: () 0 No
 () 1 No, but currently attending
 () 2 Yes, already completed
- 24 - Daily availability of regular attending physicians in the ICU: () 0 No
 () 1 Yes, in at least one shift (day or night)
 () 2 Yes, in the day and night shifts
- 25 - Regular attending physicians are accredited specialists in intensive care medicine: () 0 No
 () 1 Yes, some
 () 2 Yes, all of them
- 26 - Ratio of regular attending physicians per bed per shift (relative to the shift with the poorest ratio): () 0 Unavailable
 () 1 < 1:10 beds
 () 2 ≥ 1:10 beds
- 27 - Ratio of physicians on duty per bed per shift (relative to the shift with the poorest ratio): () 0 < 1:10 beds
 () 2 ≥ 1:10 beds
- 28 - Ratio of nurses on duty per bed per shift (relative to the shift with the poorest ratio): () 0 Unavailable
 () 1 < 1:10 beds
 () 2 ≥ 1:10 beds
- 29 - Ratio of physical therapists per bed per shift (relative to the shift with the poorest ratio): () 0 Unavailable
 () 1 < 1:10 beds
 () 2 ≥ 1:10 beds
- 30 - Ratio of nursing technicians per bed per shift (relative to the shift with the poorest ratio): () 0 < 1:2 beds
 () 2 ≥ 1:2 beds

TOTAL SCORE FOR B.2 (MAXIMUM: 28):

B.3 - Continued education and training

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- 31 - Availability of a systematized and regular ICU-centered training program for professionals at the institution before assignment to the unit (e.g., integration programs): () 0 No
 () 1 Yes, but restricted to some professional categories
 () 2 Yes, for doctors, nurses and physical therapists
- 32 - Availability of and regular participation in a continued education program for the multi-professional staff (doctors, nurses, and physical therapists) after assignment to the unit: () 0 No or < 4 times per year
 () 1 Yes, at least 4 times per year
 () 2 Yes, every month
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TOTAL SCORE FOR B.3 (MAXIMUM: 4):**B.4 - Protocols and routines**

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|--|-------------------------------|--|--|
| 33 - Availability of a written protocol or routine with the criteria for admission to and discharge from the unit: | <input type="checkbox"/> 0 No | <input type="checkbox"/> 1 Yes, but common to all the hospital ICUs or the hospital as a whole | <input type="checkbox"/> 2 Yes, specific to the unit |
| 34 - Availability of a written protocol or routine for glycemic control: | <input type="checkbox"/> 0 No | <input type="checkbox"/> 2 Yes | |
| 35 - Availability of a written protocol or routine for pain management: | <input type="checkbox"/> 0 No | <input type="checkbox"/> 2 Yes | |
| 36 - Availability of a written protocol or routine for sedation: | <input type="checkbox"/> 0 No | <input type="checkbox"/> 2 Yes | |
| 37 - Availability of a written protocol or routine for the use of blood components: | <input type="checkbox"/> 0 No | <input type="checkbox"/> 2 Yes | |
| 38 - Availability of a written protocol or routine for a lung-protective ventilatory strategy: | <input type="checkbox"/> 0 No | <input type="checkbox"/> 2 Yes | |
| 39 - Availability of a written protocol or routine for the prevention of ventilator-associated pneumonia (mark "yes" when unit uses "bundles"): | <input type="checkbox"/> 0 No | <input type="checkbox"/> 2 Yes | |
| 40 - Availability of a written protocol or routine for the prevention of catheter-related bloodstream infection (mark "yes" when the unit uses "bundles"): | <input type="checkbox"/> 0 No | <input type="checkbox"/> 2 Yes | |
| 41 - Availability of a written protocol or routine for the use of antibiotics: | <input type="checkbox"/> 0 No | <input type="checkbox"/> 2 Yes | |
| 42 - Availability of written protocol or routine for gastrointestinal bleeding caused by stress: | <input type="checkbox"/> 0 No | <input type="checkbox"/> 2 Yes | |
| 43 - Availability of a written protocol or routine for the prevention of venous thromboembolism: | <input type="checkbox"/> 0 No | <input type="checkbox"/> 2 Yes | |
| 44 - Availability of a written protocol or routine for standard preventive and transmission-based (contact, droplets, aerosols) preventive measures: | <input type="checkbox"/> 0 No | <input type="checkbox"/> 1 Yes, but formulated by the ICU or the HICC alone | <input type="checkbox"/> 2 Yes, formulated jointly by the ICU and the HICC |

TOTAL SCORE FOR B.4 (MAXIMUM: 24):**B.5 - Material resources**

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|---|--|---|---|
| 45 - Availability of an electrocardiography device: | <input type="checkbox"/> 0 No or shared with other units | <input type="checkbox"/> 1 Yes, < 1 per 10 beds | <input type="checkbox"/> 2 Yes, ≥ 1 per 10 beds |
| 46 - Availability of a crash cart: | <input type="checkbox"/> 0 No or shared with other units | <input type="checkbox"/> 1 Yes, < 1 per 5 beds | <input type="checkbox"/> 2 Yes, ≥ 1 per 5 beds |
| 47 - Availability of a defibrillator/cardioverter: | <input type="checkbox"/> 0 No or shared with other units | <input type="checkbox"/> 1 Yes, < 1 per 5 beds | <input type="checkbox"/> 2 Yes, ≥ 1 per 5 beds |
| 48 - Availability of a temporary transvenous cardiac pacing generator: | <input type="checkbox"/> 0 No or shared with other units | <input type="checkbox"/> 1 Yes, < 1 per 10 beds | <input type="checkbox"/> 2 Yes, ≥ 1 per 10 beds |
| 49 - Availability of a transport ventilator: | <input type="checkbox"/> 0 No or shared with other units | <input type="checkbox"/> 1 Yes, < 1 per 10 beds | <input type="checkbox"/> 2 Yes, ≥ 1 per 10 beds |
| 50 - Availability of clocks and calendars visible from all of the beds: | <input type="checkbox"/> 0 No | <input type="checkbox"/> 1 Yes, from some beds | <input type="checkbox"/> 2 Yes, from all beds |

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TOTAL SCORE FOR B.5 (MAXIMUM: 12):

TOTAL SCORE FOR SECTION B (B.1 + B.2 + B.3 + B.4 + B.5):

MAXIMUM: 76

SECTION C: PROCESS INDICATORS

C.1 - Safety processes

- 51 - Visitors and attendants are given orientation to actions that will facilitate the prevention and control of infections based on the Hospital Infection Control Committee's (HICC's) recommendations: 0 No
 1 Yes, at least verbally
 2 Yes, verbally and in printed format
- 52 - ICU and HICC provide joint training to improve the adherence of the multi-professional staff to routine hand washing: 0 No
 1 Yes, but not at established intervals
 2 Yes, at established intervals
- 53 - HICC provides the ICU multi-professional staff reports on the consolidated results of infection surveillance and the sensitivity profile of microorganisms: 0 No or at intervals longer than three months
 1 Yes, at least four times per year
 2 Yes, every month
- 54 - ICU monitors adverse and sentinel events: 0 No 2 Yes
- 55 - ICU performs a systematized analysis of adverse and sentinel events using standardized tools aimed at the identification of their causes and the elaboration of preventive strategies: 0 No
 1 Yes, but at intervals > 1 month
 2 Yes, every month
- 56 - ICU monitors and evaluates its technical-operational performance: 0 No
 1 Yes, but at intervals > 1 month
 2 Yes, every month
- 57 - ICU communicates to the multi-professional staff the results of the monitoring and evaluation of its technical-operational performance: 0 No
 1 Yes, but at intervals > 1 month
 2 Yes, every month

TOTAL SCORE FOR C.1 (MAXIMUM: 14):

C.2 - Work processes

- 58 - Periodicity of revisions made to protocols and routines: 0 Are not revised or are unavailable
 1 > 12 months
 2 Once per year
- 59 - Multidisciplinary (bedside or rounds-style) discussions of current cases are performed in the ICU: 0 No
 1 Yes, including doctors and nurses
 2 Yes, including doctors, nurses and physical therapists at least
- 60 - Periodicity of multidisciplinary (bedside or rounds-style) discussions of current cases: 0 < 3 times per week
 1 ≥ 3 and ≤ 6 times per week
 2 Every day
- 61 - HICC participates in (bedside or rounds-style) multidisciplinary discussions of current cases at ICU: 0 No
 1 Yes, but only upon request
 2 Yes, at least once per week
- 62 - ICU conducts prescheduled meetings with relatives or attendants of patients to provide information on their state of health and the care they need (do not consider information provided during regular visiting times): 0 No
 1 Yes, at least once during stay
 2 Yes, more than once during stay
- 63 - ICU performs evaluations using a system of classification of nursing care needs (e.g., TISS, NAS, Fugulin): 0 No 2 Yes

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- 64 - Multi-professional notes of the care provided in the ICU are made in the patients' clinical records: () 0 No
() 1 Yes, but only doctors and nurses are allowed
() 2 Yes, by doctors, nurses and physical therapists at minimum
- 65 - Relatives or attendants of patients can stay in the ICU: () 0 No or only at visiting times
() 1 Only at visiting times, which might be modified on an individual basis
() 2 Free access 24/7
- 66 - ICU requires a signature on an informed consent form for the procedures most frequently performed in the ICU: () 0 No () 2 Yes
- 67 - ICU assesses the satisfaction of patients and relatives: () 0 No
() 1 Yes, but not routinely or in a systematized manner
() 2 Yes, routinely and in a systematized manner
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TOTAL SCORE FOR C.2 (MAXIMUM: 20):**TOTAL SCORE FOR SECTION C (C.1 + C.2):****MAXIMUM: 34****SECTION D: OUTCOME INDICATORS**

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- 68 - Standardized mortality rate in the past 12 months (or other available period of time): () 0 Not measured
() 1 > 1.0
() 2 ≤ 1.0
() 9 Not reported
- 69 - Unplanned extubation rate in the past 12 months (or other available period of time): () 0 Not measured
() 1 > 15%
() 2 ≤ 15%
() 9 Not reported
- 70 - Average length of stay in the ICU, in days, in the past 12 months (or other available period of time): () 0 Not measured
() 1 > 7 days
() 2 ≤ 7 days
() 9 Not reported
- 71 - ICU readmission rate in the past 12 months (or other available period of time): () 0 Not measured
() 1 > 10%
() 2 ≤ 10%
() 9 Not reported
- 72 - Rate of ventilator-associated pneumonia (VAP) in the past 12 months (or other available period of time): () 0 Not measured
() 1 > 16 cases per 1,000 days of mechanical ventilation
() 2 ≤ 16 cases per 1,000 days of mechanical ventilation
() 9 Not reported
- 73 - Rate of catheter-related bloodstream infection (CRBI) in the past 12 months (or other available period of time): () 0 Not measured
() 1 > 12 per 1,000 central line-days
() 2 ≤ 12 per 1,000 central line-days
() 9 Not reported
- 74 - Rate of catheter-associated urinary tract infections (CA-UTI) in the past 12 months (or other available period of time): () 0 Not measured
() 1 > 6 per 1,000 catheter-days
() 2 ≤ 6 per 1,000 catheter-days
() 9 Not reported
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TOTAL SCORE FOR SECTION D (MAXIMUM: 14):**OVERALL TOTAL SCORE FOR SECTIONS B + C + D (MAXIMUM: 124):**