

The impact of a multicomponent telemedicine-based intervention on quality of life in adults with respiratory failure requiring mechanical ventilation: protocol for a cluster stepped-wedge randomized clinical trial (Tele-Rehab MV Trial)

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SEMI-STRUCTURED INTERVIEW TEMPLATE TO BE PERFORMED WITH ICU STAFF

Form 21 - Intensive care unit weekly adherence

INTENSIVE CARE UNIT BUNDLE ADHERENCE EVALUATION FORM	
Perceived weekly adherence of the center to daily multidisciplinary rounds	☐ 10 rounds performed from Monday to Sunday (7 days a week) ☐ 8 rounds performed only from Monday to Friday ☐ 5 rounds performed 4 times or less per week
Perceived daily adherence of the center to multidisciplinary rounds (patient level)	☐ 100% of patients with acute respiratory failure included in the study were discussed in rounds; ☐ 80 to 99% of patients with acute respiratory failure included in the study were discussed in rounds; ☐ 60 to 79% of patients with acute respiratory failure included in the study were discussed in rounds; ☐ 40 to 59% of patients with acute respiratory failure included in the study were discussed in rounds; ☐ 20 to 39% of patients with acute respiratory failure included in the study were discussed in rounds; ☐ 0 to 19% of patients with acute respiratory failure included in the study were discussed in rounds.
Score:	_____
PERCEPTION OF PERFORMING ADEQUATE ANALGESIA	
Center adhered to the standardized pain assessment scales	☐ Yes ☐ Somewhat ☐ No

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Pain recorded in medical records according to routine vital signs	☐ Yes	☐ Somewhat	☐ No
Pre-emptive analgesia indicated	☐ Yes	☐ No	
CONDUITS CARRIED OUT ACCORDING TO THE FLOWCHART			
Evaluation of reversible causes of pain	☐ Yes	☐ Somewhat	☐ No
Nonpharmacological measures	☐ Yes	☐ Somewhat	☐ No
Pharmacological measures	☐ Yes	☐ Somewhat	☐ No
Reassessment of pain after management	☐ Yes	☐ No	
Final score of the conducts (Questions 3 and 3.1)	_____		
PERCEPTION OF MINIMIZING EXPOSURE TO SEDATION			
Center adhered to sedation assessment using the RASS scale	☐ Yes	☐ Somewhat	☐ No
RASS recorded in patient medical records according to routine	☐ Yes	☐ Somewhat	☐ No
Sedation pause or titration performed for target RASS -2 to 0 in indicated patients	☐ Yes	☐ Somewhat	☐ No
Sedation reduction in patients with RASS < -2	☐ Yes	☐ Somewhat	☐ No
Evaluation of reversible causes of agitation for patients with RASS > 0	☐ Yes	☐ Somewhat	☐ No
Final score of the conducts (Question 4.1)	_____		
PERCEPTION OF PERFORMING THE SPONTANEOUS RESPIRATION TEST (SBT):			
Center adhered to SBT condition evaluation	☐ Yes	☐ Somewhat	☐ No
Center performed SBT for the indicated cases	☐ Yes	☐ Somewhat	☐ No
Final score of spontaneous breathing	_____		

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Perceived adherence to <i>delirium</i> prevention:	☐ 5 measures were implemented ☐ 4 measures were implemented ☐ 3 measures were implemented ☐ Only 2 measures were implemented ☐ Only 1 measure was implemented ☐ No measures were implemented
Final <i>delirium</i> prevention score	_____
PERCEPTION REGARDING PATIENT MOBILIZATION	
Center evaluated the patients included in the study with the objective of mobilization	☐ Yes ☐ Somewhat ☐ No
Center assessed the possibility of leaving the bed in the patients included in the study	☐ Yes ☐ Somewhat ☐ No
Center mobilized eligible patients during the day	☐ Yes ☐ Somewhat ☐ No
Eligible patients left their bed	☐ Yes ☐ Somewhat ☐ No
Final patient mobilization score	_____
PERCEPTION REGARDING THE REMOVAL OF UNNECESSARY INVASIVE DEVICES	
Center adhered to the invasive device removal evaluation	☐ Yes ☐ Somewhat ☐ No
Center immediately removed the indicated invasive devices	☐ Yes ☐ Somewhat ☐ No
Final score of unnecessary invasive devices	_____
Perception of adherence to training and continuing education for bundle implementation	☐ 100% of the team was trained ☐ 80 to 99% of the team was trained ☐ 60 to 79% of the team was trained ☐ 40 to 59% of the team was trained ☐ 20 to 39% of the team was trained ☐ 0 to 19% of the team was trained
Final adherence score (review)	_____
Perception regarding team engagement	1 10 (Place a mark on the scale above)
Comments on the contact (strengths and weaknesses)	

Table 1S - Modified ordinal scale for clinical improvement

1. At home without needing assistance for instrumental activities of daily living (e.g., feeding, hygiene, mobility, medication management)
2. At home but requiring assistance for instrumental activities of daily living.
3. Hospitalized in the ward and ambulating.
4. Hospitalized in the ward, able to sit unassisted but not ambulating.
5. Hospitalized in the ward and bedridden
6. Hospitalized in the intensive care unit, not on invasive mechanical ventilation, and able to sit
7. Hospitalized in the intensive care unit, not on invasive mechanical ventilation, but unable to sit
8. Hospitalized in the intensive care unit and on invasive mechanical ventilation