

Expert evaluation with regard to mortality relevance of derived and implemented measures

A3.1.1.3.2 Derivation of measure with unchanged and modified consideration?	The derived measure is relevant for the mortality of patients with ventilation >24h: 1= almost surely relevant 2= likely relevant 3= likely irrelevant 4= almost surely irrelevant NA=No information/ Don't know				
	R1	R2	R3	R4	Median
Documentation sheet for treatment in the emergency department created	4	3	3	4	3,5
The paging service has been expanded in terms of nursing care	3	2	2	4	2,5
Ventilation protocol has been modified.	1	2	2	2	2
A column with daily goals was added to the intensive care curve.	3	3	3	3	3
delirium screening introduced	3	4	4	2	3,5
The therapy limitation sheet is used consistently.	4	4	4	1	4
Medical qualification was continued	1	2	3	4	2,5
obligatory visit plan	4	4	4	4	4
Documentation in the admitting situation. Chief medical director of the emergency department. Triage system. Training of the emergency department staff	3	4	4	3	3,5
<i>general**</i> Update of the SOPs*	3	4	4	3	3,5
Resuscitation protocol	2	3	2	2	2
Updating of the SOP's* with regard to ventilation	2	3	2	2	2
no clinical microbiologist available yet, but improved dialogue with the microbiological laboratory. E-learning module 'Antibiotic therapy' mandatory for all medical staff Antibiotic guidelines on the intranet	3	3	2	3	3
patient positioning protocols	2	2	3	3	2,5
"Urgent legal guardianship procedures" were administratively optimised	4	4	4	4	4
Videolaryngoscope is purchased	3	4	4	3	3,5
Meetings for PDMS* have taken place, Chief Medical Officer member of PDMS* managing group, but then roll-off by the hospital owner	4	4	4	4	4
ABS* further training with the aim of achieving ABS Expert certificate, building up the ABS team, 1 infectiological visit to IMC and intensive care unit per week. Reason for delayed full implementation: Maximum of only 1 ABS course per year possible (standardized advanced course completed).	1	2	3	2	2
Introduction of PDMS* in internal intensive care units.	3	4	4	4	4
<i>Admission and transfer of intensive care unit patients:**</i> Created for neurosurgical and neurological patients.	3	4	4	4	4
additional intensive care capacity.	3	4	4	4	4
Electronic request of consults	2	4	3	4	3,5
create a new ICU* curve with simplified documentation for rounds and establish a basic electronic recording of specialist rounds via HIS*	4	4	4	4	4
Combination therapy of suprarenin and nioadrenalin was replaced by nor/dobutamine and implemented in the standard perfusors of ICU	3	2	2	3	2,5

has not developed its own resuscitation protocol, but has instead promoted the use of the anaesthesia protocol in resuscitation situations (reason for the deviation: anaesthesia protocol is detailed and daily. no additional form must be set up)	3	2	2	4	2,5
Immediate storage of the OP* protocols in the electronic patient record	3	4	4	4	4
detailed documentation of the nursing rounds	4	4	4	4	4
Documentation legible and complete in the patient record	4	4	4	4	4
<i>Electronic patient record in intensive care unit:**</i> Introduction of a PDMS* not before 2019, call for tender is pending	4	4	4	4	4
Epicrisis must be carried out promptly	4	4	4	4	4
ABS* visits are immediately documented in the patient record	4	2	4	4	4
The existing records are modified. They should then also be incorporated into the PDMS.	4	4	4	4	4
Warning Scores were incorporated into the emergency sheets of the ED*	3	4	4	3	3,5
ABS* Team has now been formed and started to work	2	2	2	2	2
<i>Professional training by external speakers on the topic of sepsis**</i> Topic discussed with internal advisors	?	3	2	4	3
QM* workshops	4	4	4	4	4
Responsibilities regulated	2	2	2	4	2
SOPs developed for <i>Sepsis, antibiotic treatment, microbiological diagnostics, Catecholamine therapy, medical imaging**</i> ; SOP* volume therapy must be revised and supplemented again	2	2	2	2	2
<i>missing intensive care records:**</i> transferred into existing PDMS*	3	4	4	4	4
<i>electronic council:**</i> applied	4	4	4	3	4
Team meeting / joint review of relevant cases of the peer review**	3	3	2	3	3
Survey on corneal donation	4	4	4	4	4
added to PDMS system	1	4	2	4	3
weekly ABS* visit	3	2	2	1	2
Documentation form therapy limitation	2	4	4	4	4
PDMS* adapted, RASS* score, record of therapy goal, weaning protocol	4	4	4	3	4
<i>Highlighting of daily therapy goals, not solely shift records**:</i> Is documented in the journal.	2	4	4	4	4
<i>Documentation of nursery goals,**</i> Visible in the journal.	3	4	4	4	4
documentation is made, forms available.	3	4	4	4	4
Daily joint rounds with treating departments.	2	3	3	1	2,5
<i>modifying SOP Analgo sedation less benzodiazepine perfuser**,,</i> Implemented	3	4	2	4	3,5
Weaning protocol available.	2	4	2	2	2
<i>Documentation of bronchoscopies:**</i> Documentation in the system.	3	4	4	4	4
<i>Therapy limitation form:**</i> Available in the system.	2	4	4	4	4
Corresponding specifications and procedure protocols available at each workstation.	1	2	2	2	2
General SOP's* for documentation, education etc. already available, use also at the intensive care unit	4	4	4	4	4

written definition of daily goals	3	3	3	4	3
SOP pain. Yes. SOP sedation: yes. SOP delirium: no.	2	2	2	3	2
Sepsis: no separate SOP, but S3* guideline is applied. Monitoring: no SOP	2	2	2	2	2
SOP Ventilation	2	2	2	2	2
SOP's (<i>prevention of ventilator-associated pneumonia, early mobilization</i>)** were already in place, were re-examined	2	2	2	4	2
<i>teleradiology</i> :** critical reflection of the status quo was made. since 1.1.2018 joint radiology department with RKU* Ulm	3	4	4	3	3,5
Plan for new building of interdisciplinary emergency department	3	4	4	4	4
Introduction MTS*	2	3	2	2	2
Planning PDMS* 2020	3	4	4	4	4
New conception of ICU* documentation	3	4	4	4	4
Introduction of electronic consil	3	4	3	4	3,5
Introduction S3* guideline Delir	2	4	3	3	3
Introduction of a complete nursing anamnesis	3	4	3	4	3,5
record once per shift (<i>pain score</i>)**	4	4	2	4	4
Introduction and implementation of pressure ulcer - expert standard	3	3	2	4	3
Training for pressure ulcer standard carried out, digital recording implemented	3	3	2	4	3
SOPs (<i>sepsis, emergency intubation</i>)** developed + implemented	2	2	2	1	2
see above: SOPs (<i>sepsis, emergency intubation</i>)	2	2	2	3	2
Introduction of sedation breaks Introduction of ABS visits Modification of PDMS with (daily goals, work diagnoses)	1	3	2	1	1,5
Checklist introduced in PDMS* - working diagnosis/daily therapy goal	3	3	3	2	3
currently no weaning protocol, but daily sedation breaks	2	2	2	1	2
Training ABS experts, internal PI* ABS	2	2	2	1	2
hire emergency department manager	1	3	3	2	2,5
Update PIs* (<i>sepsis, volume management, ventilation, complex visceral surgery concepts</i>)**	2	3	2	3	2,5
PI* on End of Life Decision	4	4	3	4	4

Notes:

* Abbreviations

ABS antibiotic stewardship HIS hospital information system ICU intensive care unit ED: emergency department MTS Manchester-Triage-System PDMS Patient data management system PI process instruction
 QM quality management RKU Universitäts- und Rehabilitationskliniken Ulm S3 highest standard of German medical guideline provided by the Association of the Scientific Medical Societies in Germany
 SOP standard operating procedure

***Italic entries*: In order to enable interpretation, the results of the protocols were briefly included in the measures by the authors.

Median Overall: 3