

Supplementary Table 1. The 9 ESICM indicators on Quality and Safety for critically ill patients (adapted from reference 10)

Indicator	Domain	Description	Justification
1	Structure	ICU fulfils national requirements to provide intensive care	Following National ICU standards results in standard resource allocation and reporting mechanisms.
2		24-h availability of a consultant level intensivist	Guarantees the quality of care reducing morbidity, mortality, and length of stay.
3		Adverse reporting system	The understanding of specific monitoring system in place that record the adverse events that are related to mortality, morbidity, length of stay and cost.
4	Process	Presence of routine multi-disciplinary clinical ward rounds	Guarantees the quality of care decreasing morbidity, mortality, and length of stay.
5		Standardized Handover procedure for discharging patients	Standardized documentation of the reasons for admission, the diagnosis made, the on-going problems and the issues need to be resolved.
6	Outcome	Reporting and analysis of SMR	SMR calculated from an appropriately calibrated severity of illness score taking into consideration the differences in case mix and severity of illness helps in internal and external ICU audit and quality improvement processes to be performed.
7		ICU re-admission rate within 48 of ICU discharge	High early re-admission rate suggests poor ICU discharge decision-making and is generally associated with increased hospital stay, consumption of resources, morbidity and mortality.
8		The rate of central venous catheter-related blood stream infection	The rate of central venous catheter-related infections are associated with increased length of stay and cost, while their role in mortality remains controversial.
9		The rate of unplanned endotracheal extubations	Associated with high rate of re-intubation, increased risk of nosocomial pneumonia and death.

ESICM; European Society of Intensive Care Medicine, ICU; Intensive Care Unit, SMR; Standardized Mortality Ratio.