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# SUPPLEMENTARY MATERIAL

**A survey among hospital members of the Italian Hospital and Territory Society**

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**Supplementary Material. Full questionnaire, translated into English. The content of this file is original to the authors.**

**FIRST AND LAST NAME OF THE PERSON WHO COMPLETED THE QUESTIONNAIRE….**

**HOSPITAL UNIT TO WHICH THE QUESTIONNAIRE RESPONSES REFER…**

**1) GEOGRAPHICAL AREA WHERE THE HOSPITAL UNIT IS LOCATED**
Northern Italy
Central Italy
Southern Italy
Islands
Other

**2) TYPE OF HOSPITAL**
(more than one answer is possible; e.g., private hospital + scientific hospital (IRCCS); independent hospital (Azienda Ospedaliera) + HUB; or IRCCS + hub; or: hospital belonging to a local health authority + spoke;...)
Hub
Spoke
IRCCS (hospital classified as having scientific research objectives)
Specialized geriatric hospital
Private hospital
Other hospital (hospital belonging to a local health authority)
Mixed hospital-university hospital
Independent hospital or university hospital
Other
Don't know

**3) TYPE OF HOSPITAL UNIT**
Complex Operative Unit (UOC) of Geriatrics
Simple Operative l Unit (UOS) of Geriatrics (a unit belonging to a UOC)
Departmental Simple Operative Unit (UOSD) of Geriatrics (an independent Unit belonging to a department, which aggregates various UOC and UOSD)
Don't know
Other

**4) LEADERSHIP OF THE UNIT**
Hospital-directed (the Director/head is a doctor without university assignment))
University-directed (the director/head is a university doctor)
Don't know
Other

**5) ROLE OF RESPONDENT TO THE QUESTIONNAIRE**.
Director of the Unit Staff physician, not Director of the Unit
Other

**6) NUMBER OF ACUTE CARE GERIATRIC BEDS IN THE UNIT.**
Does not answer
Answer:

**7) NUMBER OF PHYSICIANS (EXCLUDING THE DIRECTOR) SERVING WITHIN THE BEDS INDICATED IN QUESTION N. 6**
Answer
Don't know
Other

**8) TYPE OF MEDICAL GUARD.**
H12 (interdivisional on-call shared with physicians of other medical units)
H24 (total active on-call with ward physicians, i.e. the physicians of the Unit cover 24 hours)
Don't know
Other

**9) AVERAGE LENGTH OF STAY IN 2023 (DEFINED AS THE AVERAGE STAY IN THE UNIT, IN DAYS, OF ALL INPATIENTS, INCLUDING INPATIENTS TRANSFERRED TO OTHER HOSPITAL UNITS)**
Answer
Don't know
Other

**10) AVERAGE DISEASE RELATED GROUPS (DRG) WEIGHT IN 2023.**
Answer
Don't know
Other

**11) INPATIENT MORTALITY IN 2023, CALCULATED AS NUMBER OF DECEASED INPATIENT/TOTAL NUMBER OF INPATIENTS (AS DEFINED IN ITEM 9: ALL PATIENTS DISCHARGED + PATIENTS TRANSFERRED) X 100**
Answer
Don't know
Other

**12) PERCENTAGE OF ADMISSIONS TO THE UNIT FROM THE EMERGENCY DEPARTMENT IN 2023 OF ALL ADMISSIONS , THUS EXCLUDING TRANSFERS FROM OTHER ACUTE CARE UNITS OF THE SAME OR OTHER HOSPITALS**
Answer
Don't know
Other

**13) THE PERCENTAGE OF BED OCCUPANCY IN 2023 (IF BEDS IN THE UNIT ARE ALWAYS OCCUPIED AND THERE ARE ADDITIONAL PATIENTS IN OTHER UNITS OR HOLDING AREA, THE PERCENTAGE IS GREATER THAN 100%)**
Answer
Don't know
Other

**14) PERCENTAGE OF HOSPITALIZATIONS LONGER THAN 30 DAYS IN 2023**
Answer
Don't know

**15) PERCENTAGE OF HOSPITALIZATIONS LASTING 48 HOURS OR LESS IN 2023**
Answer
Don't know

**16) IS THERE A POST-ACUTE LONG-TERM CARE AREA/UNIT (OR INTERMEDIATE CARE AREA/UNIT) BELONGING TO THE UNIT OF GERIATRICS OR TO THE SAME HEALTH AUTHORITY?**
Yes
No
Don't know

**17) WAS YOUR UNIT OF GERIATRICS CONVERTED TO COVID WARD DURING THE PANDEMIC?**
Yes
No
Don't know

**18) IS NON-INVASIVE MECHANICAL VENTILATION (NIV) PROVIDED TO INPATIENTS IN THE WARD?**
Yes
No
Yes, but only with the support and supervision of physicians from other units (such as pulmonologists, intensivists etc)
Don't know

**19) IS HIGH-FLOW HUMIDIFIED AND HEATED OXYGEN THERAPY PROVIDED TO INPATIENTS IN THE WARD?**
Yes
No
Yes, but only with the support and supervision of physicians from other units (such as pulmonologists, intensivists etc)
Don't know

**20) WITHIN THE UNIT, IS THERE A SUB-INTENSIVE CARE AREA (DEDICATED TO MORE CRITICAL AND UNSTABLE PATIENTS) WITH REMOTE MONITORING OF VITAL PARAMETERS?**
Yes
No
Don't know

**21) IN THE BUDGET OBJECTIVES FOR THE YEARS 2022-2023 ASSIGNED TO THE UNIT, WERE THERE ECONOMIC EFFICIENCY GOALS, SUCH AS THE FOLLOWING? (more than one answer is possible)**
Reduction or maintenance of average length of stay of ordinary hospitalizations
Increase/maintenance of economic output (e.g., increase of average DRG weight or of the economic output of outpatient services)
Reduction/maintenance of drug spending
Reduction/maintenance of other types of expenditures
Increase/maintenance of production/expenditure ratio
Don't know
Other

**22) WERE THERE ANY EFFECTIVENESS/QUALITY OF CARE GOALS IN THE BUDGET TARGETS FOR THE YEARS 2022-2023 ASSIGNED TO THE UNIT, SUCH AS THE FOLLOWING? (more than one answer is possible)**
Decrease/maintenance of hospital mortality
Reduction/maintenance of re-hospitalization rates
Reduction/maintenance of hospital infection rates
Reduction/maintenance of occurrence of new pressure sores
Improvement/maintenance of patient/relative satisfaction as measured by questionnaires
Compliance with the national clinical outcomes plan
No, there was no target for effectiveness/quality of care
Don't know
Other

**23) DO YOU BELIEVE THAT ECONOMIC EFFICIENCY GOALS (REDUCTION IN LENGTH OF HOSPITAL STAY AND SPENDING, EARLY DISCHARGE OF PATIENTS ETC), HAVE AN IMPACT ON THE QUALITY OF WORK AND SERENITY OF PHYSICIANS AND OTHER HEALTH CARE WORKERS?**
They have a negative impact because they jeopardize the quality of the care process in the hospital, cause medical liability issues, and increase internal conflict
They have no impact
They are necessary to speed up the process of care and improve the efficiency of the system
They are necessary to improve system effectiveness but should take into account effectiveness goals, i.e., quality of care and clinical outcomes, which are likely to be negatively compromised
Don't know
Other

**24) DO YOU BELIEVE THAT "TERRITORIAL" CARE (LONG TERM CARE OR REHABILITATION FACILITIES, NURSING HOMES, HOSPICES, HOME CARE ETC) IS HELPFUL FOR DISCHARGING PATIENTS FROM YOUR UNIT:**
Yes, the territory is organized enough to receive and assist the patients we discharge
Not enough, we have difficulty in adequately discharging and placing our patients who are stabilized but still in need of proper care, who then remain hospitalized in the ward longer than they should be
The local area is organized enough, but not to the extent adequate for our needs
I don't know
Other

**25) HOW OFTEN IS COMPREHENSIVE GERIATRIC ASSESSMENT (CGA) PERFORMED AT DISCHARGE?**
Often
Rarely
Never
Always
Don't know
Other

**26) WHICH DIMENSIONS OF CGA ARE INVESTIGATED? (more than one answer is possible)**

Cognitive
Motor
Behavior/mood disorders
Social
Functional Autonomy
Nutritional
Frailty
Don't know
Other

**27) IS AN ASSESSMENT OF THE PATIENT'S ABILITY TO UNDERSTAND AND SHARE THE PLAN OF CARE INCLUDED IN THE CGA?**

Yes
No
Don't know
Other

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