Supplementary material

Preliminary report: list of procedures performed by nurses on "India" ambulances and their volume (year 2022)

Procedure	n
Electrocardiogram	9,529
Peripheral venous access	5,507
Injection/infusion of drugs and fluids	3,951
Capillary blood glucose measurement	2,839
Other procedure	1,598
Oxygen administration	612
Bag-valve-mask ventilation	325
Closed chest external cardiac massage (CPR)	191
Basic cardiopulmonary resuscitation (CPR)	76
Intraosseous infusion of drugs and fluids	71
Aerosolized drug administration	61
Airway obstruction removal	55
Endotracheal tube insertion	53
External hemorrhage control	39
Intraosseous access	34
Semi-automatic defibrillation	33
Continuous positive airway pressure (CPAP)	32
Central venous access	25
Open pneumothorax management	20
Orotracheal tube insertion (or other supraglottic or subglottic device)	18
Orotracheal tube insertion	15
Laryngeal tube or mask insertion (or other supraglottic device)	14
Chest drainage	1
Electrical therapies (cardioversion)	1
Cricothyroidotomy	0
Pneumothorax decompression	0
Extraglottic device insertion	0
Nasotracheal or nasopharyngeal tube insertion	0

Scores obtained from individual intervention proposals on agreement, importance, and feasibility

ID and Proposed Intervention	Criterion	SD	Mean	Consensus
Section 1: Human resource management				<u> </u>
Subcategory: Recruitment and selection of staff				
	Agreement	0.84	4.64	YES
1. Consider physical limitations	Importance	0.76	4.57	NO
	Feasibility	0.96	4.00	YES
2. Structure selection criteria: work experience,	Agreement	0.73	4.29	NO
training, education	Importance	/	/	/
training, education	Feasibility	/	/	/
Subcategory: Rotation and staff management		1		1
3. Standardize nurse-led ambulance ratio throughout	Agreement	0.76	4.50	YES
the entire territory	Importance	0.94	4.57	NO
the chine territory	Feasibility	0.99	3.71	NO
4. Rotate "India" nurses among high- and low-call	Agreement	0.83	4.07	NO
volume stations	Importance	/	/	/
volume stations	Feasibility	/	/	/
5. Rotate nurses among "India" ambulances and	Agreement	0.74	4.36	NO
medical cars	Importance	/	/	/
medicar cars	Feasibility	/	/	/
	Agreement	1.54	2.93	NO
6. Rotate nurses between ED and EMS	Importance	/	/	/
	Feasibility	/	/	/
7. Clearly separate professional domains of EMS	Agreement	1.34	2.36	NO
stations and dispatch team	Importance	/	/	/
	Feasibility	/	/	/
8. Rotate nurses among ED, EMS and ICU, especially near low-call volume stations	Agreement	1.61	3.14	NO
	Importance	/	/	/
	Feasibility	/	/	/
Section 2: Staff training		1	ı	ı

Subcategory: Training courses				
	Agreement	0.36	4.86	YES
9. Acquisition of adequate training supports (high-	Importance	0.36	4.86	YES
fidelity mannequins and remote audio-video systems)	Feasibility	1.11	4.00	YES
	Agreement	0.94	4.50	YES
10. Prioritize high-fidelity simulation courses	Importance	0.47	4.71	YES
	Feasibility	0.74	4.36	YES
11. Train staff on the use of technological tools and	Agreement	0.85	4.57	YES
related innovations through continuous digital	Importance	0.85	4.50	NO
education	Feasibility	0.97	3.79	NO
12 Invalance and approximation and the initial	Agreement	0.76	4.57	YES
12. Implement semi-annual training-evaluation events with staff evaluation on technical skills	Importance	0.47	4.71	YES
with staff evaluation on technical skills	Feasibility	1.12	3.79	NO
13. Implement periodic retraining for hard skills (high-	Agreement	0.36	4.86	YES
fidelity simulations, task training), soft skills (team	Importance	0.51	4.57	NO
building, teamwork, team leadership, effective				
communication and relationship, stress management,			73 4.07	
conflict management and emotion management) and	Feasibility	0.73		YES
on-the-job training (airway management, NIV, delivery				
room, ED shock room)				
14. Implement joint simulations with fire service,	Agreement	0.63	4.64	YES
police, EMS volunteers	Importance	0.76	4.50	NO
police, Elvis volunteers	Feasibility	1.01	3.64	NO
15. Increase the number of specific emergency courses,	Agreement	1.33	4.29	NO
implementing training steps with specific simulations	Importance	/	/	/
imprementing training steps with speeding simulations	Feasibility	/	/	/
16. Program courses on Non-Technical Skills	Agreement	0.65	4.57	YES
	Importance	0.61	4.71	YES
	Feasibility	0.65	4.57	YES
17. Monitor staff training paths and related training course deadlines	Agreement	0.58	4.79	YES
	Importance	0.61	4.71	YES
	Feasibility	1.20	4.29	YES
18. Share planning with the training office	Agreement	0.63	4.64	YES

	Importance	0.85	4.43	NO
	Feasibility	0.83	4.29	YES
Subcategory: Training path				
19. Align course content across various training	Agreement	0.50	4.64	YES
programs and centralize training efforts to ensure	Importance	0.50	4.64	NO
consistent emergency management practices	Feasibility	1.19	3.79	NO
20. C11	Agreement	1.01	4.36	NO
20. Closely monitor staff participation in training and	Importance	/	/	/
refreshers, with periodic rescheduling as needed	Feasibility	/	/	/
21. Create an Individual Operational Dossier	Agreement	1.33	3.71	NO
documenting shift activations and performances, with	Importance	/	/	/
regular evaluations and feedback	Feasibility	/	/	/
20 F-4-11'-1 4-4114' 4- 144'C- 1-4'-141	Agreement	0.95	4.14	NO
22. Establish data collection to identify individual	Importance	/	/	/
training needs and develop personalized training plans	Feasibility	/	/	/
22 I 1 1 1 1 1	Agreement	1.35	4.14	NO
23. Implement validated competency assessments,	Importance	/	/	/
cross-referenced with formal training evaluations	Feasibility	/	/	/
24 C 1	Agreement	0.92	4.07	NO
24. Conduct impact assessments to evaluate the	Importance	/	/	/
effectiveness of training on professional behavior	Feasibility	/	/	/
25. Standardize the training path and increase the	Agreement	1.07	3.93	NO
number of courses to ensure the operational readiness	Importance	/	/	/
of "India" nursing staff.	Feasibility	/	/	/
Subcategory: Clinical Risk Management, case analys	is and resear	ch		l
26. Increase the culture of Clinical Risk Management	Agreement	0.43	4.79	YES
by learning from errors, sharing experiences, and	Importance	0.36	4.86	YES
identifying training needs	Feasibility	1.17	3.86	NO
27. Promote research to develop new guidelines and best practices	Agreement	0.61	4.71	YES
	Importance	0.27	4.93	YES
oest praetices	Feasibility	1.05	3.79	NO
	Agreement	0.84	4.64	YES
	Importance	0.85	4.57	NO

clinical case discussions and peer comparisons on territorial intervention management 29. Set up monthly recognized study hours for individual learning Agreement 1.27 4.07 NO Importance / / / / Feasibility / / / / / / / / / / / / / / / / / / /	20 F-4-11'-1	T		1	
territorial intervention management 29. Set up monthly recognized study hours for individual learning Agreement 1.27 4.07 NO Importance / / / / Feasibility / / / / Agreement 1.50 2.64 NO Importance, offering training stages in another region or country for systemic comparison 31. Schedule at least six annual MMRs with literature analysis for each clinical case Escition 3: Measurement and data collection methods 32. Increase training on the use of technological tools for accurate form completion Agreement 0.94 4.43 NO Importance / / / Feasibility / / / / Feasibility / / / / Feasibility / / / / / / Feasibility / / / / / / / / / / / / / / / / / / /	28. Establish regular meetings with "India" nurses for				
29. Set up monthly recognized study hours for individual learning Agreement 1.27 4.07 NO Importance 30. Introduce an annual award for two nurses with the best performance, offering training stages in another region or country for systemic comparison Feasibility / / 31. Schedule at least six annual MMRs with literature analysis for each clinical case Agreement 1.35 4.14 NO Importance / / / Feasibility / / / Section 3: Measurement and data collection methods 32. Increase training on the use of technological tools for accurate form completion Agreement 0.94 4.43 NO Importance / / / Feasibility / / / 33. Create more representative data clusters for the analyzed indicators Feasibility / / 34. Establish documentation review groups, holding periodic meetings to analyze completed forms, share best practices, and assign reference standards Feasibility / / / 35. Create data collection systems for detecting adverse events Feasibility 1.03 4.14 YES 36. Extract data annually and schedule informational meetings Agreement 0.43 4.79 YES Importance 0.43 4.79 YES Importance 0.44 4.57 NO Feasibility 1.17 3.86 NO 37. Ensure software communication across all Regional Health Service facilities to maintain continuity between Importance 0.00 5.00 YES	clinical case discussions and peer comparisons on	Feasibility	1.03	4.14	YES
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individual learning Importance / / /	20 Set up monthly recognized study hours for	Agreement	1.27	4.07	NO
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35. Create data collection systems for detecting adverse events Agreement 0.43 4.79 YES Importance 0.43 4.79 YES Feasibility 1.03 4.14 YES 36. Extract data annually and schedule informational meetings Agreement 0.76 4.57 YES Importance 0.94 4.57 NO Feasibility 1.17 3.86 NO 37. Ensure software communication across all Regional Health Service facilities to maintain continuity between Importance 0.00 5.00 YES	periodic meetings to analyze completed forms, share	Importance	/	/	/
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Health Service facilities to maintain continuity between Importance 0.00 5.00 YES	meetings	Feasibility	1.17	3.86	NO
	37. Ensure software communication across all Regional	Agreement	0.27	4.93	YES
	Health Service facilities to maintain continuity between	Importance	0.00	5.00	YES
hospital and territory, preventing data loss or	hospital and territory, preventing data loss or	D 11.11.	1.50	2.70	NO
duplication Feasibility 1.58 2.79 NO	duplication	Feasibility	1.58	2.79	NO
Agreement 1.21 4.07 NO		Agreement	1.21	4.07	NO

38. Monitor nurses performance on active clinical	Importance	/	/	/
•	-		/	/
pathways	Feasibility	/	/	/
39. Enhance and align technological resources, such as	Agreement	0.27	4.93	YES
tablets for computerized and integrated records, to	Importance	0.76	4.50	NO
automate service entries and reduce human error	Feasibility	1.08	3.64	NO
40. Reduce the number of performance items in clinical	Agreement	0.94	4.43	NO
documentarion	Importance	/	/	/
documentation	Feasibility	/	/	/
Section 4: Technologies and equipment				1
41. Involve staff nurses in procurement processes for	Agreement	0.63	4.64	YES
materials and equipment	Importance	1.14	4.29	NO
materials and equipment	Feasibility	1.46	3.14	NO
42. Equip staff with manuals from scientific societies	Agreement	1.09	4.57	YES
or educational materials validated by the ED/EMS	Importance	1.15	4.36	NO
quality commission	Feasibility	1.07	3.93	YES
42 Engyma all "India" ambylanaga baya nantabla	Agreement	1.17	3.86	NO
43. Ensure all "India" ambulances have portable	Importance	/	/	/
webcams connected to the EMS dispatch center	Feasibility	/	/	/
44 E-via all "Ta d'a" amboda a società voltaca a va d	Agreement	1.33	3.93	NO
44. Equip all "India" ambulances with ultrasound machines.	Importance	/	/	/
machines.	Feasibility	/	/	/
45 E-min all "To d'a" ambalances with a hor that d havin	Agreement	1.53	3.21	NO
45. Equip all "India" ambulances with a handheld brain	Importance	/	/	/
scanner	Feasibility	/	/	/
	Agreement	1.76	3.79	NO
46. Implement integrated nursing record in tablets	Importance	/	/	/
	Feasibility	/	/	/
47. Improve target geolocation systems	Agreement	0.58	4.79	YES
	Importance	0.00	5.00	YES
	Feasibility	1.21	4.07	YES
48. Standardize equipment across all ambulance	Agreement	0.74	4.64	YES
stations, establishing a unified checklist for backpacks	Importance	0.58	4.79	YES
and drugs at the corporate level	Feasibility	1.07	4.07	YES
	<u> </u>	<u> </u>	l	1

Section 5: Work environments				
49. Promote a sense of belonging to a cohesive	Agreement	0.43	4.79	YES
community, embracing diversity while being open to	Importance	0.27	4.93	YES
the entire professional family, through proper goal assignment and clear results communication	Feasibility	1.15	3.36	NO
50. Provide adequate and comfortable spaces, with	Agreement	0.58	4.79	YES
healthy rooms where crews can wait for calls	Importance	0.63	4.64	NO
healthy fooths where crews can wait for earls	Feasibility	1.28	3.64	NO
51. Provide libraries and study areas with access to major medical databases	Agreement	0.47	4.71	YES
	Importance	0.43	4.79	YES
major medicar databases	Feasibility	0.86	4.14	YES
52. Ensure direct health agency management of	Agreement	0.85	4.43	NO
workspaces where they belong to volunteer	Importance	/	/	/
associations, adhering to well-established parameters	Feasibility	/	/	/
53. Encourage pre- and post-intervention discussions among healthcare workers	Agreement	0.27	4.93	YES
	Importance	0.27	4.93	YES
	Feasibility	0.76	4.57	YES