# Glossary

## Technical Variables per Survey’s Section

### ID Data

This section contains basic information about hospitals.

Timestamp

Reporting week

1. Hospital Code: Unique identifier per hospital.

2. Federal Entity: Venezuela state where the hospital is located.

3. Hospital Type

4. Administrative Entity

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### General Operability

This section portrays the most elemental hospital operativity.

This section contains:

5. Number of architectural beds: Maximum number of beds that the hospital was designed for.

6. Number of operative beds: Number of beds that are currently functional.

7. Number of operative emergency beds: Number of functional beds in ER.

8. Number of operative hospital beds in pavilions.

### Specific Operability

Specific Operability section is divided into three subsections sections

9. Operability of specific units

* Describes operability of units such as emergency, pavilions, laboratories, etc.

10. Supply availability in emergency

* Variables in this subsection include medicines and equipment

11. Supply availability for appendicitis

* Variables in this subsection include medicines and supplies. Readiness for appendicitis is used to evaluate if the hospital has the basic supplies to conduct a simple medical procedure.

9.A. Operability of specific units [ICU]

9.B. Operability of specific units [ICU (P)]

9.C. Operability of specific units [Emergency]

9.D. Operability of specific units [Surgical Pavilion]

9.E. Operability of specific units [Laboratory]

9.F. Operability of specific units [Ultrasound]

9.G. Operability of specific units [CT / MRI]

9.H. Operability of specific units [X-Ray]

10.A. Mention emergency supplies available. List of Supplies [Adrenaline]

10.B. Mention emergency supplies available. List of Supplies [Atropine]

10.C. Mention emergency supplies available. List of Supplies [Dopamine]

10.D. Mention emergency supplies available. List of Supplies [Cephalosporins / Beta-Lactams]

10.E. Mention emergency supplies available. List of Supplies [Aminoglycosides / Quinolones]

10.F. Mention emergency supplies available. List of Supplies [Vancomycin / Clindamycin]

10.G. Mention emergency supplies available. List of Supplies [Local Anesthetic (Lidocaine)]

10.H. Mention emergency supplies available. List of Supplies [Minor Analgesics (NonOpioid - NSAIDS, Dipyrone, etc)]

10.L. Mention emergency supplies available. List of Supplies [Major Analgesics (Opioid . Morphine, Demerol)]

10.M. Mention emergency supplies available. List of Supplies [Solution for Infusion (0.9% Gluc 5%) / Infusion Equipment],

10.N. Mention emergency supplies available. List of Supplies [Diazepam / DPH]

10.O. Mention emergency supplies available. List of Supplies [Heparin]

10.P. Mention emergency supplies available. List of Supplies [Steroids]

10.Q. Mention emergency supplies available. List of Supplies [Insulin]

10.R. Mention emergency supplies available. List of Supplies [Inhaled Asthma Medication]

10.S. Mention emergency supplies available. List of Supplies [Antihypertensive]

10.T. Mention emergency supplies available. List of Supplies [Defibrillator]

10.U. Mention emergency supplies available. List of Supplies [Endotracheal Intubation / Intubation]

10.V. Mention emergency supplies available. List of Supplies [Yelco / Central Lines CVC]

10.W. Mention emergency supplies available. List of Supplies [Oxygen / Suction]

11.A. Mention available surgical supplies(appendicitis). List of Supplies [Major Analgesics]

11.B. Mention available surgical supplies(appendicitis). List of Supplies [Minor Analgesics]

11.C. Mention available surgical supplies(appendicitis). List of Supplies [Anesthetic Gas]

11.D. Mention available surgical supplies(appendicitis). List of Supplies [Intravenous Anesthetics]

11.E. Mention available surgical supplies(appendicitis). List of Supplies [Relaxants]

11.F. Mention available surgical supplies(appendicitis). List of Supplies [Endotracheal Intubation / Intubation Equipment]

11.G. Mention available surgical supplies(appendicitis). List of Supplies [Hospital Patient Gown]

11.H. Mention available surgical supplies(appendicitis). List of Supplies [Disposable PPE for Healthcare Staff (Gloves, Mask, Gown)]

11.I. Mention available surgical supplies(appendicitis). List of Supplies [Oxygen / Suction]

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### Dialysis Service

Dialysis Service is comprised of the operability of the overall dialysis service, types of patients (acute/chronic), and supplies available for dialysis.

Note:

* Hospitals without Dialysis service are not included in the analysis. These hospitals were not built with a dialysis unit.

12. Are there dialysis services in your hospital?

13. Are dialysis services operating?

14. Since when is not operating the dialysis service?

15. What is the / the reason (s) why the dialysis service is not operational? (Select the correct)

16. What is the average number of daily patients on dialysis service in the last week?

17. How many of these are on peritoneal dialysis?

18. If the answer to the above question is ""0"" What is the / the reason (s) why not peritoneal dialysis performed? (Select the correct)

19. How many of these are on hemodialysis?

20. How many of these patients are acute?

21. How many of these patients are chronic?

22. How many hemodialysis equipments are in service?

23. How many of this hemodialysis equipments are operational?

24.A. From the medical-surgical and laboratory supplies necessary for hemodialysis describe availability in the last week [Filter]

24.B. From the medical-surgical and laboratory supplies necessary for hemodialysis describe availability in the last week [Connection Lines]

24.C. From the medical-surgical and laboratory supplies necessary for hemodialysis describe availability in the last week [Hemodialysis Kit]

24.D. From the medical-surgical and laboratory supplies necessary for hemodialysis describe availability in the last week [Iron]

24.E. From the medical-surgical and laboratory supplies necessary for hemodialysis describe availability in the last week [B Complex]

24.F. From the medical-surgical and laboratory supplies necessary for hemodialysis describe availability in the last week [Calcium]

24.G. From the medical-surgical and laboratory supplies necessary for hemodialysis describe availability in the last week [Zemblar®]

25. With respect to the reverse osmosis plant, how many days was operational last week?

26.A. With regard to staff working in the dialysis service last week. How many days each professional work? [Specialist Nephrology]

24.H.- From the medical-surgical and laboratory supplies necessary for hemodialysis describe availability in the last week [Catheters high flow]

24.I. Of the materials medical-surgical and laboratory needed for hemodialysis describe availability in the last week [serology tests (HIV, HVB, HVC and VDR) L)]

24.J.- From the medical-surgical and laboratory supplies necessary for hemodialysis describe availability in the last week [immediate access% reduction in urea or BUN]

26.B. With regard to staff working in the dialysis service last week. How many days each professional work? [General Medical]

26.C. With regard to staff working in the dialysis service last week. How many days each professional work? [Resident]

26.D. With regard to staff working in the dialysis service last week. How many days each professional work? [Graduate nurse]

26.E. With regard to staff working in the dialysis service last week. How many days each professional work? [Nurse nephrologist]

### Nutrition Service

The nutrition service section is comprised of:

27. Are there any kind of nutrition services in your hospital?

28. Are services operating nutrition?

29. Since when is not operational service nutrition?

30. What is the / the reason (s) why the nutrition service is not operational? (Select the correct)

31. How many days worked nutrition service last week?

32. Daily frequency of meals nutrition service

33. Quality Nutrition Services

34. Frequency supply of milk formulas (if there pediatrics)

### Attention Quality

This section is comprised of the interval of time between arriving in an emergency and being attended.

35. In his/her last guard in a patient requiring hospitalization for pneumonia, estimate the time spent between arrival at emergency placement 1st dose of antibiotic

36. In his/her last guard, in a patient with myocardial infarction in the acute, estimate the time interval between arrival and use of thrombolytic / heparin

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### Personnel Availability in Emergency

This section consists of the number of health professionals that were available per hospital in the past week.

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**Day Shift**

37. Number of residents or rural doctors in the day shift

38. number of medical specialists in the day shift

39. Number of MIC on day shift

40. Number of professional nurses in day shift

41. Number of non-professional nurses in day shift

**Night Shift**

42. Number of residents or rural doctors on the night shift

43. number of medical specialists in the night shift

44. Number of MIC on the night shift

45. Number of professional nurses on the night shift

46. ​​Number of non-professional nurses on the night shift

### Public Service

The public service section is comprised of the following subset of questions:

* Water Service
* Power outages
* Deaths due to power outages

47.A. Failure in water service [ICU]

47.B. Failure in water service [Emergency]

47.C. Failure in water service [Pavilion]

48. Failure of electricity service.

49. Average number of power outages per day

50. Number of days when there were power outages

51. Weekly Average duration of power outages

52. Were there flaws in equipment after power outages last week?

53. What equipment failed after power failures last week?

54. Power Plant

55. Were there any deaths from causes attributable to the lack of electricity?

56. How many deaths were due to causes attributable to the lack of electricity?

### Mortality Impact

This section contains the mortality impact due to institutional failures. Institutional failures are defined as conflicts in communication and lack of institutional efficiency. Moreover, limited resources, lack of financial resources, damaged or obsolete equipment are often sources of institutional failures.

57. Number of cardiovascular deaths interpreted as an institutional failure (emergency)

58. Cause of Death cardiovascular interpreted as an institutional failure (emergency)

59. Number of deaths from trauma interpreted as an institutional failure (emergency)

60. Cause of death from acute trauma interpreted as an institutional failure (emergency)

### Violence and Protests

This section is comprised of:

* Type of protests made by health professionals.
* Type of violence that might have occurred during the protests.

61.A. Should some sort of protest, indicate the options tighter protest occurred [Medical staff]

61.B. In case any kind of protest occurred, indicate the most accurate reasons for protest [Nurses]

61.C. In case any kind of protest occurred, indicate the most accurate reasons for protest [Other Hospital Personnel]

61. In case any kind of protest occurred, indicate the most accurate reasons for protest [Family and / or patients]

61. In case any kind of protest occurred, indicate the most accurate reasons for protest [Other]

62.A. Should have occurred situations of violence against hospital staff, indicate the corresponding options (select all that apply)

### Epidemiology

This section is comprised of

* Clinical suspicion of patients with infectious diseases.
* Coronavirus epidemic

63. Point out any situation (deceased or hospitalized) with clinical suspicion of any of these conditions (select all that apply)

64. Does face mask supplies to health personnel in this hospital?

65. Is there a specific respiratory isolation protocol?

66 Is there an area intended for the isolation of suspected cases?

## Scarcity Metric Calculation

The scarcity metric is described in detail in the [business case](https://docs.google.com/document/d/18vLvK-MKlwlrSPzhWKdoDWamRf1ceBW_RHBOmwWsKIY/edit?usp=sharing). This calculation has previously done for the [Specific Operabilities](#66tc691qvg9y) section. This metric is measured in percentage.

Its original calculation consists of the following formula:

**100 - (Real Score of Hospital / 60 \* 100)**