Supplementary file 1:
Quality indicators for physician-staffed emergency medical services.

	Quality indicator
1	Was the P-EMS unit *able* to respond immediately to the actual response?
2	What is the time interval from the dispatch center receives the alarm call until P-EMS unit arrives at the patient?
3	What is the time interval from P-EMS unit arrives at the patient until transportation of patient is initiated?
4	What is the time interval from the P-EMS unit received the alarm call until the patient was delivered at the preferred destination?
5	Did the patient arrive hospital alive?
6	Was the P-EMS response debriefed?
7	Did you experience any adverse events during the P-EMS response?
8	Are all defined key variables measured and documented in the patient chart?
9	Was a physician and/or a paramedic from P-EMS involved in deciding if the P-EMS unit should be dispatched to the particular job or not?
10	Without the assistance of the P-EMS unit: Do you consider that the level of competence on scene was sufficient to give the patient appropriate care?
11	Did the service have a guideline for the medical problem encountered in the response?
12	Did the P-EMS service provide advanced treatment in the actual response?
13	Did the logistical contribution by P-EMS give the patient a significant better service than the existing alternative?
14	Was the patient enrolled in a scientific study involving the pre-hospital care?
15	Did you ensure that the relatives` needs were addressed; either by P-EMS or by collaborating services?

Supplementary file 1: Quality indicators for physician-staffed emergency medical services. For detailed description of each quality indicator, please see the definition catalogue from the study where the quality indicators were developed[1].

1. Haugland H, Rehn M, Klepstad P, Kruger A, EQUIPE collaboration group. Developing quality indicators for physician-staffed emergency medical services: a consensus process. Scand J Trauma Resusc Emerg Med. 2017;25:14. doi:10.1186/s13049-017-0362-4.