**Appendix 1 (supplemental digital content)**;

Peer review protocol of the Hesse State chamber of physicians

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|  |  | 1 = does not apply  2= in visible planning/realisation  3= partially  4 = applies |
| **Question 1: Documentation and validation of QA-Data take place in structurally** | 4 |  |
| Who is responsible for gathering and exporting the QA-Data?  How and when does QS-Data documentation and export take place?  Through whom and when are the data validated? |  | Residents, delegates to case management  Quality Manager  Supervising senior resident/senior physician |
| **Question 2: Processing and communication concerning the results takes place regularly** | 4 |  |
| Who is responsible for processing and communicating the results of the QA-Data?  How often and in which form are the results of the QA-Data communicated and discussed with the employees? |  | Processing quarterly  Feedback Chief/Senior physician  QA Responsible  Clinic Conference every 3 months |
| **Question 3: Registration, Processing and measures concerning complications take place systematic** | 4 |  |
| How does documentation of complications take place beyond quality assurance?  How and by whom does the registration and communication of complications take place?  Which consequences do the results of complication statistics have in your clinic? |  | Documentation within the M&M Conference, if necessary also beyond the routine.  M&M representative: Documentation  Chief physician: Communication  Senior physician: Analysis and if necessary deduction of measures |
| **Question 4: The handling of the structured dialogue is regulated** | 4 |  |
| Who edits the structured dialogue?  Together with which employees and in which time frame does communication about content and results of the structured dialogue take place? |  | Senior physician  Management team |
| **Question 5: Other quality assurance procedures, -tools, -concepts are used** | 4 |  |
| If so, which ones? |  | Laparoscopic cholecystectomy pathway for symptomatic cholecystolithiasis  Pathway Charts  Surgical risk calculator  WHO Checklist |
| **II. Organisation of pre- and post-surgical treatment of cholecystectomy** | | |
| **Question 1: A Standard of care for cholecystectomy is existent and its compliance is verified.** | 4 |  |
| How was the standard of care cholecystectomy determined in your clinic? And how is adherence screened?  In which way is the standard of care integrated into the surgical procedure? |  | Multi professional elaboration (Physicians, Nursing staff, other departments) on the basis of the current guidelines and current state of research  Laparoscopic cholecystectomy pathway for symptomatic cholecystolithiasis |
| **Question 2: A Standard for evaluating the indication is existent and its compliance is verified.** | 4 |  |
| How was the standard determined in your clinic? And how is adherence screened? |  | Laparoscopic cholecystectomy pathway for symptomatic cholecystolithiasis  Pathway evaluation |
| **Question 3:** A Standard for pre- and post surgical therapeutic splitting (ERC and stone extraction) is existent and its compliance is verified. | 4 |  |
| How was the standard determined in your clinic? And how is adherence screened? |  | Laparoscopic cholecystectomy pathway for symptomatic cholecystolithiasis  Pathway evaluation |
| **Question 4: Pre- and postoperative procedure is defined** | 4 |  |
| In which manner are preoperative checklist used and do they include the most important points?  How are standards for postoperative management conveyed and utilised?  How are the postoperative controls determined in your clinic and how and how often are you trained? |  | Admission form in emergency room  Laparoscopic cholecystectomy pathway for symptomatic cholecystolithiasis  Pathway verification  Staff visit/signature  Pathway verification  Initial presentation at introduction  Staff briefing, Intranet |
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| **Question 5: Interdisciplinary treatment standards for acute cholecystitis exist** | 4 |  |
| How are the standards implemented and controlled?  Which parameters (e.g. preoperative hospital stay) do you utilise to measure adherence? |  | Specialist supervision after admission, Chief and senior physician visit |
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| **III. Organisation of Procedures in Operating Room for  cholecystectomy** | | |
| **Question 1: Operation planning carried out in structured form** | 4 |  |
| How timely are preliminary and binding operation programs determined and communicated? |  | 24 hours temporary  17 hours obligatory |

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| **Question 2: Composition of operating team is standardised** | 4 |  |
| Where is the typical composition of the operating team defined and stated in writing?  How and when is the composition of the operating team determined and communicated? |  | See internal surgery manual  See standards  17 hours before surgery  through senior physician |
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| **Question 3: Perioperative antibiotic prophylaxis is standardised** | 4 |  |
| How are the standards implemented and controlled? |  | Internal surgery manual  Pathway evaluation  Evaluation WHO Checklist |
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| **Question 4: Operating steps and standardised and uniform** | 4 |  |
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| Where are the provisions for execution of operating steps deposited and how is the abidance of the provisions ensured? |  | Internal surgery manual  Standard  Supervision Senior physician/chief physician |
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| **IV: Processes for Safety Culture** | | |
| **Issue 1: Standard operating procedures to avoid mistakes** | 4 |  |
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| In which manner are intervention mistakes prevented in regards to:   * Patient? * Intervention type? * Intervention location?   How are possibly existing SOP implemented?  Where are directives to secure patient identification in the operating room deposited and how are such directives executed and how and by whom is this controlled? |  | Surgery Manual  WHO-Checklist  Process instruction to avoid confusion of sides  Patient wristband  Intranet  Information in daily clinical conference  Surgery Manual  WHO-Checklist  Process instruction to avoid confusion of sides  Patient wristband |
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| **Issue 2: Communication in case of incident governed** | 4 |  |
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| What is the course of communication after an incident?  With whom and how is the incident communicated?  Patient and relatives  Concerned co-workers (doctors, care, administration) |  | Notification of claim/  Incident  Head of department/Senior physician  Public  Managing director |
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| **Issue 3: Training for patient safety are offered** | 4 |  |
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| Participation is:  Voluntary?  Mandatory? |  | Mandatory every two years |
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| **Issue 4: Participation in regional or supraregional projects on patient safety** | 4 |  |
| (e.g. CIRS – Network Germany, “Initiative Patient Safety and Quality Hesse” of HKG) |  | CIRS |
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