### eel_logosef_s

###### Questionnaire

###### for

###### Endometriosis Centres

**- Recertifcation -**

Scientific basis:

Interdisciplinary S2k guideline for the diagnosis and treatment of endometriosis (AWMF 015 - 045)

Recommendations of the Endometriosis Research Foundation

<https://www.endometriose-sef.de/wp-content/uploads/2022/01/Zentren_Kriterien_22.pdf>

and the European Endometriosis League

Compilation: EuroEndoCert GmbH on behalf of the Endometriosis Research Foundation (SEF) and the European Endometriosis League

|  |  |
| --- | --- |
| **Current Information** | **Endometriosis Centre** |
| Name and Address of Endometriosis Centre |  |
| Primary contact person |  |
| Website for patient information |  |
| Tel. no. for appointments in the Endometriosis Clinic |  |
| Fax no. to forward results |  |
| E-Mail address for written enquiries |  |
| Other information |  |
| Date of application |  |

Changes to this data must be reported immediately to EuroEndoCert GmbH

(sek@euroendocert.de) so that the website can be updated.

**ATTENTION important information for the processing of the sheet!**

**Please indicate only changes to the pre-audit in the entire sheet and keep the structure of the survey sheet!**

**White fields = are always to be edited - to be filled in completely!**

**Gray fields = are to be edited only in case of changes!**

**Even if fields are unaltered/left blank, they may still be addressed at the audit**

The following **core partners** form the Endometriosis Centre:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Cooperation partner(obligatory) | Institution – if available  | Assigned service |
| A |  |  | Gynaecology(applicant) |
| B |  |  | Surgery |
| C |  |  | **Urology** |
| D |  |  | **Pathology** |
| E |  |  | **Radiology** |
| F |  |  | **Reproductive medicine** |
| G |  |  | **Pain management****Out-patient** |
| H |  |  | **Pain management****In-patient** |
| I |  |  | **Psychosomatics /****Psychotherapy** |
| J |  |  | **Self-help** |

The following **cooperation partners** extend the endometriosis centre:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Cooperation partner(optional) | Institution – if available | Assigned service |
| A |  |  | Rehabilitation |
| B |  |  | **Physiotherapy** |
| C |  |  | **Dietary advice** |
| D |  |  |  |
| E |  |  |  |
| F |  |  |  |
| G |  |  |  |
| H |  |  |  |
| I |  |  |  |
| J |  |  |  |

**1. General information about the Endometriosis Centre**

**1.1 Structure of the network**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description (grey fields are to be edited only in case of changes to the last certification!) |
| A | Written cooperation agreements must be concluded with the core partners if they are not in the same institution as the centre.These cooperation agreements must include:* Ensurance of availability
* Description of treatment pathways and interfaces relevant to the Endometriosis Centre
* Designation of the responsible

persons* Description of transfer of information
* Willingness to treat patients according to the guidelines, especially according to the endometriosis guideline
* Willingness to participate in audits
* Agreement to be publicly named by the Endometriosis Centre as a cooperation partner
 |  |
| B | An organisational chart (as Appendix 1) must be attached to the application |  |

**1.2 Interdisciplinary cooperation**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description (grey fields are to be edited only in case of changes to the last certification!) |
| A | The cooperation partners should be included in the treatment plan. In complex cases, this concerns both the involvement of the Centre in treatment by cooperation partners and the involvement of cooperation partners in treatment at the Centre.Interdisciplinary grand rounds, open to external cooperation partners 10 times per year (alternatively interdisciplinary consultations, to be documented in the patient’s clinical file). |  |
| B | Contact person of the respective cooperation partner for the Endometriosis Centre for queries • Responsibility at specialist level must be defined• Employees must be named |  |

**1.3 Cooperation with practice-based doctors/GP**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description (grey fields are to be edited only in case of changes to the last certification!) |
| A | All elective patients should be referred on an outpatient basis within a reasonable period prior to surgery.For this purpose, an SOP of the consultation procedure is required.Patients should be included in the decision on indication and therapy  |  |
| B | Further therapy should be recommended by the centre on a differentiated basis. Histology should be available to the patients’ practice-based physician/GP during the follow-up consultation to ensure a smooth transition between the inpatient and outpatient sectors. |  |
| C | 24-hour access to the Centre must be available for emergencies and complications.  |  |
| D | Complications should be reported back to the centre by the patient’s practice-based physician/GP. For this purpose, a functioning feedback system must be implemented. Complications should be recorded continuously.  |  |
| E | Satisfaction of the referring physicians should be assessed regularly. If the hospital regularly collects this information centrally, an evaluation for operative gynaecology (without obstetrics) is sufficient. |  |

**1.4 Information and CME for doctors and medical personnel**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description |
| A | Written information (brochures, flyers) should be made available to the cooperation partners. |  |
| B | Regular CME courses on endometriosis for referring physicians should be offered. |  |
| C | The centre's staff should be given the opportunity to participate in regular further education sessions and congresses. Proof of participation in events must be provided. |  |
| D | Internal training should be provided at least once per year for medical and non-medical staff.  |  |

**1.5 Patient information**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description (grey fields are to be edited only in case of changes to the last certification!) |
| A | Collaboration with national/ local self-help organisation or group (if available) |  |
| B | Description of information sources for patients• Flyers• Website/internet presence• Information events |  |
| C | Regular analysis of patient satisfaction should be carried out. If this is regularly collected centrally by the hospital, an evaluation for operative gynaecology (without obstetrics) is sufficient. |  |

**1.6 Endometriosis documentation**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description |
| A | In the medical record, the anamnesis, the symptoms, the examination results (at least vaginal, rectal and ultrasound), the suspected diagnosis and the planned procedure are documented.A per rectum examination has to be included, if not documented previously.(Minimum 80% of cases)A comprehensive patient history and symptoms questionnaire should be used ( <https://www.awmf.org/fileadmin/user_upload/Leitlinien/015_D_Ges_fuer_Gynaekologie_und_Geburtshilfe/015-045f_03_Endometriose_Fragebogen_DS_Visz_Schmerz_Weiblich_24082017_RZ_Screen_final.pdf> )The surgical report should include the r-ASRM stage, the ENZIAN or the #Enzian classification, and a detailed description of intraoperative findings.In addition to the diagnosis and histology, the doctor's letter must also contain the r-ASRM score, the ENZIAN or the #Enzian classification and a differentiated therapy recommendation. |  |
| B | Once the certificate has been issued, a structured annual report must be submitted in accordance with the requirements. |  |

**1.7 Research and Education**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description |
| A | * Within three years: 1 original paper (listed in Web of Science®); first or senior author has to be a staff member of the centre
* Or participation in a multicenter/clinical study with ethics committee approval or an ongoing grant funded project
* For own studies use of a structured data entry form (e.g. IEEP)
 |  |
| B | * At least one assignment as speaker (abstract, oral presentation, poster)

or* publication of a review, case report, or book chapter
 |   |

**2. Specific information about the Endometriosis Centre**

**2.1 Responsible management and designated surgeons**

|  |  |  |
| --- | --- | --- |
| A | Name and qualification of the management (deputy head, coordination). The head of the centre should also be a named endometriosis surgeon. |  |
| B | Postgraduate trainingHead of centre (or one designated surgeon) has to have * a nationally recognised certification in minimally invasive surgery (advanced level),

or* a fellowship in advanced operative gynaecology

or* a fellowship in gynae endocrinology and reproductive medicine
 |  |
| C | Proof of qualification in the field of endometriosis for all designated surgeons* Endometriosis diploma (basic course, advanced course of AGEM)

or* Certificate after SEF endometriosis school

or* Master class by EEL or AGEM
 |  |
| D | CMEParticipation in at least one designated endometriosis meeting (Endometriosekongress Deutschsprachiger Länder, European Endometriosis Congress, World Endometriosis Congress)Recommended: participation in congresses with an endometriosis session (ESHRE, ESGE, AGE, FOG, DVR, DGGG) |  |

**2.2 Information about the endometriosis outpatient endometriosis clinic**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description (grey fields are to be edited only in case of changes to the last certification!) |
| A | Name and qualifications of the doctors conducting the consultation.Diagnostics should always be carried out at specialist level by personnel specially trained in the field of endometriosis. |  |
| B | The clinic should be accessible to all patients. Waiting times for appointments and waiting times for appointments should be evaluated regularly and be appropriate. |  |
| C | An SOP for conservative treatment has to be established. In particular, a clinical pathway for patients with previous endometriosis surgery has to be described |  |

**2.3 Information on surgical treatment of endometriosis**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description |
| A | Organisational form (process description) of the surgical area |  |
| B | Waiting times for a surgery appointment |  |
| C | At least 100 surgical procedures with discharge diagnosis N80.x per year (main and secondary diagnoses)In case of recertification, the last annual report must be submitted.An operation list in the specified format (EEC-OP-List\_Audit.xlsx) must be submitted (as Appendix 2). The list contains the applicable counting rule.Each designated surgeon must perform or directly supervise at least 30 surgical procedures for endometriosis per year. |  |
| D | The surgeon should have discussed the exact procedure with the patient preoperatively and discuss the operation, prognosis and further therapy options with the patient postoperatively. These discussions must be documented in an appropriate form. If the histology differs, the procedure must be described (e.g. patient telephoned). The patient is to be included in the therapy planning. In complex cases (e.g. complications: deep infiltrating endometriosis, past history of multiple operations), a social-medical consultation should be offered. The guideline value is 20% of the operated patients. |  |
| E | A fault and complication management should be implemented.  |  |

**3. Specific information about the cooperation partners**

**3.1 Information about visceral surgery**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description (grey fields are to be edited only in case of changes to the last certification!) |
| A | The name and qualification of the head of department and, if different, the primary contact person |  |
| B | Type and number of intestinal operationsPercentage of endoscopic intestinal operationsAll indications |  |
| C | Availability of visceral surgery  |  |
| D | Number of specialist doctors with a focus on visceral surgery |  |

**3.2 Information about urology**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description (grey fields are to be edited only in case of changes to the last certification!) |
| A | Name and qualifications of the head of department and, if different, of the primary contact person. |  |
| B | Type and number of bladder and ureter surgical proceduresProportion of laparoscopic surgical procedures on ureter and bladder All indications |  |
| C | Availability of urology |  |
| D | Number of specialist doctors in the department |  |

**3.3 Information about pathology**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description (grey fields are to be edited only in case of changes to the last certification!) |
| A | Name and qualifications of the head of department and, if different, of the primary contact person. |  |
| B | Type and number ofa) Endometrial andb) Endometriosis preparationsper year |  |
| C | Availability of pathology |  |

**3.4 Information about radiology**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description (grey fields are to be edited only in case of changes to the last certification!) |
| A | Name and qualifications of the head of department and, if different, of the primary contact person. |  |
| B | Presentation of the scope of cooperative activity and the procedures used |  |
| C | Overview of availability* In-patient
* Out-patient

Authorisation of the statutory health insurance scheme?Waiting time until first contact? |  |
| D | Number and qualification of persons actively involved |  |

**3.5 Information about reproductive medicine**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description (grey fields are to be edited only in case of changes to the last certification!) |
| A | Name and qualifications of the head of department and, if different, of the primary contact person. |  |
| B | Number of treatment cycles/yearIUIIVFICSI |  |
| C | Authorisation of the statutory health insurance scheme?Waiting time until first contact? |  |
| D | Number of specialist doctors, including those with speciality qualification in Gyn Endo / Reproductive Medicine |  |

**3.6. Information about treatment of chronic pain, psychosomatics/psychotherapy and other cooperation partners**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description (grey fields are to be edited only in case of changes to the last certification!)  |
| A | Name and qualifications of the head of department and, if different, of the primary contact person. |  |
| B | Presentation of the scope of cooperative activity and the procedures used |  |
| C | Overview of availability* In-patient
* Out-patient

Authorisation of the statutory health insurance scheme?Waiting time until first contact? |  |
| D | Number and qualification of persons actively involved |  |

**4. Statement regarding notes from previous audit**

**4.1 Progress report on indications listed in the previous audit report**

|  |  |  |
| --- | --- | --- |
|  | Note | Action taken and result |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

**4.2 Space for further explanations/management report**

|  |
| --- |
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**Date and signature of the head of the Endometriosis Centre**

Date and signatures of cooperation partners\*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*name, subject and signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*name, subject and signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*name, subject and signature*

*\* Cooperation partners with the same sponsorship; cooperation agreement signed for cooperation partners with other sponsors*

**Attachments**

***The documents must be submitted in a structured and orderly manner (numbered and marked accordingly in PDF- or EXCEL-file)!***

|  |  |
| --- | --- |
|  1 | Organisational Chart |
|  2 | Surgical List (Excel-form!) |
|  4 | Congress Confirmation of AttendanceTraining Confirmation of Attendance |
|  5 | Annual Report (Excel-File) |
|  6 |  |
|  7 |  |
|  8 |  |
|  9 |  |
| 10 |  |
| 11 |  |
| 12 |  |
| 13 |  |
|  |  |