

**Questionnaire**

**for**

**Endometriosis Units**

**- 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 Unit** |
| Name and Address of Endometriosis Unit |  |
| Primary Contact Person |  |
| Website for Patient information |  |
| Tel.-No. for appointments in the endometriosis clinic |  |
| Fax-No. for reporting results |  |
| E-Mail address for written enquiries |  |
| Further information |  |
| Date of application |  |

Changes to this information 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 Unit:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Cooperation partner | Responsible organisation – if available | Assigned service |
| A |  |  | Cooperating Clinical Endometriosis Centre of Excellence certified by SEF/EEL |
| B |  |  | Surgery |
| C |  |  | **Urology** |
| D |  |  | **Pathology** |
| E |  |  | **Radiology** |
| F |  |  | **Reproductive** **medicine** |
| G |  |  | **Pain management****Out-patient** |
| H |  |  | **Pain management****In-patient** |
| I |  |  | **Psychosomatics/****Psychotherapy** |
|  |  |  | **Self-help** **organisation** |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Co-operation partner | Responsible organisation – if available | Assigned service |
| A |  |  | Rehabilitation |
| B |  |  | **Physiotherapy** |
| C |  |  | **Dietary advice** |
| E |  |  |  |
| F |  |  |  |
| G |  |  |  |

**1. General information about the endometriosis unit**

**1.1 Network structure**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description(grey fields are to be edited only in case of changes to the last certification!) |
| A | Written co-operation agreements are to be made with the core partners if they do not have the same responsible organisation as the centre These cooperation agreements must include:* Ensurance of availability
* Description of the treatment pathways relevant for the endometriosis centre and the interfaces
* Designation of responsible persons
* Description of information conveyance
* Willingness to treat the patients according to guidelines, especially according to the endometriosis guidelines
* Willingness to participate in audits
* Consent to be publicly designated by the endometriosis centre as a co-operation 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 co-operation partners should be included in the treatment plan. In complex cases, this involves both the inclusion of the centre in the case of treatment by cooperation partners as well as the involvement of the cooperation partners in treatment at the centre.Interdisciplinary case discussions should be held regularly and documented. An SOP for all partners is required. |  |
| B | Contact persons for the respective endometriosis centre cooperation partners in case of queries • Responsibility to specialist doctor 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 cases should be referred in time to the unit prior to admission for surgeryAn SOP is required for this.Patients should be included in the indication and treatment decision.  |  |
| B | The continuing treatment should be recommended in detail by the centre. Histology should be available to the practice-based physician at the follow-up consultation to ensure a swift transitionbetween the inpatient and outpatient sectors. |  |
| C | 24-hour accessibility to the unit must be arranged 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 function-ing feedback system must be implement-ed. Complications should be recorded con-tinuously.  |  |
| E | Satisfaction of referring physicians should be evaluated regularly. If such surveys are regularly conducted by the hospital administration, a report relating to gynaecology (excluding obstetrics) is sufficient.  |  |

**1.4 Information and further education for doctors and medical staff**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description |
| A | Written information (brochures, flyers) should be made available to the cooperation partners. |  |
| B | Proof of at least one in-house educational staff conference on the subject of endometriosis within three years |  |
| C | The units's staff should be given the opportunity to participate in regular further education sessions and congresses. Proof of participation in events must be provided. |  |

**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 the information available to patients• Flyers• Website/internet presence• Information events |  |
| C | A regular analysis of patient satisfaction should be carried out. If such surveys are regularly conducted by the hospital administration, a report relating to gynaecology (excluding obstetrics) is sufficient  |  |

**1.6 Endometriosis documentation**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description |
| A | In the medical record, the medical history, 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 surgery report should show the r-ASRM stage, the ENZIAN or the #Enzian classification and a detailed description of intraoperative findings. A per rectum examination has to be included, if not documented previouslyIn addition to the diagnosis and the histology, the r-ASRM score, the ENZIAN classification and a differentiated therapy recommendation are to be indicated in the physician's letter. |  |
| B | Once the certificate has been issued, a structured annual report must be submit-ted in accordance with the requirements. |  |

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

**2.1 Responsible management and designated surgeons**

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| --- | --- | --- |
| A | Name and qualification of the management (head, deputy, coordination). The head of the centre should also be a designated endometriosis surgeon. |  |
| B | Postgraduate trainingThe head of the centre has to be a board certified gynaecologist  |  |
| 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 endometrosis school

or* Master class by EEL or AGEM
 |  |
| D | CMEParticipation in at least one designated endometrisis meeting (Endometriosekongress Deutschsprachiger Länder, European Endometriosis Congress, World Endometriosis Congress)Recommended: participation in congresses with an endometriosis session (ESHRE, ESGE, AGE, FOG, DVR, DGGG)Alternatively: at least one-day internship with a certified endometriosis centre (preferably the cooperating centre) |  |

**2.2 Information about the out-patient endometriosis clinic**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description |
| A | Name and qualification of the doctors who perform the consultations.A diagnosis should always be made at specialist level by personnel specially trained in the field of endometriosis.  |  |
| B | The clinic should be available to all patients. Waiting times for appointments as well as waiting times at the appointment should be regularly evaluated and bereasonable.  |  |
| C | At least 100 patients with diagnosis N80.x have to be seen per year, of these, at least 50 have to be treated surgically.An SOP on conservative treatment has to be in place – in particular, a clinical pathway for patients with a past history of endometriosis surgery has to be defined. |  |

**2.3 Information about surgical treatment of endometriosis**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description |
| A | Organisation form of the surgical department |  |
| B | Waiting time for surgery appointment |  |
| C | All designated surgeons must perform or directly supervise at least 30 endometriosis operations per year.In case of a critically low case load, 50 surgical procedures have to be either performed or directly supervised by one individual surgeonAn operation list in the specified format (EEC-OP-List\_Audit.xlsx) must be submitted (as Appendix 2). The list contains the applicable counting rule. |  |
| D | The surgeon should discuss the exact procedure with the patient before surgery and discuss the surgery, prognosis and other treatment options with the patient postoperatively. These discussions must be documented in a suitable form. The patient must be included in the treatment planning. In complex cases, complications, deep infiltrating endometriosis or a history of multiple operations, a socio-medical consultation is obligatory. |  |
| E | Fault/incident 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 bowel operationsProportion of laparoscopic bowel operations |  |
| C | Availability of visceral surgery  |  |
| D | Number of doctors specialising in 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 | The name and qualification of the head of department and, if different, the primary contact person |  |
| B | Type and number of bladder and ureter surgical proceduresProportion of laparoscopic procedures on ureter and bladder  |  |
| 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 | The name and qualification of the head of department and, if different, the primary contact person |  |
| B | Type and number of endometrium - and endometriosis preparations per year  |  |
| C | Availability of pathology |  |

**3.4 Information about radiology**

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description |
| 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 | The name and qualification of the head of department and, if different, the primary contact person |  |
| B | Number of treatment cycles/year IUIIVFICSI |  |
| C | Approved by health insurance company?Waiting time until first appointment?  |  |
| D | Number of doctors specialising 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 and indicate respective discipline! |
| A | The name and qualification of the head of department and, if different, the primary contact person |  |
| B | Description of range of cooperativeactivity and the procedures used |  |
| C | Description of availability* inpatient
* outpatient

Approved by health insurance company?Waiting time until first appointment? |  |
| D | Number and qualification of the persons who actively contribute |  |

**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 Unit**

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**Core Partner**

**Date and Signature of the head of the Endometriosis Centre certified by SEF/EEL**

Date and signatures of cooperation partners\*:

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*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 |  |
|  |  |