Fellowship Validation

# Declaration host centre complies with SSCoE quality criteria

Heads of departments from centres which are non-accredited EUROSPINE Surgical Spine Centres of Excellence are required to confirm by their signature that their centre meets the quality criteria defined in the [SSCoE guidelines](https://www.eurospine.org/sscoe.htm). The completed document, including below completed checklist must be forwarded to the EUROSPINE at: education@eurospine.org.

## Fellow details

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| **Fellow** |
| First name |       |
| Last Name |       |
| Email address |       |
| Telephone number |       |

## Head of department and centre details

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| **Head of Department** |
| First name |       |
| Last Name |       |
| Email address |       |
| Telephone number |       |
| **Centre** |
| Centre name |       |
| Street name & number |       |
| NIP, city |       |
| Country |       |

I, head of department and undersigned,      , declare that the above-mentioned centre complies with the SSCoE quality criteria described in the SSCoE guidelines.

Date:

Signature (handwritten):

# Criteria Checklist

### Definition of pathology groups

Spine surgery covers different pathology groups. Only few centres cover the whole spectrum of spine surgery. Five pathology groups are identified in SSCoE guidelines. Please tick which pathology group(s) are surgically treated at your centre.

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| **Cat.** | **Description** | **Pathologies treated at centre** |
| A. | degenerative diseases | [ ]  |
| B. | tumour (including intradural pathologies) | [ ]  |
| C. | infectious, inflammatory and metabolic diseases | [ ]  |
| D.  | injuries | [ ]  |
| E. | deformities (including congenital spine diseases) | [ ]  |

Definition of quality criteria as per SSCoE guidelines

### Characteristics of equipment, diagnostic, therapeutic and interdisciplinary facilities (4.1)

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| **Art. No.** | **Criteria description** | **Available at centre?***(Yes/No)* |
| 4.1.1. | For all pathology groups, the following diagnostic and therapeutic facilities have to be **permanently** (24/7) available “**in-house**”:- X-ray- CT- MRI - Image Intensifier in the OR |  |
| 4.1.1.2. | The following diagnostic and therapeutic facilities have to be available “**in-house**”:- ICU with ventilation capacities (availability 24/7)- postoperative monitoring according to severity of intervention- dept. for neurology (also as consultant service)- pain therapy with specialisation in „special pain therapy” (also as consultant service)- dept. for physiotherapy |  |

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| **Art. No.** | **Criteria description** | **Available at centre?***(Yes/No)* |
| 4.1.1.3. | The following diagnostic and therapeutic facilities have to be **permanently** (24/7) available “**in-house**” **or** have to be assured **by external cooperation** (24/7):- blood bank- laboratory- dept. for vascular surgery  |  |
| 4.1.1.4. | The following diagnostic and therapeutic facilities have to be available “**in-house**” **or** have to be assured **by** **external cooperation**: - dept. for internal medicine- dept. for visceral surgery- institute for hygiene, bacteriology, microbiology- institute for pathology- centre for paraplegic patients- dept. for rehabilitation- dept. for psychology and psychosomatic medicine |  |
| 4.1.2. | **Additional for group** **A pathologies** (degenerative diseases) the following diagnostic and therapeutic facilities have to be available “**in-house**”:- “injection room” with image intensifier or X-ray for image-guided injection- possibility of CT-guided injection (for example: periradicular or epidural injection) |  |
| 4.1.3.1 | **Additional for group** **B pathologies** (tumour diseases)The following diagnostic and therapeutic facilities have to be available “**in-house**”:- interventional radiologist department with angiography (angio-CT) and possibility of embolization- possibility for CT-guided biopsy - neuro monitoring in the OR provided intradural pathologies are operated |  |
| 4.1.3.2. | **Additional for group** **B pathologies** (tumour diseases). Further, the following diagnostic and therapeutic facilities have to be available “**in-house**” **or** have to be assured **by external cooperation**:- scintigraphy or PET-CT- department for oncology- department of radiotherapy- tumour board- reference pathology for tumour diagnostic |  |
| 4.1.4. | **Additional for group** **C pathologies** (infectious, inflammatory, metabolic diseases) the following diagnostic and therapeutic facilities have to be available “**in-house**” **or** have to be assured **by** **external cooperation**:- scintigraphy or PET-CT- possibility for CT-guided biopsy |  |
| 4.1.5. | **Additional for group D pathologies** (injuries) the following diagnostic and therapeutic facilities have to be available “**in-house**”:- interventional radiology - angiography- Angio-CT |  |
| 4.1.6. | **Additional for group** **E pathologies** (deformities) the following diagnostic and therapeutic facilities have to be available “**in-house**”:- neuro monitoring in the OR- whole-spine X-ray |  |

### Staff and qualification (4.2)

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| **Art. No.** | **Criteria description** | **Available at centre?***(Yes/No)* |
| 4.2.1.1. | At least one physician has to hold a EUROSPINE Diploma or a comparable educational certificate (equivalence program) starting on 1 January 2023.  |  |
| 4.2.2.1. | At least 4 physicians have to be employed in full time positions. At least 2 of them have to have a board certificate in neurosurgery, trauma surgery or orthopaedic surgery |  |

### On-call duty and on-duty emergency (4.3)

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| **Art. No.** | **Criteria description** | **Available at centre?***(Yes/No)* |
| 4.3.1. | A spine specialist is permanently available on-call (24/7). |  |
| 4.3.2. | Possibility for emergency surgery on the spine including decompression and stabilisation is provided permanently (24/7). |  |

### Consultation hours for spine pathologies (4.4.)

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| **Art. No.** | **Criteria description** | **Available at centre?***(Yes/No)* |
| 4.4.1.  | At least twice a week, a specialised outpatient clinic for spine diseases is offered, allowing pre-operative evaluation and post-operative follow-up care. |  |

### Frequency and complexity of surgeries (4.5.)

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| **Art. No.** | **Criteria description** | **Available at centre?***(Yes/No)* |
| 4.5.1. | A overall minimum number of 300 cases per year have to be treated surgically.  |  |

**Complex** spine surgeries differ explicitly in effort and necessary expertise in comparison to **minor** spine surgeries. In addition to the case numbers it seems reasonable to establish a simple classification which measures the complexity of a surgery. Classification of complexity of surgeries:

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| **minor** spine surgery | discectomy, decompression, vertebroplastie, biopsy, etc. |
| **medium** spine surgery | All non minor or complex spine surgeries |
| **complex** spine surgery | en-bloc spondylectomy, pedicle subtraction osteotomy, deformity correction more than 7 segments, 360° degree surgery (for exampel: front-bach –front), etc. |

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| **Pathology group** | **Overall spine surgical cases/year** | **Of which:** |
| minor surgeries | medium surgeries | complex surgeries |
| A degenerative |  |       |       |       |
| B tumour |  |       |       |       |
| C inflammatory |  |       |       |       |
| D injuries |  |       |       |       |
| E deformities |  |       |       |       |
| **TOTAL** |  |  |  |  |

### Quality Management (4.6)

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| **Art. No.** | **Criteria description** | **Available at centre?***(Yes/No)* |
| 4.6.1.  | The centre has to take part in the hospital infection surveillance system (for example KISS). Further a critical incidence reporting system (for example CIRS) is mandatory. The WHO checklist has to be used regularly before surgery. A quality management system has to be established, especially evaluating risk, complaint and failure management. A yearly quality management report should be available. |  |
| 4.6.2 | A continuous survey and documentation of complication has to be proven. All patients with spine diseases who were operated on must be included in this data collection. The documentation of complications preferable takes place in the spine registry, for example the EUROSPINE registry (Spine Tango). |  |
| 4.6.3. | A regular analysis and review of observed and / or treated complications (M&M conference) must be performed in a EUROSPINE Surgical Spine Centre of Excellence, at least once a quarter. Protocols of M&M conferences have to be available. |  |
| 4.6.4. | A participation in the spine registry of EUROSPINE (Spine Tango) is recommended. If the centre participates in the spine registry of EUROSPINE (Spine Tango) the documentation of the so called “minimal-data-set” from patients admitted to the centre for the first time and treated surgically is obligatory. Preferably the used implants are registered as well. Documentation of additional data is optional, for example clinical scores, outcome parametrs, subsequent treatment and follow-up data or documentation of data of non-surgically treated patients. |  |
| 4.6.5. | Standardized diagnostic and therapeutic algorithms have to be applied. For frequent disease patterns, and treatment courses, written “standard operating procedures (SOP)” are to be defined for surgical and conservative treatments. Nursing and physiotherapy have to be respected in the SOPs. SOPs for frequently applied radiological evaluations or interventions (for example CT -guided injections) should be available |  |
| 4.6.6. | Non-surgical conservative treatment has to be available.  |  |

### Surgical training programme (4.7)

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| **Art. No.** | **Criteria description** | **Available at centre?***(Yes/No)* |
| 4.7.1. | Is the training of surgeons, including ransfer of knowledge and skills available? |  |
| 4.7.2. | Participation in surgical training programmes in neurosurgery or trauma / orthopaedic surgery or spine surgery is necessary. This participation for a training program can also be provided in a network of several hospitals. |  |

### Research and teaching plus training, advanced training and further education (4.8)

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| **Art. No.** | **Criteria description** | **Available at centre?***(Yes/No)* |
| 4.8.1. and 4.8.2. | Does the centre actively participate in advancement of spine surgery and/or transfer of knowledge and skills in the form of written publications for books or journals, lectures, presentations at congresses, arrangement of courses or congresses (internal education events cannot be counted in this context) |  |
| 4.8.3. | Can the centre prove 5 of the above-mentioned contributions per year?  |  |

### Comment (if any):