

Appendix

Training and standardisation

Reviewer teams were trained according to the GTT standard described in the white paper. They read the white paper before going through a one day course which included reviewing five anonymised medical records. Patients had signed agreements to let us use them for training purposes. Further training included reviewing another 40 medical records before the teams could conduct regular reviews. The teams could call national facilitator and trainer for help. They were gathered at annual national meetings, to audit how the tool was applied. The purpose was to keep up a common understanding and practice according to the standard. In the meetings teams audited how the samples were randomised, how they did the review and how definitions were applied on specific examples. Results were exchanged, and teams described how they were used by executive leaders. Hospitals were required to establish at least one GTT team. All but one of the teams consisted of a doctor and two nurses. Some established reviewer teams at lower organisational levels than hospital level, like for example one team for the medical division and one team for the surgical division. If there were more than one GTT team in a hospital, each team would make a sample of 240 discharges from only a part of the total population of discharges. The populations of admissions which teams within the same hospital selected records from could not overlap. Each GTT team reviewed 240 medical records per year, strictly according to the IHI method. All hospital admissions relevant to the method had to be included in the review. Identified AEs were categorised according to severity (Table 1) as well as type. AEs could not be categorised according to more than one severity. There were 23 categories of types, for example, postoperative infection, bleeding and deep venous thrombosis. The categories of types were not mutually exclusive. If relevant, an AE could be categorised as more than one type, e.g. both a postoperative bleeding and a reoperation.