

Appendix 2 to Balvardi S, St-Louis E, Yousef Y, et al. Systematic review of grading systems for adverse surgical outcomes. *Can J Surg* 2021. Copyright © 2021 The Author(s) or their employer(s). To receive this resource in an accessible format, please contact us at cmajgroup.cmajca.

DOI: 10.1503/cjs.016919

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Appendix 2. Full Text Review Extraction Sheet

Name of the Study

Publication Characteristics

Definition of AE

Objective of paper

First Author

Year of publication

Institution Name and Nature (urban, rural, tertiary center etc.)

Study Design (RCT, cohort etc.)

Is this study the first or is it a follow-up paper about the given grading system

Patient Population

Demographics (mean age, % sex, country of origin, Language, % complication, comorbidities, severity of illness)

Number of patients

Study's inclusion/ exclusion criteria

Patient medical profile (elective surgery, emergency surgery, trauma , ICU Patients)

Severity Grading System

Grading of which negative outcome (complication/ sequelae/procedural failure)

Specific to one given surgical specialty? (if yes what? If no, how many specialties discussed)

Specific to one given procedure?

Does it allow grading of individual patient's complication, or does it produce an average morbidity score for different surgical procedures?

Reasoning behind classification (ex: disability, duration of disability, symptoms, duration of symptoms, interventions needed to treat the complication, mortality etc.)

Original grading system or adaption of already existing grading system for a given procedure/other subspecialties

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Methodology/Development process (ex: health care perspective vs. patient perspective vs. both/ existence of focus groups etc.)

Number of severity grades

Quantitative vs. qualitative grade severity (ex: I/II/III or major/ minor)

Existence of composite score (and how it is obtained)

Long term disability reflected in score?

Length of FU

Timing of assessment (early post-operative/Late postop/ multiple time points)

Generalizability to all surgical procedures?

Generalizable to radiological or medical treatments?

Self-declared benefits

Self-declared limitation

Psychometric properties and level of evidence