

Peer Review File

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Reviewer A

Comment 1:

Highlight Box

Key Findings:

What do the authors mean by "...deficits in this area...?"

Reply 1: Thank you very much for pointing this out. The passage has now been worded more clearly.

Changes in text:

The implementation rate of 8.8-61% of the sign-out among various studies is low and indicates implementation deficits in the workflow of the OR.

Comment 2:

What is known:

Many papers have come out questioning the effectiveness of the WHO SSC. I would include discussion about this too.

Reply 2: Thank you for this very useful comment, which we implemented in the highlight box, to show the ambiguity of effectiveness in the context of surgical checklists.

Changes in text:

Many papers come questioning the effectiveness of the WHO SSC so far.

Comment 3:

Abstract:

Background:

Again, it would be comprehensive to discuss the papers that question the effectiveness of the SSC.

Reply 3: Thank you for this valuable comment. This aspect will be addressed and deepened in the discussion.

Changes in text:

However, there are also hurdles and barriers in the application that seem to have an influence on the effectiveness.

Comment 4:

The purpose of the review is unclear to me. What do the authors mean by examining the content of qualitative studies? What content?

Reply 4: Thank you for asking for precision. The existing (very large) quantitative studies do not make any statement about the contents of the individual checklists carried out. That is why we limited ourselves to qualitative studies; we have now presented this aspect more clearly.

Changes in text:

In this way, gaps in the content of the implementation of individual checklists can be closed.

Comment 5:

Key content and findings:

What do the authors mean by “a positive effect in all qualitative studies on SSC”?

Reply 5: We added the main positive effects – thank you.

Changes in text: ...in leadership, teamwork, timing and acceptance.

Comment 6:

Introduction

The authors did not add the WHO SSC reference.

Reply 6: Thank you, the reference has been added.

Comment 7:

What do the authors mean by the study results differ greatly? In what way?

Reply 7: The results of the cited papers differ in the endpoints chosen, the study design, the population size and the content aspects. We have expressed this point more clearly.

Changes in text:

The positive effect of the “WHO surgical safety checklist” (“WHO SSC”) on postoperative patient outcome, such as decreased complication and mortality rate, has been demonstrated in multiple studies, although the study results sometimes differ greatly in the endpoints chosen, the study design, the population size and the content.

Comment 8:

I think the authors are confusing examining the quality of checklist implementation (e.g., how the checklist is used) vs. examining qualitative studies in the literature.

Reply 8: Thank you very much for sharing this impression with us. It helps us to bring this important aspect closer to the reader. For this reason, we have prefaced the discussion with a note.

Changes in text:

It is important to distinguish between two aspects in qualitative studies: the quality of the implementation of checklists and the quality of the content of individual checklists.

Comment 9:

The focus of a narrative review should not be about how to summarize the content of studies (this is the author's job to figure out).

Armstrong et al. (2022) recently published a systematic on this topic. Can the authors distinguish how their paper differs from this one?

Reply 9: Thank you for pointing us to the very informative review by Armstrong et al. We assume that the times of performing the reviews overlapped and highly appreciate your comment. In our view, the systematic review by Armstrong and colleagues provides a great and detailed review of SSC use. Our review is different in its scope and inclusion criteria, with less included studies. Interestingly, Armstrong et al also concluded that research should shift more explicitly on the quality of SSC (rather than just use vs. no use or quantity).

We have included Armstrong et al's review in our review (e.g., in the Introduction).

Comment 10:

Methods

Why did the authors limit the search timeline?

Reply 10: The timeline was limited to the beginning of the preparation of the paper submitted in December 2022. Due to an unfortunate error in the transmission of your valuable review, we could not start revising it until June 2023.

Comment 11:

Please explain why the authors decided to conduct a narrative review? What benefit does this method have over a systematic review (which can also be used for qualitative studies)?

Reply 11: We did initially indeed consider various forms of review (systematic, scoping, narrative). As our research objective became clearer so did the choice of our review. It was our interest to deepen understanding of WHO SSC use, rather than summarizing existing data. In accordance with Greenhalgh et al., we consider a narrative review to "provide interpretation and critique", whereas systematic reviews "address narrowly focused questions". As we describe in the results section of our manuscript, we even needed to adapt how we approach the reviewed data.

Comment 12:

Can the authors explain "articles with an impact factor of below 1?" Do they mean the IFs of journals?

Reply 12: Some of the journals are of low impact because of the scope of the simulation. We have now clarified this fact, thank you for asking.

Changes in text:

Articles in Journals with Impact Factor <1 were excluded.

Comment 13:

Results

Although there are several interesting results, the authors should better match their results to their objectives.

Reply 13: That is correct. We have explained this fact more clearly. Thank you very much.

Changes in text:

We tried to organize the review according to the questions I) Which qualitative studies about the implementation of the WHO surgical safety checklist do already exist? II) How can their content be summarized? III) Which research gaps can be identified?, but in the course of compiling suitable studies, a different categorization proved more helpful for understanding, so that the results are structured as follows: Awareness and exchange of patient safety relevant aspects, knowledge about the use of the SSC, communication and teamwork, time management, timing, presence of Team member, Checklist Coordinator / Leadership, and acceptance.

Comment 14

Discussion

The authors should include more of the literature into their discussion and reflect on their findings based on this literature (e.g., the papers that question the effectiveness of the SSC and the literature/reviews that are on a similar topic to the one the authors are discussing such as how the SSC is implemented and its effects on both provider and patient outcomes).

Reply 14: Thank you, we have explained this point above

Reviewer B

Comment 1:

This is an interesting paper. The literature review is well done and presented in a thorough manner. My only comment is that the discussion is hard to get through - it is unnecessarily long. The paper would be more readable if it were shortened.

Reply 1: Thank you for this kind comment. We have shortened the article a bit and included the other reviewer's comments.