

Steps			YES/NO		Weight of step (1-5)	Included in HOST-CHS Holistic Score	
1	Pulmonary valve and artery management						
	1	Has an incision been made in the main pulmonary artery? (Pulmonary arteriotomy)	Y	N	3	KNOWLEDGE	
	2	i) Is the incision made a safe distance (~2-4mm) above the sinotubular junction? (i.e. avoiding damage to pulmonary valve)	Y	N	5	RESPECT	
	3	ii) Is the incision extended distally into the LPA to address the stenosis/kinking?	Y	N	4	KNOWLEDGE	
	4	iii) Is the incision clean? (i.e. not jagged or having sharp protruding points)	Y	N	4	RESPECT	
2	Relief of right ventricular outflow tract obstruction						
	5	Have the hypertrophic muscle bundles and fibroelastic tissue in the RVOT been resected?	Y	N	4	KNOWLEDGE	
	6	i) Are there any residual RV muscle bundles?	Y	N	3	FLUENCY	
	7	Has a pulmonary commissurotomy been performed?	Y	N	4	KNOWLEDGE	
	8	Has the tricuspid valve or the pulmonary valve been damaged?	N	Y	5	RESPECT	
	9	If RVOT opened: Has the outflow tract been opened adequately to allow unrestricted flow? (Incision should be approx.. 10mm and must avoid the coronaries)[If not completed i.e. transpulmonary approach. Please score as Y]	Y	N	4	RESPECT	
3	Transatrial closure of ventricular septal defect						
	10	Is the patch a generous size that it would accommodate the overriding aorta? (compare with example in training video)	Y	N	4	KNOWLEDGE	
	11	Has the suture been commenced at deepest part of the VSD along the interventricular crest?	Y	N	3	FLUENCY	
	12	i) Does the suture end continue up along the infundibular septum around the aortic valve and to the tricuspid valve annulus?	Y	N	3	FLUENCY	
	13	Is the other end continued towards the tricuspid annulus?	Y	N	3	FLUENCY	
	14	i) Are the sutures placed away from the conduction tissue (to the right) avoiding damage?	Y	N	5	RESPECT	
	15	Have mattress sutures been placed along the superior aspect of the VSD patch to secure the remaining patch?	Y	N	3		
	16	Has the tricuspid valve or conduction been compromised or damaged?	N	Y	5	RESPECT	
	17	Have any of the sutures been caught in the tricuspid valve chords? [If papillary muscle detached – Has the delegate failed to reattach the papillary muscle?]	N	Y	5	RESPECT	
		Suture assessment:					
	18	i) Are all the sutures evenly spaced from one another WITH a gap of 2-3mm between suture bites?	Y	N	3	FLUENCY	
	19	ii) Are all the sutures an adequate distance from the tissue edge (2-3mm)? (except at the conduction)	Y	N	3	FLUENCY	
		Patch assessment					
	20	i) Are there any visible holes within the patch?	N	Y	4	RESPECT	
	21	ii) Does the patch appear the correct size for size of the defect? (i.e. not too large or small?)	Y	N	4	KNOWLEDGE	
4	Pulmonary artery patch						
	22	Has the patch been shaped as an oval shape to effectively enlarge the main pulmonary artery?	Y	N	4	KNOWLEDGE	
	23	Is the suture commenced at the distal MPA and continued around the toe and proximally along the incision?	Y	N	4	FLUENCY	
	24	Has the patch been measured and trimmed to accommodate the length of the defect before the suture is completed?	Y	N	4	KNOWLEDGE	
	25	Has the other suture end been continued to complete the anastomosis?	Y	N	3	FLUENCY	

Suture assessment:					
26	i) Are all the sutures evenly spaced from one another WITH a gap of 2-3mm between suture bites?	Y	N	3	FLUENCY
27	ii) Are all the sutures an adequate distance from the tissue edge (2-3mm)? (except at the conduction)	Y	N	3	FLUENCY
28	Is the patch the correct shape for the defect? (i.e. likely to bulge if pressurised)	Y	N	5	KNOWLEDGE
29	Are there any visible holes on the patch or is the patch kinked?	N	Y	4	RESPECT
30	Have any plication sutures been used to narrow the patch?	N	Y	4	FLUENCY
TOTAL SCORE				117	