

# PGSSC Surgical Assessment Tool (SAT) Hospital Walkthrough

GENERAL QUESTIONS	
Country:	
Name of health care facility:	
Address of health care facility:	
Phone number and email of health care facility:	
Date of data collection (dd/mm/yyyy):	
Name and professional title of staff filling out form:	
Contact information of staff completing this assessment (phone and email):	
Level of facility being evaluated	<input type="checkbox"/> Health Centre/Clinic <input type="checkbox"/> District/Rural Hospital/First referral Hospital <input type="checkbox"/> Provincial/Secondary Hospital <input type="checkbox"/> Tertiary/Teaching/Specialized Hospital
Type of facility being evaluated	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> NGO <input type="checkbox"/> Mission <input type="checkbox"/> Other

INFRASTRUCTURE	
<b>General Infrastructure - How often is this item available and functional?</b>	
Electricity/operational power generator	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% (Rarely) <input type="checkbox"/> 26-50% (Sometimes) <input type="checkbox"/> 51-75% (Often) <input type="checkbox"/> 76-99% (Almost always) <input type="checkbox"/> 100% (Always)
Running water	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Internet	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Oxygen	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Total number of admissions in a year	#
Total number of outpatients seen in a year	#
Total number of inpatient hospital beds	#
Total number of surgical beds	#
Total number of functioning operating rooms (major and minor)	#
Total number of post-anaesthesia care beds (0 for none)	#
Total number of advanced care/ICU beds	#
Total number of functional ventilators in the ICU	#
<b>Pharmacy – How often it this available for surgery?</b>	
Inhalational general anaesthesia	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
IV sedation anaesthesia (Ketamine, Midazolam, Propofol)	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Spinal anaesthesia	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Regional anaesthesia available	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Peri-operative antibiotics	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
IV fluids	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Muscle relaxants/paralytics	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Sedatives	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Vasopressors	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Post-op narcotics	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
<b>Radiology – How often do you have access to functioning radiology equipment?</b>	
X-ray machine	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Ultrasound	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
CT scanner	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
MRI scanner	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
<b>Blood Supply</b>	
How often are you able to administer a blood transfusion within 2 hours in your facility?	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
<b>Laboratory</b>	
How often is the lab able to run a Complete Blood Count (haemoglobin, haematocrit, WBC, platelets)?	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)

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How often is the lab able to run a chemistry panel (BUN, creatinine, Na, K, etc.)?	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
How often is the lab able to run coagulation studies (PT, PTT, BT, INR)?	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
How often is the lab able to do a urinalysis?	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
How often are you able to screen for an infectious panel (HIV, hepatitis virus)?	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
<b>Access and referral systems</b>	
What is the population served by this facility?	#
What percentage of your patients can reach the hospital within 2 hours of travel?	<input type="checkbox"/> 0 (None) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (All)
Total number of patients that you refer for surgical intervention to a higher level facility per year	#

<b>SERVICE DELIVERY</b>	
Procedures - Primary health care facility	
<b>How many of the following procedures have been performed at this facility in the past 1 year?</b>	
1. Normal obstetric delivery	#
2. Suturing laceration	#
3. Drainage of abscess	#
4. Male circumcision	#
5. Management of non-displaced fractures	#
6. Wound debridement	#
7. Removal of foreign body (throat/eye/ear/nose)	#
8. Biopsy (lymph node, mass, other)	#
Procedures - First-level hospital	
<b>How many of the following procedures have been performed at this facility in the past 1 year?</b>	
<i>Obstetrics, gynaecology, family planning</i>	
1. Caesarean birth	#
2. Vacuum extraction/forceps delivery	#
3. Ectopic pregnancy	#
4. Manual vacuum aspiration and dilation and curettage	#
5. Tubal ligation	#
6. Vasectomy	#
7. Hysterectomy	#
8. Inspection with acetic acid, cryotherapy for cervical lesions	#
<i>General Surgery</i>	
9. Repair of intestinal perforations	#
10. Appendectomy	#
11. Bowel obstruction	#
12. Colostomy/ileostomy	#
13. Gallbladder disease	#
14. Hernia, including incarceration	#
15. Hydrocelectomy	#
16. Relief of urinary obstruction	#
<i>Injury</i>	
17. Resuscitation with advanced life support measures, including surgical airway	#
18. Tube thoracostomy	#
19. Trauma laparotomy	#
20. Fracture reduction	#
21. Irrigation and debridement of open fractures	#
22. Placement of external fixator	#
23. Escharotomy/fasciotomy	#
24. Amputations	#

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25. Skin grafting	#
26. Burr hole	#
<i>Non-trauma orthopaedic</i>	
27. Drainage of septic arthritis	#
28. Debridement of osteomyelitis	#
Procedures – secondary and tertiary level	
<b>How many of the following procedures have been performed at this facility in the past 1 year?</b>	
1. Repair obstetric fistula	#
2. Repair of cleft lip and palate	#
3. Repair of club foot	#
4. Shunt for hydrocephalus	#
5. Repair of anorectal malformation and Hirschsprung's Disease	#
6. Cataract extraction and insertion of intraocular lens	#
7. Eyelid surgery for trachoma	#
Surgical Volume	
Number of laparotomies performed last year	#
Number of C-sections performed last year	#
Number of open fracture repairs performed last year	#
Number of surgeries performed last year	#
Number of paediatric surgeries (<15 yrs) performed last year	#
What percent of cases were emergency/urgent (non-elective) cases?	%
Quality and Safety	
What is the average number of post-operative, in-hospital deaths per year <sup>1</sup> ?	#
How often is the WHO surgical safety checklist utilized in the operating rooms?	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
How often is pulse oximetry used in the operating rooms?	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Operating Room Equipment and Supplies – <b>How often are the following equipment available and functional for surgery?</b>	
Total number of functional anaesthesia machines in the ORs	#
Pulse oximetry	#
Adult oropharyngeal airway	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Paediatric oropharyngeal airway	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Adult endotracheal tube	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Paediatric endotracheal tube	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Adult laryngoscope	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Paediatric laryngoscope	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Adult facemask bag valve	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Paediatric facemask bag valve	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Difficult airway kit (LMA)	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Adult Magill forceps	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Paediatric Magill forceps	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Blood pressure monitor or cuff	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Pulse oximeter	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Stethoscope	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Suction apparatus	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Thermometer	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Nasogastric Tube	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Light source	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Chest tube	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Electrocautery	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Autoclave/Sterilizer	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Forceps	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Syringes with needles	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)

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Scalpel	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Scissors	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Needle holder	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Retractor	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Sterile gloves	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Urinary catheters	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Tourniquet	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Face masks	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Gowns	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Disinfectant hand wash	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Sterilizing skin prep	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Eye protection	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Sharps disposal container	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Non-sterile Examination Gloves	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
Sutures	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)

<b>WORKFORCE</b>		
Surgeon/Anaesthesiologist/Obstetrician/Provider Density		
<b>Providers</b>	<b>Full time</b>	<b>Part time</b>
What is the number of certified surgeons who work at this hospital ( <b>full vs part time</b> )	#	#
Number of certified paediatric surgeons	#	#
Number of certified OBGYNs	#	#
Number of certified anaesthesiologists	#	#
Number of general doctors providing surgery	#	#
Number of general doctors providing C-sections	#	#
Number of general doctors providing anaesthesia	#	#
Number of non-physicians providing surgery	#	#
Number of non-physicians providing C-sections	#	#
Number of non-physician providing anaesthesia	#	#
Number of midwives	#	#
Number of nurses on the surgical wards	#	#
Number of certified radiologists	#	#
Number of certified pathologists	#	#
Number of certified pharmacists	#	#
Number of certified biomedical technicians	#	#
How often is a surgical provider available 24 hours a day?	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)	
How often is an obstetrics/gynaecology provider available 24 hours a day?	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)	
How often is an anaesthesia provider available 24 hours a day?	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)	
Continuing Medical Education		
How often do you offer continuing medical education to your staff each year?	<input type="checkbox"/> Never <input type="checkbox"/> Daily/Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	

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<b>INFORMATION MANAGEMENT</b>	
<b>Information Systems</b>	
What is the method of record keeping in your hospital?	<input type="checkbox"/> Electronic <input type="checkbox"/> Paper <input type="checkbox"/> Both <input type="checkbox"/> None
Are there personnel in charge of maintaining medical records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are charts accessible across multiple visits for the same patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is data prospectively collected for patient outcomes, such as surgical site infection, post op stroke, DVT, etc.?	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
How often is data prospectively collected for post-operative mortality rate?	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (Always)
How often are you required to report information to the Ministry of Health or an equivalent agency?	<input type="checkbox"/> Never <input type="checkbox"/> Daily/Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Do you use telemedicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Research Agenda</b>	
How often does the hospital participate in quality improvement projects, such as mortality & morbidity conferences?	<input type="checkbox"/> Never <input type="checkbox"/> Daily/Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
How many ongoing research projects does the hospital have?	#
How many ongoing research projects does the department of surgery have?	#

<b>FINANCING</b>	
<b>Health financing and accounting</b>	
What percentage of your patients have health insurance?	<input type="checkbox"/> 0 (None) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (All)
<b>Budget Allocation – please state in US dollars</b>	
What is your total annual hospital operating budget? (in US dollars)	#
How much of your annual hospital operating budget is allotted to surgery and anaesthesia? (in US dollars)	<input type="checkbox"/> 0 (None) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% (All)
<b>Cost – please state in US dollars</b>	
What is the average out-of-pocket cost to a patient for a C section?	#
Average out-of-pocket cost to a patient for an open fracture repair?	#
Average out-of-pocket cost to a patient for a laparotomy?	#
Average out-of-pocket cost to a patient for a CBC?	#
Average out-of-pocket cost to a patient for a Chest X-ray?	#
Average out-of-pocket cost to a patient for surgery-associated lodging per day?	#
Average out-of-pocket cost for patient and family transportation per surgery/hospital stay?	#
Average out-of-pocket cost to a patient for surgery-associated medication per surgery/hospital stay?	#
Average out-of-pocket cost to a patient for other necessities (e.g. laundry/food) per surgery/hospital stay?	#