

HOSPITAL ASSESSMENT TOOL

GENERAL QUESTIONS	
Name of Hospital:	
Address of Hospital:	
Name of the Hospital Director:	
Qualification of the Hospital Director:	
Contact Information:	
Name and professional title of staff completing this assessment:	
What level facility is being evaluated?	<input type="checkbox"/> Clinic <input type="checkbox"/> District <input type="checkbox"/> Tertiary
What type of hospital is being evaluated?	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> NGO <input type="checkbox"/> Other

HOSPITAL WALK THROUGH TOOL	
General Infrastructure	
Is electricity 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)
How often do you rely on a generator?	<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)
Is running water 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)
Is internet 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)
Is oxygen available when needed?	<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 Consumption	
What is the average number of days per month where oxygen is not available?	#
What is the average number of cylinders of oxygen used in the hospital per month?	#
What is the average lifespan of an oxygen cylinder?	#
Operating Room	
How many functional operating rooms are there?	#
How often is pulse oximetry used in the operating room?	<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 inhalational general anesthesia 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)
How often is IV sedation (Ketamine, Midazolam, etc) 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)
How often is spinal anesthesia 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)
How often is regional anesthesia 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)
Operating Room Equipment	
How many functional anesthesia machines are available in the ORs?	#
How many functional ventilators are available in the ORs?	#
How often are continuous vital signs monitored?	
Pulse	<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	<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 Saturation	<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)
Temperature	<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 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)
Pediatric 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)
Tracheal 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)
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)
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)
Bougies	<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)
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)
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)

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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)
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)
IV pressure bag	<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 Supplies	
Syringes	<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)
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)
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)
Drapes	<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	<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)
Apron	<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)
Post Anesthesia Care Unit	
Is there a dedicated area for post-anesthesia care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is a physician or equivalent (e.g. anesthetist) dedicated to the PACU for 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 many post-op recovery beds are there?	#
How many nurses are dedicated to the PACU?	#
How often are continuous vital signs monitored in the PACU?	
Pulse	<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	<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 Saturation	<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)
Temperature	<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)
ICU	
How many functional advanced care/ICU beds are there?	#
Ward	
How many functional hospital beds are there?	#
Pharmacy	
How often are narcotics available post-operatively?	<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 antibiotics available for surgery?	<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 IV fluids available for surgery?	<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 paralytics available for surgery?	<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 sedatives available for surgery?	<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 vasopressors available for surgery?	<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)
Radiology	
How often do you have 24 hour access to radiology imaging services?	<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 do you have access to a functioning 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)
How often do you have access to a functioning 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)
How often do you have access to a functioning 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)
How often do you have access to a functioning MRI 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)
Blood Supply	
Were blood bank services available in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you need access to blood, what is the amount of time it	<input type="checkbox"/> <30mins <input type="checkbox"/> 30min – 2 hrs <input type="checkbox"/> >2 hrs

	takes to get this?
	How often are you able to screen for an infectious panel? <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)
Laboratory	
Were lab services available in the hospital in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is the lab able to run a Complete Blood Count (hemoglobin, hematocrit, 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)
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)

INFRASTRUCTURE	
Access and referral systems	
What is the population in the catchment area of your hospital?	#
What is the population of your true catchment area?	#
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)
Procedures	
How many of the following procedures have you done in the past one month?	
<i>Obstetrics, gynecology, family planning</i>	
1. Cesarean birth	#
2. Vacuum extraction/forceps delivery	#
3. Ectopic pregnancy	#
4. Manual vacuum aspiration and dilation and curettage	#
5. Tubal ligation	#
6. Vasectomy	#
7. Inspection with acetic acid, cryotherapy for cervical lesions	#
<i>General Surgery</i>	
8. Repair of perforations	#
9. Appendectomy	#
10. Bowel obstruction	#
11. Colostomy	#
12. Gallbladder disease	#
13. Hernia, including incarceration	#
14. Hydrocelectomy	#
15. Relief of urinary obstruction	#
<i>Injury</i>	
16. Resuscitation with advanced life support measures	#
17. Tube thoracostomy	#
18. Trauma laparotomy	#
19. Fracture reduction	#
20. Irrigation and debridement of open fractures	#
21. Placement of external fixator	#
22. Escharotomy/fasciotomy	#
23. Trauma-related amputations	#
24. Skin grafting	#
25. Burr hole	#
<i>Non-trauma orthopedic</i>	
26. Drainage of septic arthritis	#
27. Debridement of osteomyelitis	#

WORKFORCE		
Surgeon/Anesthesiologist/Obstetrician Density		
How many surgeons work at least 1 day a week in this facility?	#	
How many obstetricians/gynecologists work at least 1 day a week in this facility?	#	
How many anesthesiologists work at least 1 day a week in this facility?	#	
How often is a surgeon available for 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 obstetrician/gynecologist available for 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 anesthesiologist available for 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)
Healthcare staff		
How often is a non-surgeon available to perform surgery for 24 hours a day (e.g. GPs, health officers, 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 an anesthesiologist available for 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 many nurses are employed by this facility?	#	
What is the typical nurse to patient ratio on a surgical floor ward?	#	
How many weeks out of the year do visiting surgeons work at this facility?	#	
How many radiologists are employed by this facility?	#	
How many pathologists are employed by this facility?	#	
How many pharmacists/druggists are employed by this facility?	#	
Training programs		
Do residents rotate through the hospital?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do residents rotate through the following departments?		
Surgery		<input type="checkbox"/> Yes <input type="checkbox"/> No
OBGYN		<input type="checkbox"/> Yes <input type="checkbox"/> No
Anesthesia		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ancillary staff		
How many administrative staff are employed by this facility?	#	
How many biomedical technicians are employed by this facility?	#	
How many scrub nurses are employed by this facility?	#	

SERVICE DELIVERY		
Surgical Volume		
What was your monthly average number of laparotomies performed last year?	#	
Over the past 6 months, what was the average number of C-sections performed per month ¹ ?	#	
Over the past 6 months, what was the average number of open fracture repairs performed per month ¹ ?	#	
Over the past 6 months, what was the average number of operations performed per month ¹ ?	#	
Quality and Safety		
What is the average number of post-operative, in-hospital deaths per month ¹ ?	#	
How often is this information tracked?		<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 WHO 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)

FINANCING	
Health financing and accounting	
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)
Budget Allocation	
What is your total annual hospital budget?	#
How much of your annual hospital budget is allotted to surgery?	<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)
Cost	
What is the average out-of-pocket cost to a patient for a C section?	#
What is the average out-of-pocket cost to a patient for an open fracture repair?	#
What is the average out-of-pocket cost to a patient for a laparotomy?	#
What is the average out-of-pocket cost to a patient for a CBC?	#
What is the average out-of-pocket cost to a patient for a Chest Xray?	#
What is the average out-of-pocket cost to a patient for surgery-associated lodging per day?	#
What is the range of cost for patient and family transportation?	#
What is the average out-of-pocket cost to a patient for surgery-associated medication?	#
What is the average out-of-pocket cost to a patient for surgery-associated informal payments/gratuities?	#

INFORMATION MANAGEMENT	
Information Systems	
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, 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?	<input type="checkbox"/> Never <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Research Agenda	
How often does your hospital participate in quality improvement projects, such as mortality and morbidity conferences?	<input type="checkbox"/> Never <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?	#
How many papers have been published by people from your hospital in the last year?	#