

Appendix A

GENERAL QUESTIONS	
State / Jurisdiction / Municipality:	
Name of healthcare facility:	
Address of healthcare facility:	
Phone number and email of healthcare 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"/> Basic Community Hospital <input type="checkbox"/> Integral Community Hospital <input type="checkbox"/> General Hospital <input type="checkbox"/> Regional Hospital <input type="checkbox"/> Not specified
Type of facility being evaluated (all that apply)	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> NGO <input type="checkbox"/> Mission <input type="checkbox"/> Other:
Is surgical care provided with surgical missions or campaigns?	<input type="checkbox"/> Yes, all surgical care <input type="checkbox"/> Yes, some surgical care <input type="checkbox"/> No

INFRASTRUCTURE		
General Infrastructure - How often is this item available and functional?		
Electricity/operational power generator	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 26-50% (Sometimes) <input type="checkbox"/> 76-99% (Almost always)	<input type="checkbox"/> 1-25% (Rarely) <input type="checkbox"/> 51-75% (Often) <input type="checkbox"/> 100% (Always)
Running water	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 26-50% (Sometimes) <input type="checkbox"/> 76-99% (Almost always)	<input type="checkbox"/> 1-25% (Rarely) <input type="checkbox"/> 51-75% (Often) <input type="checkbox"/> 100% (Always)
Internet	<input type="checkbox"/> 0 (Never) <input type="checkbox"/> 26-50% (Sometimes)	<input type="checkbox"/> 1-25% (Rarely) <input type="checkbox"/> 51-75% (Often)

	<input type="checkbox"/> 76-99% (Almost always)	<input type="checkbox"/> 100% (Always)
Oxygen	<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)
Last 30 days or monthly average		
Total number of inpatient hospital beds	Census:	Non-census:
Total number of surgical beds	Census:	Non-census:
Total number of post-anaesthesia care beds	Census:	Non-census:
Total number of functioning operating rooms (major and minor)	#	
Total number of advanced care/ICU beds	Census:	Non-census:
Total number of functional ventilators in the ICU	#	
Total number of admissions in a year	#	
Total number of outpatients seen in a year	#	
Radiology: How often do you have access to functioning radiology equipment?		
X-ray machine	<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)
Ultrasound	<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)
CT scanner	<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)
MRI scanner	<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)
Blood Supply		
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% (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)
Laboratory		
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% (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)
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% (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)
How often is the lab able to run coagulation studies (PT, PTT, BT, INR)?	<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)

How often is the lab able to do a urinalysis?	<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)
How often are you able to screen for an infectious panel (HIV, hepatitis virus)?	<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)
Access and referral systems	
What is the population of the district(s) served by this facility?	
What is the true coverage area of this facility?	
What percentage of your patients can reach the hospital within 2 hours of travel?	<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)
Total number of patients that you refer for surgical intervention to a higher level facility per year	#

SERVICE DELIVERY	
Surgical volume	
How many of the following procedures have been performed at this facility?	Last 30 days or monthly average
Total number of surgeries	#
Number of cesarean deliveries	
Number of laparotomies	#
Number of open fracture repairs	#
Number of pediatric surgeries (<15 years)	#
Number of emergent / urgent (not scheduled) cases	#
Rural hospital or health center / Basic Community Hospital	
1. Normal obstetric delivery	#
2. Management of non-displaced fractures	#
3. Drainage of superficial abscess	#
4. Suturing laceration	#
5. Wound debridement	#
6. Biopsy (lymph node, mass, other)	#
7. Removal of foreign body (throat/eye/ear/nose)	#
8. Male circumcision	#

Procedures / General Hospital	
How many of the following procedures have been performed at this facility?	
Obstetrics and Gynecology	
1. Caesarean birth	#
2. Vacuum extraction/forceps delivery	#
3. Hysterectomy	#
4. Tubal ligation	#
5. Manual vacuum aspiration and dilation and curettage	#
6. Ectopic pregnancy	#
8. Inspection with acetic acid, cryotherapy for cervical lesions	
General Surgery	
10. Appendectomy	#
11. Gallbladder disease	#
14. Hernia, including incarceration	#
13. Bowel obstruction	#
14. Colostomy/ileostomy	#
15. Vasectomy	#
16. Repair of intestinal perforations	#
15. Hydrocelectomy	
16. Relief of urinary obstruction	
Injury / Orthopedic	
17. Fracture reduction	#
18. Irrigation and debridement of open fractures	#
19. Trauma laparotomy	#
20. Placement of external fixator	#
21. Tube thoracostomy	#
22. Amputations	#
23. Escharotomy/fasciotomy	#
24. Skin grafting	#
25. Burr hole	#
26. Resuscitation with advanced life support measures, including surgical airway	#
27. Drainage of septic arthritis	#
28. Debridement of osteomyelitis	#
Secondary or tertiary hospital / Regional Hospital	
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	#
Quality and Safety	
What is the average number of post-operative, in-hospital deaths per year?	#
How often is the WHO surgical safety checklist utilized in the operating rooms?	<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)
How often is pulse oximetry used in the operating rooms?	<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)
Operating Room Equipment and Supplies – How often are the following equipment available and functional for surgery?	
Total number of functional anaesthesia machines in the ORs	#
Pulse oximetry	#
Adult oropharyngeal airway	<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)
Pediatric oropharyngeal airway	<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)
Adult endotracheal tube	<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)
Pediatric endotracheal tube	<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)
Adult laryngoscope	<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)
Pediatric laryngoscope	<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)
Adult facemask bag valve	<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)
Paediatric facemask bag valve	<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)
Difficult airway kit (LMA)	<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)
Adult Magill forceps	<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)
Pediatric Magill forceps	<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)
Blood pressure monitor or cuff	<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)
Pulse oximeter	<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)

Stethoscope	<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)
Suction apparatus	<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)
Thermometer	<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)
Nasogastric Tube	<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)
Light source	<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)
Chest tube	<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)
Electrocautery	<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)
Autoclave / Sterilizer	<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)
Forceps	<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)
Syringes with needles	<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)
Scalpel	<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)
Scissors	<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)
Needle holder	<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)
Retractor	<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)
Sterile gloves	<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)
Urinary catheters	<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)
Tourniquet	<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)
Face masks	<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)
Gowns	<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)
Disinfectant hand wash	<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)
Sterilizing skin prep	<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)
Eye protection	<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)
Sharps disposal container	<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)
Non-sterile Examination Gloves	<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)
Sutures	<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)

WORKFORCE			
Surgeon/Anesthesiologist/Obstetrician/Provider Density			
Providers	Full-time	Part-time	Female
¿ What is the total number of surgical specialists? (eg, neurosurgeon, urologist, ophthalmologist, vascular surgeon, otolaryngologist, plastic surgeon, surgical oncologist, cardiothoracic surgeon, general surgeon, obstetrician-gynecologist, orthopedic surgeon, anesthesiologist, pediatric surgeon, etc)	#	#	#
Number of general surgeons	#	#	#
Number of general surgeons who work in both public and private hospitals	#	#	#
Number of paediatric surgeons	#	#	#
Number of OBGYNs	#	#	#
Number of OBGYNs who work in both public and private hospitals	#	#	#
Number of anesthesiologists	#	#	#
Number of anesthesiologists who work in both public and private hospitals	#	#	#
Number of orthopedic surgeons	#	#	
Number of orthopedic surgeons who work in both public and private hospitals	#	#	
Number of staff who speak an indigenous language			
Staff who identify as indigenous	Yes	No	
Number of general doctors providing surgery	#	#	
Number of general doctors providing C-sections	#	#	
Number of general doctors providing anesthesia	#	#	
Number of non-physicians providing surgery	#	#	
Number of non-physicians providing C-sections	#	#	
Number of non-physician providing anesthesia	#	#	
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) (Rarely) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% (Sometimes) (Often) <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% (Almost always) (Always) <input type="checkbox"/> 100%	
How often is an obstetrics/gynecology provider available 24 hours a day?	<input type="checkbox"/> 0 (Never) (Rarely) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% (Sometimes) (Often) <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% (Almost always) (Always) <input type="checkbox"/> 100%	
How often is an anesthesia provider available 24 hours a day?	<input type="checkbox"/> 0 (Never) (Rarely) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% (Sometimes) (Often) <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% (Almost always) (Always) <input type="checkbox"/> 100%	
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	

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, DVT, etc.?	<input type="checkbox"/> 0 (Never) (Rarely) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% (Sometimes) (Often) <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% (Almost always) (Always) <input type="checkbox"/> 100%
How often is data prospectively collected for post-operative mortality rate?	<input type="checkbox"/> 0 (Never) (Rarely) <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% (Sometimes) (Often) <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% (Almost always) (Always) <input type="checkbox"/> 100%
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

Research agenda	
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?	#
FINANCING	
Health financing and accounting	
What percentage of your patients have health insurance?	<p>IMSS <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)</p> <p>Seguro Popular <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)</p> <p>ISSSTE/ISSTECH <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)</p> <p>None <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)</p> <p>Private <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)</p>
What percentage of patients identify as indigenous?	
Budget allocation	
What is your total annual hospital operating budget?	#
How much of your annual hospital operating budget is allotted to surgery and anesthesia?	<input type="checkbox"/> 0% <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100%
Cost	
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?	#