

Hospital City Facility Level

Medical Director Phone Number Email address

Number of Beds Number of Operating Rooms

EPIDEMIOLOGIC DATA (Survey Questions)

Trauma cases per month (subjective)

1-5	6-10	11-25	26-50	51-75	76-100
100-200	201-300	301-400	401-500	<1	

Adult Trauma cases per month (subjective)

1-5	6-10	11-25	26-50	51-75	76-100
100-200	201-300	301-400	401-500	<1	

Pediatric Trauma cases per month (subjective)

1-5	6-10	11-25	26-50	51-75	76-100
100-200	201-300	301-400	401-500	<1	

MVCs per month (subjective)

1-5	6-10	11-25	26-50	51-75	76-100
100-200	201-300	301-400	401-500	<1	

Burns per month (subjective)

1-5	6-10	11-25	26-50	51-75	76-100
100-200	201-300	301-400	401-500	<1	

Are all patients that come to the ED recorded in the log book?

Yes	No	Don't know
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Are all in-coming transfer patients recorded in the log book?

Yes	No	Don't know
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Are all out-going transfer patients recorded in the log book?

Yes	No	Don't know
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Explanation of Log Book entries

How do patients arrive to the Emergency Room (check all that apply)

foot Motorcycle Taxi Private Vehicle
Ambulance

How do patients most often arrive to the Emergency Room (select one)

foot Motorcycle Taxi Private Vehicle
Ambulance

INFRASTRUCTURE

What percent of the time do you have electricity?

Is the primary source city grid or generator?

What percent of the time is running water available?

What type of internet access is available?
Percent of time operational?

Is this facility capable of patient transfers?

Yes No

How are patients transferred? (check all that apply)

foot car
motorcycle private vehicle
taxi ambulance

How are patients transferred most often? (check all that apply)

foot car
motorcycle private vehicle
taxi ambulance

How many ambulances does the facility have?

What percentage of time is an ambulance available? (if available, get picture)

Are the ambulances shared?

What activities is the ambulance available for? pre-hospital care
patient transfers
Other

Who drives the ambulance?

What training do they have?

Does the ambulance have the following items?

Oxygen	Yes	No
IV equipment	Yes	No
Spine board	Yes	No
Ambu bag	Yes	No
Cervical collar	Yes	No
Fire extinguisher	Yes	No
Power inverter	Yes	No

Does the facility have a helicopter landing pad? Yes No

Is there somewhere nearby for a helicopter to land? How far away is it from the hospital?

Ambulance Notes

Are the following guidelines written and available on-site? Can we see them? (picture)

trauma guidelines	Yes	No
surgery guidelines	Yes	No
anesthesia guidelines	Yes	No

Explanation of Guidelines

QI Program

Are there QI mechanisms in place? Yes No

If yes, please explain:

Trauma Registry

Does this facility use a trauma registry? Yes No

If yes, does this information go to the MOH? Yes No

What parameters are in the trauma registry?
(e.g. injury severity scale, GCS, mechanism of injury, location of injury)

In-Service Training

Does this facility offer in-service training? Yes No

If yes, who provides this training?

What topics have been covered?

How frequent are these trainings?

ATLS Training

Does this facility offer ATLS or equivalent trauma training? Yes No

If yes, who provides this training?

What topics have been covered?

How frequent are these trainings?

Does the facility have a dedicated area for trauma care? (If yes, picture) Yes No

Intensive Care Unit

Does this facility have an intensive care unit?
(If yes, can we see it) Yes No

Who staffs the ICU and what is their training?

Is it staffed 24 hours a day? Yes No

Is it staffed 24 hours by a physician Yes No

If no, what hours is it staffed?

Is a physician available IN-HOUSE 24 hours? Yes No

If no, what hours is a doctor IN-HOUSE?

Is a physician available ON-CALL 24 hours? Yes No

If no, what hours is a doctor ON-CALL?

Answer the following questions with percent available, available but broken or not available:

Ventilators

Continuous cardiac monitoring

CVP monitoring

ICP monitoring

Compartment pressure monitoring

Blood Bank

Are blood products available? Yes No

Are blood products stored on-site? Yes No

Are they accessible 24/7? Yes No

Are they accessible immediately or is someone on-call? How long does it take to get them?

What percentage of time does the blood bank have blood?

What blood products are regularly available?
(Check all that apply)

packed RBCs
cryoprecipitate

platelets
FFP

LABS

What percentage of time are the following labs available?

CBC

Electrolytes

Urinalysis

Lactate

Gram stain

Bacterial culture

Arterial blood gas

Lab Notes

Are labs available nights and weekends

Yes

No

PERSONNEL

Is your ED open 24/7?

Yes

No

Is there an ED physician IN-HOUSE 24/7?

Yes

No

If no, what hours/days is one IN-HOUSE?

Is there an ED physician ON-CALL 24/7?

Yes

No

If no, what hours/days is one ON-CALL?

What training does this physician have? (e.g. internal medicine, family, EM)

What percentage of these physicians have ATLS or equivalent training?

What hours of the day is the ED staffed by a nurse?

Is there a wards physician IN-HOUSE 24/7?

Yes

No

If no, what hours is one IN-HOUSE?

Is there a wards physician ON-CALL 24/7?	Yes	No
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If no, what hours is one ON-CALL?

Is there a general surgeon IN-HOUSE 24/7?	Yes	No
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If no, what hours/days is one IN-HOUSE?

Is there a general surgeon ON-CALL 24/7?	Yes	No
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If no, what hours/days is one ON-CALL?

What percentage of these physicians have ATLS or equivalent trauma training?

Is there an orthopedic surgeon IN-HOUSE 24/7?	Yes	No
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If no, what hours/days is one IN-HOUSE?

Is there an orthopedic surgeon ON-CALL 24/7?	Yes	No
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If no, what hours/days is one ON-CALL?

What percentage of these physicians have ATLS or equivalent trauma training?

Is there a neurological surgeon IN-HOUSE 24/7?	Yes	No
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If no, what hours/days is one IN-HOUSE?

Is there a neurological surgeon ON-CALL 24/7?	Yes	No
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If no, what hours/days is one ON-CALL?

What percentage of these physicians have ATLS or equivalent trauma training?

Is there an anesthesiologist IN-HOUSE 24/7?	Yes	No
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If no, what hours/days is one IN-HOUSE?

Is there an anesthesiologist ON-CALL 24/7? Yes No

If no, what hours/days is one ON-CALL?

What percentage of these physicians have ATLS or equivalent trauma training?

Is there a nurse anesthetist IN-HOUSE 24/7? Yes No

If no, what hours/days is one IN-HOUSE?

Is there a nurse anesthetist ON-CALL 24/7? Yes No

If no, what hours/days is one ON-CALL?

What percentage of these physicians have ATLS or equivalent trauma training?

Are there OR staff IN-HOUSE 24/7? Yes No

If no, what hours/days is one IN-HOUSE?

Are there OR staff ON-CALL 24/7? Yes No

If no, what hours/days is one ON-CALL?

Is there physical therapy at this facility? Yes No

What percentage of time is PT available?

MACHINERY

What percentage of time are the following things available? (% , available but broken, not available)

Anesthesia machine

OR lights

Generator

Incinerator

Autoclave

EKG

Machinery Notes

SUPPLIES

What percentage of time are the following supplies available and where are they located in the hospital?

Vitals Equipment: percent of time available and location

Stethoscope	Yes	No
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ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

BP cuff and sphyngmomanometer	Yes	No
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ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Pulse Oximeter	Yes	No
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ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Thermometer	Yes	No
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ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Airway/Breathing Equipment: percent of time available and location

Oxygen cylinder Yes No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Portable Oxygen Source Yes No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Oxygen concentrator Yes No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Oxygen mask and tubing (nasal cannula, non-re-breather, etc) Yes No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Suction (including pump, tubing, tip) Yes No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Bag valve mask (adult)	Yes	No
ED (% time available)		
OR (% time available)		
ICU (% time available)		
Other (specify, % time available)		
Bag valve mask (peds)	Yes	No
ED (% time available)		
OR (% time available)		
ICU (% time available)		
Other (specify, % time available)		
ET tubes (adult and peds)	Yes	No
ED (% time available)		
OR (% time available)		
ICU (% time available)		
Other (specify, % time available)		
Laryngoscope (handle and blades)	Yes	No
ED (% time available)		
OR (% time available)		
ICU (% time available)		
Other (specify, % time available)		
Ventilators	Yes	No
ED (% time available)		
OR (% time available)		
ICU (% time available)		
Other (specify, % time available)		
Chest tube equipment	Yes	No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Central line equipment

Yes

No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Crystalline fluids

Yes

No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Colloid fluids (albumin, dextran, hetastarch)

Yes

No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Fluid warmers

Yes

No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Tourniquet

Yes

No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Pelvic binder

Yes

No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Head/Spine Equipment: percent of time available and location

Cervical collar

Yes

No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Spine back board

Yes

No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Burr hole drill

Yes

No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Wheeled gurney

Yes

No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Surgical Equipment: percent of time available and location

Scalpel Yes No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Hemostat Yes No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Needle driver Yes No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Suture Yes No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Straight scissors Yes No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Retractor

Yes

No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Laparotomy Equipment

Yes

No

OR (% time available)

Other (specify, % time available)

Thoracotomy equipment

Yes

No

OR (% time available)

Other (specify, % time available)

Vascular Equipment

Yes

No

OR (% time available)

Other (specify, % time available)

Neurosurgery Equipment

Yes

No

OR (% time available)

Other (specify, % time available)

External Fixation Equipment

Yes

No

OR (% time available)

Other (specify, % time available)

Internal Fixation Equipment

Yes

No

OR (% time available)

Other (specify, % time available)

C-section equipment	Yes	No
ED (% time available)		
OR (% time available)		
ICU (% time available)		
Other (specify, % time available)		
Electrocautery	Yes	No
ED (% time available)		
OR (% time available)		
ICU (% time available)		
Other (specify, % time available)		
Sterile drapes	Yes	No
ED (% time available)		
OR (% time available)		
ICU (% time available)		
Other (specify, % time available)		
Face masks	Yes	No
ED (% time available)		
OR (% time available)		
ICU (% time available)		
Other (specify, % time available)		
Eye protection	Yes	No
ED (% time available)		
OR (% time available)		
ICU (% time available)		
Other (specify, % time available)		
Nail scrub brush	Yes	No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Sterile patient preparation (iodine,
chlorhexidine)

Yes

No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Sterile gloves

Yes

No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Wound Care Supplies: percent of time available and location

Alcohol-based solution

Yes

No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Non-sterile gloves

Yes

No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Sterile dressing

Yes

No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

NG tube

Yes

No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Foley catheter

Yes

No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Sharps container

Yes

No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Flashlight

Yes

No

ED (% time available)

OR (% time available)

ICU (% time available)

Other (specify, % time available)

Medications: Percent of time available

Local anesthetics

General anesthetics

Anxiolytics

Opiates

Vasopressors

Anti-Hypertensives

Anti-pyretics

Anti-convulsants

Anti-coagulants

Paralytics

Naloxone

Diuretics

Insulin

Penicillin

Cephalosporin

Macrolides

Fluoroquinolones

Aminoglycosides

Topical antibiotic ointment

Normal saline

Ringer's Lactate

Glucose

Albumin

Sulfadiazine

Magnesium

Anti-fungals

Topical anti-fungals

Tetanus vaccine

Hepatitis B Vaccine

Medication Notes

PROCEDURES

Number of procedures performed per month

Acute burn management

1-10	11-25	26-50	51-75
76-100	101+	Not available	<1

General Anesthesia

1-10	11-25	26-50	51-75
76-100	101+	Not available	<1

Ketamine Anesthesia

1-10	11-25	26-50	51-75
76-100	101+	Not available	<1

Spinal Anesthesia

1-10	11-25	26-50	51-75
76-100	101+	Not available	<1

Resuscitation

1-10	11-25	26-50	51-75
76-100	101+	Not available	<1

Cricothyrotomy

1-10	11-25	26-50	51-75
76-100	101+	Not available	<1

Tracheotomy

1-10	11-25	26-50	51-75
76-100	101+	Not available	<1

Foreign Body removal

1-10	11-25	26-50	51-75
76-100	101+	Not available	<1

Laceration Repair

1-10	11-25	26-50	51-75
76-100	101+	Not available	<1

Incision & Drainage of an abscess

1-10	11-25	26-50	51-75
76-100	101+	Not available	<1

Wound debridement

1-10	11-25	26-50	51-75
76-100	101+	Not available	<1

Chest tube insertion

1-10	11-25	26-50	51-75
76-100	101+	Not available	<1

Splinting

1-10	11-25	26-50	51-75
76-100	101+	Not available	<1

Casting

1-10	11-25	26-50	51-75
76-100	101+	Not available	<1

Procedural treatment of a closed fracture

1-10	11-25	26-50	51-75
76-100	101+	Not available	<1

Procedural treatment of an open fracture

1-10	11-25	26-50	51-75
76-100	101+	Not available	<1

Amputation

1-10	11-25	26-50	51-75
76-100	101+	Not available	<1

Skin grafting

1-10	11-25	26-50	51-75
76-100	101+	Not available	<1

Laparotomy

1-10	11-25	26-50	51-75
76-100	101+	Not available	<1

Thoracotomy

1-10	11-25	26-50	51-75
76-100	101+	Not available	<1

C-section

1-10	11-25	26-50	51-75
76-100	101+	Not available	<1

Procedure Notes

IMAGING EQUIPMENT: Percentage of time available

CT Scanner

Portable X-Ray

Standing X-Ray

Ultrasound

Endoscopy

Angiography

Imaging Notes