**Tool A: Assessment at baseline at District hospitals**

Name of hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Names of COs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

1. Functionality of the operating theatre(s):
2. How many operating theatres are in place? \_\_\_\_\_\_\_\_

Indicate below how the different theatres are called and what they are used for,

and whether they are currently functional.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name of theatre | Used for | Currently functional? Yes / No |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

1. If the theatre(s) is/ are currently not functional: please state the main problems hindering smooth functioning of theatre procedures. Rank these problems in order of importance.
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. How many registers are there in which surgical procedures are record? \_\_\_\_\_\_\_\_

Please list in table below the various registers and what they are used for.

*(e.g. a separate register for minor surgical procedures carried out in OPD, in casualty department or in the wards ; a separate register for evacuation and/or MVA; or a separate register for male circumcision)*

|  |  |  |
| --- | --- | --- |
|  | Register name | Used for |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

*NOTE: Annex A (excel file) needs to be completed for EACH of these registers*

1. Which of the following types of anaesthesia are currently used in theatre:

|  |  |  |  |
| --- | --- | --- | --- |
| Type of anaesthesia | Used?Yes / No | Names and designation of competent staff available to administer | Specify items of necessary equipment and/or supplies that are currently in short supply |
| Infiltration, local |  |  |  |
| Inhalation, general |  |  |  |
| Epidural |  |  |  |
| Spinal / lumbar |  |  |  |
| Regional blocks |  |  |  |
| Ketamine intravenous |  |  |  |
| Other, specify … (e.g. analgesics) |  |  |  |

Constraints, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Indicate below the number of surgical sets that are currently available for use in OT?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | No. of complete sets available | Sterilized sets always available in sufficient numbers? Yes / No | Comment |
| 1. | C/section set |  |  |  |
| 2. | Hernia set |  |  |  |
| 3. | Laparotomy set |  |  |  |
| 4. | Orthopaedic/amputation set |  |  |  |
| 5. | BTL set |  |  |  |
| 6. | Evacuation set |  |  |  |
| 7. | Suturing set |  |  |  |
| 8. | I & D set (incision & drainage) |  |  |  |
| 9. | Chest drain set  |  |  |  |
| 10. | Excision set |  |  |  |
| 11. | Hysterectomy set |  |  |  |
| 12. | ENT set |  |  |  |
| 13. | Male circumcision set |  |  |  |
| 14. | General set |  |  |  |

3a. At your hospital, do you use any disposable surgical sets? ❑No ❑Yes - If yes, indicate types of disposable sets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are the following essential surgical instruments **currently** available?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Instrument | Number available | Number functional | AdequateYes / No |
| 1 | Speculum |  |  |  |
| 2 | Otoscope |  |  |  |
| 3 | Proctoscope |  |  |  |
| 4 | Cystoscope |  |  |  |

1. Are the following essential items of OT equipment **currently** available?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Item | Number available | Number functional | AdequateYes / No |
| 1 | Autoclave |  |  |  |
| 2 | Oxygen concentrator |  |  |  |
| 3 | Anaesthetic machine |  |  |  |
| 4 | Pulse oximeter |  |  |  |
| 5 | Suction machine |  |  |  |
| 6 | Resuscitaire for neonates |  |  |  |
| 7 | Defibrillator |  |  |  |
| 8 | Ambubag + mask |  |  |  |
| 9 | Back-up mobile lamp |  |  |  |
| 10 | Diarthemy |  |  |  |

1. Are the following essential medical supplies **currently** available for use in OT?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Instrument | Available Yes / No | Adequate Yes / No | Comment |
| 1 | Sutures |  |  |  |
| 2 | Surgical gloves |  |  |  |
| 3 | Surgical blades |  |  |  |
| 4 | Cannula |  |  |  |
| 5 | Bladder / urine catheters |  |  |  |
| 6 | Naso-gastric tubes |  |  |  |
| 7 | Spinal needles |  |  |  |
| 8 | Face masks |  |  |  |
| 9 | IV fluids |  |  |  |
| 10 | Blood |  |  |  |

1. Does the functionality of laboratory services (incl. provision of blood products) at this hospital have any negative impact on the delivery of theatre services?

❑ No ❑Not sure ❑ Yes,If yes please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the functionality of radiology services at this hospital have any negative impact on the delivery of theatre services?

❑ No ❑Not sure ❑ Yes,If yes please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Presence of surgical staff: record below the names of MO, and ML. Indicate whether in-house or visiting.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name  | In-house \* | Visiting staff Yes/No | No. of days available per month orper week | Comment |
| ElectiveSurg. | Emergency | Both |
| ***Medical Officers*** |
| … |  |  |  |  |  |  |
| … |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| ***Medical Licentiate***  |
| … |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| ***Specialist surgeons*** |
| *…* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

*\* Indicate for each in-house officer whether principally doing elective or emergency surgery (or both)*

1. Presence of other staff involved in surgery; provide names

|  |  |  |
| --- | --- | --- |
|  | No. of days available per week | Comment |
| *Anaesthesists* |
| … |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| *Theatre nurses* |
| … |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| *Scrub nurses* |
| … |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| *Porters* |  |  |
| … |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Among the cadres listed in Q10, are there any staff shortages that currently affect the hospital’s capacity to undertake surgery critically?

❑ No ❑ Yes,If yes please specify the cadres for which shortages are critical \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are there any major factors inhibiting surgery at this hospital?

❑ No ❑ Yes, if yes, list the main constraints in order of importance:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Please complete attached table A (in excel), from the theatre register(s): indicate the number of surgical procedures per month, for the past 12 months (by condition, where appropriate):
* Use separate sheets for each register (in case there is more than a single register – see Question 1c);
* 1 sheet per month;
* indicating elective / emergency cases, where appropriate;
* indicating the number of deaths and referrals (as far as recorded in the theatre register); and
* indicating totals.
1. Are there any particular surgical procedures that are being done at this hospital, which are normally not done at district hospitals?

❑ No ❑ Yes, If yes, specify: which procedures, for which conditions?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are there any surgical procedures normally done at district hospitals that are not done at this hospital, and that are consequently referred instead?

❑ No ❑ Yes, If yes, specify: which type of procedures, for which conditions? Indicate why they are referred. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is/are the main reason(s) for not doing these types of surgery?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name and place of hospital(s) to which surgical cases are referred that cannot be dealt with at this hospital (indicate distance in km):

|  |  |
| --- | --- |
| Name | Distance in km |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

1. About your own involvement, as a COST-Africa trained CO, in surgery at this hospital:
2. ❑ No ❑ Yes, Specify your duties in theatre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which other tasks (outside theatre) do you currently perform at this hospital?

In which departments?

|  |  |
| --- | --- |
| Task | Department |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

1. What proportion of your time do your surgical duties take up at present compared to non-surgical duties?

|  |  |
| --- | --- |
| % surgical | % non-surgical duties |
|  |  |

1. Do you expect your involvement in surgery to change in the next few months?

❑ No ❑ Yes, Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is there any barrier / restriction for you to undertake more surgery?

❑ No ❑ Yes, Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you see any scope to improve the quality / safety of surgery at this hospital?

(for instance in management of the theatre, training of theatre nurses, use of a surgical safety checklist, or otherwise)

❑ No ❑Not sure ❑ Yes,If yes what actions do you propose?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please provide any further comments, observations that you may have.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form completed by: ……………………..……….. and …………………….………………………….

Signatures: --------------------------- --------------------------- Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Name and signature of supervisor: ……………………………………….

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