

**GlobalSurg 3:**  
**Hospital level survey**  
**Data Collection Form**



[globalsurg.org/gs3](http://globalsurg.org/gs3)

**Completing the survey**

At the end of the survey three photos will require upload onto REDCap:

- Hospital building (no sign or name present)
- Anaesthetic machine
- Operating table

This is to document surgical facilities globally and we would be grateful for your help with this. We request that **no patients or staff are included in these photos.**

We are also looking to document the geolocation of hospitals for a global map of surgical care. To complete the survey we will ask you to perform the following:

- Send a tweet from your phone at the **main hospital entrance**, including your hospital's name and the handle "#surgstreet" after turning on your geolocation function (guide to turning on geolocation can be found at: <http://bit.ly/tweetlocationGS>)
- If you do not have twitter, use google maps (step by step guide at: <http://bit.ly/geolocationGS> and see diagram on the final survey page) to enter the latitude & longitude into REDCap.

**PLEASE COMPLETE THIS FORM WITH THE SURVEY DICTIONARY FOR REFERENCE**

**HOSPITAL CHARACTERISTICS**  
**(Section 1)**

Hospital name: \_\_\_\_\_

Approximate size of population:  
 <50,000 / 50,000-199,999 / 200,000-499,999 /  
 500,000-999,999 / 1,000,000-1,999,999 / 2,000,000+

Type of hospital:  
 Non-referral hospital / Referral hospital / Specialist cancer hospital

**Non-referral hospital:** Receive referrals only from community clinics and general practitioners  
**Referral hospital:** Receive referrals from other trained surgeons, as well as from community clinics and general practitioners  
**Specialist cancer hospital:** A hospital which solely treats patients with cancer

**DIAGNOSIS (Section 2)**

Answer the following questions for the **last six months**

Access to working US scan 0 / 1 / 2 / 3  
 Access to working CT (0800 – 1700) 0 / 1 / 2 / 3  
 Access to pathology services 0 / 1 / 2 / 3 / 4

- 0. No, not available in this hospital
- 1. On site and always available
- 2. On site but not working / available all of the time
- 3. Available at another hospital
- 4. Available in another country

Average time for routine pathology on cancer specimen \_\_\_\_\_(weeks)

What percentage of patients received a pathology result following cancer resection (in the last six months)  
 <25% / 25-50% / 51-75% / >75%

**PATIENT JOURNEY (Section 3)**

MDT available? No / Only for some cancers / For all cancers treated at the hospital

If MDT available  
 For the **last 10 elective patients** with breast / gastric and/or colorectal cancer, how many were discussed in the MDT?  
 None / 1-2 / 3-4 / 5-7 / 8-9 / All 10  
 Breast cancer only / GI cancer only / Breast & GI cancers

**Professionals attending MDT**

Oncologist	0 / 1 / 2
Radiologist	0 / 1 / 2
Pathologist	0 / 1 / 2
Clinical nurse specialist	0 / 1 / 2
Palliative care specialist	0 / 1 / 2
Surgeon	0 / 1 / 2

- 0. Not available
- 1. Available but attends <75% MDTs
- 2. Available in hospital and attends >75% MDTs

**Oncologist** None / Cancer & other care / Cancer care only  
**Palliative care specialist** None / Yes

**PATIENT TRANSPORT**  
**(Section 6)**

**Emergency transport available:** see 'notes' on page 2  
**Role of ambulance service:** see 'notes' on page 2

## ONCOLOGY TREATMENT (Section 4)

### Either free or by payment

Radiotherapy available? 0 / 1 / 2 / 3 / 4 / 5

Chemotherapy available? 0 / 1 / 2 / 3 / 4 / 5

0. No  
 1. Yes - at the same hospital  
 2. Yes - at another hospital (within 10 km)  
 3. Yes - at another hospital (10 - 50 km)  
 4. Yes - at another hospital (> 50 km away)  
 5. Yes - in another country

Radiotherapy machine Cobalt / linear accel

Do patients make out of pocket payments? 0 / 1 / 2 / 3

0. No patients make out of pocket payments  
 For at least part of their care:  
 1. Patients without insurance make out of pocket payments  
 2. Patients that can afford to are asked to make out of pocket payments  
 3. All patients make out of pocket payments

Designated post-operative care area 0 / 1 / 2 0. No,  
 1. Yes, sometimes  
 2. Yes, all the time

Opiate analgesia in first 24 hours 0 / 1 / 2 2. Yes, all the time

### Highest level of bed available for cancer patients

Ward bed / HDU or ITU bed

## NOTES

### EMERGENCY TRANSPORT

- Police or fire department vehicle (not a dedicated ambulance)
- Organised schemes that provide free transportation to hospital by taxi or bus
- Bicycle ambulance
- Motorcycle ambulance
- Hospital operated ambulance (limited to bringing patients to/from a single hospital only)
- Charity (non-governmental organisation) ambulance service\*
- Private (for-profit) ambulance service\*
- Municipal, district, or national government ambulance service\*
- None available

### ROLE OF AMBULANCE SERVICE (complete if 5, 6, 7, or 8 selected above)

- Inter-hospital transfer
- Bring trauma patients to the hospital
- Bring obstetric patients to hospital
- Bring non-trauma, non-obstetric patients to the hospital
- Provide advanced life support at the scene (advanced paramedic or medical doctor on ambulance crew)

## SURGICAL MANAGEMENT (Section 5)

Answer the following questions for the last 3 months

### Operations performed:

Breast 0 / 1 / 2 / 3

Oesophagus 0 / 1 / 2 / 3

Lung 0 / 1 / 2 / 3

Stomach 0 / 1 / 2 / 3

Colon 0 / 1 / 2 / 3 0. No

Rectum 0 / 1 / 2 / 3 1. Referred to another hospital

Liver 0 / 1 / 2 / 3 2. Emergency cases only

Pancreas 0 / 1 / 2 / 3 3. Elective (+/- emergency) cases

Kidney 0 / 1 / 2 / 3

Bladder 0 / 1 / 2 / 3

Prostate 0 / 1 / 2 / 3

Cervical & uterine 0 / 1 / 2 / 3

Ovarian 0 / 1 / 2 / 3

Thyroid 0 / 1 / 2 / 3

Lip & oral cavity 0 / 1 / 2 / 3

Malignant melanoma 0 / 1 / 2 / 3

Sarcoma 0 / 1 / 2 / 3

Benign tumour 0 / 1 / 2 / 3

### Included operations for each cancer above

- Breast: WLE / mastectomy  
 Oesophagus: Oesophagectomy  
 Lung: Lobectomy / pneumonectomy / laryngectomy  
 Stomach: Total/partial gastrectomy / gastrojejunostomy  
 Colon: Colonic resection  
 Rectum: Abdomino-peroneal excision  
 Liver: Hepatectomy  
 Pancreas: Pancreatectomy (all types)  
 Kidney: Nephrectomy  
 Bladder: Cystectomy  
 Prostate: Prostatectomy  
 Cervical & uterine: Hysterectomy / trachelectomy  
 Ovarian: Oophorectomy  
 Thyroid: Hemi-thyroidectomy / total thyroidectomy  
 Lip & oral cavity: Wide local excision / Mohs micrographic surgery / glossectomy  
 Malignant melanoma: Surgical resection  
 Soft-tissue sarcoma & osteosarcoma: All primary cancer resections  
 Benign tumours: (fibromas, histiocytomas & osteomas Primary resection

## SURGICAL MANAGEMENT (Continued...)

### No operation for certain sites

Complete for all sites where 'No' (0) was entered for 'Operations performed'

Breast 1 / 2 / 3 / 4 / 5 / 6

Oesophagus 1 / 2 / 3 / 4 / 5 / 6

Lung 1 / 2 / 3 / 4 / 5 / 6

Stomach 1 / 2 / 3 / 4 / 5 / 6

Colon 1 / 2 / 3 / 4 / 5 / 6

Rectum 1 / 2 / 3 / 4 / 5 / 6

Liver 1 / 2 / 3 / 4 / 5 / 6

Pancreas 1 / 2 / 3 / 4 / 5 / 6

Kidney 1 / 2 / 3 / 4 / 5 / 6

Bladder 1 / 2 / 3 / 4 / 5 / 6

Prostate 1 / 2 / 3 / 4 / 5 / 6

Cervical & uterine 1 / 2 / 3 / 4 / 5 / 6

Ovarian 1 / 2 / 3 / 4 / 5 / 6

Thyroid 1 / 2 / 3 / 4 / 5 / 6

Lip & oral cavity 1 / 2 / 3 / 4 / 5 / 6

Malig melanoma 1 / 2 / 3 / 4 / 5 / 6

Sarcoma 1 / 2 / 3 / 4 / 5 / 6

Benign tumour 1 / 2 / 3 / 4 / 5 / 6

- Lack of skills / training
- Non-functioning or lack of specialised equipment
- Lack of specialist ward(s) providing intensive treatment and monitoring (HDU / ITU)
- Patient factors - advanced presentation
- Patient factors - poor access (including financial causes)
- No case in the past three months