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Saving lives through safer surgery

Hospital Initial Needs Assessment Survey

INSTRUCTIONS: Please fill out the form as completely as possible. Required fields are highlighted in red when using Adobe Reader. If there are required fields which you are unable to complete, type any response but make a note in the Additional Comments section. Once the form has been completed, save the form using the Save As button and e-mail the form to info@lifebox.org.

Today's Date:

Your Contact Information

First Name: Last Name:

Job Title:

Email Address: Phone Number:

Hospital Information

Hospital Name:

Mailing Address

Street Address:

City: Dept/State/Region:

Country: Mailing Code:

Type of Hospital: ◯ Governent ◯ Private ◯ Other

Hospital Human Resources

SURGERY: Please indicate the number of people performing surgery in your hospital.

Trained Surgeon General Physician Nurse/Tech Other

ANESTHESIA: Please indicate the number of people providing anesthesia in your hospital.

Trained Anesthesiologist General Physician Nurse/Tech Other

Reset Form

Save As

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Version 2/March 2013

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Operating Department & Pulse Oximeter Information

How many functioning operating rooms are in your hospital?

How many functioning pulse oximeters do you have in the entire operating department (total)?

Is there a recovery area? ◯ Yes ◯ No

If yes, how many beds are there in the recovery area?

WHO Surgical Safety Checklist Information

How often do the surgical teams at your hospital use the WHO Surgical Safety Checklist?

◯ Always ◯ Most of the time ◯ Occassionally ◯ Never ◯ Don't know

Has your hospital received training in the WHO Surgical Safety Checklist? ◯ Yes ◯ No ◯ Don't know

Is the WHO Surgical Safety Checklist visible in your operating rooms? ◯ Yes ◯ No ◯ Don't know

Would you like to receive training in pulse oximetry and the WHO checklist? ◯ Yes ◯ No ◯ Don't know

Additional Comments

OPTIONAL: Please provide any additional comments in the space below.

Please return forms to info@lifebox.org. Thank you for your cooperation!

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