

Needs Assessment in Hand Surgery– International Site Set-Up

FACILITY INFORMATION:

Name & Address of facility: _____ Point of contact: _____ Type of facility: _____

Population Served: _____ Anticipated number of patients: _____ Anticipated length of visit: _____

HUMAN RESOURCES:

Please indicate the number of health staff expected to be present:

| | | |
|--|---|---------------------------------------|
| <input type="text"/> Hand Surgeons | <input type="text"/> Orthopaedic Surgeons | <input type="text"/> Plastic Surgeons |
| <input type="text"/> Anesthesiologists | <input type="text"/> Pediatricians | <input type="text"/> Nurses |
| <input type="text"/> Scrub Technicians | <input type="text"/> Residents | <input type="text"/> Fellows |
| <input type="text"/> Medical Students | | |

PHYSICAL RESOURCES:

Infrastructure:

| | | |
|---|------------------------------|-----------------------------|
| Reliable electricity source: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Reliable running water: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Reliable operating room lighting: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Anesthetic gases/machines: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Number of clinic or triage spaces: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Adequate post-operative recovery space: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Intensive care unit space: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Number of operating rooms: | _____ | |

Surgical Equipment:

Radiography: YES NO

MRI: YES NO

CT: YES NO

Intraoperative fluoroscopy
(mini or standard): YES NO

Microscope: YES NO

Lead Aprons: YES NO

Blood availability: YES NO

Sterilization availability: YES NO

Sutures available (please list type and needle): _____

Surgical gloves available (please list sizes): _____

Surgical instruments/equipment (please list number and/or type readily available):

___ Scalpel ___ Dissecting Scissors ___ Self-retaining retractors

___ Handheld retractors ___ Forceps for teeth ___ Forceps without teeth

___ Needle driver ___ Microsurgical instruments ___ Suction

___ Vessel clips ___ Tourniquet (sterile) ___ Tourniquet (nonsterile)

___ Splinting plaster ___ Fiberglass cast material ___ Facemask/eye wear

___ Benzoin ___ Mastasol ___ Tisseel

___ Esmarch ___ Xeroform ___ Petroleum Jelly

___ Kerlix ___ Sterile gauze ___ Polymethylmethacrylate

___ Cast saw ___ Hand table

Pre-operative skin preparation (eg: betadine) _____

Antibiotics (please list): _____

Local anesthetics (please list): _____

Implants (please list number, size, quantity, laterality, and brand manufacturer, when applicable):

Distal radius plates: _____

Hand plates: _____

Compression screws: _____

LCDC plates: _____

Reduction clamps: _____

Kirshner wires: _____

Non-locking screws: _____

Locking screws: _____

Cannulated screws: _____

Suture anchors: _____

Requested implants: _____

Anesthetic Equipment:

Anesthetic types available:

General

MAC

Wide awake + Local

Regional

PROCEDURES:

Circle anticipated procedures needed:

Hand, finger, wrist fractures

Tendon repair and/or reconstruction

Compression neuropathy releases

Tendon transfers

Scar revision

Infection

Free tissue transfer

Skin grafting

Contracture release

Dupuytren's

Nerve grafts

Wrist arthroscopy

Elbow arthroscopy

Congenital deformities

Thumb OA

Burns

CULTURAL AND LANGUAGE BARRIERS:

Are any cultural or language barriers anticipated? If so, what training will be provided to overcome?

Will interpretation services be available if needed?

YES

NO

N/A

SAFETY, QUALITY, AND ACCESS:

Is the location safe to visit?

YES

NO

Is there a safety strategy in place in case of an emergency? Please explain:

Will patients be screened by a local or visiting surgeon prior to being scheduled for surgery?

Are patient records maintained? If so, how?

Will patients be followed post-operatively? What outcomes will be assessed? At what time points?

If complications occur, are there personnel and resources to address them?

REGULATION AND COST:

Will approval from the ministry of health or country's licensing board be necessary? If so, please explain the process and anticipated steps:

Who will be paying for costs associated with surgery and anesthesia (including the implants required)?

KNOWLEDGE TRANSFER AND TEACHING:

If applicable, please list desired lecture topics:
