## **Resuscitation Service survey**

## **Survey Flow**

**Standard: Overview (3 Questions)** 

Standard: Hospital characteristics (8 Questions)
Block: Section A- Staff and training (9 Questions)

Standard: Section B: Mock arrests, pre-briefing, and debriefing (11 Questions)

Standard: Section C: Cardiac arrest equipment and systems for measuring CPR quality

(9 Questions)

Standard: Section D: Arrest team composition (7 Questions)

Standard: Section E: Resuscitation decision-making (9 Questions)

**Standard: Section F: Hospital facilities (17 Questions)** 

**Standard: Additional information and end of survey (4 Questions)** 

Page Break

Start of Block: Overview

Q1.1 We are conducting a survey of NCAA-participating hospitals, and hope that you will be able to respond on behalf of your hospital.

This single survey is linked to two separate research projects, both of which will combine NCAA data with survey responses to answer research questions that are important to the UK resuscitation community.

Project one is exploring how resuscitation system factors may be linked to survival across hospitals. Project two is exploring how implementation of the ReSPECT process (http://www.respectprocess.org.uk/) may affect characteristics of UK resuscitation attempts. Participation is voluntary. The survey will take 15-20 minutes to complete. The survey only asks questions about your hospital and does not ask for any personal information. However, we ask for your work email address / contact number in case we need to clarify any information provided.

To be eligible, a hospital must provide general acute adult services. Hospitals that provide only specialist tertiary services or paediatric services are not eligible.

If your Trust/ Health Board has more than one acute hospital, you only need to complete the survey once. However, we ask you to describe any differences between hospitals at the end of each section.

The chief investigator for both studies is Professor Gavin Perkins, University of Warwick. If you have any questions/problems with the survey, please contact Dr Keith Couper (k.couper@warwick.ac.uk).

Q1.2 Which NHS Trust or health board do you work for?

▼ Aintree University Hospital NHS Foundation Trust (272)	Trust (140)	Surrey & S	Sussex Healt	hcare NHS

Q1.3 How many acute board?	hospitals admitting adult	patients are there within	your Trust/ Health
O 1 (1)			
O 2 (2)			
O 3 (3)			
O 4 (4)			
O 5 (5)			
O 6 (6)			
O 7 (7)			
O 8 (8)			
End of Block: Overvie	W		
Start of Block: Hospit	al characteristics		
Display This Question: If Q1.3 = 1			
Q2.1 Please record the comprise your Trust/ He	names and number of in ealth Board	patient beds for each ac	ute adult hospitals that
	Hospital name (1)	Total number of inpatient beds (2)	Hospital participates in NCAA (Yes/ No) (3)
Hospital one (1)			
Display This Question:			
If Q1.3 = 2			

Q2.2 Please record the names and number	of inpatient beds for	or each acute	adult hospitals t	that
comprise your Trust/ Health Board				

	Hospital name (1)	Total number of inpatient beds (2)	Hospital participates in NCAA (Yes/ No) (3)
Hospital one (1)			
Hospital two (2)			

	Display	This	Question:
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If 0.13 - 3

Q2.3 Please record the names and number of inpatient beds for each acute adult hospitals that comprise your Trust/ Health Board

	Hospital name (1)	Total number of inpatient beds (2)	Hospital participates in NCAA (Yes/ No) (3)
Hospital one (1)			
Hospital two (2)			
Hospital three (3)			

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Display This Questior	7.
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Q2.4 Please record the names and number of inpatient beds for each acute adult hospitals that comprise your Trust/ Health Board

	Hospital name (1)	Total number of inpatient beds (2)	Hospital participates in NCAA (Yes/ No) (3)
Hospital one (1)			
Hospital two (2)			
Hospital three (3)			
Hospital four (4)			

Display	This	Question:
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If Q1.3 = 5

Q2.5 Please	e record the name:	s and number	of inpatient b	eds for eac	ch acute adul	t hospitals th	nat
comprise yo	our Trust/ Health B	oard					

	Hospital name (1)	Total number of inpatient beds (2)	Hospital participates in NCAA (Yes/ No) (3)
Hospital one (1)			
Hospital two (2)			
Hospital three (3)			
Hospital four (4)			
Hospital five (5)			

Display This Question:

If Q1.3 = 6

Q2.6 Please record the names and number of inpatient beds for each acute adult hospitals that comprise your Trust/ Health Board

	Hospital name (1)	Total number of inpatient beds (2)	Hospital participates in NCAA (Yes/ No) (3)
Hospital one (1)			
Hospital two (2)			
Hospital three (3)			
Hospital four (4)			
Hospital five (5)			
Hospital six (6)			

Display	This	Question:
15.0	40	7

Q2.7 Please record the names and number of inpatient beds for each acute adult hospitals	that
comprise your Trust/ Health Board	

	Hospital name (1)	Total number of inpatient beds (2)	Hospital participates in NCAA (Yes/ No) (3)
Hospital one (1)			
Hospital two (2)			
Hospital three (3)			
Hospital four (4)			
Hospital five (5)			
Hospital six (6)			
Hospital seven (7)			

Display This	Question:
15 0 4 0	

Q2.8 Please record the names and number of inpatient beds for each acute adult hospitals that comprise your Trust/ Health Board

	Hospital name (1)	Total number of inpatient beds (2)	Hospital participates in NCAA (Yes/ No) (3)
Hospital one (1)			
Hospital two (2)			
Hospital three (3)			
Hospital four (4)			
Hospital five (5)			
Hospital six (6)			
Hospital seven (7)			
Hospital eight (8)			

**End of Block: Hospital characteristics** 

Start of Block: Section A- Staff and training

Q3.1 Section A asks questions about staffing and training. For this section, please baanswers on the whole Trust/ Health Board.	se your
The final question in the section provides the opportunity to clarify any answers.	
Q3.2 How many clinical staff are employed by your Trust/ Health board?	
Clinical staff are defined as employees providing front-line clinical service provision (enterprise assistants, doctors, nurses, physiotherapists)	e.g. nurses,
*	
Q3.3 How many WTE (whole time equivalent) resuscitation officers are currently emplyour Trust/ Health board?	oloyed by
Q3.4 What percentage of the clinical workforce has Immediate Life Support training? enter to nearest whole number- do not include the % symbol)	(please
Q3.5 What percentage of the clinical workforce has Advanced Life Support training? enter to nearest whole number- do not include the % symbol)	(please

Q3.6 What percentage of the clinical workforce is up-to-date with mandatory resuscitation training requirements? (please enter to nearest whole number- do not include the % symbol)		
Q3.7 What is the recommended frequency for resuscitation training updates for clinical staff? (please select the closest option)		
O Quarterly (1)		
O 6-monthly (2)		
O Every year (3)		
O Every two years (4)		
C Less frequent than every two years (5)		
Q3.8 What types of BLS training are offered to clinical staff? (Select all that apply)		
Classroom (face-to-face) training (1)		
n-situ training (i.e. training delivered in the clinical setting) (2)		
Rolling refreshers (i.e. frequent, brief practice sessions offered to staff in their clinical setting) (3)		
E-learning/ video training (4)		
Q3.9 Please add any additional information that you think may be important in relation to section A (staffing and training).		

End of Block: Section A- Staff and training
Start of Block: Section B: Mock arrests, pre-briefing, and debriefing
Q4.1 Section B asks questions about mock arrests, pre-briefing and debriefing.
If your Trust/ health board has more than one hospital, please base your answers on practice at the largest hospital and use the final free-text question in the section to describe if there are any differences between hospitals or state that practice is the same at all hospitals.
Q4.2
A mock arrest is defined as unannounced simulated cardiac arrest event in the clinical setting that staff are required to treat as if it were a real event.
Does your hospital undertake mock arrests? If yes, approximately how frequently are mock arrests run? (please select the closest option)
O Yes- run daily (1)
O Yes- run weekly (2)
O Yes- run fortnightly (3)
O Yes- run monthly (4)
Yes- run every three-months (5)
Yes- run less often than every three months (6)
O No- they are not undertaken (7)

4.5 Does the hospital cardiac arrest team routinely meet at each shift handover:
○ Yes (1)
O No (2)
Q4.4 Does the hospital routinely debrief cardiac arrest events? If yes, select type(s) provided. Examples of types of debriefing:Immediate/ Hot debrief- team meets immediately after the event to identify key learning pointsCold debrief- the team/ wider clinical team meets on a regular basis to review recent cardiac arrest events and identify key learning points.Written feedback- a case summary is emailed to team members following the event, which summarises key learning points.
Yes- Immediate/ hot debrief (team only) (1)
Yes- Cold debrief- group review of case (wider group of clinicians) (2)
Yes- Written feedback (3)
No (4)
Display This Question:
If Q4.4 = 1
Q4.5 In relation to immediate/ hot debriefing, what % of arrests are debriefed? (please select the closest option)
O (1)
O 25-50% (2)
O 51-75% (3)
○ >75% (4)

Display This Question:  If Q4.4 = 1
Q4.6 In relation to immediate/ hot debriefing, do debriefs incorporate CPR quality data? (e.g. from defibrillator download)
○ Yes (1)
O No (2)
Display This Question:
If Q4.4 = 2
Q4.7 In relation to cold debriefs (group review of cases), how frequently are these debriefs held? (please select the closest option)
○ Weekly (1)
O Fortnightly (2)
O Monthly (3)
○ Three-monthly (4)
C Less often than every three months (5)
Display This Question:
If Q4.4 = 2
Q4.8 In relation to cold debriefs (group review of cases), do debriefs incorporate CPR quality data? (e.g. from defibrillator download)
○ Yes (1)
O No (2)

If Q4.4 = 3
Q4.9 In relation to written feedback, what percentage of cardiac arrests do team members receive written feedback? (please select the closest option)
O (1)
O 25-50% (2)
O 51-75% (3)
○ >75% (4)
Display This Question:
If Q4.4 = 3
Q4.10 In relation to written feedback, does feedback incorporate CPR quality data? (e.g. from defibrillator download)
○ Yes (1)
O No (2)
Q4.11 Please add any additional information that you think may be useful in relation to section B (questions about about mock arrests, pre-briefing and debriefing).
For Trusts/ health boards with more than one hospital, please describe any differences between hospitals. If there are no differences, please state this.

End of Block: Section B: Mock arrests, pre-briefing, and debriefing
Start of Block: Section C: Cardiac arrest equipment and systems for measuring CPR quality
Q5.1 Section C asks about cardiac arrest equipment and systems for measuring CPR quality
If your Trust/ health board has more than one hospital, please base your answers on practice at the largest hospital and use the final free-text question in the section to describe if there are any differences between hospitals or state that practice is the same at all hospitals.
Q5.2 How frequently does the hospital require that resuscitation equipment/ trolleys be checked? (please select the closest option)
Every shift (or every 12-hours) (1)
O Daily (2)
Twice-weekly (3)
○ Weekly (4)
C Less often than weekly (5)
Q5.3 Is equipment standardised across all resuscitation trolleys in adult areas within the hospital? (This does not include the addition of equipment in specialist areas- e.g. addition of paediatric supplies in areas where children may be treated)
○ Yes (1)
O No (2)

Q5.4 Are manual defibrillators standardised across the Trust/ health board?
All defibrillators are the same manufacturer and model (1)
All defibrillators are the same manufacturer, but models vary (2)
O Defibrillators vary in both manufacturer and model across the hospital (3)
Q5.5 Does your hospital routinely monitor/ measure CPR quality- if yes, tick methods used (tick all that apply).
Real-time audiovisual feedback (e.g. defibrillator that provides immediate feedback on CPR quality) (1)
Metronome (2)
Capnography (3)
Other (please specify) (4)
No- not routinely measured/monitored (5)
Q5.6 How frequently does the hospital resuscitation committee (or equivalent committee that oversees resuscitation practice) meet?
O At Least twice per year (1)
C Less than twice per year (2)
The hospital does not have such a committee (3)

○ Yes (1)	
○ No (2)	
Q5.8 Does hospital review cases of NCAA unexpected non-survivors?	
○ Yes (1)	
O No (2)	
Q5.9 Please add any additional information that you think may be useful in relation to section (cardiac arrest equipment and systems for measuring CPR quality)	on C
For Trusts/ health boards with more than one hospital, please describe any differences betw hospitals. If there are no differences, please state this.	veen
	veen
End of Block: Section C: Cardiac arrest equipment and systems for measuring CPR	veen
End of Block: Section C: Cardiac arrest equipment and systems for measuring CPR quality	veen

For this section, please base answers on the core team that responds to emergency (2222)

The core team refers to the team that is required to attend all events (i.e. it does not include personnel that may be alerted but only attend in specific circumstances, such as an arrest in a certain area).
If team composition differs between day and night, please base answers on the daytime team.
If your hospital has multiple teams (e.g. more than one cardiac arrest or split medical emergency/ cardiac arrest team), please base your answers on the cardiac arrest team that serves general wards.
If your Trust/ health board has more than one hospital, please base your answers on practice at the largest hospital and use the final free-text question in the section to describe if there are any differences between hospitals or state that practice is the same at all hospitals.
Q6.2 Do resuscitation officers attend cardiac arrests at the hospital?
○ Yes- all arrests 24/7 (1)
○ Yes- all arrests during office hours (2)
○ Yes- only when available (3)
O No (4)
*
Q6.3 How many clinical staff are on the core cardiac arrest team?

calls.

Q6.4 What is the grade of the most senior medical core team member?
O Consultant (1)
O Registrar (2)
O SHO (3)
O FY1 (4)
O No medical team member on team (5)
Q6.5 Does the core team include a cardiology/ critical care nurse (including critical care outreach/ critical care practitioner)?
○ Yes (1)
O No (2)
Q6.6 Does the team routinely include a team member that is skilled in performing tracheal intubation?
○ Yes (1)
O No (2)
Q6.7 Please add any additional information that you think may be useful in relation to section D (arrest team composition).
For Trusts/ health boards with more than one hospital, please describe any differences between hospitals. If there are no differences, please state this.

<del></del>
End of Block: Section D: Arrest team composition
Start of Block: Section E: Resuscitation decision-making
Q7.1 Section E asks questions about resuscitation decision-making.
If your Trust/ health board has more than one hospital, please base your answers on practice at the largest hospital and use the final free-text question in the section to describe if there are any differences between hospitals or state that practice is the same at all hospitals.
Q7.2 Since January 2015, which of the following systems have you used for recording advance decisions for use in a medical emergency for adult patients (over the age of 18)? (Tick all that apply)
DNACPR only (e.g. Red-edged Resuscitation Council (UK) form) (1)
DNACPR plus separate treatment escalation plan document (2)
Recommended summary plan for emergency care and treatment (ReSPECT) (3)
Other emergency care and treatment plan/treatment escalation plan e.g. Treatment Escalation Plan (TEP), Universal Form of Treatment Options (UFTO) (4)
Other system (please state) (5)
Display This Question:
If Q7.2 = 1

Q7.3 In relation to DNACPR only (e.g. Red-edge summarise the start and end date (e.g. Feb-15)	
If used pre-January 2015, please enter start date of the still being used by Trust, leave end date by	
	Date (please use format MMM-YY) (1)
Start date (1)	
End date (2)	

If Q7.2 = 2

summarise the start and end date (e.g. Feb-15)	•
If used pre-January 2015, please enter start date of the still being used by Trust, leave end date by	
	Date (please use format MMM-YY) (1)
Start date (1)	
End date (2)	

If Q7.2 = 3

(ReSPECT), please summarise the start and en hospital.	•
If it is still being used by Trust, leave end date by	lank.
	Date (please use format MMM-YY) (1)
Start date (1)	
End date (2)	
	·
Display This Question:  If Q7.2 = 4	

If used pre-January 2015, please enter start date lf it is still being used by Trust, leave end date bl	
	Date (please use format MMM-YY) (1)
Start date (1)	
End date (2)	
Display This Question:	
If Q7.2 = 5	

Q7.6 In relation to other emergency care and treatment plan/treatment escalation plan e.g. Treatment Escalation Plan (TEP), Universal Form of Treatment Options (UFTO), please summarise the start and end date (e.g. Feb-15) when this was used by the hospital.

Q7.7 In relation to other system, please summarise the was used by the hospital.	ne start and end date (e.g. Feb-15) when this
If used pre-January 2015, please enter start date of it is still being used by Trust, leave end date be	
	Date (please use format MMM-YY) (1)
Start date (1)	
End date (2)	
Display This Question:	
If Q7.2 = 3	
Q7.8 What percentage of clinical areas/ wards u	se ReSPECT for adult inpatients?
O 100% (used universally across the whole	e hospital) (1)
O 75%-99% (2)	
O 50%-74% (3)	
O 25%-49% (4)	
O (5)	

Q7.9 Please add any additional information that you think may be useful in relation to section E (resuscitation decision-making).

For Trusts/ health boards with more th		ribe any differences between
hospitals. If there are no differences, p	olease state this.	
End of Block: Section E: Resuscita	tion decision-making	
Start of Block: Section F: Hospital f	facilities	
0040 6 5 1 6	1 20 17 200	
Q8.1 Section F asks questions about	nospitai facilities	
Display This Question:		
If Q1.3 = 1		
Q8.2 Please record whether the hosp unit/ high dependency unit on site	ital has an intensive care unit	or combined intensive care
	Has ICU or combined ICU/HDU (1)	Does NOT have ICU or combined ICU/HDU (2)
\${QID55/ChoiceTextEntryValue/1/1} (1)	0	0
I		
Display This Question:		
If Q1.3 = 2		

unit/ high dependency unit on site	Has ICU or combined ICU/HDU (1)	Does NOT have ICU or combined ICU/HDU (2)
\${Q2.2/ChoiceTextEntryValue/1/1} (1)	0	0
\${Q2.2/ChoiceTextEntryValue/2/1} (2)	0	$\circ$
Display This Question:		
If Q1.3 = 3		
If Q1.3 = 3  Q8.4 Please record whether the host unit/ high dependency unit on site	Has ICU or combined	Does NOT have ICU or
Q8.4 Please record whether the hosp		
Q8.4 Please record whether the hosp	Has ICU or combined	Does NOT have ICU or
Q8.4 Please record whether the hosp unit/ high dependency unit on site \${Q2.3/ChoiceTextEntryValue/1/1}	Has ICU or combined	Does NOT have ICU or
Q8.4 Please record whether the hose unit/ high dependency unit on site  \${Q2.3/ChoiceTextEntryValue/1/1} (1)  \${Q2.3/ChoiceTextEntryValue/2/1}	Has ICU or combined	Does NOT have ICU or
Q8.4 Please record whether the hose unit/ high dependency unit on site  \${Q2.3/ChoiceTextEntryValue/1/1} (1)  \${Q2.3/ChoiceTextEntryValue/2/1} (2)  \${Q2.3/ChoiceTextEntryValue/3/1}	Has ICU or combined	Does NOT have ICU or
Q8.4 Please record whether the hose unit/ high dependency unit on site  \${Q2.3/ChoiceTextEntryValue/1/1} (1)  \${Q2.3/ChoiceTextEntryValue/2/1} (2)  \${Q2.3/ChoiceTextEntryValue/3/1}	Has ICU or combined	Does NOT have ICU or

Q8.5 Please record whether the hospital h	as an intensive	care unit or combine	d intensive care
unit/ high dependency unit on site			

	Has ICU or combined ICU/HDU (1)	Does NOT have ICU or combined ICU/HDU (2)
\${Q2.4/ChoiceTextEntryValue/1/1} (1)	0	0
\${Q2.4/ChoiceTextEntryValue/2/1} (2)	$\circ$	
\${Q2.4/ChoiceTextEntryValue/3/1} (3)	0	
\${Q2.4/ChoiceTextEntryValue/4/1} (4)	0	
ı		

If Q1.3 = 5

Q8.6 Please record whether the hospital has an intensive care unit or combined intensive care unit/ high dependency unit on site

and riight dopondone) and on one	Has ICU or combined ICU/HDU (1)	Does NOT have ICU or combined ICU/HDU (2)
\${Q2.5/ChoiceTextEntryValue/1/1} (1)	0	0
\${Q2.5/ChoiceTextEntryValue/2/1} (2)	$\circ$	
\${Q2.5/ChoiceTextEntryValue/3/1} (3)	$\circ$	
\${Q2.5/ChoiceTextEntryValue/4/1} (4)	$\circ$	
\${Q2.5/ChoiceTextEntryValue/5/1} (5)	$\circ$	
'		

Dior	VOV	Thio	$\alpha$	estion:
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_,_,	400		-	

If Q1.3 = 6

Q8.7 Please record whether the hospital has an intensive care unit or combined intensive care unit/ high dependency unit on site

	Has ICU or combined ICU/HDU (1)	Does NOT have ICU or combined ICU/HDU (2)
\${Q2.6/ChoiceTextEntryValue/1/1} (1)	0	0
\${Q2.6/ChoiceTextEntryValue/2/1} (2)	$\circ$	$\circ$
\${Q2.6/ChoiceTextEntryValue/3/1} (3)	$\circ$	$\circ$
\${Q2.6/ChoiceTextEntryValue/4/1} (4)	$\circ$	$\circ$
\${Q2.6/ChoiceTextEntryValue/5/1} (5)	$\circ$	$\circ$
\${Q2.6/ChoiceTextEntryValue/6/1} (6)	$\circ$	$\circ$

Display This Question:

If Q1.3 = 7

Q8.8 Please record whether the hospital has an intensive care unit or combined intensive care unit/ high dependency unit on site

0	0
0	0
0	$\circ$
$\circ$	$\circ$
$\circ$	$\circ$
$\circ$	$\circ$
$\circ$	0
	<ul><li>O</li><li>O</li><li>O</li><li>O</li></ul>

If Q1.3 = 8

Q8.9 Please record whether the hospital has an intensive care unit or combined intensive care unit/ high dependency unit on site

unit/ high dependency unit on site	Has ICU or comb ICU/HDU (1)		OT have ICU or ed ICU/HDU (2)	
\${Q2.8/ChoiceTextEntryValue/1/1} (1)	0		0	
\${Q2.8/ChoiceTextEntryValue/2/1} (2)	$\circ$		$\circ$	
\${Q2.8/ChoiceTextEntryValue/3/1} (3)	$\circ$		$\circ$	
\${Q2.8/ChoiceTextEntryValue/4/1} (4)	$\circ$		$\circ$	
\${Q2.8/ChoiceTextEntryValue/5/1} (5)	$\circ$		$\circ$	
\${Q2.8/ChoiceTextEntryValue/6/1} (6)	$\circ$		$\circ$	
\${Q2.8/ChoiceTextEntryValue/7/1} (7)	$\circ$		$\circ$	
\${Q2.8/ChoiceTextEntryValue/8/1} (8)	$\circ$		$\circ$	
Display This Question:  If Q1.3 = 1  Q8.10 Please record the hospital's facilities for Primary Percutaneous Coronary Intervention				
	pPCI available on site 24/7 (1)	pPCI available on site- less than 24/7 (4)	pPCI not available on site (5)	
\${QID55/ChoiceTextEntryValue/1/1} (1)	0	0	0	

Q8.11 Please record the hospital's facilities for Primary Percutaneous Coronary Intervention			
	pPCI available on site 24/7 (1)	pPCI available on site- less than 24/7 (4)	pPCI not available on site (5)
\${Q2.2/ChoiceTextEntryValue/1/1} (1)	0	0	0
\${Q2.2/ChoiceTextEntryValue/2/1} (3)	0	$\circ$	$\circ$
Display This Question:  If Q1.3 = 3			
Q8.12 Please record the hospital's facilities for Primary Percutaneous Coronary Intervention			
Q8.12 Please record the hospital's f	facilities for Primary F	Percutaneous Corona	ary Intervention
Q8.12 Please record the hospital's f	facilities for Primary F pPCI available on site 24/7 (1)	Percutaneous Corona pPCI available on site- less than 24/7 (4)	ary Intervention pPCI not available on site (5)
Q8.12 Please record the hospital's f \${Q2.3/ChoiceTextEntryValue/1/1} (1)	pPCI available on	pPCI available on site- less than	pPCI not available on site
\${Q2.3/ChoiceTextEntryValue/1/1}	pPCI available on	pPCI available on site- less than	pPCI not available on site
\${Q2.3/ChoiceTextEntryValue/1/1} (1) \${Q2.3/ChoiceTextEntryValue/2/1}	pPCI available on	pPCI available on site- less than	pPCI not available on site
\${Q2.3/ChoiceTextEntryValue/1/1} (1) \${Q2.3/ChoiceTextEntryValue/2/1} (4) \${Q2.3/ChoiceTextEntryValue/3/1}	pPCI available on	pPCI available on site- less than	pPCI not available on site

Q8.13 Please record the hospital's facilities for Primary Percutaneous Coronary Intervention			
	pPCI available on site 24/7 (1)	pPCI available on site- less than 24/7 (4)	pPCI not available on site (5)
\${Q2.4/ChoiceTextEntryValue/1/1} (1)	0	0	0
\${Q2.4/ChoiceTextEntryValue/2/1} (5)	0	$\circ$	$\circ$
\${Q2.4/ChoiceTextEntryValue/3/1} (6)	0	$\circ$	$\circ$
\${Q2.4/ChoiceTextEntryValue/4/1} (7)	0	$\circ$	$\circ$
Display This Question:			
If Q1.3 = 5			
	facilities for Primary I	Percutaneous Corona	ary Intervention
If Q1.3 = 5  Q8.14 Please record the hospital's f	facilities for Primary I pPCI available on site 24/7 (1)	Percutaneous Corona pPCI available on site- less than 24/7 (4)	ary Intervention pPCI not available on site (5)
	pPCI available on	pPCI available on site- less than	pPCI not available on site
Q8.14 Please record the hospital's factors of the hospital's factors o	pPCI available on	pPCI available on site- less than	pPCI not available on site
Q8.14 Please record the hospital's formula of the second the hospital's formula of the second the hospital's formula of the hospital of	pPCI available on	pPCI available on site- less than	pPCI not available on site
Q8.14 Please record the hospital's formula of the second	pPCI available on	pPCI available on site- less than	pPCI not available on site
Q8.14 Please record the hospital's formula of the second of the hospital's formula of the hospital	pPCI available on	pPCI available on site- less than	pPCI not available on site

Q8.15 Please record the hospital's facilities for Primary Percutaneous Coronary Intervention

pPCI available on site 24/7 (1)	pPCI available on site- less than 24/7 (4)	pPCI not available on site (5)
0	0	0
0	$\circ$	$\circ$
0	0	$\circ$
0	0	$\circ$
0	$\circ$	$\circ$
0	$\circ$	0
	site 24/7 (1)	site 24/7 (1)  site-less than 24/7 (4)

Display This Question:

If Q1.3 = 7

Q8.16 Please record the hospital's facilities for Primary Percutaneous Coronary Intervention

·	pPCI available on site 24/7 (1)	pPCI available on site- less than 24/7 (4)	pPCI not available on site (5)
\${Q2.7/ChoiceTextEntryValue/1/1} (1)	0	0	0
\${Q2.7/ChoiceTextEntryValue/2/1} (8)	0	$\circ$	$\circ$
\${Q2.7/ChoiceTextEntryValue/3/1} (9)	0	$\circ$	$\circ$
\${Q2.7/ChoiceTextEntryValue/4/1} (10)	0	$\circ$	$\circ$
\${Q2.7/ChoiceTextEntryValue/5/1} (11)	0	$\circ$	$\circ$
\${Q2.7/ChoiceTextEntryValue/6/1} (12)	0	$\circ$	$\circ$
\${Q2.7/ChoiceTextEntryValue/7/1} (13)	0	$\circ$	$\circ$

If 01.3 = 8

Q8.17 Please record the hospital's facilities for Primary Percutaneous Coronary Intervention				
	pPCI available on site 24/7 (1)	pPCI available on site- less than 24/7 (4)	pPCI not available on site (5)	
\${Q2.8/ChoiceTextEntryValue/1/1} (1)	0	$\circ$	0	
\${Q2.8/ChoiceTextEntryValue/2/1} (9)	0	$\circ$	$\circ$	
\${Q2.8/ChoiceTextEntryValue/3/1} (10)	0	$\circ$	$\circ$	
\${Q2.8/ChoiceTextEntryValue/4/1} (11)	0	$\circ$	$\circ$	
\${Q2.8/ChoiceTextEntryValue/5/1} (12)	0	$\circ$	$\circ$	
\${Q2.8/ChoiceTextEntryValue/6/1} (13)	0	$\circ$	$\circ$	
\${Q2.8/ChoiceTextEntryValue/7/1} (14)	0	$\circ$	$\circ$	
\${Q2.8/ChoiceTextEntryValue/8/1} (15)	0	$\circ$	$\circ$	
End of Block: Section F: Hospital facilities				
Start of Block: Additional information	tion and end of sur	vey		
Q9.1 In case we have any queries, please	e enter your work em	ail address		
Q9.2 Please enter your work phone number here, including extension (if required)				

Q9.3 If needed, please record any additional information here.
Please also record here if you are interested in hearing about the results of the survey.
Q9.4 Thank you for your time- please click the next button below to complete the survey.
If you have reached this page by accident, please start the survey again using the link in the email that you were sent.
End of Block: Additional information and end of survey