

## Recipient Checklist

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Please open this pdf file and save it to your computer before filling it out. To submit your request, email the completed form to [info@orthopaediclink.com](mailto:info@orthopaediclink.com).

Name of Person Completing This Application:

Your Position:

Your Institution:

Your Address at this Institution:

Address:

Your Phone Number:

Your Email Address:

## Country Specifics

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1. How have you determined that local hospitals and government entities in your country want medical devices from Orthopaedic Link's corporate partners?

2. If provided with equipment, how will local healthcare providers sustain these efforts?

3. How many hospitals are in the country?

Where are they located?

4. How many orthopaedic surgeons (per 100K persons) are working in the country?

5. How many residents are trained in the country each year?

6. What percentage (%) of trained residents stay in the country?

7. What percentage (%) of native residents are trained abroad and return to the country?

8. How many orthopaedic surgeons are employed at each hospital?

9. How many non-surgeons at each hospital provide orthopaedic surgical care?

10. Describe financing in the healthcare system (likely to vary by hospital):

a) What entity pays for implants?

b) Is there a local implant distributor?

**Yes No**

If yes, please provide information for that organization.

c) What is the procedure for clearing implants through customs?

d) Who are your contacts in the Customs Ministry?

e) Who are your contacts in the Ministry of Health?

f) What percentage (%) of healthcare costs is paid by:  
insurance company?

patient?

hospital?

government?

g) Is there a tiered pricing system for healthcare costs that allows patients to pay based on their income?

Yes No

If yes, what criteria are used to determine the patient's ability to pay?

h) Describe the current natural orthopaedic implant market as it relates to:

- foreign sources vs local sources
- method of distribution for implants
- method of payment for buying implants
- how the process may differ for wealthy patients

i) Provide per-unit costs for the following:

- Small fragment plates/screws
- Large fragment plates/screws
- Intramedullary nails
- Hip screws
- Total knee replacement
- Total hip replacement
- External fixation
- Spinal stabilization hardware (pedicle screws, rods, hooks, plates)
- Methylmethacrylate
- Arthroscopy
- Irrigation for debridement
- Dressings

- Plaster

- X-rays

## Hospital Specifics

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1. How many orthopaedic cases does your hospital treat:

per room?

per day?

per month?

2. How long is the average hospital stay?

3. How many orthopaedic beds are available?

4. On average, what percentage (%) of orthopaedic beds are used?

5. What types of anesthesia are most commonly used?

6. How many anesthesiologists are employed at the hospital?

7. Describe the number of support staff available for orthopaedics:

nurses

scrub techs

residents

8. Address the following hospital infrastructure issues:

a. How many operating rooms are available in each hospital?

b. Is electrical power supplied by a grid or by a generator(s)?

c. Is the water supply provided by a municipal/town entity or from a tank?

d. Describe the hospital's sterilization capability:

- Type of machine used to sterilize equipment
- Percentage (%) of time the machine is available
- Percentage (%) of time the machine is functional

e. Describe the hospital's x-ray capability.

- Plain x-ray:
  - Type of machines used
  - How are the machines repaired when necessary?
  - Percentage (%) of time the machines are functional
- C-arm:
  - Type of machines used
  - How are the machines repaired when necessary?
  - Percentage (%) of time the machines are functional

f. Is there a laboratory available on-site? **Yes** **No**

If yes, what types of labs are available?

g. Is microbiology available? **Yes** **No**

h. Are antibiotics available? **Yes** **No**

i. Are narcotics available? **Yes** **No**

j. Describe the hospital's rehabilitation capabilities:

• Traction	Yes	No
• Physical therapy	Yes	No
• Crutches/walkers	Yes	No
• Plaster	Yes	No
• Orthoses	Yes	No

9. Describe the types of cases performed at the hospital:

a. Joints

- Knee replacements

# Per Month

% Per Year

- Hip replacements

# Per Month

% Per Year

- Washout of septic total joints

# Per Month

% Per Year

b. Pediatric

- Osteotomies

# Per Month

% Per Year

- Clubfeet

# Per Month

% Per Year

- Upper extremity fractures

# Per Month

% Per Year

- Lower extremity fractures

# Per Month

% Per Year

- Osteomyelitis

# Per Month

% Per Year

Location(s)

- Septic arthritis

# Per Month

% Per Year

Location(s)

### c. Shoulder

- Fractures

# Per Month

% Per Year

- Infection

# Per Month

% Per Year

- Arthritis/degenerative

# Per Month

% Per Year

### d. Hand/upper extremity

- Fractures (wrist/forearm/elbow/arm)

# Per Month

% Per Year

- Carpal tunnel

# Per Month

% Per Year

- Infections

# Per Month

% Per Year

Location(s)

### e. Spine

# Per Month

% Per Year

Describe case(s)

### f. Sports/Arthroscopy

# Per Month

% Per Year

### g. Sports/Other

# Per Month

% Per Year

h. Lower extremity

- Fractures

- Femur

# Per Month

% Per Year

- Tibia

# Per Month

% Per Year

- Ankle

# Per Month

% Per Year

- Foot

# Per Month

% Per Year

- Infections

- Osteomyelitis

# Per Month

% Per Year

Location(s)

- Septic arthritis (location and # and %)

10. How many (number and percentage [%]) of cases are cancelled:

Per Month

Per Year

11. What are the most common reasons for case cancellations?

## Hospital Orthopaedic Inventory

Please provide a complete log of available equipment.

1. What powered instruments are available in the hospital?

a) Drills

Yes

No

- Drill bits

Yes

No



If yes, what size drill bits are available?

• Drill accessories	<b>Yes</b>	<b>No</b>
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• Chuck keys for drills	<b>Yes</b>	<b>No</b>
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b) Steinmann pins	<b>Yes</b>	<b>No</b>
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• Threaded shantz pins	<b>Yes</b>	<b>No</b>
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c) Burrs and accessories	<b>Yes</b>	<b>No</b>
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• Wire drivers	<b>Yes</b>	<b>No</b>
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• K-wires (if yes, provide sizes:)		
	<b>Yes</b>	<b>No</b>

2. What kits are available in the hospital? (Please include manufacturer name.)

a) Small fragment plates/screws

b) Large fragment plates/screws

c) Intramedullary nails

d) Hip screws

e) Total knee replacement

f) Total hip replacement

g) External fixation

- Upper extremity sets

- Lower extremity sets

h) Spinal instrumentation: rods, pedicle screws, cross-links

i) Arthroscopy

j) Irrigation for debridement

k) Dressings

l) Plaster

3. Does the hospital have an inventory of bone grafts or bone graft substitutes (e.g. Grafton, Osteoset)?

**Yes No**

4. Does the hospital have electrocautery available?

**Yes No**

5. Does the hospital have hemostatic agents available?

**Yes No**

## Clinic Specifics

1. Clinic visits

a) How many patients does the hospital clinic see each day?

b) How many surgical cases are seen in the hospital clinic each day?

c) Of the surgical patients seen in the clinic, what percentage (%) need treatment for:

- Joints
- Pediatric
- Shoulder
- Hand/upper extremity
- Spine
- Sports
- Foot ankle
- Trauma

2. What kinds of orthotics are available in the hospital clinic?

- |                                       |            |           |
|---------------------------------------|------------|-----------|
| a) Walking boots                      | <b>Yes</b> | <b>No</b> |
| b) Slings                             | <b>Yes</b> | <b>No</b> |
| c) Knee immobilizers, braces, sleeves | <b>Yes</b> | <b>No</b> |
| d) Removable splints for hand, wrist  | <b>Yes</b> | <b>No</b> |

3. Splint/cast material availability	<b>Yes</b>	<b>No</b>
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Please tell us about any “wish list” items that you feel would improve orthopaedic care at your institution.

Please email this completed form to [info@orthopaediclink.org](mailto:info@orthopaediclink.org)