SAMPLE COLLABORATIVE SURVEY QUESTIONS

COLLABORATIVE DATA TRANSPARENCY

1. Would you be willing to sign a confidentiality agreement at each **[Collaborative Name]** meeting that states you agree to protect the confidentiality of all information discussed at **[Collaborative Name]** meetings?
    a. Yes
    b. No
2. Do you think that **[Collaborative Name]** meeting discussions would be more informative if the identification of hospitals results were known, so there could be direct dialogue with those centers and sharing of best practices?
    a. Yes
    b. No
    c. Other (specify)
3. Are you open to the sharing of identified hospital results if restricted to discussing (process measures) only?
    a. Yes
    b. No
    c. Other (specify)
4. Are you open to the sharing of identified hospital results even when discussing (outcome measures, such as complications, and mortality)?
    a. Yes
    b. No
    c. Other (specify)

COLLABORATIVE FUTURE DIRECTIONS/COLLABORATIVE INTERESTS ASSESSMENT

1. Rank your top 5 Hospital Areas of interest (1=most interested to 5=least interested)
    a. Prehospital
    b. ED
    c. OR
    d. ICU
    e. Floor
    f. Rehab
2. Rank your top 5 Liaison Positions of interest (1=more interest, to 5=least interested):
    a. Anesthesiologist
    b. Critical Care Medicine
    c. Emergency Medicine
    d. Neurosurgeon
    e. Orthopedic Surgeon
    f. Radiology
3. Rank your top 5 Transfer Scenarios of interest (1=more interest, to 5=least interested):
    a. All transfers to Level I/II centers
    b. Transfer of TBI GCS<12 to Level I/II centers
    c. Transfer of open/depressed skull fractures to Level I/II centers
    d. Transfer of spinal injuries to Level I/II centers
    e. Transportation method: ground vs air

COLLABORATIVE EVALUATION QUESTIONS

1. Rank your confidence in the reliability and credibility of your **[Collaborative]** reports (1=low, to 5=high).
2. Rank the ease of drilling down into your **[Collaborative]** data (1=low, to 5=high).
3. How many times a year do you share your **[Collaborative]** data/reports at hospital meetings?
4. Rank the overall usefulness of **[Collaborative]** in helping you improve care at your trauma center.

NEUROSURGICAL QUESTIONS

1. Please indicate your specialty:
    a. Neurosurgeon
    b. Trauma Surgeon
2. Which of the following cerebral monitors does your center use? (select all that apply)
    a. Ventriculostomy
    b. Subarachnoid bolt
    c. External ventricular drain (EVD)
    d. Camino bolt
    e. Jugular venous bulb
    f. Licox monitor
3. Prior to initiation of intracranial pressure (ICP) monitoring, do you use either of these agents to control intracranial pressure in patients with signs of transtentorial herniation or progressive neurological deterioration not attributable to extracranial causes?
    a. Mannitol
    b. Hypertonic saline
    c. Both
    d. Neither
4. After initiation of ICP monitoring, what is your preferred agent to control intracranial pressure in patients with a TBI?
    a. Mannitol
    b. Hypertonic saline
    c. Both
    d. Neither
5. If you utilize hypertonic saline for control of ICP, do you give it as a continuous infusion or intermittent bolus?
    a. Continuous infusion of 3% saline
    b. Intermittent bolus therapy of 7-10% saline
    c. Intermittent bolus therapy of 23% saline
    d. Both continuous and intermittent therapy
6. What is your preferred first line method of ICP monitoring?
    a. Extraventricular drain/Ventriculostomy
    b. Intraparenchymal wire or fiber optic cable
    c. Subdural wire or fiber optic cable
    d. Epidural wire or fiber optic cable
7. Do you use decompressive craniotomy in your practice to control cerebral edema/elevated ICP refractory to osmotherapy?
    a. Yes
    b. No

8. Do you use Pentobarbital coma therapy in your practice to control cerebral edema/elevated ICP refractory to osmotherapy?
    a. Yes
    b. No
9. Do you use hypothermia in management of TBI?
    a. Yes
    b. No
10. Are neurosurgery residents available at your hospital to insert ICP monitors or ventriculostomies?
    a. Yes
    b. No
11. Do you allow trauma surgeons at your hospital to insert ICP monitors or ventriculostomies?
    a. Yes
    b. No
12. Do you allow advanced practitioners (PA or NP's) to insert ICP monitors or ventriculostomies?
    a. Yes
    b. No
13. Do you administer a prophylactic dose of antibiotics at the time of ICP monitor or ventriculostomy insertion?
    a. Yes
    b. No
14. Do you administer prophylactic antibiotics for the duration of ICP monitor or ventriculostomy usage?
    a. Yes
    b. No
15. Based upon the results of the BEST-TRIPS (Benchmark Evidence from South American Trails: Treatment of Intracranial Pressure) in a TBI patient who meets BTF (Brain Trauma Foundation) guideline criteria for ICP monitoring, are you placing ICP monitors_____.
    a. More frequently
    b. The same amount as before the BEST-TRIPS trial
    c. Less frequently, with a change to my protocol of ongoing imaging and clinical examination
    d. Less frequently
16. Do you allow and/or use early tracheostomy placement in patients with a significant TBI?
    a. Yes
    b. No
17. When do you allow initiation of VTE prophylaxis in a TBI patient with evidence of intracranial hemorrhage and no evidence of ongoing bleeding?
    a. After repeat Head CT scan with stabilization of brain injury findings in 24-48 hrs.
    b. After 5 days
    c. After 7 days
    d. After 14 days
    e. After 6 weeks
    f. Never

18. What again do you prefer for venous thromboembolism (VTE) prophylaxis in a TBI patient?
    a. Heparin SQ
    b. LMWH SQ
    c. Other
    d. None
19. Have you ever experienced clinical deterioration in a patient secondary to VTE prophylaxis that you have had to clinically intervene on or led to a suboptimal outcome?
    a. None
    b. 1 patient over 2 years
    c. 3 patients over 2 years
    d. 5 or greater patients over 2 years
20. Do you allow and/or use beta-blockade in patients with a significant TBI?
    a. Yes
    b. No
21. What is your transfusion trigger in a TBI patient?
    a. Do not have one
    b. Hemoglobin 7 g/dL or Hct 21
    c. Hemoglobin 10g/dL or Hct 28
22. What is your preferred prophylactic anticonvulsant medication?
    a. Dilantin
    b. Keppra
    c. Valproate
    d. Other
23. If you utilize advanced neuromonitoring devices/techniques, which do you employ?
    a. Brain tissue O2 monitor (Licox)
    b. Jugular venous saturation
    c. Both
    d. Neither
24. What cerebral perfusion target do you use in your practice?
    a. >70 mmHg
    b. >60 mmHg
    c. >55 mmHg
    d. >50 mmHg
    e. None
25. In your practice, do you use vasoactive medications to raise the MAP (mean arterial pressure) in order to reach the CPP target in a patient who is normotensive.
    a. Yes
    b. No
26. What is your first line anticoagulation reversal agent for a patient on Coumadin with an intracranial injury?
    a. Fresh frozen plasma
    b. Prothrombin concentrate complex
    c. Vitamin K
27. In your practice, do you administer anticoagulation reversal agents for a patient on Coumadin with a potential intracranial injury prior to obtaining a head CT scan?
    a. Yes
    b. No

MASSIVE TRANSFUSION RELATED

28. Do you include Factor VIIa in your massive transfusion policy?
    a. Yes
    b. No
29. Do you include Tranexamic Acid (TXA) in your massive transfusion protocol?
    a. Yes
    b. No
30. Is thawed plasma available at your center for Massive Transfusions?
    a. Yes
    b. No
31. If you keep thawed plasma, how many units of thawed plasma do you keep available?
    a. 1-2
    b. 33-4
    c. 5-6
    d. >6
    e. Na
32. If yes, where do you keep your thawed plasma stored? (Check all that apply)
    a. Blood bank
    b. Emergency Department
    c. Operating Room

VTE RELATED

1. Do you currently use or have you ever tried weight based dosing for VTE prophylaxis in trauma?
    a. Yes
    b. No
2. What is your hospital/trauma centers current preferred agent for VTE prophylaxis in trauma?
    a. Heparin
    b. LMWH (Enoxaparin)
    c. LMWH (Dalteparin)
    d. Other LMWH (please specify below)
    e. Other NonHeparin or NonLMWH (please specify below)
    f. No Current Preference
    g. Other (specify)
3. What is the dose of your preferred agent?
4. What is the timing of your preferred agent (i.e. How often is it given a day?)
5. In what year did your center start using this as their preferred agent?
6. Prior to that: What other prophylaxis agents did your center use in the years before designating your current preferred agent?
    a. Heparin
    b. LMWH (Enoxaparin)
    c. LMWH (Dalteparin)
    d. No Preference
    e. Other (specify)

ICU MOBILITY QUESTIONS

1. ICU mobility is defined as any of these actions: bedside PT, OOB to chair, standing, and/or walking. In your ICU, how soon after operative procedures do you initiate mobility on your patients?
    a. Same day
    b. 1-2 days
    c. 3-5 days
    d. When the patient becomes hemodynamically stable
2. In your ICU, are patients admitted with a "bedrest" order?
    a. Yes
    b. No
3. Which of the following are reasons to withhold mobility on a patient? (select all that apply)
    a. FiO2>60%
    b. Ventriculostomy
    c. Unstable hemodynamics or vasopressor use
    d. Epidural catheter
    e. Unclear spine
    f. Sedation
    g. Foley catheter
    h. Chest tube
4. What percentage of your patients have physical therapy consults in your ICU?
    a. <50%
    b. 51-74%
    c. 75-99%
    d. 100%
5. For those patients who don't have a physical therapy consult, how often are they getting mobility?
    a. Never
    b. Almost never (1X per day)
    c. Sometimes (2X per day, every day)
    d. Almost always (3X per day, may not be consistent)
    e. Always (3X per day, every day)