

HOSPITAL INFORMATION PROFORMA

Name of Hospital: -----Registration No:-----

Address: : -----

Telephone: -----Fax -----Email:-----

Ownership:

Individual/ Partnership/ Pvt. Limited/ Trust/
Others specify) -----

Administrator/Contact person:

Name: -----

Qualification:----- Designation:-----

Telephone:-----Fax -----Email:-----

Facilities:

a. No of Beds: -----.

b. No of OTs (major)-----minor-----

c. Intensive Care Units (specify beds)

| | |
|--------------------|---------------------|
| Surgical ICU ----- | Neurology ICU ----- |
| Medical ICU ----- | Pediatric ICU ----- |
| Cardiac ICU ----- | |

d. Diagnostics and Blood Bank

i. Microbiology ii Biochemistry iii Hematology

iv Histopathology v Serology vi Blood Bank

viii Radiology: X-ray, Ultrasound, CT Scan, MRI

Blood routinely screened for:

| | | |
|-------------|-------------|-----|
| Blood Type | Hepatitis C | HCV |
| Hepatitis A | HbsAg | HIV |
| Hepatitis B | Syphilis | |

Special Investigations:

Facilities Available:

| Specialty | Facilities | √ |
|--------------------------------|---|---|
| Cardio thoracic Surgery | Open Heart Surgery | |
| | Closed Heart Surgery | |
| Cardiology | <i>Non-invasive Procedures</i> <ul style="list-style-type: none"> • ECG • ECHO • Stress test • Holter Monitor <i>Invasive procedures</i> <ul style="list-style-type: none"> • Cathlab procedures | |
| OBG | Labour Room Foetal Incubator | |
| Orthopedics | C-Arm | |
| Urology | PCNL Lithotripsy | |
| Oncology | Medical Oncology. Surgical Oncology. Radiation Oncology. | |
| GE (medicine) | Endoscopy | |
| GE (surgical) | Laproscopy | |
| ENT | Audiometry | |
| Ophthalmology | Phacoemulsification Laser | |
| Pulmonology | PFT | |
| Neurology | EEG EMG | |
| Others | | |

Equipment available:

Anesthesia Machine
High Pressure autoclave
Suction Apparatus
Neonatal resuscitation kit
Foetal Monitor
Radiant warmer
Suction apparatus Operating Microscope
Oxygen
Diathermy
Monitors

Emergency Services (24x7)

Emergency Services: Yes / No Physician on site: Yes / No
Specialists on call: Yes / No Nurses with emergency training: Yes / No
Ambulance services: Yes / No ; Owned / contract
Average No of Emergency Room visits per month: -----

Personnel

a. Nursing Staff

Number of Nurses on staff: ----- Number of B.Scc Nurses -----

No of ANMs /Trained Staff _____

b. Medical Staff

| Specialty | Visiting Consultants | Full Time Consultants | House Staff (Residents and Registrars) |
|------------------|----------------------|-----------------------|--|
| Anesthesia | | | |
| Cardiology | | | |
| E.N.T. | | | |
| Endocrinology | | | |
| Gastroenterology | | | |
| General Surgery | | | |
| General Medicine | | | |
| Nephrology | | | |
| Neuro Surgery | | | |
| Neurology | | | |
| Obstetrics/ Gyne | | | |
| Oncology | | | |
| Ophthalmology | | | |
| Orthopedics | | | |
| Pediatrics | | | |
| Plastic Surgery | | | |

| | | | |
|----------------------|--|--|--|
| Psychiatry | | | |
| Respiratory Medicine | | | |
| Thoracic Surgery | | | |
| Urology | | | |
| Others | | | |
| TOTAL | | | |

Note: Consultants are specialists with Post Graduation, Super-specialization and minimum 5 years after Post Graduation OR Specialists above 45 years of age with Post Graduation in their respective fields. Some Physicians may be counted in more than one column)

Computerization:

Extent of computerization:

Billing: Yes / No

Wards: Yes / No

Appointments: Yes/No

Doctors: Yes / No

Clinical Areas: Yes / No

Willingness to buy and use computer Yes/ No

Willingness to install and use the Scheme Software Modules Yes / No

Medical Records:

- ICD - 09 Coding Yes _____ / No _____

- ICD - 10 Coding Yes _____ / No _____

(International Coding of Disease – 10)