

HOSPITAL INFORMATION

1. Name of the Hospital: Saijee Hospital.

2. Total number of OPD, IPD in the Institution and concerned department during the last one year:

In the entire hospital		In the department of concerned Fellowship subject	
OPD	5000	OPD	200 / year.
IPD (Total No. of Patients admitted)	Average 100/months.	IPD (Total No. of Patients admitted)	-

3. Hospital Beds Distribution & No of O.T.:

In the entire hospital	
No of Beds	25
No of Beds in ICU	6
No of Beds in IRCU	-
No of Beds in SICU	-
No of Major O.T.	1
No of Minor O.T.	1

4. Available Clinical Material: (Give the data only for the department of concerned Fellowship subject)

- No. of available for clinical service on inspection day:

	On Inspection day	Average of random 3 days
• Daily OPD - 2 PM
• Daily admissions
• Daily admissions in Dept.
• Through casualty at 10am • Bed occupancy in the Dept.
• Number of patients in ward (IPD) at 10AM
• Percentage bed occupancy at 10Am

- Clinical Procedure(s) & Operative Details related to Fellowship subject/Specialty :

(For further details in this concern, kindly peruse the Guidelines information sheet supplied herewith)

On Inspection day

Average of random 3 days

-
-
-
-
-

5. Casualty:/ Emergency Department :

Space	6500 Sq ft
Number of Beds	25
No. of cases (Average daily OPD and Admissions):	50-60
Emergency Lab in Casualty (round the clock):	available / not available
Emergency OT and Dressing Room	Yes
Staff (Medical/Paramedical)	Yes
Equipment available	Yes.

6. Blood Bank :

(i)	Valid FDA License(copy of certificate be annexed)	Yes / No	
(ii)	Blood component facility available	Yes / No	
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes / No	
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes / No	
(v)	Number of Blood Units available on inspection day		
(vi)	Average blood units consumed daily and on inspection day in the entire Hospital (give distribution in various specialties)	Average daily	On Inspection day

out source

7. Central Laboratory:

- Controlling Department: Yes
- No of Staff : ?
- Equipment Available : Attach separate List yes.
- Working Hours: _____

8. Central supply of Oxygen / Suction:

Available / ~~Not available~~

9. Central Sterilization Department

Available / ~~Not available~~

10. Ambulance (Functional)

Available / ~~Not available~~

11. Laundry:

Manual/Mechanical/Outsourced:

12. Kitchen

Available / Outsourced/ Not Available

13. Incinerator: Functional / Non functional

Capacity...../Outsourced

14. Bio-Medical waste disposal

Outsourced / any other method

15. Generator facility

Available / Not available

16. Medical Record Section:

Computerized / Non computerized

- ICD X classification

Used / Not used

[Signature]

Sign & Stamp

Head of the Department

Date: Date:

[Signature]

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Training Centre Round Seal

