

BHAMASHAH SWASTHYA BIMA YOJANA: Hospital Empanelment Parameters form (Phase-2)

1	Hospital code	<i>(To be left blank)</i>				
2	Accreditations	<i>(To be left blank)</i>				
3	Hospital Empanelment Date	<i>(To be left blank)</i>				
4	Hospital Name					
5	Hospital Short Name					
6	General hospital Information					
		a) Name of Hospital				
		b) Address				
		c) Phone No.				
		d) Fax No.				
		e) Mobile No.				
		f) E Mail Address				
		g) Medical Superintendent (Contact Detail) and E Mail ID				
		h) Marketing Head : (Contact Detail) and E Mail ID				
		i) Registration Number of Hospital				
		j) Registering Authority				
		k) PAN Number of Hospital				
		l) IIB Code				
		j) Contact Person				
		k) Latitude				
l) Longitude						
m) Service Tax Registration No.						
7	Type of Hospital/Nursing Home	a) Single Speciality				
		b) Multi Speciality				
		c) Super Speciality				
8	Total Area of Hospitals(sq ft.)					
9	Total no. of Beds		Type	No		
			Ward			
			Single Beds			
			Twin Sharing			
			Semi Deluxe			
			Deluxe			
		Other				
		b) No. of Beds for each Speciality				
10	Medical services provided by centre	a. General				
		b. IPD				
		c. OPD				
		d. Monitoring				
		e. Therapeutic				
11	Medical Services	a	b	c	d	e
	1. Medicine					
	2. General Surgery					
	3. Orthopedics					
	4. Cardiac					
	5. Neurology					
	6. Gynecology & Obstetrics					
	7. ENT					
	8. Pediatrics					
	9. Ophthalmology					
	10. Dermatology					
Other						

12	Area/IPD Bed (sq. ft.)				
13	No. of OPD rooms	a)Area of each OPD room			
		b)Examination Room			
14	ICU	a)Available or not			
		b) Area of ICU/Bed			
		c)Type of ICU	i)Medical ICU		
			ii)Surgical ICU		
			iii)Cardiac ICU		
			iv)Pediatric ICU		
v)Neurology ICU					
15	Operation Theatre				
	a)No. of OT				
	b)Area of each OT				
	c)Type of OT- Simple				
	d) Equipments in OT	i)Anesthesia Machine(Boyle's Apparatus) if yes specify no.			
		ii)Suction Apparatus if yes specify no.			
		iii) High Pressure Autoclave(Auto Analyzer) if yes specify no.			
		iv) Diathermy/Cautery if yes specify no.			
		v)Monitors (Cardiac) if yes specify no.			
		vi)Laparoscope if yes specify no.			
		vii)Operating Microscope if yes specify no.			
		viii) Ventilator if yes specify no.			
ix) Defibrillator if yes specify no.					
x)C-arm if yes specify no.					
xi)Pulse Oxymeter if yes specify no.					
16	Labour Room	i)Neonatal Resuscitation Kit			
		ii)Radiant Warmer			
		iii)Suction Apparatus			
		iv)Oxygen			
		v)Foetal Monitor			
17	Nursery available or not	Equipments available in nursery	a)Phototherapy		
			b)Warmer		
			c)Ventilator		
18	CSSD Services	a)In house or outsourced			
		b)If yes, No. of autoclave machine			
19	Pharmacy in house or outsourced				
20	Pathological Lab in house or outsourced				
21	Clinical Support Services				
	Clinical Support	Not Available	Available	IPD(Owned / OPD(Owned / Outsourced)	
	ECG				
	TNT				
	USG				
	X-Ray				
	CT-Scan				
	MRI				

22	Clinical Pathology				
	Clinical Support	Not Available	Available	IPD(Owned /	OPD(Owned / Outsourced)
	Biochemistry				
	Microbiology				
	Histopathology				
	Cytology				
	Blood Bank				
	Blood fractional facility				
	Dialysis				
23	Routine Screening of Blood for	a) HIV			
		b) Syphilis			
		c) Hepatitis A			
		d) Hepatitis B			
		e) Hepatitis C			
		f) Hepatitis B core Antigen			
24	Medical Records (World Health Organisation)	a) ICD-09 Coding			
		b) ICD-10 Coding			
25	Documentation	A) Medical records stored for < 3			
		Medical records stored for 3 years			
		B) Management by MRD			
		Management by in person			
		C) Identification of patient by name			
		By No. and year of admission			
	By UHID				
26	Records of patients to be maintained as given below	a) Indoor Patient Register, yes or no			
		b) Operation theatre Register yes or			
		c) Maternity Register, yes or no			
		d) Alphabetical Index Register, yes or			
		e) Birth and Death Register, yes or no			
		f) Stock Register, yes or no.			
		g) Family Planning Register, yes or no			
		h) Nursing Staff Register, yes or no			
27	Intensive Care/Critical Care Services	a) Licensed Physician on site 24x7			
		b) No. of doctors per ICU bed in different shifts			
		c) Specialists on call 24 hours a day. 7 days a week			
		d) Full time nursing staff with critical care training			
		e) No. of nursing staff per ICU bed in different shifts			
		f) Blood Transfusion Service available			
		g) Blood product services available			
28	Emergency Services	a) Average No. of Emergency Room			
		b) Number of Minor Operation			
		c) Burns Unit			
		d) Trauma Centre			
		e) Emergency Services available 24 hours a day. 7 days a week			
		f) Licensed Physician on site 24 hours a day, 7 days a week			
		g) Specialists on call 24 hours a day . 7 days a week			
		h) Full time nursing staff with emergency service training.			

29	Emergency Services	Services	Monitoring only		Acute Stage Stabilizing Intervention	
		Casualty				
		Medico Legal				
		Cardiology				
		CT Surgery				
		Orthopedics				
		Ophthalmology				
		ICU				
		MICU				
		PICU				
		SICU				
30	24 hours Ambulance Service	a) If yes owned by the Hospital or not				
		b) No. of fully equipped ambulances				
31	Computerized Department	a) Billing				
		b) Appointments				
		c) Clinical area				
32	Infrastructure	a) Elevator/ Ramp/				
		b) Fully air-conditioned				
		c) Centralized gas pipeline or				
		d) Lift if multi storeyed Building				
		e) Fire safety				
		f) Kitchen Service				
		g) Internal Infrastructure	24hrs	12hrs	6 hrs	
		h) Water supply				
		i) Electricity				
		j) Generator Back up				
		k) UPS for critical areas				
		l) UPS for all areas				
33	Hospital Waste management	Agreement with agency authorized by State Pollution Control Committee for Biomedical Waste Disposal,	YES or NO			
34	Speciality Provided	Speciality	Visiting	Full Time	House Staff	Qualification
		General Surgery				
		ENT				
		Orthopedics				
		Obstetrics & Gynecology				
		Urology				
		Neurosurgery				
		Ophthalmology				
		Pediatrics				
		General Medicine				
		Dentistry				
		Cardiology & CTVS				
		Plastic Surgery				

		Chest Surgery				
		Psychiatry				
		Medical Oncology				
		Surgical Oncology				
		Radiation Oncology				
		Gastrology				
		Nephrology				
		Neurology				
		Pediatric Surgery				
		Others (if any)				
		Total				
35	a) total No. of RNOs MBBS	i) Whether registered with the local authority or not, if yes registration no.				
	b) total No. of BAMS/ BHMS doctors					
36	No. of doctors : patient in different shifts (Ratio)	a) total Number of Nursing Staff				
37	Nursing staff profile	b) Number of Univesity trained nurses on staff	Qualification	No of staff	Comments	
			Non-Certified			
			Non-Certified but exp of > 2 yrs			
			Certificate from private institute			
			Degree / Diploma holder from reconized			
38	Number of Nursing Staff (N) to patient (P) ratio during three different shifts :	a) Lab Technician				
39	Paramedical Staff profile	b) Radiology Technician				
		c) CT scan Technician				
		d) Dialysis Technician				
		e) OT Assistant				
		a) time to reach to hospital				
40	Details of consultant with independent clinical responsibility	b) Residence				
		c) Mobile no. / Telephone no.				
41	Swasthya Margadarshak / Concerned Person	i) TDS vendor type				
42	Payment of be made in favour of (A /C details)	ii) TDS_SECTIONCODE				
		iii) MICR CODE				
		IV) IFSC CODE				
		V) BRANCHNAME				
		VI) BANK NAME				