

HOSPITAL INFORMATION

1. **Name of the Hospital :** Zen Multispeciality 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 | >6000 | OPD | 3500 |
| IPD (Total no. of patients admitted) | 8450 | IPD (Total no. of patients admitted) | 1356 |

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

| In the entire hospital | |
|------------------------|------------------------|
| No. of Beds | 115 |
| No. of Beds in ICU | 20 + 13 (new addition) |
| No. of Beds in IRCU | -- |
| No. of beds in SICU | 03 |
| No. of Major O.T. | 03 |
| No. of Minor O.T. | 01 |

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 | | 150 |
| • Daily admissions | | 15 |
| • Daily admissions in Dept | | 05 |
| Through casualty at 10 am | | 02 |
| • Bed occupancy in the Dept at 10 AM | | 95% |
| • No. of patients in ward (IPD) | | 67 |
| • Percentage bed occupancy at 10 AM | | 88% |
| • Clinical procedure(s) & Operative details related to Fellowship subject/Speciality : <i>(for further details in this concern, kindly peruse the Guidelines information sheet supplied herewith)</i> | | |
| | On Inspection Day | Average of random 3 days |
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5. **Casualty/ Emergency Department**

| | |
|---|-----------|
| Space | |
| Number of Beds | 04 |
| No. of cases (average daily OPD and Admissions) | 50 / 6 |
| Emergency Lab in Casualty (round the clock) | Available |
| Emergency OT and Dressing Room | Available |
| Staff (Medical / paramedical) | Available |
| Equipment available | Available |

6. Blood Bank :

| | | | |
|-------|---|----------------------|-------------------|
| (i) | Valid FDA License (copy of certificate be annexed) | Yes | |
| (ii) | Blood component facility available | Yes | |
| (iii) | All Blood Units tested for Hepatitis C, B, HIV | Yes | |
| (iv) | Nature of Blood Storage facilities (as per specifications) | Yes | |
| (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 specialities) | Average daily 5-8 | On Inspection day |

7. Central Laboratory

| | |
|----------------------------|---------------|
| * Controlling Department : | Pathology |
| * No. of Staff | 15 |
| * Equipment available : | List attached |
| * Working Hours | 24 X 7 |

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|---|--------------|
| 8. Central supply of oxygen / Suction : | Available |
| 9. Central Sterilization Department : | Available |
| 10. Ambulance (Functional) : | Available |
| 11. Laundry : | Outsourced |
| 12. Kitchen : | Outsourced |
| 13. Incinerator : Functional/Non functional | Outsourced |
| 14. Bio-Medical waste disposal : | Outsourced |
| 15. Generator facility : | Available |
| 16. Medical Record section | Computerized |
| • ICD X classification | Not used |

Sign & Stamp
Head of the Department

Sign & Stamp
Head of the Institute