



## Data Collection for Health Services Costing in India

# Data collection tool: District Hospital

School of Public health Post Graduate Institute of Medical Education and Research (PGIMER) Chandigarh India

Page | 1



#### **Data Collection for Health Services Costing in India**

#### **Data Collection Tool: District Hospital**

This document is part of a series that provides a standardised methodology for costing health services in India. The series describes the methodology used in the costing and also provides a manual and set of data collection tools for use in applying this methodology. The methodology follows standard costing principles.



Cost data collection tool: District Hospital (DH)					
Interview Date:	State Name:	District I	Name:		
Facility Name:					
Section 1: Interview with the head of	f the facility or person In-charge				
A. Please tell me how many days per	week this facility is closed? :	(Days per week)			
B. Please tell me how many hours per	day this facility is open? :	(Hours per day)			
C. If the facility remains closed on Pu	blic holidays then mention total pub	lic holidays in last year:	(Days in year)		



Section 2: Salary details: Details for each person separately

Design ation	Monthly gross salary(inclusive of all allowances or deductions)	How many days he/she did not work in year of data collection i.e. 2017-18(**leaves in a year)	Annual Incentive received for trainings (TA/DA received for trainings)	Monthly gross salary(inclusive of all allowances or deductions)	How many days he/she did not work in year of data collection i.e.2017- 18(**leaves in a year)	Annual Incentive received for trainings (TA/DA received for trainings)



Monthly gross salary(inclusive of all allowances or deductions)	How many days he/she did not work in year of data collection i.e. 2017- 18(**leaves in a year)	Annual Incentive received for trainings (TA/DA received for trainings)

Monthly gross salary(inclusive of all allowances or deductions)	How many days he/she did not work in year of data collection i.e.2017- 18(**leaves in a year)	Annual Incentive received for trainings (TA/DA received for trainings)



Monthly gross salary(inclusive of all allowances or deductions)	How many days he/she did not work in year of data collection i.e. 2017- 18(**leaves in a year)	Annual Incentive received for trainings (TA/DA received for trainings)

Monthly gross salary(inclusive of all allowances or deductions)	How many days he/she did not work in year of data collection i.e. 2017- 18(**leaves in a year)	Annual Incentive received for trainings (TA/DA received for trainings)



Monthly gross salary(inclusive of all allowances or deductions)	How many days he/she did not work in year of data collection i.e. 2017- 18(**leaves in a year)	Annual Incentive received for trainings (TA/DA received for trainings)

Monthly gross salary(inclusive of all allowances or deductions)	How many days he/she did not work in year of data collection i.e. 2017- 18(**leaves in a year)	Annual Incentive received for trainings (TA/DA received for trainings)



Monthly gross salary(inclusive of all allowances or deductions)	How many days he/she did not work in year of data collection i.e. 2017- 18(**leaves in a year)	Annual Incentive received for trainings (TA/DA received for trainings)

Monthly gross salary(inclusive of all allowances or deductions)	How many days he/she did not work in year of data collection i.e. 2017- 18(**leaves in a year)	Annual Incentive received for trainings (TA/DA received for trainings)
	l	



#### Section 3: Details of annual allowances received (Interviews and record review)

	Government residence		Transj	port facility	t facility		ovided/ allowance
Designation	Square feet of the house building or rooms provided (Do mention the unit of data collection)	Amount paid in a year or How much would you pay if you would rent this house i.e. monthly rental price*12?	Amount paid in a year	Vehicle name and year of make, if provided free	Times per year (a)	Unit cost of uniform (b)	Amount incurred on uniform (a*b) or If unit cost not available ask, "For how much it will be available from market, if bought on its own?"



<u> </u>				
		l		



<u> </u>				
		l		



#### Section 4a: Annual services delivered (Record based)

Services delivered	Specialities	Actual services delivered in OPD during last year	Actual services delivered in IPD during last year	Auxiliary services
	Paediatrics		NA	NA
	Medicine		NA	NA
	Chest		NA	NA
	Eye		NA	NA
	ENT		NA	NA
	Surgery		NA	NA
Number of patients given OPD	Orthopaedics		NA	NA
consultations in each of the	Skin		NA	NA
specialities	Gynaecology		NA	NA
	Dental		NA	NA
	Psychiatry		NA	NA
	Ayurveda- OPD		NA	NA
	Homeopathy- OPD		NA	NA
	Yoga- OPD		NA	NA
	Geriatric services		NA	NA
	Cardiology		NA	NA
	Gastro-enterology		NA	NA
OPD consultations in super	Urology		NA	NA
specialities (if any)	Oncology		NA	NA
	Neurology/Nephrology		NA	NA
Number of patients admitted for	Paediatrics	NA		NA
inpatient care	Medicine	NA		NA



	Chest	NA		NA
	Eye	NA		NA
	ENT	NA		NA
	Surgery	NA		NA
	Orthopaedics	NA		NA
	Skin	NA		NA
	Gynaecology	NA		NA
	Geriatric services	NA		NA
	Others (like physiotherapy)			NA
	Emergency (Accident and other emergency)	NA		NA
Number of patients treated	Critical care/Intensive care unit	NA		NA
× ×	Labour room	NA		NA
	Neonatal intensive care unit	NA		NA
	Dialysis unit	NA		NA
	General operations			
	Surgery/orthopaedics OT			
Number of patients treated in Operation theatre (OT)	Eye OT			
Operation meane (OT)	Emergency OT			
	Other operations			
Number of potients given	Integrated Counselling and Testing Centre		NA	
Number of patients given consultations/treated	De-addiction centre		NA	
constitutions, iroutod	Rehabilitation services		NA	
Family alonging comises	IUCD procedure		NA	
Family planning services	Tubectomy procedure		NA	
Dietetics: Number of diet served		NA	NA	
Laundry: Number of clothes washe		NA	NA	
Central sterilized department: Num	ber of items sterilized	NA	NA	



#### Section 5: Sources of Revenue

S. No.		Amount collected during the period 2017-18
1.	Procedure fee (Medical dental combined)	
2.	Referral Charges	
3.	Medical certificate for driving license	
4.	Birth –death registration	
5.	Record checking for Birth –death	
6.	Issuing the card Birth –death	
7.	Any other (specify)	
	Total user fee from 2017-18	

#### Section 6: Details regarding population covered at the facility

Total population under the Public Health Centre	Total=
	Male=
	Female=
	Children (under 5 years)=
	Children (5-10 years)=



#### Section 7 and 8: Physical infrastructure (Interview based)

Section 7 a: Particulars	Specify
Area of the building (Total area in Sq. ft.) (Covered + open space)	
What is the rental price of 100 sq. ft place where this Public Health centre is located?	
Was there any expense on construction of building or renovation during the period of data collection	

#### Section 8: Services delivered in different rooms in facility

\*Instruction: If the activity is a routine activity, then fill the code 11 (for routine activity)in column b(as shown in the frequency codes below) and hours per day in column (c). Similarly, if the given activity is a fixed activity (fill the respective code in column B, as per codes mentioned) and write the total hours in column 'c' for which the activity was done. **Frequency:** \*'1' for once a year participation, '2' for twice a year, 3 for thrice a year participation, 4 for quarterly participation, 5 for once every two months, 6 for monthly participation, 7 for fortnightly participation, 8 for weekly participation, 9 for twice a week participation, 10 for thrice a week participation, **11 for routine activity**.

Room			Room			Room			Room			Room			Room		
Name			Name			Name			Name			Name			Name		
Area (Sq. f	eet)		Area (Sq. f	eet) Area (Sq. feet)				Area (Sq. feet) Area (Sq. feet)				feet)		Area (Sq. feet)			
Activity name (a)	Freq* (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hours (c)



Room			Room			Room			Room			Room			Room		
Name			Name			Name			Name			Name			Name		
Area (Sq. f	eet)		Area (Sq. f	eet) Area (Sq. feet)				Area (Sq.	ea (Sq. feet) Area (Sq. feet)					Area (Sq.	feet)		
Activity	Freq*	Hours	Activity	Freq	Hours	Activity Freq Hour			Activity	Freq	Hour	Activity	Freq	Hour	Activity	Freq	Hours
name (a)	(b)	(c)	name (a)	* (b)	(c)	name (a)	<i>•</i>		name (a)	* (b)	s (c)	name	* (b)	s (c)	name (a)	* (b)	(c)
												(a)					

Room			Room			Room			Room			Room			Room		
Name			Name			Name			Name			Name			Name		
Area (Sq. f	eet)		Area (Sq. f	Area (Sq. feet)			feet)		Area (Sq.	feet)		Area (Sq.	feet)		Area (Sq.	feet)	
Activity name (a)	Freq* (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hours (c)



Room			Room			Room			Room			Room			Room		
Name			Name			Name			Name			Name			Name		
Area (Sq. f	feet)		Area (Sq. f	eet)		Area (Sq. feet)			Area (Sq. feet) Area (Sq. feet)			feet)		Area (Sq.	feet)		
Activity name (a)	Freq* (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hours (c)

Room			Room			Room			Room			Room			Room		
Name			Name			Name			Name			Name			Name		
Area (Sq. f	eet)		Area (Sq. f	eet)		Area (Sq. feet)			Area (Sq.	feet)	Area (Sq. feet)				Area (Sq.	feet)	
Activity name (a)	Freq* (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hours (c)
																	<u> </u>



Room			Room			Room			Room			Room			Room		
Name			Name			Name			Name			Name			Name		
Area (Sq. f	feet)		Area (Sq. f	eet)		Area (Sq. feet)			Area (Sq. feet)   Area (Sq. feet)					Area (Sq.	feet)		
Activity name (a)	Freq* (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hours (c)

Room			Room			Room			Room			Room			Room		
Name			Name			Name			Name			Name			Name		
Area (Sq. f	feet)		Area (Sq. f	eet)		Area (Sq. 1	feet)		Area (Sq.	feet)		Area (Sq.	feet)		Area (Sq.	feet)	
Activity name (a)	Freq* (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hours (c)



Room			Room			Room			Room			Room			Room		
Name			Name			Name			Name			Name			Name		
Area (Sq. f	feet)		Area (Sq. f	eet)		Area (Sq. 1	feet)		Area (Sq.	feet)		Area (Sq.	feet)		Area (Sq.	feet)	
Activity name (a)	Freq* (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hours (c)

Room			Room			Room			Room			Room			Room		
Name			Name			Name			Name			Name			Name		
Area (Sq. f	feet)		Area (Sq. f	eet)		Area (Sq. 1	feet)		Area (Sq.	feet)		Area (Sq.	feet)		Area (Sq.	feet)	
Activity name (a)	Freq* (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hours (c)



Room			Room			Room			Room			Room			Room		
Name			Name			Name			Name			Name			Name		
Area (Sq. f	feet)		Area (Sq. f	eet)		Area (Sq. 1	feet)		Area (Sq.	feet)		Area (Sq.	feet)		Area (Sq.	feet)	
Activity name (a)	Freq* (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hours (c)
																	<u> </u>

Room			Room			Room			Room			Room			Room		
Name			Name			Name			Name			Name			Name		
Area (Sq. f	eet)		Area (Sq. f	eet)		Area (Sq. 1	feet)		Area (Sq.	feet)		Area (Sq.	feet)		Area (Sq.	feet)	
Activity name (a)	Freq* (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hours (c)
																	<u> </u>



Room			Room			Room			Room			Room			Room		
Name			Name			Name			Name			Name			Name		
Area (Sq. 1	feet)		Area (Sq. f	eet)		Area (Sq. 1	feet)		Area (Sq.	feet)		Area (Sq.	feet)		Area (Sq.	feet)	
Activity name (a)	Freq* (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hours (c)

Room			Room			Room			Room			Room			Room		
Name			Name			Name			Name			Name			Name		
Area (Sq. f	eet)		Area (Sq. f	eet)		Area (Sq. 1	feet)		Area (Sq.	feet)		Area (Sq.	feet)		Area (Sq.	feet)	
Activity name (a)	Freq* (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hours (c)



Room			Room			Room			Room			Room			Room		
Name			Name			Name			Name			Name			Name		
Area (Sq. 1	feet)		Area (Sq. f	eet)		Area (Sq. 1	feet)		Area (Sq.	feet)		Area (Sq.	feet)		Area (Sq.	feet)	
Activity name (a)	Freq* (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hours (c)

Room			Room			Room			Room			Room			Room		
Name			Name			Name			Name			Name			Name		
Area (Sq. f	eet)		Area (Sq. f	eet)		Area (Sq. 1	feet)		Area (Sq.	feet)		Area (Sq.	feet)		Area (Sq.	feet)	
Activity name (a)	Freq* (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hours (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hour s (c)	Activity name (a)	Freq * (b)	Hours (c)



Corridor	 	Corridor _		Corridor _		Corridor _	
Area (Sq. feet)	 	Area (Sq. feet) _		Area (Sq. feet) _	 	Area (Sq. feet)	
Corridor	 	Corridor _		Corridor		Corridor	
Area (Sq. feet)	 	Area (Sq. feet) _		Area (Sq. feet)	 	Area (Sq. feet)	

Corridor		Corridor		Corridor		Corridor	
Area (Sq. feet)		Area (Sq. feet)	 	Area (Sq. feet)	 	Area (Sq. feet)	 
Corridor		Corridor		Corridor	·	Corridor	·
Area (Sq. feet)		Area (Sq. feet)		Area (Sq. feet)	 	Area (Sq. feet)	



Corridor		 Corridor _	 	Corridor _		Corridor	 
Area (Sq. feet)		 Area (Sq. feet) _		Area (Sq. feet) _		Area (Sq. feet)	
	•			~		~	
Corridor		 Corridor _	 	Corridor	 	Corridor	 
Corridor Area (Sq. feet)		 Corridor Area (Sq. feet)	 	Corridor   Area (Sq. feet) _	 	Corridor Area (Sq. feet)	

Corridor	Corrido	r		Corridor			Corridor			
Area (Sq. feet)	Area (S	Area (Sq. feet)					Area (Sq. feet)			
Corridor	Corrido	r		Corridor			Corridor			
Area (Sq. feet)	Area (S	q. feet)		Area (Sq. feet)			Area (Sq. feet)			



Corridor	 	Corridor			Corridor _		Corridor			
Area (Sq. feet)	 	Area (Sq. feet)			Area (Sq. feet) _		Area (Sq. feet)			
		Corridor								
Corridor	 	Corridor _			Corridor		Corridor			
Corridor Area (Sq. feet)	 	Corridor Area (Sq. feet)			Corridor Area (Sq. feet)	 	Corridor Area (Sq. feet)			

Corridor	Corridor			Corridor		Corridor		
Area (Sq. feet)	 Area (Sq. feet)			Area (Sq. feet)	 	Area (Sq. feet)		
Corridor	Corridor			Corridor		Corridor		
Area (Sq. feet)	 Area (Sq. feet)			Area (Sq. feet)	 	Area (Sq. feet)		



#### Section 9: Items in facility rooms (Observation and record review)

#### Do ask for any items that are there in stock register and are stored due to non-utilisation or non-functionality

Name of the equipment or furniture	Quantity of functioning items in each room																
	Room no. 1	Room no. 2	Room no. 3	Room no. 4	Room no. 5	Room no. 6	Room no. 7	Room no. 8	Room no. 9	Room no. 10	Room no. 11	Room no. 12	Room no. 13	Room no. 14	Room no. 15	Room no. 16	Room no. 17



#### Section 9: Items in facility rooms (Observation and record review)

#### Do ask for any items that are there in stock register and are stored due to non-utilisation or non-functionality

Name of the equipment or furniture	Quantity of functioning items in each room																
	Room no. 18	Room no. 19	Room no. 20		Room no. 22	Room no. 23	Room no. 24	Room no. 25	Room no. 26	Room no. 27	Room no. 28	Room no. 29	Room no. 30	Room no. 31	Room no. 32	Room no. 33	Room no. 34



#### Section 9: Items in facility rooms (Observation and record review)

#### Do ask for any items that are there in stock register and are stored due to non-utilisation or non-functionality

Name of the equipment or furniture	Quantity of functioning items in each room																
	Room no. 35	Room no. 36	Room no. 37	Room no. 38	Room no. 39	Room no. 40	Room no. 41	Room no. 42	Room no. 43	Room no. 44	Room no. 45	Room no. 46	Room no. 47	Room no. 48	Room no. 49	Room no. 50	Room No. 51

• Use separate sheets



#### Section 10a: Equipment (Observation cum record review of stock registers)

Room	Equipment name	Quantity	Price	Date of Purchase of Equipment	Expected life of equipment	List services for which it is used. Write serial number codes from Annexure 1
OPD Room:						
Paediatrics						
<b>OPD Room:</b> Medicine						
OPD Room:						



Chest				
<b>OPD Room:</b>				
Eye				
OPD Room:				
ENT				
	1			
	1			
	1			
	1			



OPD Room:			
Surgery			
OPD Room: Orthopaedics			
OPD Room: Skin			



OPD Room:			
Gynaecology			
Others			
Others			
Others			



IPD ward:			
Paediatrics			
1 declidines			
IPD ward:			
Medicine			



IPD ward:			
Chest			
IPD ward: Eye	 		
IPD ward: Eye			
IPD ward: ENT			



IPD ward:			
Surgery			
~~~~~			
<b>IPD ward:</b> Orthopaedics			
Orthopaedics			
F			
IPD ward: Skin			



_			
IPD ward:			
Gynaecology	 		
IPD ward:			
Others			
<u> </u>			



	r	1	-
Others			
Emergency			
ward			
Operation theatre-			
theatre-			
Surgery			



Operation	
Operation theatre-Eye   Image: Constraint of the asymptotic of the asympto	
Labour Room	



		1		-
Emergency				
Emergency Operation				
theatre				
Other				
operation				
theatres				
	1	1	1	1



ICU			
Critical care			
units			



Others			
L			



#### Section 10b: Special equipment for new born care corner

Equipment	Quantity	Price	Date of Purchase of Equipment	Expected life of equipment	List services for which it is used. Write serial number codes Annexure 1
Catheter, endotracheal, open tip, funnel end rubber, 12Fr					
Catheter, mucus, rubber, open ended tip, size 14FR					
Catheter, nasal, rubber, open tip, funnel end, size 8Fr					
Catheter, suction, rubber, size 8Fr					
Cells for item 6 (Laryngoscope					
Dextrose ticks					
Infantometer: Measuring range 33-100 cm					
IV Cannulas (22 G and 24 G)					
IV infusion sets (adult and pediatrics)					
Lamp, ultra-violet (heat source) with floor stand					
Laryngoscope, infant, w/three blades and spare bulbs.					
Lateral mask, with ventillatory bag, infant size					
Nasal Prongs					
Nasogastric tube (8,10,12 FG)					
Nebulisers/MD					
Oropharyngeal airway (000-4 Guydel size					
Oxygen Cylinders					
Photo therapy Unit					
Plastic/disposable syringes including tuberculin					
Radiant warmers					
Resuscitator, automatic, basinet type					
Scalp vein set No. 22 and 24					
Stadiometer: Measuring range 60-200 cm					
Stilette, curved, for stiffening tracheal catheter SS					
Thermometers					
Others					



Section 10c. Dental equipment's	Quantity	Price	Date of Purchase of Equipment	Expected life of equipment	List services for which it is used. Write serial number codes from Annexure 1
Amalgam carrier					
Artery forceps					
Autoclave					
Bone cutter					
Cheatel forceps					
Dental chair					
Dapper glass					
Dressing drum (big)					
Endo box					
Electric BP apparatus					
Glass mortar					
Glass pestle					
Glass bead sterilizer					
Hammer chisel					
Kidney tray					
Matrix retainer (ivory)					
Light cure machine					
Mirror tops					
Mirror handles					
Plastic filling instruments					
Probe					
Tooth extraction forceps					
Tweezers					



		1	
Steel tray			
Operating light			
Halogen bulbs			
High and low vacuum motored suction			
Air rotor hand piece			
Micro motor 35000 rpm			
EMS scalar			
3 way syringe			
X ray viewer			
Compressor 3/4 HP with driver and filter			
Stool with pneumatic cylinder			
Surgical curette			
Sterilizer			
Dental X-ray tube head			
Dental X-ray turner with stand			
Development box			
Needle holder			
Electrical sterilizer			
Cotton drum			
Steel Almirah			
Needle destroyer			
Revolving doctor chair			
Visiting chair			
Glass slab			
Matrix bands (ivory)			
Light cure composite			
Mucus suction trap			



Thermometer			
Others			

#### Section 10d: Equipment laboratory

ices for which it is used. rial number codes from Annexure 1



#### Section 10e: Equipment Radiology

Equipment	Quantity	Price	Date of Purchase of Equipment	Expected life of equipment	List services for which it is used. Write serial number codes from Annexure 1



#### Section 10f: Equipment Dialysis unit (if any)

Equipment	Quantity	Price	Date of Purchase of Equipment	Expected life of equipment	List services for which it is used. Write serial number codes from Annexure 1



#### Section 10g: Equipment Blood bank (if any)

Equipment	Quantity	Price	Date of Purchase of Equipment	Expected life of equipment	List services for which it is used. Write serial number codes from Annexure 1



Section 11: Consumables and drug list (Review the stock- register and list the quantity and price of drugs in drug list sheets provided at the end of tool by using the sheets to photocopy index of drugs register and write quantity, price and utility against each drug as given below

Get the drug list	Quantity Consumed	Quantity Expired	Price Per Unit	List services for which it is used. Write serial number codes from Annexure 1

#### Section 12: Consumables. Material and Supplies

Get the Consumable list	Quantity	Price Per Unit	List services for which it is used. Write serial number codes from Annexure 1
Bandages 4 meters* 5cm			
Bandages 5 meters*10cm			
Bandages 5 meters*15cm			
Biowaste polythene			
Blade 11 no.			
Cotton wool absorbent surgical 500g packet			
Crape bandage BP 3 mtr x 10cm			
Crape bandage BP 3 mtr x 15cm			
Crape bandage BP 3 mtr x 7.5cm			
Disinfectant fluids (Phenly-Ltr)			
Disposable surgical rubber gloves 6.5			
Gauge cloth 90cm*18 mtr			
Infusion set vented with needle for single use (IV set)			



IV Cannula 20 No.		
IV cannula 24 no.		
Mouth wash		
Mucus suction trap		
Spirit		
Surgical tape 25mm*9.1 meter		
Surgical tape 50mm*9.1 meter		
Surgical tape 75mm*9.1 meter		
Others		



Get the whole list				
Section 12b. Dental consumables	Quantity	Price Per Unit	List services for which it is used. Write serial number codes from Annexure 1	
Disposable syringe 2cc				
Disposable syringe 5cc				
Gloves 6.5, 7, 7.5				
Root canal Reamers (45-80)				
Root canal Reamers (15-40)				
Suture needles				
Self- etching bond				
Silver alloy				
Sodium hypochlorite				
Xylocaine				
Kodak X-ray films				
Developer and fixer				
8 spreaders (15-40)				
Spreaders (45-80)				
Kalsogen 10				
Formacresol				
Orafil				
Zinc phosphate cement				
Zinc oxide				
H-files				
Cotton				
Spirit				
K files (15-40)				






#### Section 13: Signage/ IEC material on display in the unit (Observation cum record review in stock register)

Type of IEC material (Specify size)	Quantity	Expenditure	List services for which it is used. Write serial number codes from Annexure 1
Flex board			
Paper Charts			
Wall paintings			
Handbills			
Pamphlets			
Booklets			
Others			

#### Section 14: Stationary and other miscellaneous items: (Record review for billed amounts of purchased stationary)

Item	Quantity	Expenditure
Article indent book		
Attendance register		
Bath soap		
Carbon paper		
Cash receipt book		
Disinfectant fluids (Phenly-Ltr)		
Harpic		
Health management info system subcenter register		
Indoor register		



OPD cardImage: constraint of the second		
OPD registerImage: Constraint of the second sec	Nirma	
Out-station dak bookImage: Construction of the station o		
PencilImage: constant of the system of the syst	OPD register	
BroomImage: Constant paperPhotostat paperImage: Constant paperPochaImage: Constant paperPoly bags for biowasteImage: Constant paperStart paperImage: Constant paperStart paperImage: Constant paperVim powderImage: Constant paper		
Photostat paperImage: constraint of the second	Pencil	
PochaImage: Constraint of the second sec	Broom	
PochaImage: Constraint of the second sec	Photostat paper	
Register IDSPImage: constraint of the sector of	Pocha	
Savlon solutionImage: constraint of the solutionSpiritImage: constraint of the solutionStamp inkImage: constraint of the solutionStamp padImage: constraint of the solutionStock + OPD registerImage: constraint of the solutionStock + OPD registerImage: constraint of the solutionToilet brushImage: constraint of the solutionTowels + dustersImage: constraint of the solutionA-4 paperImage: constraint of the solutionVim powderImage: constraint of the solution	Poly bags for biowaste	
SpiritImage: SpiritStamp inkImage: Stamp padStamp padImage: Stock + OPD registerStock + OPD registerImage: Stock + OPD registerToilet brushImage: Stock + OPD registerTowels + dustersImage: Stock + OPD registerA-4 paperImage: Stock + OPD registerVim powderImage: Stock + OPD register	Register IDSP	
Stamp inkImage: Constraint of the stamp of the stamp padStamp padImage: Constraint of the stamp	Savlon solution	
Stamp padImage: Constraint of the state of th	Spirit	
Stock + OPD registerImage: Constraint of the second se	Stamp ink	
Stock + OPD registerImage: Constraint of the second se	Stamp pad	
Towels + dusters	Stock + OPD register	
A-4 paper Vim powder	Toilet brush	
Vim powder	Towels + dusters	
Vim powder	A-4 paper	
Others       Image: Constraint of the second of the	Vim powder	
Image: section of the section of th	Others	
Image: selection of the		
Image: Constraint of the second se		
Image: Constraint of the second se		
Image: Constraint of the second se		
Image: Constraint of the second of the se		



#### Section 15: Vehicles Details

Type of Vehicle	Quantity	Date of Purchase of Vehicle	Price	Average Life

#### Section 16: Utilities/ Overhead (Annual)

	Expenditure (Annual)
1.Means of transport	
Maintenance	
Repairs	
Insurance	
Others	
Total (If available)	



2. Building	
Electricity	
Water	
Facility rent (if relevant)	
Maintenance	
Telephone	
Kerosene	
Other	
Total (If available)	
3. Equipment	
Maintenance	
Repairs	
Other	
Total (If available)	
Expenditure on laundry	
Expenditure on Dietetics	
Expenditure on sterilization and disinfection	

#### Section 17: Laboratory/ Radiological investigation/Procedure fees

Type of tests	Quantity
Haemoglobin	
TLC	
DLC	
ESR	
Malaria parasite	
Sputum testing for TB (AFB)	
Routine urine	



Widal	
Blood grouping	
Bleeding time, clotting time (BT and CT)	
Cholesterol	
Urea	
Uric acid	
Blood sugar	
Rapid tests for pregnancy	
RPR test for Syphills/YAWS surveillance (in high endemic area only) VDRL	
Rapid tests for HIV	
RA factor	
Radiological tests	
X-rays	
Ultrasound	
ECG	
Others	



#### Section 18: Details of referral transport

Total number of patients referred from facility using referral transport	No. of Under-Fives	No. of Over-Fives	List services for which it is used. Write serial number codes from Annexure 1

#### Section 19: Cash benefits paid to patients

Name of Scheme	Amount paid during the period 2017-18
JSSK	
Any other	



#### Section 20: Utilisation of funds and grants

Amount spent in the 2017-18	List services for which it is used. Write serial number codes from Annexure 1



Section 21: Time allocation sheet. Staff Member Code (Enter Code as entered in Table 2): .....

Service	Activity name	Type of ac	tivity	Fixed schedu	le activity		Routine activity		
code no		<b>Fixed</b> schedule	Routine	Frequency (once in a week/once in month/twice a week etc.)*	Hours per day of activity	Days for which the activity was done during the year 2017-18	Time per person (in minutes) (a)	Number of beneficiaries on a routine day (b)	If not (a) and (b) then how much time to do the activity
1.	OPD: Paediatrics								
2.	OPD: Medical								
3.	OPD: Chest								
4.	OPD: Eye								
5.	OPD: ENT								
6.	OPD: Psychiatry								
7.	OPD: Skin								
8.	OPD: Orthopaedics								
9.	OPD: Surgery								
10.									
	OPD: Dental								



Service	Activity name	Type of act	ivity	Fixed schedule activity			Routine act	tivity		
code no			-		-					
		Fixed schedule	Routine	Frequency (once in a week/once in month/twice a week etc.)*	Hours per day of activity	Days for which the activity was done during the year 2017-18	Time per person (in minutes) (a)	Number of beneficiaries on a routine day (b)	If not (a) and (b) then how much time to do the activity	
11.	OPD: Gynaecology									
12.	OPD: Cardiology/Enterology/Urology/Oncology/ Neurology/Nephrology									
13.	Ayurveda- OPD									
14.	Homeopathy- OPD									
15.	Yoga- OPD									
16.	Operation theatre									
17.	Labour Room									
18.	ENT									
19.	NICU									
20.	ICU									
21.	Emergency									



Service	Activity name	Type of act	ivity	Fixed schedu	le activity		Routine act	tivity	
code no									
		Fixed schedule	Routine	Frequency (once in a week/once in month/twice a week etc.)*	Hours per day of activity	Days for which the activity was done during the year 2017-18	Time per person (in minutes) (a)	Number of beneficiaries on a routine day (b)	If not (a) and (b) then how much time to do the activity
22.	Dialysis unit								
23.	IPD: Paediatrics								
24.	IPD: Medical								
25.	IPD: Chest								
26.	IPD: Eye								
27.	IPD: ENT								
28.	IPD: Psychiatry								
29.	IPD: Skin								
30.	IPD: Orthopaedics								
31.	IPD: Surgery								
32.	IPD: Dental								
33.	IPD: Gynaecology								



Service	Activity name	Type of act	ivity	ity Fixed schedule activity			Routine act	tivity	
code no			-		-			-	
		Fixed schedule	Routine	Frequency (once in a week/once in month/twice a week etc.)*	Hours per day of activity	Days for which the activity was done during the year 2017-18	Time per person (in minutes) (a)	Number of beneficiaries on a routine day (b)	If not (a) and (b) then how much time to do the activity
34.	IPD: Cardiology/Enterology/Urology/Oncology/ Neurology/Nephrology								
35.	Outreach activities								
36.	Meetings								
37.	Family planning camp								
38.	Pulse polio immunisation								
39.	School health service								
40.	IEC Activities related to National Health programmes						NA	NA	
41.	Integrated Counselling and Testing Centre								
42.	De- addicition centre								
43.	Rehabilitation services								
44.	Central sterilized department: Number of items sterilized								
45.	Blood Bank								
46.	Laboratory								
47.	Radiology								



Service	Activity name	Type of act	ivity	Fixed schedule activity			Routine activity		
code no		Fixed schedule		Frequency (once in a week/once in month/twice a week etc.)*	Hours per day of activity	Days for which the activity was done during the year 2017-18	Time per person (in minutes)	Number of beneficiaries on a routine day (b)	If not (a) and (b) then how much time to do the activity
							(a)		
48.	Food service/dietician								
49.	Transport								
50.	Security						NA	NA	
51.	Housekeeping						NA	NA	
52.	Medical Records						NA	NA	
53.	Accounts						NA	NA	
54.	Store Keeping						NA	NA	
55.	Registration								

\*'1' for once a year participation, '2' for twice a year, 3 for thrice a year participation, 4 for quarterly participation, 5 for once every two months, 6 for monthly participation, 7 for fortnightly participation, 8 for weekly participation, 9 for twice a week participation, 10 for thrice a week participation.



Section 22: Mention the number of days of stay of 50 patients of facility of financial year 2017-18\* Paediatrics Department:

I deulatiles I	epui imenii.					
Medicine De	partment:				<u>.</u>	
<b>Chest Depart</b>	ment:					
Eye Departm	ent:					
ENT Departn	nent:	 	 	 		



Surgery De	epartment:						
Irthopodi	ics Department:						
Jinopaeu							
Skin Depar	tment:						
							1
Synaecolog	gy Department:	I	1	l	l		
o y naccolog							

• Exclude the following:

- Patients who died in the hospital
- Patients who were transferred to another hospital
- Patients for whom length of stay is not available
- Patients who left against medical advice or discontinued car



#### Annexure 1

		code		code		code	
code no	Activity name	no	Activity name	no	Activity name	no	Activity name
1	OPD: Paediatrics	18	ENT	35	Outreach activities	53	Accounts
2	OPD: Medical	19	NICU	36	Meetings	54	Store Keeping
3	OPD: Chest	20	ICU	37	Family planning camp	55	Registration
4	OPD: Eye	21	Emergency	38	Pulse polio immunisation	56	Others (Specify)
5	OPD: ENT	22	Dialysis unit	39	School health service		
6	OPD: Psychiatry	23	IPD: Paediatrics	40			
7	OPD: Skin	24	IPD: Medical	41	Integrated Counselling and Testing Centre		
8	OPD: Orthopaedics	25	IPD: Chest	42	De- addicition centre		
9	OPD: Surgery	26	IPD: Eye	43	Rehabilitation services		
10	OPD: Dental	27	IPD: ENT	44	Central sterilized department: Number of items sterilized		
11	OPD: Gynaecology	28	IPD: Psychiatry	45	Blood Bank		
		29	IPD: Skin	46	Laboratory		
12	OPD: Cardiology/Enterology/Urology/Oncology	30	IPD: Orthopaedics	47	Radiology		
13	Ayurveda- OPD	31	IPD: Surgery	48	Food service/dietician		
14	Homeopathy- OPD	32	IPD: Dental	49	Transport		
15	Yoga- OPD	33	IPD: Gynaecology	50	Security		
16	Operation theatre		IPD:	51	Housekeeping		
17	Labour Room	34	Cardiology/Enterology/Urology/Oncology/	52	Medical Records		

