

## FORMAT FOR EMPANELMENT OF HOSPITALS

1. Name of the city where hospital is located.

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2. Name of the hospital

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3. Address of the hospital

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4. Tel / fax/e-mail

|   |  |
|---|--|
|   |  |
| Telephone No                              |  |
| Fax                                       |  |
| e-mail address                            |  |
| Name and Contact details of Nodal persons |  |
|   |  |

Whether NABH Accredited

Whether NABH applied for

Details of Accreditation and Validity period

a. Details of the application fee draft of Rs. 1000/-  
 Name & Address of the Bank                      DD No.

Date of Issue

b. Total turnover during last financial year  
 (Certificate from Chartered Accountant is to be enclosed).

5. For Empanelment as

Hospital for all available facilities

Cancer Hospital/Unit  
(Please select the appropriate column)

6. Total Number of beds

7. Categories of beds available with number of total beds in following type of wards

Casualty/Emergency ward

ICCU/ICU

Private

Semi-Private (2-3 bedded)

General Ward bed (4-10)

Others

8. Total Area of the hospital

Area allotted to OPD

Area allotted to IPD

Area allotted to Wards

9. Specifications of beds with physical facilities/ amenities

Dimension

Number

of ward

of beds in

Length

each ward

Breadth

**(Seven Square Meter Floor area per bed required-) (IS: 12433-Part 2:2001)**

10. Furnishing specify as (a), (b), (c), (d) as per index below

(a) Bedsides table

(b) Wardrobe

(c) Telephone

(d) Any othe

11. Amenities specify as (a), (b) (c) (d) as per index below Amenities

(a) Air conditioner

(b) T.V.

(c) Room service

(d) Any other

12. Nursing Care

Total No. of Nurses

No. of Para-medical staff

Category of bed Bed/Nurse Ratio (acceptable Actual bed/nurse standard) ratio

a) General

6:1

b) Semi-Private

4:1

c) Private

4:1

d) ICU/ICCU

1:1

e) High dependency Unit 1:1

13. Alternate power source

Yes

No

14. Bed occupancy rate

General bed

Semi-Private Bed

Private Bed

15. Availability of Doctors

1. No. of in house Doctors

2. No. of in house Specialists/Consultant

16. Laboratory facilities available - Pathology Biochemistry Microbiology  
or any other

17. Imaging facilities available

18. No. of Operation Theaters.

19. Whether there is separate OT for Septic cases Yes/No

20. Supportive services  
Boilers/sterilizers

Ambulance

Laundry

Housekeeping

Canteen

Gas plant

Dietary

Others (preferably)

Blood Bank

Pharmacy

Physiotherapy

21. Waste disposal system as per statutory requirements

22. ESSENTIAL INFORMATION REGARDING CARDIOLOGY & CTVS

Number of coronary angiograms done in last one year

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Number of Angioplasty done in last one year

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Number of open heart surgery done in last one year

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Number of CABG done in last year

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23. RENAL TRANSPLANTATION, HAEMODIALYSIS/ UROLOGY- UROSURGERY

Number of Renal Transplantations done during last one year

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Number of years this facilities is available

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Number of Hemodialysis unit.

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Criteria for Dialysis:

- The center should have good dialysis unit neat, clean and hygienic like a minor OT.
- Centre should have at least four good Haemodialysis machines with facility of giving bicarbonate Haemodialysis.
- Centre should have water-purifying unit equipped with reverse osmosis.
- Unit should be regularly fumigated and they should perform regular antiseptic precautions.
- Centre should have facility for providing dialysis in Sero positive cases.
- Centre should have trained dialysis Technician, Nurses, **full time Nephrologist** and Resident Doctors available to manage the complications during the dialysis.
- Centre should conduct at least 150 dialysis per month and each session of hemodialysis should be at least of 4 hours duration.
- Facility should be available 24 hours a day.

Whether it has an immunology lab. Yes/No

If so, does it exist within the city where the hospital is located Yes/No

Whether it has blood transfusion Service with facilities for screening HIV markers for Hepatitis (B&C), VDRL Yes/No

Whether it has a tissue typing unit DBCA/IMSA/DRCG scan facility and the basic radiology facilities Yes/No

24. LITHOTRIPSY

No. of cases treated by lithotripsy in last one year

Average number of sitting required Per case

Percentage of cases selected for Lithotripsy, which required conventional Surgery due to failure of lithotripsy

25. LIVER TRANSPLANTATION- Essential information reg.

Technical expert with experience in liver Transplantation who had assisted in at least fifty liver transplants.

Yes/No

(Name and qualifications)

Month and year since Liver Transplantation is being carried out

No. of liver transplantation done during the last one year

Success rate of Liver Transplant

Facilities of transplant immunology lab.  
Tissue typing facilities  
Blood Bank

Yes/No

Yes/No

**26. ORTHOPAEDIC JOINT REPLACEMENT**

a. Whether there is Barrier Nursing for Isolation for patient. Yes/No

b. Facilities for Arthroscopy

Yes/No

**27. NEUROSURGERY.**

Whether the hospital has aseptic Operation theatre for Neuro Surgery Yes/No

Whether there is Barrier Nursing for Isolation for patient. Yes/No

Whether, it has required instrumentation for Neuro-surgery Yes/No

Facility for Gamma Knife Surgery Yes/No

Facility for Trans-sphenoidal endoscopic Surgery Yes/No

Facility for Stereotactic surgery Yes/No

### **28. GASTRO-ENTEROLOGY**

Whether the hospital has aseptic Operation theatre for Gastro-Enterology & GI Surgery Yes/No

Whether, it has required instrumentation for Gastro-Enterology – GI Surgery Yes/No

Facilities for Endoscopy – specify details

### **29. Oncology**

- i. Whether the hospital has aseptic Operation theatre for Oncology – Surgery  
Yes/No
  - a. Whether, it has required instrumentation for Oncology Surgery Yes/No
- ii. Facilities for Chemotherapy Yes/No
- iii. Facilities for Radio-therapy ( specify ) Yes/No
- iv. Radio-therapy facility and Manpower shall be as Per guidelines of BARC Yes/No
- v. Details of facilities under Radiotherapy

### **30. Endoscopic / Laparoscopic Surgery:**

Criteria for Laparoscopic/Endoscopic Surgery:

- Center should have facilities for casualty/emergency ward, full-fledged ICU, proper wards, proper number of nurses and paramedical, qualified and sufficient number of Resident doctors/specialists.
- The surgeon should be Post Graduate with sufficient experience and qualification in the specialty concerned.
- He/She should be able to carry out the surgery with its variations and able to handle its complications.
- The hospital should carry out at least 250 laparoscopic surgeries per year.
- The hospital should have at least one complete set of laparoscopic equipment and instruments with accessories and should have facilities for open surgery i.e. after conversion from Laparoscopic surgery.

Yes / No

**SIGNATURE OF APPLICANT OR AUTHORIZED**

**CERTIFICATE OF UNDERTAKING**

1. It is Certified that the particulars given above are correct and eligibility criteria are satisfied.
2. That Hospital/ eye centre/Exclusive Dental Clinic/ Diagnostic laboratory/ Imaging Centre shall not charge ESI beneficiaries higher than the CGHS notified rates or the rates charged from other patients who are not ESI beneficiaries.
3. That the rates have been provided against a facility/procedure/investigation actually available at the Organization.
4. That if any information is found to be untrue, Hospital/ Eye centre/Dental clinic/ Diagnostic Centre would be liable for de-recognition by ESI. The Organization will be liable to pay compensation for any financial loss caused to ESI or physical and or mental injuries caused to its beneficiaries.
5. That the Hospital/ Eye centre/Dental clinic/ Diagnostic Centre has the capability to submit bills and medical records in digital format and that all Billing will be done in electronic format and medical records will be submitted in digital format.
6. The Hospital/ Eye centre/Dental clinic/ Diagnostic Centre will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.
7. That the Hospital/ Eye centre/Dental clinic/ Diagnostic Centre has not been derecognized by CGHS or any State Government or other Organizations.
8. That no investigation by central Government/State Government or any statutory Investigating agency is pending or contemplated against the Hospital/ Eye centre/Dental clinic/ Diagnostic Centre.
9. Agree for the terms and conditions prescribed in the tender document.
10. Hospital agrees to implement Electronic Medical Records and EHR as per the standards approved by Ministry of Health & Family Welfare within one year of its empanelment

**SIGNATURE OF APPLICANT OR AUTHORIZED AGENT**