

Application Form No.....

APPLICATION FORMAT

FOR

**EMPANELMENT OF
PRIVATE HOSPITALS/DIAGNOSTIC CENTRES**

UNDER

**DELHI GOVERNMENT EMPLOYEES HEALTH SCHEME
(DGEHS)**



**DIRECTORATE OF HEALTH SERVICES
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APPLICATION FORMAT
FOR EMPANELMENT OF HOSPITALS/DIAGNOSTIC CENTRES UNDER
DELHI GOVERNMENT EMPLOYEES HEALTH SCHEME

(Technical and Infrastructure specifications of the hospital and diagnostic centers)
 Particulars about the hospital/diagnostic centre and physical facilities
 (To be filed as per following format)

1.1 Name of the hospital/diagnostic centre	
1.2 Address of the hospital/diagnostic centre Phone : Fax: Email: Name of Contact Person: Mobile/Phone/Fax/ of Contact person:	
1.3 Ownership (specify) Whether corporate/Society/Partnership/Proprietorship	
1.4 Applied for (specify):	
1.4.1 General purpose with Emergency	
1.4.2 Specialized purpose	
1.4.3 Diagnostic procedures/ investigations (specify)	
1.4.4 Any Other	
1.5 Whether the hospital is recognized/under panel of any government organizations (Please specify along with specialties recognized for):	

1.6	Total Number of beds registered with Nursing Home Cell, DHS(HQ) under Delhi Nursing Home Registration Act	
1.7	Categories of beds available with number of total beds in following type of wards:	
	Casualty/Emergency ward	
	ICCU/ICU	
	Private Deluxe	
	Private ward with A/C	
	Private bed without A/C	
	Semi-Private (2-3 bedded)	
	General Ward bed (4-8) [8-16]	
	Any other	
	Other Details	
	Total Area of the hospital/Diagnostic centre	
	Area allotted to OPD	
	Area allotted to IPD	
	Area allotted to Wards	
	Other	

Please also attach a schematic map of Hospital/Diagnostic Centre.

1.8 Specifications of beds with physical facilities/ amenities					
	Dimensions of Wards	No. of Beds	Sq Area patient	Floor Per*	Furnishings Amenities**
General					
Semi Private (2 to 4 beds)					
Private ward					
* Furnishing specify as (a), (b), (c), (d) as per index below Index (a) Bedsides table (b) Wardrobe (c) Dressing table (d) Dari/ carpet/ other floor items ** Amenities specify as (a), (b) (c) (d) as per index below Index (a) T.V. (b) Stereo music (c) Room service for food etc. (d) and other amenities					

1.9 Nursing Care	
Total No. of Nurses	
No. of other para-medical staff	
Category of bed	Bed/Nurse Ratio
a) General	
b) Semi-Private	
c) Private	
d) ICU/ICCU	
e) High dependency Unit	
1.10 Alternate power source Yes _____ / No _____	
1.11 Bed occupancy/ Bed turn over ratio	
Bed occupancy rate	Bed turn over ratio
Overall	
General bed	
Semi-Private Bed	
Private Bed	
<p>Note: Bed occupancy rate = $\frac{\text{Av daily census} \times 100}{\text{Av No. of bed available (i.e. number of authorized bed)}}$</p> <p>Turn over ratio = $\frac{\text{Total discharge during a year}}{\text{Bed compliment (i.e.No of authorized bed)}}$</p>	
1.12 Information about Doctors	
No. of in house Doctors	
No. of house Specialists/Consultants	
No. of visiting Specialist/Consultants	
(Names , qualifications & DMC No.) Use separate sheet)	

1.13 Laboratory facilities available - Pathology, Biochemistry, Microbiology or any other (statistics for the last three years)

PATHOLOGY			
Hematopathology			
Cytopathology			
Histopathology			
BIOCHEMISTRY			
MICROBIOLOGY			
ANY OTHER			

1.14 IMAGING SERVICES AVAILABLE (statistics for the last three years)

X -Rays			
Ultrasounds			
CT Scans			
MRI			
Special Radiology			
Any Other			

1.15 Supportive services

Service	Remarks
Boilers/sterilizers	
Ambulance	
Laundry	
Housekeeping	
Canteen	
Gas plant	
Waste Disposal System	
Dietary	
Others	
Blood Bank	
Pharmacy	
Physiotherapy	
No. of Operation Theaters	

Any other Information

2. ESSENTIAL INFORMATION REGARDING CARDIOLOGICAL INVESTIGATIONS

- 2.1 Number of angiogram done in last one year _____
3. **Treatment procedure** Cardio-Thoracic Surgery- Essential
information regarding _____
- 3.1 Number of Angioplasty done in last one year _____
- 3.1.1 Number of open heart surgery done in last one year _____
- 3.1.2 Number of CABG done in last year _____
- 3.1.3 Qualified cardio-thoracic surgeon on
regular employment of the hospital Yes _____/No _____
(Names, qualifications and DMC Registration No.)

4. RENAL TRANSPLANTATION, HAEMODIALYSIS: ESSENTIAL INFORMATION REGARDING-

- 4.1.1 Whether the hospital has in house Technical expert _____
(Names & qualifications) _____

- 4.1.2 Number of Renal Transplantations
done in last one year _____
- 4.1.3 Number of years of duration of Haemodialysis unit. _____
- 4.1.4 Whether recognized by M.C.I. _____
- 4.1.5 No. of dialysis machine in the unit _____
Whether it has an immunology lab. if so, does it
exist within the city where the hospital is located _____
- 4.1.6 Whether it has blood transfusion
service with facilities for screening
HIV markers for Hepatitis (B&C), VDRL _____
- 4.1.7 Whether it has a tissue typing unit DTPA/IMSA/DRCG
scan facility and the basic radiology facilities _____

5. LITHOTRIPSY/TURP-Essential information reg: -

- 5.1.1 Whether the hospital has expert employee
having M.C.I. recognized qualification on
regular and visiting basis _____
- 5.1.2 No. of cases treated by lithotripsy
in last one year _____
- 5.1.3 Average number of sitting required per case _____
- 5.1.4 Percentage of cases selected for
lithotripsy, which required conventional
surgery due to failure of lithotripsy _____

6. LAPAROSCOPIC SURGERY - Essential Information reg:-

6.1 No of Laproscopic surgeries i.e. cholecystectomies,
Appendicectomies etc. done in last one year _____

6.2 Percentage of patients which require conventional
surgery due to failure of laparoscopy _____

7. LIVER TRANSPLANTATION - Essential information reg.

7.1 Technical expert with experience in liver
Transplantation Yes____/No____
(Names, qualifications and DMC Registration No., No of liver
transplants assisted/Carried out)

7.2 Month and year since Liver Transplantation
is being carried out

7.3 No. of liver transplantation done during
the last one year

7.4 Success rate of Liver Transplant

7.5 Facilities of transplant immunology lab.
Tissue typing facilities
Blood Bank
Full radio diagnosis

8. IOL IMPLANT - Essential information reg.

8.1 Qualified ophthalmic surgeon with experience
In Intraocular lens implant surgery Yes____/No____
(Names, qualifications and DMC Registration No.)

8.2 Period since IOL is being carried out
in the hospital _____

8.3 No. of IOL implants done during
the last one year

8.4 IOL kit of approved standard supplied
by hospital _____

9. ORTHOPAEDIC JOINT REPLACEMENT - Essential information reg.

9.1 Whether the hospital has aseptic
Operation theatre for orthopedic/
Hip and knee joint replacement Yes/No

9.2 Whether there is Barrier Nursing for
isolation for patient.

9.3 Qualification of Orthopaedic surgeon _____
(Names, qualifications and DMC Registration No.)

9.4 Whether it has required instrumentation
for both hip, knee, joint replacement Yes/No

10. RADIOTHERAPY, Essential information regarding

10.1 Whether the Radiotherapist has the
qualification of M.D., in Radiotherapy
and has worked atleast minimum 3 years Yes/No
(Names, qualifications and DMC Registration No.)

10.2 Whether the medical physician is trained from
(B.A.R.C.) Yes/No

10.3 Whether cobalt unit is available Yes/No

10.4 Afterloading caesium unit for cervix available Yes/No

10.5 Dosimetry apparatus Yes/No

❖ All Specialists employed on regular and visiting basis must possess
M.C.I. recognized qualification and registered with D MC.

4) Laboratory (Biochemistry):-

ITEM	Information/details
Total Space:	
<ul style="list-style-type: none"> • Space for collection of samples • Space dispatch of reports. • Waiting space 	
Laboratory Testing Area	
<ul style="list-style-type: none"> • Space • Washing area/waste disposal. • Air Conditioning 	
Equipment:	
<ul style="list-style-type: none"> • Refrigerator, • Water-bath, • Hot-air oven, • Centrifuge machine, • Photo-electric calorimeter or Spectrophotometer or semi-auto-analyzer/auto analyzer, • Flame Photometer or ISE Analyzer, • Micro-pipettes, • All related Lab glasswares and reagents, • needle destroyer, • standard balance etc. 	
List of Manpower (Professional and paramedical) with Qualifications and experience	
<ul style="list-style-type: none"> • Facilities for Waste Management: Provision for waste management as per the Biomedical waste Act., 1998 	
<ul style="list-style-type: none"> • Quality Control: Internal and external quality control. 	
<ul style="list-style-type: none"> • NABL accreditation status 	
<ul style="list-style-type: none"> • Backup of Generator, UPS, Emergency light 	
<ul style="list-style-type: none"> • Reports : Time and mode of availability 	
<ul style="list-style-type: none"> • WORKLOAD 	
<ul style="list-style-type: none"> • No. of samples done in Last One year • No. of samples per day 	
<ul style="list-style-type: none"> • Charges displayed on the notice board. • Records of patients /investigation System 	
<ul style="list-style-type: none"> • Fire Fighting system 	
<ul style="list-style-type: none"> • provision for toilet. 	

/or Laboratory in Hospitals/ Nursing Homes:-

- In addition to the criteria written above the following additional equipment details may be provided

Item	Availability Information/details
Blood Gas analyzer,	
Elisa Reader,	
HPLC and	
Electrophoresis app.	

Any Other information:

3) LABORATORY (MICROBIOLOGY):

ITEM	Information /details	Availability
Total Space:		
<ul style="list-style-type: none"> • Space for collection of samples • Receiving samples & labeling • Space dispatch of reports. • Waiting space • Space for Media room (autoclave, hot air oven, pouring hood) 		
Laboratory Testing Area <ul style="list-style-type: none"> • Washing area/waste disposal Space. • Processing of samples – staining, cultures etc. Space • Air Conditioning • Laminar Air Flow Workstation 		
Equipment: <ul style="list-style-type: none"> • Non-expendable – Autoclave, Hot air oven, Water bath, incubator, Centrifuge, Microscopes, Vortex, Elisa Reader. • Expendable – Chemicals, Media, Glassware, Stationery etc. 		
List of Manpower (Professional and paramedical) with Qualifications and experience		

<ul style="list-style-type: none"> • Facilities for Waste Management: Provision for waste management as per the Biomedical waste Act., 1998 	
<ul style="list-style-type: none"> • Quality Control: Internal and external quality control. • NABL accreditation status • External tie up with higher institutions. 	
<ul style="list-style-type: none"> • Backup of Generator, UPS, Emergency light 	
<ul style="list-style-type: none"> • Reports : Time and mode of availability 	
<ul style="list-style-type: none"> • WORKLOAD • No. of samples done in Last One year • no. of samples per day 	
<ul style="list-style-type: none"> • Charges displayed on the notice board. • Records of patients /investigation should be well maintained and updated. 	
<ul style="list-style-type: none"> • Fire Fighting system 	
<ul style="list-style-type: none"> • Provision for toilet. 	

FOR RADIOLOGICAL DIAGNOSIS AND IMAGING CENTER:

MRI Center:

ITEM	Information /details	Availability
MRI machine <ul style="list-style-type: none"> • Make, Year of Installation • Specifications 		
Space <ul style="list-style-type: none"> • MRI Machine Room • Reporting Rooms • Patient Waiting Area • Approach to MRI Room 		
List of Manpower (Professional and paramedical) with Qualifications and experience : _____		
<ul style="list-style-type: none"> • Equipment for resuscitation • resuscitation Equipment - Compatibility with MRI 		
<ul style="list-style-type: none"> • Computer printer reports. 		
<ul style="list-style-type: none"> • Backup of Generator, UPS, Emergency light 		
<ul style="list-style-type: none"> • Automatic Film Processor Unit. 		
<ul style="list-style-type: none"> • Workload Last year • Average No. of MRI done per month 		

CT Scan Center:

ITEM	Information /details	Availability
CT machine <ul style="list-style-type: none"> • Make, Year of Installation • Specifications • Whole Body • Scan Cycle • Installation approved by AERB. 		
Space <ul style="list-style-type: none"> • CT Machine Room • Reporting Rooms • Patient Waiting Area • Waiting area separate from the radiation area. • Approach to CT Room • Housed in building as per AERB guidelines. 		
List of Manpower (Professional and paramedical) with Qualifications and experience :		
<ul style="list-style-type: none"> • Equipment for resuscitation of patients like Boyle's apparatus, suction machines, emergency drugs, to combat any allergic reactions due to contrast medium. • Coverage by Anesthetic during procedures involving contrast media. 		
<ul style="list-style-type: none"> • Provision for radiation monitoring of all technical staff & doctor through DRP/BARC. • Provision of Radiation protective devices like Screen, Lead Apron, Thyroid & Gonads protective shield. • Provision for sterilized instrument, disposable syringes & needles, catheter etc. 		
<ul style="list-style-type: none"> • Provision for washed clean linens. • Provision of nursing staff/female attendant for lady patient. • Provision for changing room. 		
<ul style="list-style-type: none"> • Automatic Film Processor Unit. 		
<ul style="list-style-type: none"> • Workload Last year • Average No. of CT done per month 		
<ul style="list-style-type: none"> • Computer printer reports. 		
<ul style="list-style-type: none"> • Backup of Generator, UPS, Emergency light 		
<ul style="list-style-type: none"> • Disposal of waste. 		

MAMMOGRAPHY CENTER : -

ITEM	Information /details	Availability
Mammography Machine <ul style="list-style-type: none"> • Make, Year of Installation • Specifications • Biopsy attachment. 		
Space <ul style="list-style-type: none"> • Mammography Machine Room • Patient Waiting Area • Provision for changing room. • Privacy for patients. 		
<ul style="list-style-type: none"> • Automatic/Manual film processor. 		
<ul style="list-style-type: none"> • Provision for hard copy & computer print out reports. 		
<ul style="list-style-type: none"> • Female Radiographer/attendant. 		
<ul style="list-style-type: none"> • Clean linen. 		
<ul style="list-style-type: none"> • Backup of Generator, UPS, Emergency light. 		
<ul style="list-style-type: none"> • Workload Last year • Average No. of Mammographies done per month 		

USG/COLOUR DOPPLER CENTER: -

ITEM	Information /details	Availability
USG/Doppler machine <ul style="list-style-type: none"> • Make, Year of Installation • Specifications • convex, sector, linear probes of frequency ranging from 3.5 to 10 MHz • provision/facilities of Trans Vaginal/Trans Rectal Probes. • No of probes. • Portable/Fixed 		
Space <ul style="list-style-type: none"> • USG Room • Patient Waiting Area 		
<ul style="list-style-type: none"> • Emergency recovery facilities for patients undergoing interventional procedures like FANC, drainage of Abscess & Collections etc. with infrastructure for the procedure. • Anesthetics coverage during such procedures. 		
<ul style="list-style-type: none"> • Registration under the PNDT Act • PNDT Reports 		

List of Manpower (Professional and paramedical) with Qualifications and experience :	
• Full time Nurse/Female attendant for female patients.	
• Provision for hard copy & computer print out reports.	
• Availability of clean linens & disposable consumable & sterilized instruments.	
• Backup of Generator, UPS, Emergency light.	
• Workload Last year	
• Average No. of USG done per month	

Criteria for Diagnostic X-ray Center/Dental X-Ray/OPG Centre:

ITEM	Information /details	Availability
X Ray machine <ul style="list-style-type: none"> • Make, Year of Installation • Specifications • Image intensifier TV system. • The Portable X-ray machine • Specifications • OPG Equipment • Specifications • The dental X-ray • Specifications 		
Space <ul style="list-style-type: none"> • X Ray Room • Approval of BARC Deptt of Radiation protection/Certificate • Patient Waiting Area • Provision for changing room • Separate room for <ul style="list-style-type: none"> • portable X-ray machine, • equipment, • dark room. • X-ray tube facing the inhabited area. 		
• Emergency Resuscitation in X Ray Room		

List of Manpower (Professional and paramedical) with Qualifications and experience :	
<ul style="list-style-type: none"> • Equipment for resuscitation of patients like Boyle's apparatus, • suction machines, • emergency drugs,. • Coverage by Anesthetic during procedures involving contrast media. 	

<ul style="list-style-type: none"> • Provision for sterilized instruments & disposable syringes needles, catheters for procedures like HSG, MCU, RGU etc. 	
<ul style="list-style-type: none"> • Provision for radiation monitoring of all technical staff & doctor through DRP/BARC. 	
<ul style="list-style-type: none"> • Provision of Radiation Protective devices like screen, lead apron. Thyroid & gonads protective shields. 	
<ul style="list-style-type: none"> • Automatic film processor • Computer print out reports. 	
<ul style="list-style-type: none"> • Availability of clean linens & disposable consumable & sterilized instruments. 	
<ul style="list-style-type: none"> • Backup of Generator, UPS, Emergency light. 	
<ul style="list-style-type: none"> • Workload Last year • Average No. of X Rays done per month • Average No. of X Ray Spl. Radiological Investigations done per month 	

Bone Densitometry Center :

ITEM	Information /details	Availability
Bone Densitometry machine <ul style="list-style-type: none"> • Make, Year of Installation • Specifications • Type • Colour Printer • No of sites the machine is capable of doing 		
Space <ul style="list-style-type: none"> • Examination Room • Patient Waiting Area 		
List of Manpower (Professional and paramedical) with Qualifications and experience :		
<ul style="list-style-type: none"> • Radiation safety measures. 		
<ul style="list-style-type: none"> • Backup of Generator, UPS, Emergency light. 		
<ul style="list-style-type: none"> • Workload Last year • Average No. of Bone Densitometry done per month 		

DIALYSIS CENTRE:

ITEM	Information /details	Availability
Area of centre		
No. of Machine <ul style="list-style-type: none"> facility of giving bicarbonate haemodialysis. Separate Machine for SeroPositive Patients Water-purifying unit equipped with reverse osmosis.		
Fumigation frequency Last done on		
<ul style="list-style-type: none"> Workload Last year Average No. of Dialysis sessions done per month 		
Cleanliness/Hygiene		
Facility 24 Hours day		
List of Manpower (Professional and paramedical) with Qualifications and experience :		

LAPROSCOPIC SURGERY:

ITEM	Information /details	Availability
<ul style="list-style-type: none"> Facilities for casualty/emergency ward, No. of complete set of laproscopic equipment and instruments with accessories Facilities for open surgery i.e. after conversion from Laproscopic surgery. 		
<ul style="list-style-type: none"> Workload Last year Average No. of laparoscopies done per month 		
List of Manpower (Professional and paramedical) with Qualifications and experience :		