

**MONITORING REPORTING FORMAT FOR TRAUMA CARE FACILITIES (TCFs) ESTABLISHED
DURING 11TH and 12th FIVE YEAR PLANS**

Date of Submission:

Name of Hospital/Institute:

Demographics

I. Details of the Hospital:-

1.	Total number of beds in the hospital	
2.	Total number of ICU beds in the hospital (speciality wise)	
3.	Total number of OTs in the hospital (speciality wise)	
4.	Details of the specialties in the hospital (attach a list)	

II. Full address of Hospital:

- E-mail ID:
- Telephone No:
- Fax No:

III. Name of MS/Director/ Dean/CMO of the Hospital:

IV. Name of Nodal Officer for Trauma programme in the hospital:

- E-mail ID:
- Telephone No:
- Fax No:

Trauma Injury Data (IPD details) :-

	Number of Trauma Injury	1st January to 31st December
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Cases				
		Admitted in trauma ward/ Trauma Care facility		Admitted in trauma ICU
1.1	Male			
1.2	Female			
1.3	Total (1.1 +1.2)			
1.4	Children (below 14 years) out of 1.3			
1.5	Discharged after treatment			
1.6	Died			

1	Major Surgeries conducted on trauma patients	
2	Minor Surgeries conducted on trauma patients	

Financial Status:-

	Components	Funds Received from GOI	Expenditure incurred	Balance	SOE/UC Submitte d Y/N	Remarks
3.1	Construction					
3.2	Recruitment of Manpower					
3.3	Procurement of Equipment					

Status of progress of establishment of Trauma Care Facility:-

	Component	Progress/Reasons for delay (if any)
2.1	<p>Status of Construction</p> <ul style="list-style-type: none"> • Whether the construction is complete (if not, reasons for the same): • Whether building has been taken over and being used as TCF: • What is total constructed area?: • Whether following physical infrastructure is available exclusively for trauma care facility: If yes, how many: <ul style="list-style-type: none"> ➤ general trauma beds: ➤ ICU beds: ➤ emergency OT: ➤ general OT: ➤ designated space for equipments: • Whether building completion certificate has been submitted (attach a copy of the certificate): • If building not used for trauma care services, the reasons thereof: • Whether emergency OT is functioning or not: 	

	<ul style="list-style-type: none"> • Whether General OT is functioning or not: • Whether round the clock emergency services are maintained in the TCF: • Whether TCF has started functioning (with funds from Gol)? 		
2.2	<p>Status of Recruitment of Manpower</p> <ul style="list-style-type: none"> • Whether following specialists are available round the clock or on call? If yes their numbers: <ul style="list-style-type: none"> ➤ Medical Officers: ➤ Orthopaedic Surgeons: ➤ General Surgeons: ➤ Anesthetist: ➤ Neurosurgeon: ➤ Paramedical and supporting staff: <p>(Please provide a copy of the roster month wise)</p> • If manpower is not recruited under the programme, how TCF is functioning. Has the hospital got its own manpower to manage the work? • Action being taken for recruitment of permanent manpower for the TCF: 		

2.3	Status of Procurement of Equipment <ul style="list-style-type: none"> • Whether suggested equipments have been procured as per Operational Guidelines of Programme? • Number and names of equipments procured for TCF (attach a list with price details) • Number of equipments installed and functioning in TCF (attach a list) • If not purchased, reasons thereof, and action being taken for the same: 		
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Ambulance details: If the Ambulance has been received from Ministry of Road Transport & Highways;

	Components	Details
1	No. Of Ambulance available and type (ATLS & BLS)	
2	No. of patients transported last month	
3	Whether there is any Para Medic/Pre Hospital Trauma Technician posted in the Ambulance:	
4	If not in use, the reason for non utilization of the ambulance:	
5	Any other inputs/suggestion by the hospital/Institution regarding the	

	Ambulance:	
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Any other problems/constraint faced in implementing the trauma care programme by the hospitals/institution:

Administrative:

Technical:

Any other remarks/ technical guidance needed from Dte. GHS, M/oH&FW:

(Signature of the Nodal Officer in the Hospital)

**(Signature of the Head of the Hospital
Officer)**

**(Signature of the State Nodal
Officer)**