

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

Date of Submission:

1. Name of Hospital/Institute:
2. Details of the Hospital:-
  - Total number of beds in the hospital :
  - Total number of ICU beds in the hospital :
  - Total number of OTs in the hospital :
  - Details of the specialties in the hospital (attach a list)
3. Full address of Hospital:
  - E-mail ID:
  - Telephone No:
  - Fax No:
4. Name of MS/Director/ Dean/CMO of the Hospital:
5. Name of Nodal Officer for Trauma programme in the hospital:
  - E-mail ID:
  - Telephone No:
  - Fax No:
6. Whether Construction of the Trauma Care Facility is complete?
  - (a) **If Yes,**
    - 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:
      - 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:
  - (b) **If construction is not completed,** what is the status of construction?
    - If Construction is in progress then % of work completed:
    - If Construction has not yet started, reasons for not starting:

7. Whether TCF has started functioning? **If yes:-**
- No. of emergency cases of trauma/injury received during last month:
  - Number of major Operations during last month:
  - Number of minor Operations during last month:
  - Number of OPD cases during last month:
  - Number of beds occupied at present in:
    - General trauma ward:
    - Trauma ICU:
  - Whether following specialists are available round the clock or on call? If yes their numbers:
    - Medical Officers:
    - Orthopaedic Surgeons:
    - General Surgeons:
    - Anesthetist:
    - Neurosurgeon:
    - Paramedical and supporting staff:

**(Please provide a copy of the roster month wise)**
  - If manpower is not recruited under the programme, how TCF is functioning. Has the hospital got its own manpower to manage the work?
  - Whether emergency OT is functioning or not:
  - Whether General OT is functioning or not:
  - Whether round the clock emergency services are maintained in the TCF:
- (a)** Whether suggested equipments have been procured as per level of TCF? **If yes,**
- 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:
- (b)** Whether, the prescribed manpower has been recruited or not?
- If yes,**
- Detail with names, designation and No. of recruited staff ( attach a list)
- If not,** the reasons thereof:

- Action being taken for recruitment of permanent manpower for the TCF:
8. Details of funds received and Audited SoE and UCs submitted (please attach a copy). The details should reflect the status of interest accrued over the released funds.
  9. Enclose the details of status of action taken for obtaining UCs through SAG.
  10. If the Ambulance has been received from Ministry of Road Transport & Highways;
    - No. of patients transported last month:
    - Whether there is any Para Medic/Pre Hospital Trauma Technician posted in the Ambulance:
    - If not in use, the reason for non utilization of the ambulance:
  - Any other inputs/suggestion by the hospital/Institution regarding the Ambulance:
11. Any other problems/constraint faced in implementing the trauma care programme by the hospitals/institution:

**Administrative:**

**Technical:**

12. 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)**

**(Signature of the Inspection Team)**