

## Information and Statistics to be collected Monthly from Clinical Establishments under the Clinical Establishment Act

### A. General Information:

1. Name of the Clinical Establishment \_\_\_\_\_
2. Registration Number of the Clinical Establishment \_\_\_\_\_
3. Address \_\_\_\_\_  
 Village/Town/City \_\_\_\_\_ Block \_\_\_\_\_  
 District \_\_\_\_\_ State \_\_\_\_\_ Pincode \_\_\_\_\_  
 Tel No (with STD code): \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email ID \_\_\_\_\_ Website (if any): \_\_\_\_\_
4. Name of Contact Person \_\_\_\_\_  
 Contact Details (Cell/Landline/email) \_\_\_\_\_
5. Clinical establishment Type:  
 General practice                       Specialty practice                       Super-Specialty practice  
 Psychiatric practice                       Obstetrics-Gynae Practice                       Pediatric practice

### B. Category-wise Monthly Reporting forms for following categories (separate form for each category to be filled up)

- General Hospitals
- Stand Alone Super Specialty Hospital
- Multiple Super Specialty Hospital
- Stand Alone Specialty Hospital
- Multiple Specialty Hospital
- One Man Clinic
- Polyclinic

### Out Patient and In Patient information (as applicable)

#### *i. General Information:*

S.No.	Description	Male	Female
1.	Total OPD patients		
2.	Total IPD Patients		
3.	Total Deaths		
4.	Number of Maternal Deaths		
5.	Live Births		
6.	Still Births		
7.	No of Neonatal Deaths (within 24 hours of Birth) No of Deaths of children (0 to 28 days) No of Deaths of children (0 to 1 year) No of Deaths of children under 5 years of age		

**ii. Communicable Diseases:**

<b>S.No.</b>	<b>Disease</b>	<b>Old patient</b>	<b>New patient</b>
1	Malaria		
2	Pulmonary Tuberculosis		
3	Dengue Hemorrhage fever		
4	Chikungunya		
5	Meningitis		
6	Typhoid		
7	Diphtheria		
8	Whooping cough		
9	Tetanus		
10	Measles		
11	Poliomyelitis		
12	Japanese Encephalitis		
13	Cholera		
14	Syphilis		
15	Gonorrhoea		
16	Leprosy (Multi bacillary)		
17	Leprosy(Pauci bacillary)		
18	Gastroenteritis		
19	Leptospirosis		
20	Hepatitis		
21	Conjunctivitis		
22	Trachoma		
23	Rabies		
24	Dog Bite (including Domestic /wild animal)		
25	Snake Bite		

*iii. Non Communicable Diseases:*

S.No.	Disease	Old patient	New patient
1	Diabetes* (moderate and above)		
2	Hypertension**		
3	Ischemic Heart Disease		
4	Mental Illness		
5	Osteoarthritis		
6	Stroke		

*\*Criteria for diagnosing Diabetes*

Diagnosis	Fasting Glucose(mg/dl)	2-hour Post –Glucose Load(mg/dl)
Diabetes Mellitus	$\geq 126$	$\geq 200$
Impaired Glucose Tolerance	$< 110$	$> 140$ to $< 200$
Impaired Fasting Glucose	$\geq 110$ to $< 126$	

**\*WHO Definition 1999**

**\*\*Hypertension**

**A Blood pressure record of  $>140/90$  mm Hg**



**v. Specialty/Department wise Reports : Specific Information**

<b>Name of Specialty</b>	<b>Name of Disease / Procedure</b>	<b>No of Cases</b>
Ophthalmology	Cataract operations done	
	Glaucoma cases	
	Corneal Transplants done	
Mental Health	No. of Psychosis cases under treatment	
Gynae and Obstetrics	No. of deliveries conducted (including Caesarian deliveries)	
	No. of Still Births	
	No. of Maternal Deaths	
Neurology	No. of Strokes	
	Epilepsy	
CTVS		
Cardiology		
Gastroenterology	No. of Cirrhosis cases	
Trauma Hospital	No. of Major Head Injuries	
	Coma cases	
	No. of Brain Stem Death Certified	
Cancer Hospital	Type of Cancers	
Nephrology	Chronic Kidney Diseases (indicate Grade)	
	CRF	
	No. of Patients on Dialysis	

**C. Information to be collected Monthly from Diagnostic Medical Laboratory under Clinical Establishment Act**

**Category of Laboratory:**

- **General**
- **General with single specialty**
- **General with multi specialty**

**1) No of tests performed in the following departments:**

S.No.	Department	Tests Number
1	Hematology	
2	Biochemistry	
3	Immunology	
4	Serology	
5	Pathology	
6	Cytology & Histopathology	
7	Molecular Biology	
8	Virology	
9	Genetics	

**2) Number of tests done and reported positive for the following communicable diseases:**

S.No.	Disease & Name of Test	Total No of Tests performed	Number of positive
1.	HIV		
2.	Tuberculosis		
3.	Malaria falciparum		
4.	Dengue		
5.	Chikungunya		
6.	Japanese Encephalitis		
7.	Others		
(i)	HAV		
(ii)	HBV		
(iii)	HCV		
(iv)	HDV		
(v)	Malaria vivax		
(vi)	Leptospirosis		
(vii)	H <sub>1</sub> N <sub>1</sub> /Influenza		
(viii)	Meningococcal Meningitis		
(ix)	Shigella		
(x)	Typhoid		
(xi)	Paratyphoid A		
(xii)	Paratyphoid B		
(xiii)	Plague		
(xiv)	Cholera		
(xv)	Syphilis		
(xvi)	Gonorrhoea		

**D. Information to be collected Monthly from Diagnostic Imaging Centres under Clinical Establishments Act:**

No. of tests performed in the following departments:

S.No	Department	Tests Number
1.	X ray	
2.	USG	
3.	CT Scan	
4.	MRI	
5.	Mammography	
6.	Bone Densitometry	
7.	Doppler	
8.	ECG	
9.	ECHO cardiography	
10.	Holter monitoring	