Institute Accreditation Application form

e - College of Critical Care Medicine

General Information :

✧ Name of the Institution / Hospital/ Critical care unit :

_____

✧ Address of the Institution / Hospital/ Critical care unit :

_____

✧ Website (if any) : _____

✧ Email Address : _____

✧ Contact details : _____

✧ Year of Institution Established : _____

✧ Year of Critical care unit Established : _____

✧ Number of beds in the Institute / Hospital : _____

✧ Number of beds in Critical care unit: _____

✧ Mention the type of the hospital :

Govt. ☐ Pvt. ☐ Trust ☐ Corporate ☐

✧ Accreditated to :

NABH ☐ JCI ☐

Name of Medical director / Medical Superindent : _____

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Email id : _____

Contact Number (optional) : _____

✧ Name of Program coordinator for critical care courses : _____

Email id : _____

Contact Number (optional) : _____

Details of Critical Care Units :

✧ Total Number of ICU beds: _____

✧ Type of ICU :

MICU: ☐

PICU: ☐

NICU: ☐

HDU : ☐

CT ICU : ☐

Neuro ICU : ☐

✧ Approximate percentage of disease specific case distribution :(last 1 year)

Respiratory system : _____

Cardiology system : _____

Neurology system : _____

Infectious Disease system : _____

Gastrointestinal System : _____

Obstetric System : _____

Endocrine System : _____

Trauma : _____

Poisoning : _____

✧ Number of Ventilators :

Non- invasive ventilators : _____

Invasive Ventilators : _____

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✧ Number of Monitors : _____

✧ Types of Monitors : _____

✧ Number of Defribilators : _____

✧ Numbers of Crash cards : _____

✧ ABG machine available : Yes ☐ No ☐

✧ Cardiac Biomarkers Point of Care : Yes ☐ No ☐

✧ EGC Machine : Yes ☐ No ☐

✧ Portable x-ray: Yes ☐ No ☐

✧ Lab Facilities : Yes ☐ No ☐

Biochemistry : Yes ☐ No ☐

Heametology : Yes ☐ No ☐

Micro biology : Yes ☐ No ☐

✧ Radiology facilities:

CT sacn : Yes ☐ No ☐

MRI scan: Yes ☐ No ☐

X-ray : Yes ☐ No ☐

Angiogram : Yes ☐ No ☐

✧ Number of Intensivist :

✧ Number of Critical care trainees :

✧ Number of Nurses :

✧ Patient and Nurse ratio :

✧ Visiting/Inhouse specialist/ Superspecialist:

Neurology

Neuro surgery :

Cardiology :

Cardio thorarcic:
General medicine
general surgeon
medical gaterenterologist
surgica;l entro
nephologist
urologist
Orthopedician
Obstetric gynecologoist
Plastic surgeon
endocrinologist

- Emergency Physicians :

Teaching Facilities :

- Name :
- Designation :
- Qualification:
- Experience in critical care:
- Research and Publications :

- Mention the various audio-visual aids available in the Institute / Hospital / Critical care unit :
  - Projector : ☐
  - Laptop: ☐
  - Mikes: ☐
  - Sound system: ☐
  - Overhead Projector: ☐

- Duty Rooms available for resident.
  - Yes ☐
  - No ☐

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Teaching Programs:

- ✧ Tutorials and lectures : Yes ☐ No ☐
- ✧ Bedside discussion : Yes ☐ No ☐
- ✧ case presentation : Yes ☐ No ☐
- ✧ Review pdf journals : Yes ☐ No ☐
- ✧ Library :

  Critical care books : Yes ☐ No ☐

  E- Library : Yes ☐ No ☐

  E-Journal: Yes ☐ No ☐

- ✧ Mention the policies/ Quality Committees in hospital available :

  _____

  _____

Date:_____

Signature :

Director/H.O.D./Consultant, Critical Care Medicine