



INSTRUMENT: HOSPITAL HEALTH FACILITY COSTING STUDY IN INDONESIA



Instrument: Hospital

HEALTH FACILITY COSTING STUDY IN INDONESIA



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4

| | | |
|--|---|--|
| 1.19. Government's hospital classes | 1=A; 2=B; 3=C; 4=D | <input type="checkbox"/> |
| 1.20. Private's Hospital classes | 1= Utama; 2= Madya; 3= Pratama | <input type="checkbox"/> |
| 1.21. Does your hospital is an educational hospital? | 1=Yes; 2=No | <input type="checkbox"/> |
| 1.22. Does you hospital have a MoU/partnership with medical education university? | 1=Yes; 2=No | <input type="checkbox"/> |
| 1.23. Does your hospital accredited by Indonesian hospital accreditation commission (KARS)? | 1=Yes; 2=No (If not, go to 1.23) | <input type="checkbox"/> |
| 1.24. If accredited, please provide the following details | | |
| Accredited year | Expired Year | The number of proposed services |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| The number of accredited services | <input type="text"/> | |
| 1.25. Does your hospital accredited by other accreditation institution? | 1=Yes 2= No (If not, go to 1.26) | <input type="checkbox"/> |
| 1.26. Accredited by institution: | <input type="text"/> | |
| 1.27. If accredited, please provide the following details | | |
| Accredited year | Expired Year | The number of proposed services |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| The number of accredited services | <input type="text"/> | |
| 1.28. Hospital open/close hour (note: reality /the average, not normative) | | |
| | Outpatient services | |
| | Hours | Minutes |
| Hospital open hour | <input type="text"/> | <input type="text"/> |
| Hospital close hour | <input type="text"/> | <input type="text"/> |
| characteristic quality of health facilities, (Respondents: Directors) | | |
| 1.29. How oftenthe disrupted flow of water in hospitals in the past years? | 1= every day (daily) 2= at least once a week 3= at least once a month 4= less than once a month 5= never 6= Other, specify | <input type="checkbox"/> |
| 1.30. How often the disrupted flow of electricity in hospital in the past years? | 1= every day (daily) 2= at least once a week 3= at least once a month 4= less than once a month 5= never 6= Other, specify | <input type="checkbox"/> |
| 1.31. Are there problems of availability of medicines to patients in hospital in the past years? | 1= Yes 2= No | <input type="checkbox"/> |

| | | |
|--|--|---|
| 1.32. If yes, how often? | 1= every day (daily) 2= at least once a week 3= at least once a month 4= less than once a month 5= never 6= Other, specify | <input type="checkbox"/> _____ |
| 1.33. What is the reason why it can happen ? (can select more than one) | 1= Insufficient funds 2= Hampered the procurement Procedure 3= Late Distribution of pharmaceutical installation 4= Vacancy availability in the market 5= Drugs/medicines are not contained in the formulary 6= Others | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ |
| 1.34. How often the employee salary was late on schedule in the past year? | 1= every month 2= more than once per year 3= once a year 4= Never | <input type="checkbox"/> |
| 1.35. How often the employee incentive was late on schedule in the past year ? | 1= every month 2= more than once per year 3= once a year 4= Never | <input type="checkbox"/> |
| 1.36. Is there any difficulty in filling staff vacancies below (reasons can be charged more than one) | (can be more than 1 reasons) 1= There is no suitable staff 2= Budget is not available 3= Salaries are too low 4= No information 5= Area is not desirable 6= unknown 7= Other | |

| No. | category | 1=Yes, 2=No | first reason | second reason |
|-----|----------------------------------|----------------|--------------|---------------|
| | Management | | | |
| 1 | Top management | | | |
| 2 | Middle management | | | |
| 3 | Field management | | | |
| | Professional | | | |
| 1 | Doctor | | | |
| 2 | dentist | | | |
| 3 | Medical Specialist | | | |
| 4 | Nurse | | | |
| 5 | Dental nurse | | | |
| 6 | Midwife | | | |
| 7 | Pharmacist/ assistant pharmacist | | | |
| 8 | Physiotherapist | | | |
| 9 | Nutritionist / dietician | | | |
| 10 | Accountant | | | |
| 11 | Laboratory technician | | | |

| | | | | |
|--|--------------------------|---|--|-----------------------------------|
| 12 | Radiographer | | | |
| 13 | anesthesia technician | | | |
| 14 | electromedic technician | | | |
| 15 | Administrative staff | | | |
| 16 | Computer staff/ IT staff | | | |
| 17 | Driver | | | |
| 18 | Security | | | |
| 19 | other | | | |
| 1.37. Are there regular meetings to discuss the performance of services (medical and management) with all the head parts? | | 1= once per week 2= once per month 3= once per quarter 4= once per half year 5=once per a year 6 = incidental/reactive 7= never 8=etc | | <input type="checkbox"/> <hr/> |
| 1.38. How often meetings to discuss the case of deaths in hospitals are not limited to clinical staff but also the elements of management are being held? | | 1= once per week 2= once per month 3= once per quarter 4= once per half year 5=once per a year 6 = incidental/reactive 7= never 8=etc | | <input type="checkbox"/> <hr/> |
| 1.39. Does the director of the hospital can get the information activities of traffic data, day care, attendance from every part through existing information systems? | | 1=Yes 2= No | | <input type="checkbox"/> |
| 1.40. What does the information is used for? | | (can select more than one) 1= monitoring and evaluation 2= Planning 3= other, please mention | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <hr/> |
| 1.41. Is there any mentoring with clinical staffs? | | 1=Yes 2= No | | <input type="checkbox"/> |
| 1.42. The frequency of mentoring meeting with clinical staff | | 1= weekly 2= monthly 3= incidental | | <input type="checkbox"/> |
| 1.43. The topic discussed in mentoring meeting with clinical staff | | 1= death cases 2= incidental report 3= difficult cases 4= other, please specify | <input type="checkbox"/> | <hr/> |
| 1.44. Is there any monitoring of working hours of the hospital employee? | | 1= Yes 2= No | | <input type="checkbox"/> |
| 1.45. If yes, how to monitor it? | | (can select more than one) 1= signature attendance 2= amano engine attendance 3= finger print attendance 4= observation 5= other, please mention | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <hr/> |
| 1.46. Name of the enumerator | | <input type="text"/> | | |

| | | | | | | | | | | | | | | | | | |
|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1.47. Enumerator phone number | | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 1.48. name of senior enumerator | | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 1.49. senior enumerator phone number | | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

2. Physical Infrastructure of the hospital

Guidelines: Only consider land and buildings which are used for services, regardless of the ownership it will not taken into account if the hospital owns the land or building, but not used for services.

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| 2.1. Does your hospital have a scale plan which shows image of physical infrastructure and the size of each room? | | 1= Yes 2= No | <input type="checkbox"/> |
| 2.2. The total building area of the hospital (m2) | (Rounded) | <input type="text"/> | |
| 2.3. The total land area of the Hospital (m2) | (Rounded) | <input type="text"/> | |
| 2.4. Hospital construction costs per square meter at this time | (in IDR) | <input type="text"/> | |
| 2.5. Land prices per square meter Hospital is currently | (in IDR) | <input type="text"/> | |
| 2.6. Total value of hospital land (KIB A atau NJOP) | (in IDR) | <input type="text"/> | |
| 2.7. Total value of machines and tools (KIB B) | (in IDR) | <input type="text"/> | |
| 2.8. Total value of buildings (KIB C) | (in IDR) | <input type="text"/> | |
| 2.9. Total value of roads, irrigation and electricity (KIB D) | (in IDR) | <input type="text"/> | |
| 2.10. Total value of other assets (KIB E) | (in IDR) | <input type="text"/> | |
| 2.11. The number of bed available | | | |
| | No | Inpatient classes | The number of bed |
| | 1 | VIP | <input type="text"/> |
| | 2 | First class | <input type="text"/> |
| | 3 | Second class | <input type="text"/> |
| | 4 | Third class | <input type="text"/> |
| | 5 | Fourth class | <input type="text"/> |
| 2.12. How many the number of main buildings in this complex of hospital? | | | <input type="text"/> |
| 2.13. Do hospital have this system? | 1= yes 2= No | Year receive | Investment cost |
| 2.13.1. Centralized medical gas system | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 2.13.2. Centralized suction sytem | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |

[illegible]

Page_____/from page11

3. Flow of funds and details hospital income

| | | |
|--------------------------------------|--|--------------------------|
| 3.1. Managed financial information : | 1= cash based; 2= accrual based; 3= modification accrual based | <input type="checkbox"/> |
| 3.2. Payment method (RL.1 no. 23) | | |

Quarter: _____

page _____ /from page _____

Hint : If unknown please enter the numbers -9 (minus nine), if no please enter 00

| No | payment methode | inpatients | | number of outpatient | Total services | | | Total income (Rp.) | |
|----|--------------------------------------|-----------------------|---|----------------------|----------------|-----------|-------|--------------------|----------|
| | | number of patient out | the number length of stay /hospitalized | | laboratory | Radiology | other | should | Accepted |
| 1 | out of pocket | | | | | | | | |
| 2 | Askes /health insurance | | | | | | | | |
| 3 | national health insurance /Jamkesmas | | | | | | | | |
| 4 | contract | | | | | | | | |
| 5 | the other insurance | | | | | | | | |
| 6 | Dispensation | | | | | | | | |
| 7 | Free | | | | | | | | |
| | - Health card | | | | | | | | |
| | - Letter of reference for the Poor | | | | | | | | |
| 8 | Aid fund | | | | | | | | |
| 9 | De concentration fund | | | | | | | | |

Hospital Instrument

ID Number | | | | | | | | | | |
 (Filled by officer on each instrument sheet to identify in case of separated sheet)

| No | payment methode | inpatients | | number of outpatient | Total services | | | Total income (Rp.) | |
|----|---|-----------------------|---|----------------------|----------------|-----------|-------|--------------------|----------|
| | | number of patient out | the number length of stay /hospitalized | | laboratory | Radiology | other | should | Accepted |
| 10 | DAK fund (Special allocation fund) | | | | | | | | |
| 11 | Other (include non operasional, example : canteen,parkir,etc) | | | | | | | | |
| 99 | TOTAL | | | | | | | | |

| 4. Equipments Assets | | |
|--|---|----------------------|
| 4.1. What is the lowest value of medical assets? | Guidelines: If unknown, filled in with -9, if no limit filled in 00. | <input type="text"/> |
| 4.2. What is the limit for the lowest value of non-medical assets? | Guidelines: If unknown, filled in with -9, if no limit filled in 00. | <input type="text"/> |
| 4.3. assets in all outpatient clinics | Including medical rehab installation Hemodialysis, endoscopy, Spirometry) | |

| No. | Description | Type/brand | Year | The number in room | | | |
|-----|--------------------------------|------------|------|--------------------|------|------|------|
| | | | | Room | Room | Room | Room |
| | Medical Assets | | | | | | |
| | General equipments and actions | | | | | | |
| 1 | Ambubag | | | | | | |
| 2 | Autoclave Portable | | | | | | |
| 3 | BAK INSTRUMEN | | | | | | |
| 4 | Brankar/Patient Strecher | | | | | | |
| 5 | Defibrillator | | | | | | |
| 6 | Dressing drums | | | | | | |
| 7 | Electro Cardiograph (ECG) | | | | | | |
| 8 | Electro Cauter | | | | | | |

| No. | Description | Type/brand | Year | The number in room | | | |
|-----|-------------------------------|------------|------|--------------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| 9 | Endotracheal Intubation Set | | | | | | |
| 10 | Examination Lamp | | | | | | |
| 11 | Film Viewer | | | | | | |
| 12 | Head Lamp | | | | | | |
| 13 | Hot Air Sterilizer | | | | | | |
| 14 | Infusion Stand Mobile | | | | | | |
| 15 | Instrument Cabinet | | | | | | |
| 16 | Instrument Set: Bandage | | | | | | |
| 17 | Instrument set: Minor Surgery | | | | | | |
| 18 | Instrument Table | | | | | | |
| 19 | Wheel Chair | | | | | | |
| 20 | Laryngoscope | | | | | | |
| 21 | Coolbox, vaksin | | | | | | |
| 22 | Table check the patient | | | | | | |
| 23 | Mikroskop | | | | | | |

| No. | Description | Type/brand | Year | The number in room | | | |
|-----|--------------------------------|------------|------|--------------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| 24 | Opthalmoscope | | | | | | |
| 25 | Oxygen Humidifier & Flow Meter | | | | | | |
| 26 | Pispot Sendok/ Bed pan | | | | | | |
| 27 | Resuscitation Set (Adult) | | | | | | |
| 28 | Resuscitation Set (Child) | | | | | | |
| 29 | Resuscitation Set (Infant) | | | | | | |
| 30 | Stethoscope | | | | | | |
| 31 | Suction Pump (Portable) | | | | | | |
| 32 | Tensimeter | | | | | | |
| 33 | Balances for adult | | | | | | |
| 34 | Trolley: linen | | | | | | |
| 35 | Trolley: obat dan instrumen | | | | | | |
| | | | | | | | |
| | Dental equipments | | | | | | |
| 36 | Amalgamator Premix | | | | | | |

| No. | Description | Type/brand | Year | The number in room | | | |
|-----|--|------------|------|--------------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| 37 | Dental Cabinet | | | | | | |
| 38 | Dental Unit + Compressor | | | | | | |
| 39 | Dental Extraction Instruments sets (kids) | | | | | | |
| 40 | Dental Extraction Instruments sets (Adults) | | | | | | |
| 41 | Dental scaling device instruments | | | | | | |
| 42 | Light Curing Unit | | | | | | |
| 43 | Pulp Tester | | | | | | |
| 44 | Routine Dental Instrument Set | | | | | | |
| | | | | | | | |
| | ENT Equipments | | | | | | |
| 45 | Audiometri Unit | | | | | | |
| 46 | Diagnostic Set: Basic THT | | | | | | |
| 47 | Electronystagmographi | | | | | | |
| 48 | ENT Treatment Unit | | | | | | |

| No. | Description | Type/brand | Year | The number in room | | | |
|-----|---|------------|------|--------------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| | | | | | | | |
| | obstetrics and gynecology equipments | | | | | | |
| 49 | Basic Obsteric Set | | | | | | |
| 50 | Cardiotocography Unit | | | | | | |
| 51 | Foetal Detector / Doppler | | | | | | |
| 52 | Instrumen Set: Gynecological Examination | | | | | | |
| 53 | Instrument Set : Dilatation & Curretage | | | | | | |
| 54 | Kolposkopi | | | | | | |
| 55 | Obstetric & Gynecological Delivery Table | | | | | | |
| 56 | Ultrasonography (USG) B/W | | | | | | |
| 57 | Ultrasonography (USG) Doppler | | | | | | |
| 58 | Ultrasonography (USG) 3 Dimension | | | | | | |
| | | | | | | | |

| No. | Description | Type/brand | Year | The number in room | | | |
|-----|---|------------|------|--------------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| | Internal medicine & cardiology equipment | | | | | | |
| 59 | Echocardiograph | | | | | | |
| 60 | Exercise Bicycles | | | | | | |
| 61 | Exercise Treadmill Test | | | | | | |
| 62 | Holter Monitor | | | | | | |
| 63 | Spirometer Unit | | | | | | |
| | | | | | | | |
| | Child diseases equipments | | | | | | |
| 64 | Examination table for baby | | | | | | |
| 65 | Weighing Scale (Bayi) | | | | | | |
| 66 | Timbangan dan pengukur tinggi (Bayi dan anak) | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Eyes diseases equipments | | | | | | |

| No. | Description | Type/brand | Year | The number in room | | | |
|-----|--|------------|------|--------------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| 67 | Autorefractor | | | | | | |
| 68 | Campimeter | | | | | | |
| 69 | Fundus Camera | | | | | | |
| 70 | Laser Ophthalmic Unit | | | | | | |
| 71 | Lensmeter | | | | | | |
| 72 | Slit Lamp | | | | | | |
| 73 | Snellen chart electric | | | | | | |
| 74 | Streak Retinoscope | | | | | | |
| 75 | Tonometer | | | | | | |
| 76 | Trial Lens + Trial Frame | | | | | | |
| | | | | | | | |
| | Surgery equipment | | | | | | |
| 77 | Anuscope | | | | | | |
| 78 | Instrument set basic For Orthopaedics | | | | | | |
| 79 | SAW GIPS + INSTRUMEN GIPS | | | | | | |

| No. | Description | Type/brand | Year | The number in room | | | |
|-----|------------------------------|------------|------|--------------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| | | | | | | | |
| | Acupuncture Equipment | | | | | | |
| 80 | Acupuncture Equipment | | | | | | |
| | | | | | | | |
| | Neurology equipments | | | | | | |
| 81 | Brain Mapping | | | | | | |
| 82 | Electro Encephalograph (EEG) | | | | | | |
| 83 | Electro Myograph (EMG) | | | | | | |
| | Endoscopy equipments | | | | | | |
| 95 | Endoscopy Unit | | | | | | |
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| No. | Description | Type/brand | Year | The number in room | | | |
|-----|---------------------------|------------|------|--------------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| | | | | | | | |
| | Non-medical assets | | | | | | |
| 1 | Ac split ½ pk | | | | | | |
| 2 | Ac split ¾ pk | | | | | | |
| 3 | Ac split 1 pk | | | | | | |
| 4 | Ac split 1½ pk | | | | | | |
| 5 | Ac split 2 pk | | | | | | |
| 6 | Dispenser | | | | | | |
| 7 | Fan | | | | | | |
| 8 | Computer | | | | | | |
| 9 | chair | | | | | | |
| 10 | wardrobes | | | | | | |
| 11 | Swiver chair | | | | | | |
| 12 | Wood cabinets | | | | | | |
| 13 | Strong box | | | | | | |
| 14 | Brankas/ Cash box | | | | | | |
| 15 | Refrigerator | | | | | | |
| 16 | Wood table | | | | | | |

| No. | Description | Type/brand | Year | The number in room | | | |
|-----|----------------|------------|------|--------------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| 17 | Iron table | | | | | | |
| 18 | Printer | | | | | | |
| 19 | television | | | | | | |
| 20 | Telephon / fax | | | | | | |
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| No. | Description | Type/brand | Year | The number in room | | | |
|-----|-------------|------------|------|--------------------|------|------|------|
| | | | | Room | Room | Room | Room |
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4.4. Assets in Emergency Unit

Including emergency operating room and observation room

| No. | Description | Type/brand | Year | The number/quantity | | | | |
|-----|---|------------|------|---------------------|---------------|---------------|---------------|---------------|
| | | | | Nurse's room | Room _____ | Room _____ | Room _____ | Room _____ |
| | Medical assets | | | | | | | |
| 1 | Ambubag | | | | | | | |
| 2 | Anaesthetic Machine (Anaesthesi APP Unit) | | | | | | | |
| 3 | Autoclave Portable | | | | | | | |
| 4 | Baby Incubator | | | | | | | |
| 5 | BAK INSTRUMEN | | | | | | | |
| 6 | Basic Obsteric Set | | | | | | | |
| 7 | BED SIDE CABINET | | | | | | | |
| 8 | Bed Side Monitor | | | | | | | |
| 9 | Blood Warmer | | | | | | | |
| 10 | Brankar/Patient Strecher | | | | | | | |
| 11 | Defibrillator | | | | | | | |
| 12 | Diagnostic Set: Basic THT | | | | | | | |
| 13 | Dressing drums | | | | | | | |
| 14 | Electric Hand Drill | | | | | | | |
| 15 | Electro Cardiograph (ECG) | | | | | | | |

| No. | Description | Type/brand | Year | The number/quantity | | | | |
|-----|---|------------|------|---------------------|---------------|---------------|---------------|---------------|
| | | | | Nurse's room | Room _____ | Room _____ | Room _____ | Room _____ |
| 16 | Electro Cauter | | | | | | | |
| 17 | Emo Inhaler Portable | | | | | | | |
| 18 | Endotracheal Intubation Set | | | | | | | |
| 19 | Examination Lamp | | | | | | | |
| 20 | Film Viewer | | | | | | | |
| 21 | Foetal Detector / Doppler | | | | | | | |
| 22 | Head Lamp | | | | | | | |
| 23 | Infusion Pump | | | | | | | |
| 24 | Infusion Stand Mobile | | | | | | | |
| 25 | Instrument Set: Gynecological Examination | | | | | | | |
| 26 | Instrument Cabinet | | | | | | | |
| 27 | Instrument set basic For Orthopaedics | | | | | | | |
| 28 | Instrument Set: Abdominal Hysterectomy | | | | | | | |
| 29 | Instrument Set: Caesarean Section | | | | | | | |
| 30 | Instrument Set: Abdominal Operation | | | | | | | |
| 31 | Instrument Set: Bandage | | | | | | | |
| 32 | Instrument Set: Dilatation & Curettage | | | | | | | |

| No. | Description | Type/brand | Year | The number/quantity | | | | |
|-----|---|------------|------|---------------------|---------------|---------------|---------------|---------------|
| | | | | Nurse's room | Room _____ | Room _____ | Room _____ | Room _____ |
| 33 | Instrument set: ENT surgery | | | | | | | |
| 34 | Instrument Set: Forcep Delivery | | | | | | | |
| 35 | Instrument set: Laparatomy | | | | | | | |
| 36 | Instrument set: Minor Surgery | | | | | | | |
| 37 | Instrument set: Neurosurgery | | | | | | | |
| 38 | Instrument Set: normal delivery (Partus normal) | | | | | | | |
| 39 | Instrument Set: Tracheostomy | | | | | | | |
| 40 | Instrument Table | | | | | | | |
| 41 | Wheel Chair | | | | | | | |
| 42 | Laparoscope | | | | | | | |
| 43 | Laryngoscope | | | | | | | |
| 44 | Lemari Es untuk obat, vaksin | | | | | | | |
| 45 | Lumbar Puncture Set | | | | | | | |
| 46 | Examination table for baby | | | | | | | |
| 47 | Examination table patient | | | | | | | |
| 48 | Mobile X-Ray Unit | | | | | | | |
| 49 | Nebulizer | | | | | | | |
| 50 | Obstetric & Gynecological Delivery Table | | | | | | | |

| No. | Description | Type/brand | Year | The number/quantity | | | | |
|-----|-----------------------------------|------------|------|---------------------|---------------|---------------|---------------|---------------|
| | | | | Nurse's room | Room _____ | Room _____ | Room _____ | Room _____ |
| 51 | Operating Lamp 1 lamp | | | | | | | |
| 52 | Operating Lamp 4 lamp | | | | | | | |
| 53 | Operating Lamp 4 lamp + satellite | | | | | | | |
| 54 | Operating Lamp with camera | | | | | | | |
| 55 | Operating table electric | | | | | | | |
| 56 | Operating Table Hydraulic | | | | | | | |
| 57 | Ophthalmoscope | | | | | | | |
| 58 | Overbed Table | | | | | | | |
| 59 | Oxygen Humidifier & Flow Meter | | | | | | | |
| 60 | Pendant for anesthesi | | | | | | | |
| 61 | Pispot Sendok/ Bed pan | | | | | | | |
| 62 | Pulse Oxymeter | | | | | | | |
| 63 | Rectoscope | | | | | | | |
| 64 | Resuscitation Set (Adult) | | | | | | | |
| 65 | Resuscitation Set (Child) | | | | | | | |
| 66 | Resuscitation Set (Infant) | | | | | | | |
| 67 | Stethoscope | | | | | | | |
| 68 | Suction Pump (Portable) | | | | | | | |

| No. | Description | Type/brand | Year | The number/quantity | | | | |
|-----|--|------------|------|---------------------|---------------|---------------|---------------|---------------|
| | | | | Nurse's room | Room _____ | Room _____ | Room _____ | Room _____ |
| 69 | Syringe Pump | | | | | | | |
| 70 | Iron bed | | | | | | | |
| 71 | Tempat tidur besi/ Metal (lengkap) electric adjustment | | | | | | | |
| 72 | Tempat tidur besi/ Metal (lengkap) manual adjustment | | | | | | | |
| 73 | Tempat Tidur Kayu (lengkap) | | | | | | | |
| 74 | Tempat tidur neonatus | | | | | | | |
| 75 | Tensimeter | | | | | | | |
| 75 | Trolley: linen | | | | | | | |
| 76 | Weighing Scale (Bayi) | | | | | | | |
| 77 | Weighing Scale (Dewasa) | | | | | | | |
| 78 | Trolley : linen | | | | | | | |
| 79 | Trolley: makanan | | | | | | | |
| 80 | Trolley: obat dan instrumen | | | | | | | |
| 81 | Ultrasonography (USG) B/W | | | | | | | |
| 82 | Ultrasonography (USG) Doppler | | | | | | | |
| 83 | Ultrasonography (USG) 3 Dimension | | | | | | | |

| No. | Description | Type/brand | Year | The number/quantity | | | | |
|-----|---------------|------------|------|---------------------|---------------|---------------|---------------|---------------|
| | | | | Nurse's room | Room _____ | Room _____ | Room _____ | Room _____ |
| 84 | URETHROSCOPE | | | | | | | |
| 85 | UV Sterilizer | | | | | | | |
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| No. | Description | Type/brand | Year | The number/quantity | | | | |
|-----|---------------------------|------------|------|---------------------|---------------|---------------|---------------|---------------|
| | | | | Nurse's room | Room _____ | Room _____ | Room _____ | Room _____ |
| | Non-medical assets | | | | | | | |
| 1 | Ac split ½ pk | | | | | | | |
| 2 | Ac split 3/4 pk | | | | | | | |
| 3 | Ac split 1 pk | | | | | | | |
| 4 | Ac split 1½ pk | | | | | | | |
| 5 | Ac split 2 pk | | | | | | | |
| 6 | Dispenser | | | | | | | |
| 7 | fan | | | | | | | |
| 8 | computer | | | | | | | |
| 9 | Wood chair | | | | | | | |
| 10 | Iron chair | | | | | | | |
| 11 | Swivel chair | | | | | | | |
| 12 | Wood cabinet | | | | | | | |
| 13 | Strong box | | | | | | | |
| 14 | Brankas / Cash box | | | | | | | |
| 15 | refrigerator | | | | | | | |
| 16 | Wood table | | | | | | | |
| 17 | Iron table | | | | | | | |

| No. | Description | Type/brand | Year | The number/quantity | | | | |
|-----|----------------|------------|------|---------------------|---------------|---------------|---------------|---------------|
| | | | | Nurse's room | Room _____ | Room _____ | Room _____ | Room _____ |
| 18 | Printer | | | | | | | |
| 19 | Television | | | | | | | |
| 20 | Telephone/ Fax | | | | | | | |
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| 4.5. Assets of inpatient room | |
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Inpatient room _____

| No. | description | Type/brand | Year | The number/quantity | | | | |
|-----|---------------------------|------------|------|---------------------|----------|----------------------------|----------------------------|----------------------------|
| | | | | Nurse's room | VIP room | 1 st class room | 2 nd class room | 3 rd class room |
| | Medical Assets | | | | | | | |
| 1 | Ambubag | | | | | | | |
| 2 | Autoclave Portable | | | | | | | |
| 3 | Autoclave Unit | | | | | | | |
| 4 | Baby Incubator | | | | | | | |
| 5 | BAK INSTRUMEN | | | | | | | |
| 6 | Basic Obsteric Set | | | | | | | |
| 7 | BED SIDE CABINET | | | | | | | |
| 8 | Bed Side Monitor | | | | | | | |
| 9 | Blood Warmer | | | | | | | |
| 10 | Blue Light | | | | | | | |
| 11 | Brankar/Patient Strecher | | | | | | | |
| 12 | Central Monitor | | | | | | | |
| 13 | Defibrillator | | | | | | | |
| 14 | Diagnostic Set: Basic THT | | | | | | | |

| No. | description | Type/brand | Year | The number/quantity | | | | |
|-----|--|------------|------|---------------------|----------|----------------------------|----------------------------|----------------------------|
| | | | | Nurse's room | VIP room | 1 st class room | 2 nd class room | 3 rd class room |
| 15 | Dressing drums | | | | | | | |
| 16 | Electro Cardiograph (ECG) | | | | | | | |
| 17 | Endotracheal Intubation Set | | | | | | | |
| 18 | Examination Lamp | | | | | | | |
| 19 | Film Viewer | | | | | | | |
| 20 | Foetal Detector / Doppler | | | | | | | |
| 21 | Head Lamp | | | | | | | |
| 22 | Infant Warmer | | | | | | | |
| 23 | Infusion Pump | | | | | | | |
| 24 | Infusion Stand Mobile | | | | | | | |
| 25 | Instrument Set: Gynecological Examination | | | | | | | |
| 26 | Instrument Cabinet | | | | | | | |
| 27 | Instrument Set: Bandage | | | | | | | |
| 28 | Instrument set: Minor Surgery | | | | | | | |
| 29 | Instrument Set: Tracheostomy | | | | | | | |

| No. | description | Type/brand | Year | The number/quantity | | | | |
|-----|--|------------|------|---------------------|----------|----------------------------|----------------------------|----------------------------|
| | | | | Nurse's room | VIP room | 1 st class room | 2 nd class room | 3 rd class room |
| 30 | Instrument Table | | | | | | | |
| 31 | Wheel Chair | | | | | | | |
| 32 | Laryngoscope | | | | | | | |
| 33 | Lemari Es untuk obat, vaksin | | | | | | | |
| 34 | Lumbar Puncture Set | | | | | | | |
| 35 | Examination table for baby | | | | | | | |
| 36 | Examination table patient | | | | | | | |
| 37 | Nebulizer | | | | | | | |
| 38 | Obstetric & Gynecological Delivery Table | | | | | | | |
| 39 | Ophthalmoscope | | | | | | | |
| 40 | Overbed Table | | | | | | | |
| 41 | Oxygen Humidifier & Flow Meter | | | | | | | |
| 42 | Patient Control Analgesia | | | | | | | |
| 43 | Pispot Sendok/ Bed pan | | | | | | | |
| 44 | Pulse Oxymeter | | | | | | | |

| No. | description | Type/brand | Year | The number/quantity | | | | |
|-----|--|------------|------|---------------------|----------|----------------------------|----------------------------|----------------------------|
| | | | | Nurse's room | VIP room | 1 st class room | 2 nd class room | 3 rd class room |
| 45 | Resuscitation Set (Adult) | | | | | | | |
| 46 | Resuscitation Set (Child) | | | | | | | |
| 47 | Resuscitation Set (Infant) | | | | | | | |
| 48 | Stetoscope | | | | | | | |
| 49 | Suction Pump (Portable) | | | | | | | |
| 50 | Syringe Pump | | | | | | | |
| 51 | Iron bed | | | | | | | |
| 52 | Tempat tidur besi/ Metal (lengkap) electric adjustment | | | | | | | |
| 53 | Tempat tidur besi/ Metal (lengkap) manual adjustment | | | | | | | |
| 54 | Tempat Tidur Kayu (lengkap) | | | | | | | |
| 55 | Tempat tidur neonatus | | | | | | | |
| 56 | Tensimeter | | | | | | | |
| 57 | Weighing Scale (Bayi) | | | | | | | |

[illegible]

| No. | description | Type/brand | Year | The number/quantity | | | | |
|-----|---------------------------|------------|------|---------------------|----------|----------------------------|----------------------------|----------------------------|
| | | | | Nurse's room | VIP room | 1 st class room | 2 nd class room | 3 rd class room |
| | Non-medical assets | | | | | | | |
| 1 | Ac split ½ pk | | | | | | | |
| 2 | Ac split 3/4 pk | | | | | | | |
| 3 | Ac split 1 pk | | | | | | | |
| 4 | Ac split 1½ pk | | | | | | | |
| 5 | Ac split 2 pk | | | | | | | |
| 6 | Dispenser | | | | | | | |
| 7 | Fan | | | | | | | |
| 8 | Computer | | | | | | | |
| 9 | Wood chair | | | | | | | |
| 10 | Iron chair | | | | | | | |
| 11 | Swivel chair | | | | | | | |
| 12 | Wood cabinets | | | | | | | |
| 13 | Iron cabinets | | | | | | | |
| 14 | Brankas/ Cash box | | | | | | | |
| 15 | Refrigrator | | | | | | | |
| 16 | Wood table | | | | | | | |

[illegible]

4.6. Assets of Intensive Care Room

including ICU, ICCU, NICU, PICU

Intensive care room _____

| No. | description | Type/brand | Year | The number/quantity | | | | |
|-----|---------------------------|------------|------|---------------------|---------------|---------------|---------------|---------------|
| | | | | Nurse's room | Room _____ | Room _____ | Room _____ | Room _____ |
| | Medical Assets | | | | | | | |
| 1 | Ambubag | | | | | | | |
| 2 | Autoclave Portable | | | | | | | |
| 3 | Baby Incubator | | | | | | | |
| 4 | BAK INSTRUMEN | | | | | | | |
| 5 | BED SIDE CABINET | | | | | | | |
| 6 | Bed Side Monitor | | | | | | | |
| 7 | Blood Warmer | | | | | | | |
| 8 | Blue Light | | | | | | | |
| 9 | Brankar/Patient Strecher | | | | | | | |
| 10 | Bronchoscopy Unit | | | | | | | |
| 11 | Central Monitor | | | | | | | |
| 12 | Defibrillator | | | | | | | |
| 13 | Diagnostic Set: Basic THT | | | | | | | |
| 14 | Dressing drums | | | | | | | |
| 15 | Electro Cardiograph (ECG) | | | | | | | |

| No. | description | Type/brand | Year | The number/quantity | | | | |
|-----|---------------------------------------|------------|------|---------------------|---------------|---------------|---------------|---------------|
| | | | | Nurse's room | Room _____ | Room _____ | Room _____ | Room _____ |
| 16 | Endotracheal Intubation Set | | | | | | | |
| 17 | Examination Lamp | | | | | | | |
| 18 | Film Viewer | | | | | | | |
| 19 | Foetal Detector / Doppler | | | | | | | |
| 20 | Head Lamp | | | | | | | |
| 21 | Infant Warmer | | | | | | | |
| 22 | Infusion Pump | | | | | | | |
| 23 | Infusion Stand Mobile | | | | | | | |
| 24 | Instrument Cabinet | | | | | | | |
| 25 | Instrument Set: Bandage | | | | | | | |
| 26 | Instrument set: Minor Surgery | | | | | | | |
| 27 | Instrument Set: Tracheostomy | | | | | | | |
| 28 | Instrument Table | | | | | | | |
| 29 | Intensive Care Transport Incubator | | | | | | | |
| 30 | Kursi roda | | | | | | | |
| 31 | Laryngoscope | | | | | | | |
| 32 | Lemari Es untuk obat, vaksin | | | | | | | |
| 33 | Lumbar Puncture Set | | | | | | | |

| No. | description | Type/brand | Year | The number/quantity | | | | |
|-----|---|------------|------|---------------------|---------------|---------------|---------------|---------------|
| | | | | Nurse's room | Room _____ | Room _____ | Room _____ | Room _____ |
| 34 | Examination table for baby | | | | | | | |
| 35 | Examination table patient | | | | | | | |
| 36 | Nebulizer | | | | | | | |
| 37 | Ophthalmoscope | | | | | | | |
| 38 | Overbed Table | | | | | | | |
| 39 | Oxygen Humidifier & Flow Meter | | | | | | | |
| 40 | Patient Control Analgesia | | | | | | | |
| 41 | Pispot Sendok/ Bed pan | | | | | | | |
| 42 | Pulse Oxymeter | | | | | | | |
| 43 | Resuscitation Set (Adult) | | | | | | | |
| 44 | Resuscitation Set (Child) | | | | | | | |
| 45 | Resuscitation Set (Infant) | | | | | | | |
| 46 | Stetoscope | | | | | | | |
| 47 | Suction Pump (Portable) | | | | | | | |
| 48 | Syringe Pump | | | | | | | |
| 49 | Iron bed | | | | | | | |
| 50 | Tempat tidur besi/ Metal (lengkap) electric adjustment | | | | | | | |

| No. | description | Type/brand | Year | The number/quantity | | | | |
|-----|---|------------|------|---------------------|---------------|---------------|---------------|---------------|
| | | | | Nurse's room | Room _____ | Room _____ | Room _____ | Room _____ |
| 51 | Tempat tidur besi/ Metal (lengkap) manual adjustment | | | | | | | |
| 52 | Tempat tidurkayu | | | | | | | |
| 53 | Tempat tidur neonatus | | | | | | | |
| 54 | Tensimeter | | | | | | | |
| 55 | Weighing scale (Baby) | | | | | | | |
| 56 | Weigh scale (Adult) | | | | | | | |
| 57 | Trolley: linen | | | | | | | |
| 58 | Trolley: makanan | | | | | | | |
| 59 | Trolley: obat dan instrumen | | | | | | | |
| 60 | Ventilator Unit | | | | | | | |
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| No. | description | Type/brand | Year | The number/quantity | | | | |
|-----|---------------------------|------------|------|---------------------|---------------|---------------|---------------|---------------|
| | | | | Nurse's room | Room _____ | Room _____ | Room _____ | Room _____ |
| | Non-medical assets | | | | | | | |
| 1 | Ac split ½ pk | | | | | | | |
| 2 | Ac split ¾ pk | | | | | | | |
| 3 | Ac split 1 pk | | | | | | | |
| 4 | Ac split 1½ pk | | | | | | | |
| 5 | Ac split 2 pk | | | | | | | |
| 6 | Dispenser | | | | | | | |
| 7 | Fan | | | | | | | |
| 8 | Computer | | | | | | | |
| 9 | Wood chair | | | | | | | |
| 10 | Iron chair | | | | | | | |
| 11 | Swivel chair | | | | | | | |
| 12 | Wood cabinet | | | | | | | |
| 13 | Iron cabinet | | | | | | | |
| 14 | Brankas/ Cash box | | | | | | | |
| 15 | Refrigrator | | | | | | | |
| 16 | Wood table | | | | | | | |
| 17 | Iron table | | | | | | | |

Hospital Instrument

ID Number | | | | | | | | | | | |
 (Filled by officer on each instrument sheet to identify in case of separated sheet)

| No. | description | Type/brand | Year | The number/quantity | | | | |
|-----|---------------|------------|------|---------------------|---------------|---------------|---------------|---------------|
| | | | | Nurse's room | Room _____ | Room _____ | Room _____ | Room _____ |
| 18 | Printer | | | | | | | |
| 19 | Television | | | | | | | |
| 20 | Telephon/ fax | | | | | | | |
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4.7. Assets of delivery room

Including mother and baby care room

| No. | Description | Type/brand | Year | The number | | | | |
|-----|-----------------------------|------------|------|-----------------|---------------|---------------|---------------|---------------|
| | | | | Nurse's Room | Room _____ | Room _____ | Room _____ | Room _____ |
| | Medical assets | | | | | | | |
| 1. | Ambubag | | | | | | | |
| 2. | Autoclave Portable | | | | | | | |
| 3. | Baby Incubator | | | | | | | |
| 4. | BAK INSTRUMEN | | | | | | | |
| 5. | Basic Obsteric Set | | | | | | | |
| 6. | BED SIDE CABINET | | | | | | | |
| 7. | Bed Side Monitor | | | | | | | |
| 8. | Blood Warmer | | | | | | | |
| 9. | Blue Light | | | | | | | |
| 10. | Brankar/Patient Strecher | | | | | | | |
| 11. | Cardiotocography Unit | | | | | | | |
| 12. | Defibrillator | | | | | | | |
| 13. | Dressing drums | | | | | | | |
| 14. | Electro Cardiograph (ECG) | | | | | | | |
| 15. | Endotracheal Intubation Set | | | | | | | |

| No. | Description | Type/brand | Year | The number | | | | |
|-----|---|------------|------|-----------------|---------------|---------------|---------------|---------------|
| | | | | Nurse's Room | Room _____ | Room _____ | Room _____ | Room _____ |
| 16. | Examination Lamp | | | | | | | |
| 17. | Film Viewer | | | | | | | |
| 18. | Foetal Detector / Doppler | | | | | | | |
| 19. | Head Lamp | | | | | | | |
| 20. | Infant Warmer | | | | | | | |
| 21. | Infusion Pump | | | | | | | |
| 22. | Infusion Stand Mobile | | | | | | | |
| 23. | Instrument Set: Gynecological Examination | | | | | | | |
| 24. | Instrument Cabinet | | | | | | | |
| 25. | Instrument Set: Bandage | | | | | | | |
| 26. | Instrument Set: Dilatation & Curettage | | | | | | | |
| 27. | Instrument Set: Forcep Delivery | | | | | | | |
| 28. | Instrument set: Minor Surgery | | | | | | | |
| 29. | Instrument Set: normal delivery (Partus normal) | | | | | | | |
| 30. | Instrument Table | | | | | | | |
| 31. | Wheel chair | | | | | | | |

| No. | Description | Type/brand | Year | The number | | | | |
|-----|---|------------|------|-----------------|---------------|---------------|---------------|---------------|
| | | | | Nurse's Room | Room _____ | Room _____ | Room _____ | Room _____ |
| 32. | Laryngoscope | | | | | | | |
| 33. | Refrigerator for drugs and vaccine | | | | | | | |
| 34. | Baby Examination table | | | | | | | |
| 35. | Patinet examination table. | | | | | | | |
| 36. | Obstetric & Gynecological Delivery Table | | | | | | | |
| 37. | Operating Lamp 1 lamp | | | | | | | |
| 38. | Overbed Table | | | | | | | |
| 39. | Oxygen Humidifier & Flow Meter | | | | | | | |
| 40. | Pispot Sendok/ Bed pan | | | | | | | |
| 41. | Resuscitation Set (Adult) | | | | | | | |
| 42. | Resuscitation Set (Infant) | | | | | | | |
| 43. | Stethoscope | | | | | | | |
| 44. | Suction Pump (Portable) | | | | | | | |
| 45. | Syringe Pump | | | | | | | |
| 46. | Tempat tidurbesi | | | | | | | |
| 47. | Tempat tidur besi/ Metal (lengkap) electric adjustment | | | | | | | |

| No. | Description | Type/brand | Year | The number | | | | |
|-----|---|------------|------|-----------------|---------------|---------------|---------------|---------------|
| | | | | Nurse's Room | Room _____ | Room _____ | Room _____ | Room _____ |
| 48. | Tempat tidur besi/ Metal (lengkap) manual adjustment | | | | | | | |
| 49. | Wood bed | | | | | | | |
| 50. | Tempat tidur neonatus | | | | | | | |
| 51. | Tensimeter | | | | | | | |
| 52. | Weighing scale (Baby) | | | | | | | |
| 53. | W(Adult) | | | | | | | |
| 54. | Trolley: linen | | | | | | | |
| 55. | Trolley: makanan | | | | | | | |
| 56. | Trolley: obat dan instrumen | | | | | | | |
| 57. | Ultrasonography (USG) B/W | | | | | | | |
| 58. | Ultrasonography (USG) Doppler | | | | | | | |
| 59. | Ultrasonography (USG) 3 Dimension | | | | | | | |
| 60. | Vacum Extractor (Obstetric) | | | | | | | |
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| No. | Description | Type/brand | Year | The number | | | | |
|-----|---------------------------|------------|------|-----------------|---------------|---------------|---------------|---------------|
| | | | | Nurse's Room | Room _____ | Room _____ | Room _____ | Room _____ |
| | Non-medical assets | | | | | | | |
| 1 | Ac split ½ pk | | | | | | | |
| 2 | Ac split ¾ pk | | | | | | | |
| 3 | Ac split 1 pk | | | | | | | |
| 4 | Ac split 1½ pk | | | | | | | |
| 5 | Ac split 2 pk | | | | | | | |
| 6 | Dispenser | | | | | | | |
| 7 | Fan | | | | | | | |
| 8 | Computer | | | | | | | |
| 9 | Wood chair | | | | | | | |
| 10 | Iron chair | | | | | | | |
| 11 | Swivel chair | | | | | | | |
| 12 | Wood cabinet | | | | | | | |
| 13 | Iron cabinet | | | | | | | |
| 14 | Brankas/ Cash box | | | | | | | |
| 15 | Refrigrator | | | | | | | |
| 16 | Wood table | | | | | | | |
| 17 | Iron table | | | | | | | |

| No. | Description | Type/brand | Year | The number | | | | |
|-----|---------------|------------|------|-----------------|---------------|---------------|---------------|---------------|
| | | | | Nurse's Room | Room _____ | Room _____ | Room _____ | Room _____ |
| 18 | Printer | | | | | | | |
| 19 | Television | | | | | | | |
| 20 | Telephon/ fax | | | | | | | |
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4.8.Assets of central surgical installation

Including recovery room (post surgery room)

| No. | description | Type/brand | Year | The number | | | |
|-----|---|------------|------|------------|------|------|------|
| | | | | Room | Room | Room | Room |
| | Medical assets | | | | | | |
| 1 | Ambubag | | | | | | |
| 2 | Anaesthetic Machine (Anaesthesi APP Unit) | | | | | | |
| 3 | Angio Graphy Unit | | | | | | |
| 4 | Autoclave Portable | | | | | | |
| 5 | Baby Incubator | | | | | | |
| 6 | BAK INSTRUMEN | | | | | | |
| 7 | Basic Obsteric Set | | | | | | |
| 8 | Bed Side Monitor | | | | | | |
| 9 | Blood Warmer | | | | | | |
| 10 | Brankar/Patient Strecher | | | | | | |
| 11 | Bronchoscopy Unit | | | | | | |
| 12 | Cardiotocography Unit | | | | | | |
| 13 | Cataract Phaco machine | | | | | | |
| 14 | Colposcopy | | | | | | |
| 15 | Cryo Surgery | | | | | | |

| No. | description | Type/brand | Year | The number | | | |
|-----|---------------------------------------|------------|------|---------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| 16 | Cystoscopy set | | | | | | |
| 17 | Defibrillator | | | | | | |
| 18 | Diagnostic Set: Basic THT | | | | | | |
| 19 | Dressing drums | | | | | | |
| 20 | Electric Hand Drill | | | | | | |
| 21 | Electro Cardiograph (ECG) | | | | | | |
| 22 | Electro Cauter | | | | | | |
| 23 | Emo Inhaler Portable | | | | | | |
| 24 | Endotracheal Intubation Set | | | | | | |
| 25 | ESWL (Electro shock wave lithotripsy) | | | | | | |
| 26 | Examination Lamp | | | | | | |
| 27 | Film Viewer | | | | | | |
| 28 | Gamma Camera | | | | | | |
| 29 | Head Lamp | | | | | | |
| 30 | Infant Warmer | | | | | | |
| 31 | Infusion Pump | | | | | | |
| 32 | Infusion Stand Mobile | | | | | | |
| 33 | Instrumen Set: Gynecological | | | | | | |

| No. | description | Type/brand | Year | The number | | | |
|-----|--|------------|------|---------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| | Examination | | | | | | |
| 34 | Instrument Cabinet | | | | | | |
| 35 | Instrument set basic For Orthopaedics | | | | | | |
| 36 | Instrument Set: Abdominal Hysterectomy | | | | | | |
| 37 | Instrument Set: Caesarean Section | | | | | | |
| 38 | Instrument Set: Abdominal Operation | | | | | | |
| 39 | Instrument Set: Bandage | | | | | | |
| 40 | Instrument set: Cataract Extracapsular, IOL | | | | | | |
| 41 | Instrument Set: Dilatation & Curretage | | | | | | |
| 42 | Instrument set: ENT surgery | | | | | | |
| 43 | Instrument Set: Forcep Delivery | | | | | | |
| 44 | Instrument set: Laparatomy | | | | | | |
| 45 | Instrument set: Minor Surgery | | | | | | |
| 46 | Instrument set: Neurosurgery | | | | | | |
| 47 | Instrument Set: normal delivery | | | | | | |

| No. | description | Type/brand | Year | The number | | | |
|-----|--|------------|------|---------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| | (Partus normal) | | | | | | |
| 48 | Instrument set: Thoracotomy | | | | | | |
| 49 | Instrument set: Thyroidectomy | | | | | | |
| 50 | Instrument Set: Tracheostomy | | | | | | |
| 51 | Instrument Table | | | | | | |
| 52 | Kursi roda | | | | | | |
| 53 | Laparoscope | | | | | | |
| 54 | Laryngoscope | | | | | | |
| 55 | Laser Ophthalmic Unit | | | | | | |
| 56 | Lemari Es untuk obat, vaksin | | | | | | |
| 57 | Lumbar Puncture Set | | | | | | |
| 58 | Obstetric & Gynecological Delivery Table | | | | | | |
| 59 | Operating Lamp 1 lamp | | | | | | |
| 60 | Operating Lamp 4 lamp | | | | | | |
| 61 | Operating Lamp 4 lamp + satellite | | | | | | |
| 62 | Operating Lamp with camera | | | | | | |
| 63 | Operating Microscope Ophtalmology | | | | | | |

| No. | description | Type/brand | Year | The number | | | |
|-----|---|------------|------|---------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| 64 | Operating table electric | | | | | | |
| 65 | Operating Table Hydraulic | | | | | | |
| 66 | Oxygen Humidifier & Flow Meter | | | | | | |
| 67 | Patient Control Analgesia | | | | | | |
| 68 | Pendant for anesthesi | | | | | | |
| 69 | Pispot Sendok/ Bed pan | | | | | | |
| 70 | Pulse Oxymeter | | | | | | |
| 71 | Rectoscope | | | | | | |
| 72 | Resuscitation Set (Adult) | | | | | | |
| 73 | Resuscitation Set (Child) | | | | | | |
| 74 | Resuscitation Set (Infant) | | | | | | |
| 75 | Stethoscope | | | | | | |
| 76 | Suction Pump (Portable) | | | | | | |
| 77 | Syringe Pump | | | | | | |
| 78 | Iron bed | | | | | | |
| 79 | Tempat tidur besi/ Metal (lengkap) electric adjustment | | | | | | |
| 80 | Tempat tidur besi/ Metal (lengkap) | | | | | | |

| No. | description | Type/brand | Year | The number | | | |
|-----|-------------------------------|------------|------|---------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| | manual adjustment | | | | | | |
| 81 | Wood bed | | | | | | |
| 82 | Neonatus bed | | | | | | |
| 83 | Tensimeter | | | | | | |
| 84 | Weighing scale (Baby) | | | | | | |
| 85 | Weighing scale (Adult) | | | | | | |
| 86 | Trans Urethral Thermo Therapy | | | | | | |
| 87 | Trolley: linen | | | | | | |
| 88 | Trolley: makanan | | | | | | |
| 89 | Trolley: obat dan instrumen | | | | | | |
| 90 | URETHROSCOPE | | | | | | |
| 91 | UV Sterilizer | | | | | | |
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| No. | description | Type/brand | Year | The number | | | |
|-----|-----------------------------------|------------|------|---------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| | Non-medical assets | | | | | | |
| 1 | Ac split ½ pk | | | | | | |
| 2 | Ac split 3/4 pk | | | | | | |
| 3 | Ac split 1 pk | | | | | | |
| 4 | Ac split 1½ pk | | | | | | |
| 5 | Ac split 2 pk | | | | | | |
| 6 | Dispenser | | | | | | |
| 7 | Fan | | | | | | |
| 8 | Computer (berdasarkan jumlah cpu) | | | | | | |
| 9 | Wood chair | | | | | | |
| 10 | Iron chair | | | | | | |
| 11 | Swivel chair | | | | | | |
| 12 | Wood cabinet | | | | | | |
| 13 | Iron cabinet | | | | | | |
| 14 | Brankas/ Cash box | | | | | | |
| 15 | Refrigrator | | | | | | |
| 16 | Wood table | | | | | | |
| 17 | Iron table | | | | | | |

Hospital Instrument

ID Number | | | | | | | | | | |
(Filled by officer on each instrument sheet to identify in case of separated sheet)

[illegible]

4.9. Assets of Radiology

Including nuclear radiology

| No. | Description | Type/brand | Year | The number | | | |
|-----|-------------------------------------|------------|------|------------|------|------|------|
| | | | | Room | Room | Room | Room |
| | Medical assets | | | | | | |
| 1 | Angiography unit | | | | | | |
| 2 | Apron X-Ray | | | | | | |
| 3 | Cobalt 60 | | | | | | |
| 4 | Computed Radiography Film Processor | | | | | | |
| 5 | CT Scan, 128 slices | | | | | | |
| 6 | CT Scan, 16 slices | | | | | | |
| 7 | CT Scan, 32 slices | | | | | | |
| 8 | CT Scan, 64 slices | | | | | | |
| 9 | Dental X-Ray unit General | | | | | | |
| 10 | Dental X-Ray Unit Panoramic Type | | | | | | |
| 11 | Dental X-Ray with Cephalometric | | | | | | |
| 12 | Film Viewer | | | | | | |
| 13 | Gamma Camera | | | | | | |
| 14 | Linear Accelerator | | | | | | |
| 15 | Magnetic Resonance Imaging (MRI) | | | | | | |

| No. | Description | Type/brand | Year | The number | | | |
|-----|--|------------|------|------------|-------|-------|-------|
| | | | | Room | Room | Room | Room |
| | | | | _____ | _____ | _____ | _____ |
| 16 | Mobile X-Ray Machine | | | | | | |
| 17 | Position Emission Tomography (PET) | | | | | | |
| 18 | Radioterapi unit (teleterapi, brachiterapy, etc) | | | | | | |
| 19 | Ultrasonography (USG) B/W | | | | | | |
| 20 | Ultrasonography (USG) Doppler | | | | | | |
| 21 | Ultrasonography (USG) 3 Dimension | | | | | | |
| 22 | X-Ray "C" Arm | | | | | | |
| 23 | X-Ray Unit Basic, 100 mA s/d 300 mA | | | | | | |
| 24 | X-Ray Unit Mammography | | | | | | |
| 25 | X-Ray Unit, 500 mA s/d 750 mA | | | | | | |
| 26 | X-Ray Unit, 750 mA s/d 1000 mA, CCTV | | | | | | |
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| No. | Description | Type/brand | Year | The number | | | |
|-----|-----------------------------------|------------|------|---------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| | Non-medical assets | | | | | | |
| 1 | Ac split ½ pk | | | | | | |
| 2 | Ac split 3/4 pk | | | | | | |
| 3 | Ac split 1 pk | | | | | | |
| 4 | Ac split 1½ pk | | | | | | |
| 5 | Ac split 2 pk | | | | | | |
| 6 | Dispenser | | | | | | |
| 7 | Fan | | | | | | |
| 8 | Computer (berdasarkan jumlah cpu) | | | | | | |
| 9 | Kursi kayu | | | | | | |
| 10 | Iron chair | | | | | | |
| 11 | Swivel chair | | | | | | |
| 12 | Wood cabinet | | | | | | |
| 13 | Strong box | | | | | | |
| 14 | Brankas/ Cash box | | | | | | |
| 15 | Lemari es | | | | | | |
| 16 | Wood table | | | | | | |
| 17 | Iron table | | | | | | |

Hospital Instrument

ID Number | | | | | | | | | | |
(Filled by officer on each instrument sheet to identify in case of separated sheet)

[illegible]

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|----------------------------|--|
| 4.10. Assets of Laboratory | |
|----------------------------|--|

| No. | Description | Type/brand | Year | The number | | | |
|-----|------------------------------------|------------|------|---------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| | Medical assets | | | | | | |
| 1. | Automatic Analyzer Laboratory Unit | | | | | | |
| 2. | Automatic Blood Cell Counter | | | | | | |
| 3. | Blood Bank Refrigerator | | | | | | |
| 4. | Blood Cell Counter | | | | | | |
| 5. | Blood Chemistry Analyzer | | | | | | |
| 6. | Blood Culture Analyzer | | | | | | |
| 7. | Blood Gas Analyzer | | | | | | |
| 8. | Centrifuge Haematocrite | | | | | | |
| 9. | Chloride Mater | | | | | | |
| 10. | Colony Counter | | | | | | |
| 11. | Darkfield Microscope | | | | | | |
| 12. | Dencitometer For Protein | | | | | | |
| 13. | Digital Balance | | | | | | |
| 14. | Electrophoresis Apparatus | | | | | | |
| 15. | Elisa Reader | | | | | | |

| No. | Description | Type/brand | Year | The number | | | |
|-----|---|------------|------|---------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| 16. | Flame Photo Meter | | | | | | |
| 17. | Haemocytometer | | | | | | |
| 18. | Incubator | | | | | | |
| 19. | Lab. Freezer | | | | | | |
| 20. | Magnetic Stirrer | | | | | | |
| 21. | Micro Analytical Balance | | | | | | |
| 22. | Microscope Binoculair | | | | | | |
| 23. | Microscope Monoculair | | | | | | |
| 24. | Microtome | | | | | | |
| 25. | PH Meter | | | | | | |
| 26. | Prothombin Meter | | | | | | |
| 27. | Refrigerator Laboratory | | | | | | |
| 28. | Rotator Shaker | | | | | | |
| 29. | Seri Bio Safe Cabinet / Biofogical Safety Cabinet | | | | | | |
| 30. | Spectrophotometer | | | | | | |
| 31. | Tissue Processor Unit | | | | | | |
| 32. | Urine Analyzer | | | | | | |
| 33. | Urodynamic System | | | | | | |

| No. | Description | Type/brand | Year | The number | | | |
|-----|------------------|------------|------|------------|------|------|------|
| | | | | Room | Room | Room | Room |
| | | | | | | | |
| 34. | Water Bath | | | | | | |
| 35. | Water Destilator | | | | | | |
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| No. | Description | Type/brand | Year | The number | | | |
|-----|----------------------------------|------------|------|---------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| | Non-medical assets | | | | | | |
| 1 | Ac split ½ pk | | | | | | |
| 2 | Ac split 3/4 pk | | | | | | |
| 3 | Ac split 1 pk | | | | | | |
| 4 | Ac split 1½ pk | | | | | | |
| 5 | Ac split 2 pk | | | | | | |
| 6 | Dispenser | | | | | | |
| 7 | Fan | | | | | | |
| 8 | Computer (berdasrkan jumlah cpu) | | | | | | |
| 9 | Wood chair | | | | | | |
| 10 | Iron chair | | | | | | |
| 11 | Swivel chair | | | | | | |
| 12 | Wood cabinet | | | | | | |
| 13 | Iron cabinet | | | | | | |
| 14 | Brankas/ Cash box | | | | | | |
| 15 | Refrigrator | | | | | | |
| 16 | Wood table | | | | | | |
| 17 | Iron table | | | | | | |

Hospital Instrument

ID Number | | | | | | | | | | | |
(Filled by officer on each instrument sheet to identify in case of separated sheet)

| No. | Description | Type/brand | Year | The number | | | |
|-----|---------------|------------|------|---------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| 18 | Printer | | | | | | |
| 19 | Television | | | | | | |
| 20 | Telephon/ fax | | | | | | |
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| 4.11. Assets of Pharmacy | Including pharmacy installation |
|--------------------------|---------------------------------|

| No. | description | Type/ Brand | Year | The number | | | |
|-----|------------------------------------|-------------|------|------------|------|------|------|
| | | | | Room | Room | Room | Room |
| | Medical assets | | | | | | |
| 1 | Analytical Balance | | | | | | |
| 2 | Beakers Carius sizes 50 MM - 1 Ltr | | | | | | |
| 3 | Cabinets Glass Front Locking | | | | | | |
| 4 | Electric Balance | | | | | | |
| 5 | Hotplate Electric Single | | | | | | |
| 6 | Measuring Cylinders | | | | | | |
| 7 | Mortars & Pastle | | | | | | |
| 8 | Refrigerator | | | | | | |
| 9 | Weighing Machine Class A | | | | | | |
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| No. | description | Type/ Brand | Year | The number | | | |
|-----|----------------------------------|-------------|------|---------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| | Non-medical assets | | | | | | |
| 1 | Ac split ½ pk | | | | | | |
| 2 | Ac split 3/4 pk | | | | | | |
| 3 | Ac split 1 pk | | | | | | |
| 4 | Ac split 1½ pk | | | | | | |
| 5 | Ac split 2 pk | | | | | | |
| 6 | Dispenser | | | | | | |
| 7 | Fan | | | | | | |
| 8 | Computer (berdasrkan jumlah cpu) | | | | | | |
| 9 | Wood chair | | | | | | |
| 10 | Iron chair | | | | | | |
| 11 | Swivel chair | | | | | | |
| 12 | Wood cabinet | | | | | | |
| 13 | Strong box | | | | | | |
| 14 | Brankas/ Cash box | | | | | | |
| 15 | Refrigrator | | | | | | |
| 16 | Wood table | | | | | | |
| 17 | Iron table | | | | | | |

Hospital Instrument

ID Number | | | | | | | | | | |
(Filled by officer on each instrument sheet to identify in case of separated sheet)

[illegible]

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|------------------------------|--|
| 4.12. Clinical Support asset | Clinical Support asset including medical rehab, hemodialysis, blood services, nutrition services, instrument sterilization services, medical record, forensic, |
|------------------------------|--|

| No. | Deskripsi | Tipe/ Merk | Tahun | Jumlah | | | |
|-----|-----------------------------|------------|-------|--------|-------|-------|-------|
| | | | | Ruang | Ruang | Ruang | Ruang |
| | Medical asset | | | | | | |
| | General equipment | | | | | | |
| 1. | Ambubag | | | | | | |
| 2. | Autoclave Portable | | | | | | |
| 3. | BAK INSTRUMEN | | | | | | |
| 4. | Brankar/Patient Strecher | | | | | | |
| 5. | Defibrillator | | | | | | |
| 6. | Dressing drums | | | | | | |
| 7. | Electro Cardiograph (ECG) | | | | | | |
| 8. | Electro Cauter | | | | | | |
| 9. | Endotracheal Intubation Set | | | | | | |
| 10. | Examination Lamp | | | | | | |
| 11. | Film Viewer | | | | | | |
| 12. | Head Lamp | | | | | | |
| 13. | Hot Air Sterilizer | | | | | | |

| No. | Deskripsi | Tipe/ Merk | Tahun | Jumlah | | | |
|-----|-------------------------------------|------------|-------|--------|-------|-------|-------|
| | | | | Ruang | Ruang | Ruang | Ruang |
| 14. | Infusion Stand Mobile | | | | | | |
| 15. | Instrument Cabinet | | | | | | |
| 16. | Instrument Set: Bandage | | | | | | |
| 17. | Instrument set: Minor Surgery | | | | | | |
| 18. | Instrument Table | | | | | | |
| 19. | Wheel chair | | | | | | |
| 20. | Laryngoscope | | | | | | |
| 21. | Refrigerator for drugs and vaccine. | | | | | | |
| 22. | Examination table. | | | | | | |
| 23. | Microscope | | | | | | |
| 24. | Ophthalmoscope | | | | | | |
| 25. | Oxygen Humidifier & Flow Meter | | | | | | |
| 26. | Bed pan | | | | | | |
| 27. | Resuscitation Set (Adult) | | | | | | |
| 28. | Resuscitation Set (Child) | | | | | | |
| 29. | Resuscitation Set (Infant) | | | | | | |
| 30. | Stethoscope | | | | | | |
| 31. | Suction Pump (Portable) | | | | | | |

| No. | Deskripsi | Tipe/ Merk | Tahun | Jumlah | | | |
|-----|--|------------|-------|--------|-------|-------|-------|
| | | | | Ruang | Ruang | Ruang | Ruang |
| 32. | Tensimeter | | | | | | |
| 33. | Weighing scale (adult) | | | | | | |
| 34. | Trolley: linen | | | | | | |
| 35. | Trolley: drugs and equipment | | | | | | |
| | | | | | | | |
| | Medical rehabilitation equipment | | | | | | |
| 36. | Diathermy Machine | | | | | | |
| 37. | Electro Stimulator | | | | | | |
| 38. | Electromiograph | | | | | | |
| 39. | Exercise Equipment | | | | | | |
| 40. | Faradic Galvanic Therapy | | | | | | |
| 41. | Hydro therapy | | | | | | |
| 42. | Infra Red & Ultraviolet | | | | | | |
| 43. | Nebulizer | | | | | | |
| 44. | Suspension & Pulley Equipment | | | | | | |
| 45. | Therepeutical Nerve & Muscle Stimulation | | | | | | |
| 46. | Traction Unit | | | | | | |

| No. | Deskripsi | Tipe/ Merk | Tahun | Jumlah | | | |
|-----|---|------------|-------|----------------|----------------|----------------|----------------|
| | | | | Ruang _____ | Ruang _____ | Ruang _____ | Ruang _____ |
| 47. | Ultra Sound Therapy | | | | | | |
| | | | | | | | |
| | Hemodialysis equipment | | | | | | |
| 48. | Hemodialysis unit | | | | | | |
| | | | | | | | |
| | Instrument sterilization equipment | | | | | | |
| 49. | High Pressure Steam Sterilizer | | | | | | |
| 50. | Hot Air Sterilizer | | | | | | |
| 51. | Instrument sealing device | | | | | | |
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| No. | Deskripsi | Tipe/ Merk | Tahun | Jumlah | | | |
|-----|-----------------------------------|------------|-------|--------|-------|-------|-------|
| | | | | Ruang | Ruang | Ruang | Ruang |
| | | | | | | | |
| | Non-medical asset | | | | | | |
| 1. | Ac split ½ pk | | | | | | |
| 2. | Ac split ¾ pk | | | | | | |
| 3. | Ac split 1 pk | | | | | | |
| 4. | Ac split 1½ pk | | | | | | |
| 5. | Ac split 2 pk | | | | | | |
| 6. | Dispenser | | | | | | |
| 7. | Flatwork Ironer (Setrika linen) | | | | | | |
| 8. | Generator listrik | | | | | | |
| 9. | High Pressure Steam Sterilizer | | | | | | |
| 10. | Hot Air Sterilizer | | | | | | |
| 11. | Incenerator | | | | | | |
| 12. | Instrument sealing device | | | | | | |
| 13. | Fan | | | | | | |
| 14. | Computer (based on number of CPU) | | | | | | |
| 15. | Wood chair | | | | | | |
| 16. | Metal chair | | | | | | |

| No. | Deskripsi | Tipe/ Merk | Tahun | Jumlah | | | |
|-----|-------------------|------------|-------|----------------|----------------|----------------|----------------|
| | | | | Ruang _____ | Ruang _____ | Ruang _____ | Ruang _____ |
| 17. | Swivel chair | | | | | | |
| 18. | Wood cabinet | | | | | | |
| 19. | Strong box | | | | | | |
| 20. | Brankas/ Cash box | | | | | | |
| 21. | Refrigrator | | | | | | |
| 22. | Wood table | | | | | | |
| 23. | Iron table | | | | | | |
| 24. | Printer | | | | | | |
| 25. | Television | | | | | | |
| 26. | Telephon/ fax | | | | | | |
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4.13. Assets of Support and Administration Section

Including clinical and non clinical support

| No. | Description | Type/brand | Year | The number | | | |
|-----|---------------------------------|------------|------|---------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| | | | | | | | |
| 1 | Ac split ½ pk | | | | | | |
| 2 | Ac split 3/4 pk | | | | | | |
| 3 | Ac split 1 pk | | | | | | |
| 4 | Ac split 1½ pk | | | | | | |
| 5 | Ac split 2 pk | | | | | | |
| 6 | Dispenser | | | | | | |
| 7 | Flatwork Ironer (Setrika linen) | | | | | | |
| 8 | Generator listrik | | | | | | |
| 9 | High Pressure Steam Sterilizer | | | | | | |
| 10 | Hot Air Sterilizer | | | | | | |
| 11 | Incenerator | | | | | | |
| 12 | Instrument sealing device | | | | | | |
| 13 | Fan | | | | | | |
| 14 | Stove | | | | | | |
| 15 | Computer | | | | | | |
| 16 | Wood chair | | | | | | |

| No. | Description | Type/brand | Year | The number | | | |
|-----|----------------------------|------------|------|---------------|---------------|---------------|---------------|
| | | | | Room _____ | Room _____ | Room _____ | Room _____ |
| 17 | Iron chair | | | | | | |
| 18 | Swivel chair | | | | | | |
| 19 | Wood cabinet | | | | | | |
| 20 | Strong box | | | | | | |
| 21 | Lemari geser (rekam medik) | | | | | | |
| 22 | Lemari es | | | | | | |
| 23 | Wood table | | | | | | |
| 24 | Iron table | | | | | | |
| 25 | Mesin cuci | | | | | | |
| 26 | Mesin fotokopi | | | | | | |
| 27 | Mesin jahit | | | | | | |
| 28 | Mesin pengering | | | | | | |
| 29 | Mobil Ambulance | | | | | | |
| 30 | Mobil Dinas (Transport) | | | | | | |
| 31 | Printer | | | | | | |
| 32 | Proyektor | | | | | | |
| 33 | Sofa | | | | | | |
| 34 | Sound system | | | | | | |

| No. | Description | Type/brand | Year | The number | | | |
|-----|-----------------|------------|------|------------|------|------|------|
| | | | | Room | Room | Room | Room |
| | | | | | | | |
| 35 | Telephon/ Fax | | | | | | |
| 36 | Television | | | | | | |
| 37 | Trolley linen | | | | | | |
| 38 | Trolley makanan | | | | | | |
| | | | | | | | |
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5. Activities

5.1.30 Amount of inpatient diseases (RL2a)

Quarter: _____

| No | No. DTD | Description | OUT PATIENT (LIVE & DIED) BASED ON AGE GROUP | | | | | | | | Number of Out (died) |
|----|------------|---|--|-----------------------|--------------|---------------|--------------------|--------------------|--------------------|--------------|-------------------------|
| | | | 0-28 days | 28 days– 1 year | 1-4 years | 5-14 years | 15- 24 years | 25- 44 years | 45- 64 years | >65 years | |
| 1 | 002 | Typhoid and paratyphoid fever | | | | | | | | | |
| 2 | 005 | Diare & gastroenteritis oleh penyebab infeksi tertentu (kolitis inf.) | | | | | | | | | |
| 3 | 007.1 | Tuberkulosis Lung and other | | | | | | | | | |
| 4 | 032.1 | Dengue Haemorrhagic fever | | | | | | | | | |
| 5 | 043 | Malaria (include all type malaria) | | | | | | | | | |
| 6 | 098.9 | Anemia and other | | | | | | | | | |
| 7 | 104.9 | Diabetes melitus YTT | | | | | | | | | |
| 8 | 145 | Hipertensi esensial (primer) | | | | | | | | | |
| 9 | 148 | Ischemic Heart disease | | | | | | | | | |
| 10 | 152.90 | Heart disease and other | | | | | | | | | |
| 11 | 155 | Unspecified stroke | | | | | | | | | |

| No | No. DTD | Description | OUT PATIENT (LIVE & DIED) BASED ON AGE GROUP | | | | | | | | Number of Out (died) |
|----|------------|---|--|-----------------------|--------------|---------------|--------------------|--------------------|--------------------|--------------|-------------------------|
| | | | 0-28 days | 28 days– 1 year | 1-4 years | 5-14 years | 15- 24 years | 25- 44 years | 45- 64 years | >65 years | |
| 12 | 167 | Other upper acute respiratory infection | | | | | | | | | |
| 13 | 169 | Pneumonia | | | | | | | | | |
| 14 | 175 | Bronkitis emfisema dan penyakit paru obstruktif kronik lainnya | | | | | | | | | |
| 15 | 176.0 | Asma | | | | | | | | | |
| 16 | 184 | Gastritis dan duodenitis | | | | | | | | | |
| 17 | 185 | Dispepsia | | | | | | | | | |
| 18 | 186 | Appendix | | | | | | | | | |
| 19 | 187 | Hernia inguinal | | | | | | | | | |
| 20 | 214.9 | Other renal failure | | | | | | | | | |
| 21 | 215 | Urolitiasis | | | | | | | | | |
| 22 | 217 | Urinal system diasese | | | | | | | | | |
| 23 | 236.9 | Abortion | | | | | | | | | |
| 24 | 239.9 | Treatment-related maternal and fetal amniotic and changing problem | | | | | | | | | |
| 25 | 242.9 | Complications of pregnancy and childbirth | | | | | | | | | |
| 26 | 245 | Fetus and newborn affected by complications of pregnancy and childbirth factors | | | | | | | | | |

| No | No. DTD | Description | OUT PATIENT (LIVE & DIED) BASED ON AGE GROUP | | | | | | | | Number of Out (died) |
|---|------------|--------------------------|--|-----------------------|--------------|---------------|--------------------|--------------------|--------------------|--------------|-------------------------|
| | | | 0-28 days | 28 days– 1 year | 1-4 years | 5-14 years | 15- 24 years | 25- 44 years | 45- 64 years | >65 years | |
| 27 | 270.3 | Convulsion YTT | | | | | | | | | |
| 28 | 274 | Fractures of other limbs | | | | | | | | | |
| 29 | 278 | Intracranial injury | | | | | | | | | |
| 30 | 281 | Multiple wound | | | | | | | | | |
| Total of out patient (live & died) based on age group | | | | | | | | | | | |

5.2.30 number of outpatient diseases (RL2b)

Quarter: _____

| No | No. DTD | Description | The number of outpatient visits by age | | | | | | | | The numbe r of visits |
|----|------------|---|--|-------------------|--------------|---------------|------------------------|----------------|------------------------|--------------|--------------------------------|
| | | | 0-28 days | 28days – 1year | 1-4 years | 5-14 years | 15- 24 year s | 25-44 years | 45- 64 year s | >65 years | |
| 1 | 002 | Typhoid and paratyphoid fever. | | | | | | | | | |
| 2 | 005 | Diare & gastroenteritis due to infectious (kolitis inf.) | | | | | | | | | |
| 3 | 007.1 | Tuberkulosis lung and other | | | | | | | | | |
| 4 | 104.9 | Diabetes melitus YTT | | | | | | | | | |
| 5 | 131 | Conjungtivitis and other | | | | | | | | | |
| 6 | 137 | Disorders of refraction and accommodation | | | | | | | | | |
| 7 | 140 | Otitis media and mastoid and middle ear disorders | | | | | | | | | |
| 8 | 142.9 | Ear and mastoid process of the disease | | | | | | | | | |
| 9 | 145 | Hipertensi esensial (primer) | | | | | | | | | |
| 10 | 165.0 | Acute Faringitis | | | | | | | | | |
| 11 | 167 | Other upper acute respiratory infection | | | | | | | | | |
| 12 | 168 | Influenza | | | | | | | | | |
| 13 | 175 | Bronchitis, emphysema and other chronic obstructive pulmonary disease | | | | | | | | | |

| No | No. DTD | Description | The number of outpatient visits by age | | | | | | | | The numbe r of visits |
|----|------------|---|--|-------------------|--------------|---------------|------------------------|----------------|------------------------|--------------|--------------------------------|
| | | | 0-28 days | 28days – 1year | 1-4 years | 5-14 years | 15- 24 year s | 25-44 years | 45- 64 year s | >65 years | |
| 14 | 176.0 | Asthma | | | | | | | | | |
| 15 | 180 | Dental caries | | | | | | | | | |
| 16 | 181.2 | Pulpa and periapical diseases | | | | | | | | | |
| 17 | 184 | Gastritis dan duodenitis | | | | | | | | | |
| 18 | 185.0 | Dispepsia | | | | | | | | | |
| 19 | 198 | Skin and subcutaneous tissue infections | | | | | | | | | |
| 20 | 199.9 | Skin and subcutaneous tissue diseases other | | | | | | | | | |
| 21 | 268 | Fever of Unknown origin | | | | | | | | | |
| 22 | 270.9 | Abnormal laboratory result | | | | | | | | | |
| 23 | 281 | Multiple wound | | | | | | | | | |
| 24 | 290.0 | General check up | | | | | | | | | |
| 25 | 290.9 | People who get health care for special examination and other investigations | | | | | | | | | |
| 26 | 294.0 | Antenatal care | | | | | | | | | |
| 27 | 297.9 | People who visit health services for other special care measures | | | | | | | | | |
| 28 | 298 | Diagnostic test for other reason | | | | | | | | | |

Hospital Instrument

ID Number | | | | | | | | | | | |
 (Filled by officer on each instrument sheet to identify in case of separated sheet)

| No | No. DTD | Description | The number of outpatient visits by age | | | | | | | | |
|--|------------|-------------------------|--|-------------------|--------------|---------------|------------------------|----------------|------------------------|--------------|--------------------------------|
| | | | 0-28 days | 28days – 1year | 1-4 years | 5-14 years | 15- 24 year s | 25-44 years | 45- 64 year s | >65 years | The numbe r of visits |
| 29 | 299.1 | Land transport accident | | | | | | | | | |
| 30 | 306.13 | Other external causes | | | | | | | | | |
| Total number of outpatient visits by age | | | | | | | | | | | |

5.3. Hospital activities data–inpatient care (RL 1 no. 1)

Quarter: _____

| No | Type of services | Patients in the beginning of a quarter | Patients in | Patient out alive | Patient Out died | | | The number of inpatient | Patients in the end of a quarter | Days of inpatient | Details of Day Care per Class | | | | |
|----|----------------------------|--|-------------|-------------------|------------------|------------|------------|-------------------------|----------------------------------|-------------------|-------------------------------|-----------------|-----------------|-----------------|----------|
| | | | | | <48 hours | ≥ 48 hours | The number | | | | VIP | 1 st | 2 nd | 3 rd | No class |
| | | | | | | | | | | | | | | | |
| 1 | Internal medicine | | | | | | | | | | | | | | |
| 2 | Surgery | | | | | | | | | | | | | | |
| 3 | Pediatric | | | | | | | | | | | | | | |
| 4 | Obstetric | | | | | | | | | | | | | | |
| 5 | Ginekologi | | | | | | | | | | | | | | |
| 6 | Neurosurgery | | | | | | | | | | | | | | |
| 7 | Neurology | | | | | | | | | | | | | | |
| 8 | Psichiatric | | | | | | | | | | | | | | |
| 9 | ENT | | | | | | | | | | | | | | |
| 10 | Eye | | | | | | | | | | | | | | |
| 11 | Dermatology and Venerology | | | | | | | | | | | | | | |
| 12 | Teeth and mouth | | | | | | | | | | | | | | |
| 13 | Cardiology | | | | | | | | | | | | | | |
| 14 | Radiotherapy | | | | | | | | | | | | | | |
| 15 | Orthopedic | | | | | | | | | | | | | | |
| 16 | Lung | | | | | | | | | | | | | | |
| 17 | Leprosy | | | | | | | | | | | | | | |

| No | Type of services | Patients in the beginning of a quarter | Patients in | Patient out alive | Patient Out died | | | The number of inpatient | Patients in the end of a quarter | Days of inpatient | Details of Day Care per Class | | | | |
|----|------------------------|--|-------------|-------------------|------------------|------------|------------|-------------------------|----------------------------------|-------------------|-------------------------------|-----------------|-----------------|-----------------|----------|
| | | | | | <48 hours | ≥ 48 hours | The number | | | | VIP | 1 st | 2 nd | 3 rd | No class |
| 18 | General | | | | | | | | | | | | | | |
| 19 | Emergency services | | | | | | | | | | | | | | |
| 20 | Medical rehabilitation | | | | | | | | | | | | | | |
| 21 | Isolation | | | | | | | | | | | | | | |
| 22 | Burn | | | | | | | | | | | | | | |
| 23 | ICU | | | | | | | | | | | | | | |
| 24 | ICCU | | | | | | | | | | | | | | |
| 25 | NICU/PICU | | | | | | | | | | | | | | |
| 26 | Drugs abused services | | | | | | | | | | | | | | |
| 27 | Nuclear medicine | | | | | | | | | | | | | | |
| 77 | Sub Total | | | | | | | | | | | | | | |
| 88 | Perinatology | | | | | | | | | | | | | | |
| 99 | Total | | | | | | | | | | | | | | |

5.4. Hospital Activities data -Outpatient visits (RL.1 no. 3)

Quarter: _____

| No | Type of services | New visits | Continual visits |
|----|-----------------------------|------------|------------------|
| 1 | Internal emdicine | | |
| 2 | Surgery | | |
| 3 | Pediatric | | |
| | a. Neonatal | | |
| | b. Other | | |
| 4 | Obstetric and gynecology | | |
| | a. Pregnant woman | | |
| | b. Other | | |
| 5 | Family planning | | |
| 6 | Neurosurgery | | |
| 7 | Neurology | | |
| 8 | phsychiatric | | |
| | a. Drugs abused | | |
| 9 | ENT | | |
| 10 | eye | | |
| 11 | Dermatology and venereology | | |
| 12 | Teeth and mouth | | |
| 13 | Cardiology | | |
| 14 | Radiotherapy | | |
| 15 | Orthopedic | | |
| 16 | Lung | | |
| 17 | Leprosy | | |
| 18 | General | | |
| 19 | Emergency services | | |
| 20 | Medical rehabilitation | | |
| 21 | Acupuntur | | |
| 22 | Nutrition consultation | | |
| 23 | Day care | | |
| 24 | Other | | |
| 99 | Total | | |

5.5. Referral activities (RL.1 no. 24)

Quarter: _____

| No | Type of Specialization | Delivery of medical experts to other health facilities Sarana Kesehatan Lain | | | | Delivery of expert physician who received | | | patient referral | | | | | | | | | | No |
|----|------------------------------|--|-------------------|---------------------------------------|--------------|--|---|-------------------------------------|-----------------------------------|--|---------------------------------------|--|--|--|---------------------|-----------------------------------|-------------------|----|----|
| | | Hospital | | Public health center (Hospital) | | Total times | doctor visits as foreign expert | Total patient s served | referral from below | | | | | | | referral to top | | | |
| | | Total time | Total hospital | Total time | total PHC | | | | received from PHC(Hospital) | received from other health facility) | received from other hospital | returned to the PHC(Hospital) | returned to the other health facility Lain *) | returned to the hospital origin | referral patient | patients present themselves | Accepted again | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | |
| 1 | Internal medicine | | | | | | | | | | | | | | | | | 1 | |
| 2 | Surgery | | | | | | | | | | | | | | | | | 2 | |
| 3 | Pediatric | | | | | | | | | | | | | | | | | 3 | |
| 4 | Obstetric and gynaecology | | | | | | | | | | | | | | | | | 4 | |
| 5 | Family planning | | | | | | | | | | | | | | | | | 5 | |
| 6 | Neurology | | | | | | | | | | | | | | | | | 6 | |
| 7 | Phsychiatri | | | | | | | | | | | | | | | | | 7 | |

Hospital Instrument

ID Number | | | | | | | | | |
(Filled by officer on each instrument sheet to identify in case of separated sheet)

| No | Type of Specialization | Delivery of medical experts to other health facilities Sarana Kesehatan Lain | | | | Delivery of expert physician who received | | | patient referral | | | | | | | | | | No |
|----|-----------------------------------|--|--|---------------------------------------|--|--|---|-------------------------------------|-----------------------------------|--|---------------------------------------|-------------------------------------|--|--|---------------------|-----------------------------------|-------------------|--|----|
| | | Hospital | | Public health center (Hospital) | | Total times | doctor visits as foreign expert | Total patient s served | referral from below | | | | | | referral to top | | | | |
| | | | | | | | | | received from PHC(Hospital) | received from other health facility) | received from other hospital | returned to the PHC(Hospital) | returned to the other health facility Lain *) | returned to the hospital origin | referral patient | patients present themselves | Accepted again | | |
| 8 | ENT | | | | | | | | | | | | | | | | | | 8 |
| 9 | Eye | | | | | | | | | | | | | | | | | | 9 |
| 10 | Dermatology and venearology | | | | | | | | | | | | | | | | | | 10 |
| 11 | Teeth and mouth | | | | | | | | | | | | | | | | | | 11 |
| 12 | Radiology | | | | | | | | | | | | | | | | | | 12 |
| 13 | Lung | | | | | | | | | | | | | | | | | | 13 |
| 14 | Other specialist | | | | | | | | | | | | | | | | | | 14 |
| 99 | TOTAL | | | | | | | | | | | | | | | | | | 99 |

6. Supporting Activities

6.1. Writing and Prescription Services (R/) (RL 1 no. 12 B)

Quarter: _____

| No | Types of Medicine | Outpatient | Emergency unit | Inpatient | Total | | R/ yang dilayani RS | |
|----|-------------------|------------|----------------|-----------|-----------|-------------|---------------------|-------------|
| | | | | | Jumlah R/ | % thd Total | Jumlah /R | % thd total |
| 1 | 2 | 3 | 4 | 5 | 6=(3+4+5) | 7 | 8 | 9=8/6 |
| | | | | | | | | |
| 1 | Generic | | | | | | | |
| 2 | Non Generik | | | | | | | |
| 3 | Non Formularium | | | | | | | |
| | | | | | | | | |
| | TOTAL | | | | | | | |

6.2. Hospital Activities Data—Radiology Activity (RL 1 no. 9)

Quarter: _____

| 1 | 2 | 3 |
|----------|------------------------|--------------------------|
| No | Types of services | The number of activities |
| A | Radiodiagnostik | |
| 1 | Image without contrast | |
| 2 | Image with contrast | |
| 3 | Image with film | |
| 4 | Flouroskopi | |
| 5 | Dental image | |
| | a. Dento alveolair | |
| | b. Panoramic | |
| | C. Cephalographi | |
| 6 | CT Scan | |
| | a. Di kepala | |
| | b. Di luar kepala | |
| 7 | Lymphografi | |
| 8 | Angiograpi | |
| | Other | |
| | | |
| B | Imaging | |
| 8 | USG | |
| 9 | MRI | |
| 10 | Other | |
| | | |
| | TOTAL | |

6.3.Laboratorium Checking (RL 1 no. 11)

Quarter: _____

| 1 | 2 | 3 | 4 | 5 | 6 |
|----------|--------------------------|---------------------------------|--------|---------|-------|
| | | The number of activities | | | |
| No | Type of services | Simple | Medium | Advance | TOTAL |
| A | Paathology clinic | | | | |
| | 1. Kimia | | | | |
| | 2. Blood glucose | | | | |
| | 3. Hematologi | | | | |
| | 4. Serologi | | | | |
| | 5. Bakteriologi | | | | |
| | 6. Liquor | | | | |
| | 7. Transudat/Exsudat | | | | |
| | 8. Urine | | | | |
| | 9. fecess | | | | |
| | 10. Analisa Gas Darah | | | | |
| | 11. Radio Assy | | | | |
| | 12. Cerebrosinal fluid | | | | |
| | 13. Other body fluid | | | | |
| | 14. Immunologi | | | | |
| | 15. Mikrobiology clinic | | | | |
| | 16. Other | | | | |
| | | | | | |
| B | Pathology Anatomi | | | | |
| | 1. Sitologi examination | | | | |
| | 2. Histologi examination | | | | |
| | 3.Other | | | | |
| | | | | | |
| | TOTAL | | | | |

6.4. Hospital Activities data – Special services/treatment activities (RL 1 no 10)

Quarter: _____

| 1 | 2 | 3 |
|----|-------------------------------------|--------------------------|
| No | Types of services | The number of activities |
| 1 | Elektro Encephalografi (EEG) | |
| 2 | Elektro Kardiografi (EKG) | |
| 3 | Endoskopi (semua bentuk) | |
| 4 | Hemodialisa | |
| 5 | Densitometri Tulang | |
| 6 | Koreksi Fraktur/Dislokasi non Bedah | |
| 7 | Pungsi | |
| 8 | Spirometri | |
| 9 | Tes Kulit/Alergi/Histamin | |
| 10 | Topomteri | |
| 11 | Treadmil/Exercise Test | |
| 12 | Other | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | TOTAL | |

6.5. Surgery room activities (RL 1 no. 5)

Quarter: _____

| 1 | 2 | 3 | | | | | | | | |
|-----|-----------------------------|----------------------------------|----------------|--------------|----------------|--------------|----------------|--------------|----------------|------------|
| No. | Types of surgery | The number of cases in a quarter | | | | | | | | |
| | | Special | | Major | | Medium | | Minor | | |
| | | Surgery Room | Emergency unit | Surgery Room | Emergency unit | Surgery Room | Emergency unit | Surgery Room | Emergency unit | Policlinic |
| 1 | Surgery | | | | | | | | | |
| 2 | Obstetric and gynaecology | | | | | | | | | |
| 3 | Neurosurgery | | | | | | | | | |
| 4 | ENT surgery | | | | | | | | | |
| 5 | Eye | | | | | | | | | |
| 6 | Dermatology and venereology | | | | | | | | | |
| 7 | Mouth and teeth | | | | | | | | | |
| 8 | Cardiology | | | | | | | | | |
| 9 | Orthopedic | | | | | | | | | |
| 10 | Lung | | | | | | | | | |
| 11 | Other | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

7. Human Resources

7.1. Details of employees, salaries and allowances of Physician Group and General Workers

(exclude outsourcers)

Month: _____

| Employee Category | | Number of People | Total Gross Salary | Total Incentives |
|-----------------------------|--------------------------------|------------------|--------------------|------------------|
| Employee doctors | | | | |
| 1 | General Practitioner | | | |
| 2 | Dentist | | | |
| 3 | Specialist | | | |
| | a. Internal medicine | | | |
| | b. Surgery | | | |
| | c. Pediatric | | | |
| | d. OBGYN | | | |
| | e. Neurology | | | |
| | f. Neurosurgery | | | |
| | g. Psychiatric | | | |
| | h. Dermatology and venereology | | | |
| | i. ENT | | | |
| | j. Eye | | | |
| | k. Dentist | | | |
| | l. Anaesthesia | | | |
| | m. Rehab medicine | | | |
| | n. Other | | | |
| | | | | |
| Non-employee doctors | | | | |
| 1 | General Practitioner | | | |

| Employee Category | | Number of People | Total Gross Salary | Total Incentives |
|-------------------|-------------------------------|------------------|--------------------|------------------|
| 2 | Dentist | | | |
| 3 | Specialist | | | |
| | a. Internal medicine | | | |
| | b. Surgery | | | |
| | c. Pediatric | | | |
| | d. OBGYN | | | |
| | e. Neurology | | | |
| | f. Neurosurgery | | | |
| | g. Phsyiatric | | | |
| | h. Dermatology and vnearology | | | |
| | i. ENT | | | |
| | j. Eye | | | |
| | k. Dentist | | | |
| | l. Anaesthesi | | | |
| | m. PPDS | | | |
| | o.other | | | |
| | General Workers | | | |
| a | Petugas kebersihan | | | |
| b | Petugas keamanan | | | |
| c | Petugas lainnya (kurir) | | | |
| d | Other | | | |

7.2. Details of non-doctors salaries- nurse and midwife

(exclude outsourcers)

Month: _____

| No. | Cost Centre | Number | Total gross salaries | Total Incentives |
|-----|------------------------|--------|----------------------|------------------|
| 1 | Emergency unit | | | |
| 2 | Outpatient | | | |
| 3 | Inpatient | | | |
| 4 | Delivery room | | | |
| 5 | Central surgery | | | |
| 6 | Intensive unit | | | |
| 7 | Pharmacy | | | |
| 8 | Radiology | | | |
| 9 | Laboratorium | | | |
| 10 | Other clinical support | | | |
| 11 | Non clinic support | | | |
| 12 | Administration | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

7.3. Non doctor salary – other professional

(exclude outsourcers)

Month: _____

| No. | Cost Centre | Number | Total gross salaries | Total Incentives |
|-----|------------------------|--------|----------------------|------------------|
| 1 | Emergency unit | | | |
| 2 | Outpatient | | | |
| 3 | Inpatient | | | |
| 4 | Delivery room | | | |
| 5 | Central surgery | | | |
| 6 | Intensive unit | | | |
| 7 | Pharmacy | | | |
| 8 | Radiology | | | |
| 9 | Laboratorium | | | |
| 10 | Other clinical support | | | |
| 11 | Non clinic support | | | |
| 12 | Administration | | | |
| | | | | |

7.4. Total salary and incentive of non doctor – nurses and midwives

| No. | Month | Total staff | Total gross salary | Total incentive |
|-----|----------------|---|---|---|
| 1. | October 2010 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 2. | November 2010 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3. | December 2010 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 4. | January 2011 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 5. | February 2011 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 6. | March 2011 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 7. | April 2011 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 8. | May 2011 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 9. | June 2011 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 10. | July 2011 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 11. | August 2011 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 12. | September 2011 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

7.5. Total salary and insentive of non doctor –(Other Profesional)

| No. | Month | Total staff | Total gross salary | Total insentive |
|-----|----------------|---|---|---|
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| 2. | November 2010 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3. | December 2010 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 4. | January 2011 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 5. | February 2011 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 6. | March 2011 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 7. | April 2011 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 8. | May 2011 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 9. | June 2011 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
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| 12. | September 2011 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

7.6. Survey Petugas Kesehatan di Rumah Sakit

This survey is an integral part of financing studies of health facilities in Indonesia organized by ministry of health.

This survey aims to describe movement of health personals at hospital and welfare level.

This description required to calculate the cost burden in each section in hospital (general clinical, dental clinic, inpatient etc)

Every answer you will be treated confidentially.

thank you for your participation

7.6.1. Respondent no

7.6.2. What is your profession?

- | | |
|------------------------------|-----------------------|
| 1= Dokter umum | 9= Sp. Jiwa |
| 2= Dokter gigi umum | 10= Sp. Kulit kelamin |
| 3= Sp. Penyakit Dalam | 11= Sp. THT |
| 4= Sp. Bedah | 12= Sp. Mata |
| 5= Sp. Anak | 13= Sp. Gigi |
| 6= Sp. Kebidanan & Kandungan | 14= Sp. Anestesi |
| 7= Sp. Saraf | 15= Sp. Lainnya |
| 8= Sp. Bedah Saraf | 16= Perawat/ Bidan |

7.6.3. What is your employment status?

- 1= Employee
2= Non-employee

☐

7.6.4. Where do you work during the last week? (Including on call status and consultation by phone)

| | Mond ay | Tuesd ay | Wednes day | Thursda y | Frid ay | Saturda y | Sunday |
|---|------------|-------------|---------------|--------------|------------|--------------|--------|
| general clinic | | | | | | | |
| Speciality clinical | | | | | | | |
| UGDEmergency room | | | | | | | |
| inpatient class 1 | | | | | | | |
| inpatient class 2 | | | | | | | |
| inpatient class 3 | | | | | | | |
| inpatient VIP | | | | | | | |
| Delivery room | | | | | | | |
| ICU/ICCU | | | | | | | |
| operating room | | | | | | | |
| pharmacy | | | | | | | |
| Laboratory | | | | | | | |
| Radiology | | | | | | | |
| Non medical activity (meeting, training, etc) | | | | | | | |
| Administration | | | | | | | |

| | | | | | | | |
|---|-----------------------|------------------------------------|--------------------------|--|--------------------------|--|--|
| Business travel | | | | | | | |
| Oncall status (not stay in hospital) | | | | | | | |
| practice outside the hospital | | | | | | | |
| other activity/rest | | | | | | | |
| Total | Total >= 1440 minutes | | | | | | |
| 7.6.5. Do you receive facility in kind? | | | | Estimate the value in a month. if unknown fill in with -9 (minus nine) | | | |
| 7.6.5.1. car facility, estimate the value in a month | | 1= Yes 2=No | <input type="checkbox"/> | <input type="text"/> | | | |
| 7.6.5.2. House facility, estimate the value in a month | | 1=yes 2=no | <input type="checkbox"/> | <input type="text"/> | | | |
| 7.6.5.3. Other facilities, estimate the value and mention it | | <input type="text"/> | | <input type="text"/> | | | |
| 7.6.5.4. Other facilities, estimate the value and mention it | | <input type="text"/> | | <input type="text"/> | | | |
| Pastients sometimes express their appreciation by giving gift in the form of cash or goods, for services in this hospital | | | | if unknown fill in with -9 (minus nine) | | | |
| 7.6.6. In the last one month if you receive gift in kind from the patient on your service in hospital? | | 1=Yes (estimate the value) 2=No | <input type="checkbox"/> | <input type="text"/> | | | |
| 7.6.7. in the last one month, are you receive a gift from the patient directly in cash at the hospital ? | | 1=Yes (mention it) 2=No | <input type="checkbox"/> | <input type="text"/> | | | |
| 7.6.8. Do you have practice elsewhere? | | | | 1=yes 2=no | <input type="checkbox"/> | | |
| 7.6.9. How much of your income from the practice a month ago? | | | | 1= < 5 juta rupiah 2= 5-10 juta rupiah 3= 10 -15 juta rupiah 4= 15 - 20 juta rupiah 5= 20-25 juta rupiah 6= 25-50 juta rupiah 7= 50-100 juta rupiah 8= >100 juta rupiah | <input type="checkbox"/> | | |
| Thank you for your participation for filling in this questionnaire. | | | | | | | |

7.7. Training

Write down training / workshops, followed by hospital employees during the last quarter

Quarter: _____

page _____ / from page _____

| No. | Training | Types of training 1=Management 2=Technical | The number being trained | | | Training duration (days) | Training provided at 1= sub-district, 2=district, 3= province 4= national, 5=international) | Training cost estimation per head (if it is known) |
|-----|----------|--|--------------------------|-------------------|--------|-----------------------------|--|--|
| | | | Doctor | Nurse/ midwife | Others | | | |
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8. Drugs and medical supplies

8.1. Opening stock of drugs and medical supplies

Beginning of the month: _____ Page _____/from _____

[illegible]

| | |
|---|---|
| 8.2. Drugs and medical supplies procurement | Sources of information from the invoice or tender documents |
|---|---|

Details received in the beginning of the month: _____ page _____/from _____

[illegible]

| | |
|--|--|
| 8.3. Drugs receiveing& BMHP (<i>in kind</i>) | |
|--|--|

Details received in the beginning of the month: _____ Halaman _____/dari
halaman _____

[illegible]

8.4. Closing stock of consumeable drugs and materials

End of month: _____ Halaman _____/dari halaman _____

[illegible]

9. Expenditure

9.1. Hospital treasury identification

Page_____/from_____

| No. | Department | Sub department | Responsible person | Treasurer | Fund sources | Type of book record | 2010 budget |
|-----|------------|----------------|--------------------|-----------|--------------|---------------------|-------------|
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|--|--|------------------------|---|
| 9.2. Value of receipts in kind –not include drugs- | Source 1= APBN 2= APBD I (Provinsi) 3= APBD II (Kabupaten) | 4= Donor 5= Lainnya | Kode kegiatan dan jenis belanja (lihat pedoman!) |
|--|--|------------------------|---|

Month: _____

Halaman _____/dari halaman _____

Petunjuk:

Dikumpulkan dari bukti penerimaan barang. Tuliskan nilai/ harganya jika diketahui.

| No | Description | Package | Number | Value (Rp) –if know- | Source |
|----|-------------|---------|----------------------|----------------------|----------------------|
| | | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| 9.3. Hospital expenditure – beginning of survey (not including salary) | Sources: 1= Dana Tugas Perbantuan 2= Dana Dekon 3= Dana DAK 4= APBN lainnya (| | | 5= APBD I (Provinsi) 6= APBD II (Kabupaten) 7= Pendapatan RS/ BLU 8= Yayasan | 9= Donor/ BHLN 10= Other | Note: "What month was the payment for" will only ask October 2010 and September 2011 |
| | | | | | | |

Month : October 2010

Halaman _____ /dari halaman _____

| No | Types of expenditure | Types of expenditure code | Source | Amount(Rp) | What month was the payment for |
|----|----------------------|---------------------------|----------------------|----------------------|--------------------------------|
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|---|---|--|--|---|-----------------------------|---|
| 9.4. Hospital expenditure – liabilities at end of September 2011 (not including salary) | Sumber: 1= Dana Tugas Pembantuan 2= Dana Dekon 3= Dana DAK 4= APBN lainnya | | | 5= APBD I (Provinsi) 6= APBD II (Kabupaten) 7= Pendapatan RS/ BLU 8= Yayasan | 9= Donor/ BHLN 10= Other | Note: "What month was the payment for" will only ask October 2010 and September 2011 |
| | | | | | | |

Month : September 2011

Halaman _____/dari halaman _____

| No | Types of expenditure | Liabilities supplier | Types of expenditure code | Source | Amount(Rp) |
|----|----------------------|----------------------|---------------------------------|----------------------|----------------------|
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| 9.5. Hospital expenditure (not including salary) | Sumber: 1= Dana Tugas Perbantuan 2= Dana Dekon 3= Dana DAK 4= APBN lainnya 5= APBD I (Provinsi) 6= APBD II (Kabupaten) 7= Pendapatan RS/ BLU 8= Yayasan 9= Donor/ BHLN 10= Lainnya |
|--|---|

Month : _____

Halaman _____/dari halaman _____

| No | Types of expenditure | Types of expenditure code | Source | Amount(Rp) |
|----|----------------------|---------------------------|----------------------|----------------------|
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10. Patient survey

Thank you for your time to participate in a survey about health care. Your answers will help the improvement of the provision of health services in Indonesia.

Your answer will be treated as confidential and will only be used for policymaking

You can stop this interview by your desire. If you represent someone who is unable to answer their own questions (the children or because of severe pain and others), answer the questions below as your best.

| | | | |
|----------|--|--|--------------------------|
| 10.1. | Are you willing to participate in this survey? | 1 = Yes 2=No | <input type="checkbox"/> |
| 10.2. | No. Responden | | <input type="text"/> |
| 10.3. | Respondent is a patient | (diisi oleh enumerator) 1= outpatient 2= inpatient Jika responden merupakan pasien rawat jalan , maka pertanyaan no. 10.11- 10.13 tidak relevan Jika responden merupakan pasien rawat inap , maka pertanyaan no. 10.10 tidak relevan | <input type="checkbox"/> |
| 10.4. | Are you representing someone else? | 1 = Yes 2=No | <input type="checkbox"/> |
| 10.5. | Are you (or the one you represent) male or female? | 1 = Yes 2=No | <input type="checkbox"/> |
| 10.6. | How old is the patient? | Year | <input type="text"/> |
| 10.7. | Last education of head of the family | 1. Tidak sekolah 2. Tidak lulus SD 3. Lulus SD 4. SMP 5. SMA 6. Perguruan tinggi | <input type="checkbox"/> |
| 10.8. | What is your reason in using this hospital services? | 1. Untuk berobat 2. Untuk pemeriksaan lab/ rontgen 3. Kontrol/ Perawatan lanjutan 4. Pemeriksaan kesehatan/ Cek up 5. Other | <input type="checkbox"/> |
| 10.9. | What doctor says about your major disease? | | |
| 10.10. | Select the condition of major diseases according to the answer above | Diisi petugas Pilihlah nomor kondisi penyakit terdapat pada lampiran instrument Rumah Sakit | <input type="text"/> |
| 10.11. | How much the cost for the outpatient? | Termasuk biaya yang belum terbayarkan atau yang harus saudara pinjam untuk melunasi pembayaran tetapi tidak termasuk biaya transport dan konsumsi bagi pengantar. | |
| 10.11.1. | Registration Fee | Dalam Rupiah | <input type="text"/> |
| 10.11.2. | Consultation Fee | Dalam Rupiah | <input type="text"/> |
| 10.11.3. | Actions Fee | Dalam Rupiah | <input type="text"/> |
| 10.11.4. | Supporting Fee (laboratory and radiology) | Dalam Rupiah | <input type="text"/> |
| 10.11.5. | Drugs fee in hospitals | Dalam Rupiah | <input type="text"/> |

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| 10.11.6. Others fee in hospitals | Dalam Rupiah | <input type="text"/> |
| 10.11.7. Total hospital bill | Dalam Rupiah | <input type="text"/> |
| 10.11.8. Fee paid directly to doctor | Dalam Rupiah | <input type="text"/> |
| 10.11.9. fee paid directly to nurse | Dalam Rupiah | <input type="text"/> |
| 10.11.10. fee paid to the other professional | Dalam Rupiah | <input type="text"/> |
| 10.12. How long have you being inpatient? | Jumlah Hari | <input type="text"/> |
| 10.13. How much the cost of inpatient services? | Termasuk biaya yang belum terbayarkan atau yang harus saudara pinjam untuk melunasi pembayaran tetapi tidak termasuk biaya transport dan pemondokan bagi pengantar. | |
| 10.13.1. Registration Fee | Dalam Rupiah | <input type="text"/> |
| 10.13.2. Acomodation inpatient fee | Dalam Rupiah | <input type="text"/> |
| 10.13.3. Consultation Fee | Dalam Rupiah | <input type="text"/> |
| 10.13.4. Actions Fee | Dalam Rupiah | <input type="text"/> |
| 10.13.5. Biaya penunjang (lab dan radiologi) | Dalam Rupiah | <input type="text"/> |
| 10.13.6. Drugs fee in hospitals | Dalam Rupiah | <input type="text"/> |
| 10.13.7. Others fee in hospitals | Dalam Rupiah | <input type="text"/> |
| 10.13.8. Total hospital bill | Dalam Rupiah | <input type="text"/> |
| 10.13.9. Amount of fee for drugs whis is bought outside | Dalam Rupiah | <input type="text"/> |
| 10.13.10. Fee paid directly to doctor | Dalam Rupiah | <input type="text"/> |
| 10.13.11. fee paid directly to nurse | Dalam Rupiah | <input type="text"/> |
| 10.13.12. fee paid to the other professional | Dalam Rupiah | <input type="text"/> |
| 10.14. Who is the payer ? | (jawaban boleh lebih dari satu)? 1. PT. Askes 2. Jamsostek 3. Jamkesmas 4. Asuransi lainnya 5. Perusahaan 6. Teman/saudara 7. Biaya sendiri 8. Other (sebutkan) | <input type="text"/> <input type="text"/> |
| 10.15. How far is the hospital to your house? | Dalam km | <input type="text"/> |

Thanks for the cooperation!

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| 11.14. Consumeable medical material | | (including oxygen, infus set, kateter, perban, dll) | |
| No. | Name of consumeable medical material | pack | Total |
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| 11.15. Laboratory test | | (all treatments/checkings) Sumber data: lembar asuhan keperawatan | |
| No. | Types of checking | Total | |
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11.16. Radiology checking(all treatments/checking)
Sumber data: lembar asuhan keperawatan

| No. | Types of checking | Total |
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11.17. Other diagnostic checking(all treatments/checkings)
Sumber data: lembar asuhan keperawatan

| No. | Types of checking | Total |
|-----|-------------------|-------|
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| 11.18. Surgical procedure | | (all treatments/checkings) Sumber data: lembar asuhan keperawatan |
| No. | Types of surgical action | Total |
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| 11.18.1. Non invasive actions | | (Seluruh tindakan yang digunakan di rawat inap maupun ICU) Sumber data: lembar asuhan keperawatan |
| No. | Types of invasive actions | Totals |
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| | | | | | | | | | | | | | | | | | | | | |
| 11.19. The total cost of care and treatment after hospitalized | In Rupiahs | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| 11.20. patient out status | | 1= permitted to go home; 2 = Referred 3 = Returning forced / At the request of his own; 4 = Escape / Unknown 5 = Death | | | | | | | | | | | | | | | | | | |

12. Drugs survey in Hospital**12.1. Outpatient drugs survey in hospital**

Option "patient origin":

1= OBGYN

2= Surgery

3= Internal medicine

4= Pediatric

Option "purchased in ":

1= Hospital apotek

2= Other apotek

Please fill with the smallest unit (tablet, kapsul, ampul, dll)

Page _____/from _____

| Patient no. | | <input type="text"/> <input type="text"/> <input type="text"/> | | |
|----------------|------------|--|---|----------------------|
| Patient origin | | <input type="text"/> | | |
| No. | Drugs name | Package | Quantity | Purchased in |
| | | | <input type="text"/> <input type="text"/> | <input type="text"/> |
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| Patient no. | | <input type="text"/> <input type="text"/> <input type="text"/> | | |
|----------------|------------|--|---|----------------------|
| Patient origin | | <input type="text"/> | | |
| No. | Drugs name | Package | Quantity | Purchased in |
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| 12.2. Inpatient drugs survey in hospital | Option "patient origin": 1= OBGYN 2= Surgery 3= Internal medicine 4= Pediatric 5= ICU | Option "purchased in": 1= Hospital apotek 2= Other apotek |
| | Please fill with the smallest unit (tablet, kapsul, ampul, dll) | |

Page _____/from _____

| Patient no. | | <input type="text"/> <input type="text"/> <input type="text"/> | | |
|----------------|------------|--|---|----------------------|
| Patient origin | | <input type="text"/> | | |
| No. | Drugs name | Package | Quantity | Purchased in |
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| Patient no. | | <input type="text"/> <input type="text"/> <input type="text"/> | | |
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| Patient origin | | <input type="text"/> | | |
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